

EMS Rules Task Force Meeting

EMS MEETING

April 04, 2018

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EMS Meeting
April 04, 2018

EMS Rules Task Force Meeting
Bureau of EMS and Preparedness

April 4, 2018 * 1:07 p.m.

Bureau of EMS and Preparedness

3760 South Highland Drive
Highland Office
Salt Lake City, Utah

Reporter: Tamra J. Berry, CSR, RPR

A P P E A R A N C E S

Guy Dansie

Jay Dee Downs

Lauara Snyder

Gay Brogdon

Jean Lundquist (via phone)

Teresa Brunt (via phone)

Dean York (via phone)

Regina Nelson (via phone)

ALSO PRESENT:

Alton Giles

Brook Barnson

Brett Cross

P R O C E E D I N G S

1
2
3 JAY DEE DOWNS: Just for guys on the
4 phone, we've heard you were here for who was on the
5 phone. This is Jay Downs. Then we also have
6 Lauara Snyder here, also Alton Giles.

7 And who is with you, Alton?

8 ALTON GILES: Brook Barnson.

9 JAY DEE DOWNS: Brook Barnson.

10 And then the man with the plan.

11 GUY DANSIE: Brett Cross.

12 JAY DEE DOWNS: Brett. And Guy and the
13 Tigger lady and Gay. The bouncy-bounce.

14 THE REPORTER: I see.

15 GUY DANSIE: Okay. I'm going to go ahead,
16 and let's just flip the agenda a little bit. I had
17 R-426-5 last.

18 But Brett is here to talk a little bit
19 about a couple of the issues. We've talked last
20 time. The committee wanted us to mirror the National
21 Registry's training requirements. In Rule 426-5
22 currently, it's set up on the four-year cycle with:
23 Every four years you shall do X, Y and Z for CME.

24 What we would like to do is reference -- I
25 didn't give you a copy of that one, by the way.

1 But what we would like to do is just
2 change the four-year to two and then refer to the
3 national -- what do you want to call it, Brett? The
4 National core --

5 BRETT CROSS: The National Continued
6 Component -- or Continued Competency Program.

7 GUY DANSIE: Okay. We'll refer to
8 whatever their current requirement is. So if you
9 guys are okay with that, with the rule, we'll just go
10 in -- it's already in draft, and we approved a bunch
11 of stuff already. It hasn't gone through public
12 comment. But what we could do is change the
13 four-year to two and then refer to that as the
14 requirement rather than describe it in rule. That
15 way there's only one keeper of the requirements, and
16 that will be the National Core. Is that good?

17 JEAN LUNDQUIST: Are you talking licensing
18 of the agency or the individuals?

19 GUY DANSIE: Individuals.

20 Let me back up just a little bit. Last
21 July in our EMS committee, we were told that it's
22 become problematic for many of the larger services,
23 especially who have two different requirements: One
24 for National Registry if they're National Registry
25 certified, and the other for the state. So we can't

1 change National Registry. So we were eliminating our
2 requirements that are different. We were going to
3 adopt their CME requirements. We already do their
4 testing for new EMTs. And then they're on a two-year
5 cycle, so we were going to adopt the two-year cycle
6 to mirror their requirement. And part of the reason
7 we're doing that is to streamline our end. For
8 anybody who is National Registry certified, all they
9 have to do -- or even if you're not, we can have
10 their people manage the records so that we know how
11 much training has been done. And then they can tell
12 us immediately through their database that you meet
13 the training requirements, whether you're certified
14 with them or not. So it creates a repository for
15 training for the state. So we have this free ability
16 to have all of our training records managed by them
17 for free, and then we merely get their approval back
18 that you've met those training requirements.

19 Am I saying that correctly, Brett?

20 BRETT CROSS: (Witness nods head).

21 GUY DANSIE: And so if we mirror them, we
22 can have them do everybody in the state if we have
23 the same cycle. So that's what our purpose in moving
24 to that is. It actually reduces the amount of CME
25 hours that are required for the --

1 JEAN LUNDQUIST: That's what I was going
2 to ask, it doesn't put any extra burden on them or
3 anything?

4 GUY DANSIE: It reduces it, as far as
5 hours of CME. We're also removing -- Brett wanted to
6 talk about this, removing the -- right now we have
7 verification on our end. Before we issue a license
8 or formally a certificate, we had to verify CPR,
9 TB -- what else, Brett? Training?

10 BRETT CROSS: PALS, ACLS.

11 GUY DANSIE: PALS, ACLS. What we want to
12 do is take that out of our end and leave it at the
13 provider end. So whoever hires that individual would
14 need to verify they had those things.

15 DEAN YORK: Will the price for
16 re-certification stay the same for two years as it
17 was for four years or --

18 GUY DANSIE: No.

19 DEAN YORK: -- drop in price because it's
20 every two years?

21 GUY DANSIE: Correct. We're dropping the
22 price. It was 60; we're going to 40. And the
23 fingerprint requirement, this is for re-cert, there
24 will be no fingerprint requirement anymore. You
25 already have that submitted once, and you're done.

1 You do not need to do that every time.

2 DEAN YORK: Thank you.

3 JAY DEE DOWNS: The next question: You
4 drop PALS, you drop CPR, you drop TB, right?

5 GUY DANSIE: That's on -- no. We're
6 saying you still need to do it.

7 JAY DEE DOWNS: But you don't have to
8 submit it.

9 GUY DANSIE: Yeah. You don't have to
10 submit.

11 BRETT CROSS: Yeah. So it will be an
12 honor system for non-affiliated and then the honor
13 system for the affiliated as well in that they will
14 say, "Yes, I have a current CPR card. Yes, I have a
15 current PEPP or PALS. Yes, I have current ACLS."

16 And then the Bureau then reserves the
17 right to audit those records. So when we come out to
18 look at your training records, we'll say, "Show us
19 Guy Dansie's PEPP card," and you'll have to produce
20 it.

21 And then it's just saving some uploading
22 and some letters and things like that to -- we're
23 trying to make this as painless as possible for the
24 providers too.

25 JAY DEE DOWNS: That's right, because the

1 doc has to go on National to prove -- for the
2 individual. So why should they have to have a letter
3 twice?

4 BRETT CROSS: Yeah, they don't. We're
5 trying to eliminate that letter. And this would do
6 that by saying, "It's an honor system. Do you have
7 these things? Yes or no?"

8 JAY DEE DOWNS: So non-affiliated, what do
9 you do with those guys? Do you --

10 BRETT CROSS: We would audit them
11 individually. So we'll have -- like a member of our
12 staff will send out a letter to them saying, "You
13 have been randomly selected for audit and submit all
14 of your stuff."

15 JAY DEE DOWNS: Most of your advanced
16 paramedics are associated with an agency, I would
17 imagine.

18 BRETT CROSS: Yeah, they're affiliated.

19 LAUARA SNYDER: So with the price of this,
20 in the past it would be \$60 for four years. And now
21 it's going to be \$80 for two years. So we're still
22 having --

23 JAY DEE DOWNS: No, 40.

24 GUY DANSIE: It would be \$80 for four.

25 LAUARA SNYDER: 80 for four; that's what I

1 meant. I'm sorry. So you still have like a
2 25 percent increase that these agencies with maybe
3 100 people are going to have to somehow budget for;
4 is that right?

5 GUY DANSIE: Yeah.

6 ALTON GILES: But you are dropping off the
7 fingerprint price.

8 GUY DANSIE: Yeah, fingerprints are all
9 one and done. So initial you need that, but then you
10 don't need it again.

11 LAUARA SNYDER: Is this part of the
12 process for moving to that National or --

13 BRETT CROSS: REPLICA.

14 LAUARA SNYDER: Huh?

15 BRETT CROSS: National Registry is this
16 process.

17 LAUARA SNYDER: Well, I know what National
18 Registry is, which I don't really like anyway.

19 But is this towards that compacting thing
20 where --

21 GUY DANSIE: This helps --

22 LAUARA SNYDER: -- the states aren't
23 really going to have that much and we have to hire
24 administrative people for the compacting? Remember
25 this was discussed a couple of years ago, and like

1 how is that going to be funded?

2 JAY DEE DOWNS: Compact?

3 LAUARA SNYDER: Isn't that the compact?

4 GUY DANSIE: Actually, there are some
5 travel costs. But most of what I do with the
6 compact, REPLICIA is over-the-phone conferencing. We
7 have two meetings --

8 LAUARA SNYDER: No, I don't just mean you
9 or the state of Utah in particular. But it was
10 talking about how the compacting would relieve the
11 states of a lot of processes, and that they would
12 need to have legal and secretarial and all of these
13 kinds of things.

14 My question then was: Who's going to pay
15 for all of that? So I guess that drills down to:
16 Are some of the reduced things at the state office,
17 the money savings there, going to help pay for the
18 things on that National compacting level? How is
19 each state going to pay for their portion?

20 GUY DANSIE: For REPLICIA?

21 LAUARA SNYDER: Not for REPLICIA. For
22 their management as -- aren't we moving forward
23 toward this compacting thing?

24 GUY DANSIE: Yeah, yeah. In fact, we've
25 already adopted it.

1 LAUARA SNYDER: Yeah. That's what I
2 thought.

3 JAY DEE DOWNS: That's REPLICA.

4 GUY DANSIE: Yeah, that's REPLICA.

5 LAUARA SNYDER: Who funds that? Where
6 does the money for the legal and the secretarial and
7 all of that come from?

8 GUY DANSIE: Most of it is done -- REPLICA
9 is contracted with National Registry for part of it
10 with AMSI who does the NASEMSO, the National
11 Association for State EMS Officials. Those two
12 organizations are providing the support to REPLICA to
13 function.

14 LAUARA SNYDER: Okay.

15 GUY DANSIE: And currently they have an
16 attorney. We can talk about that more extensively.

17 LAUARA SNYDER: I just wondered if this
18 was part of that with all the funding and stuff.

19 GUY DANSIE: No. I -- it's not directly
20 tied to it. There is a small cost the state incurs
21 with REPLICA due to my travel and my participation.
22 But the database that will manage all of the records
23 is actually being provided by National Registry,
24 so...

25 LAUARA SNYDER: So if you have an agency

1 that is not National Registry, so you're just an EMTI
2 or A agency and you've been that way for a long time,
3 now some of the newer people being certified are
4 National Registry but maybe your core group of people
5 are not. Like I'm not, and I'm never going to be.

6 GUY DANSIE: Right.

7 LAUARA SNYDER: Do I still have to give
8 National Registry all of my training record?

9 GUY DANSIE: Yes, if we move to that.
10 It's called the Mark King Initiative. What it is, is
11 they agree with the state to house -- to have the
12 database, the system that holds the records.

13 And then they turn around to the state and
14 verify, "Yes, you have the training or, no, you
15 don't," as a service back to the state.

16 LAUARA SNYDER: Is there going to be a
17 cost for myself or for my agency --

18 GUY DANSIE: No.

19 LAUARA SNYDER: -- for them to manage my
20 records?

21 GUY DANSIE: Well, there's still a cost as
22 far as like your licensing, and there's a cost to be
23 National Registry certified. But the State will
24 migrate those records over, and from what I
25 understand there is no cost. We're not initiating

1 any new fees to house that. And it will help the
2 State so we don't have to manage it on our end.

3 GAY BROGDON: So for her to put her
4 records into National Registry, it's not going to
5 cost her to --

6 GUY DANSIE: No, not what --

7 GAY BROGDON: -- put in or to pay for an
8 account?

9 GUY DANSIE: I don't know. Brett is
10 going -- I don't know. I don't believe --

11 BRETT CROSS: We haven't had that
12 conversation.

13 LAUARA SNYDER: Nobody does anything for
14 free.

15 BRETT CROSS: Yeah. To be registered, you
16 have to pay the fees. And I don't know if there's
17 going to be a fee associated for it. So the way
18 that -- so if you're Nationally registered, you'll
19 stay Nationally registered. If you're -- the Mark
20 King Initiative is actually saying if you've ever
21 been Nationally registered, they will let you have it
22 back for their fee of 10, 15, 20 bucks, whatever it
23 is for the re-certification. But you won't have to
24 test as long as you've maintained a state license and
25 a whole bunch of other things.

1 Then the third pot of people are like
2 yourself, the pot of people that are not Nationally
3 registered, don't want to be Nationally registered,
4 will never be Nationally registered. You will go
5 into the system, and you will have like 25 years to
6 either become Nationally registered or vacate the
7 system or something like that. And then -- somewhere
8 in that ballpark.

9 And then once that happens, well then
10 everybody's training records will be managed by
11 National Registry. And I don't know what that --
12 what the fee will look like for National Registry, if
13 there will be one.

14 GUY DANSIE: One thing, we have Donnie
15 Woodyard coming next week to the EMS committee
16 meeting, and he's going to be here to answer all of
17 those types of questions. So if you can and you have
18 some of those, you know, he's going to do a
19 presentation and try to do a work-through for
20 everybody so that we understand what's going on with
21 that.

22 LAUARA SNYDER: Okay. So I just wanted to
23 be clear in my mind. Because right now, current
24 statuses for agencies like myself, we maintain all of
25 our CMEs. And then we send a letter to the state

1 that says we've all -- you know, these people have
2 all complied; our doctor signs off. And you know,
3 you give us our stuff. So we can't just send a
4 letter to National Registry and say, "We have all of
5 our stuff in-house" --

6 GUY DANSIE: I don't --

7 BRETT CROSS: Kind of.

8 LAUARA SNYDER: We have to give them all
9 of our stuff, like copies and everything?

10 BRETT CROSS: Kind of. So as a training
11 officer, you will be able to go in and add all of the
12 trainings and --

13 LAUARA SNYDER: So it does need to be on
14 their thing.

15 BRETT CROSS: -- associate with them.
16 Yeah.

17 LAUARA SNYDER: Okay. I don't like that.

18 DEAN YORK: This is York.

19 GUY DANSIE: Go ahead, York.

20 JAY DEE DOWNS: Go ahead, Dean.

21 DEAN YORK: So the way it works, I've got
22 both. I've got Nationally-registered medics, and
23 then I have just state of Utah medics. But I am a
24 trained officer on both sides. So my medics log
25 their hours. We do the mandatory BLS, ACLS, PALS and

1 PEPPs and PHTLS. And in the end it's just a push
2 button on the National side saying, "Yes, they've
3 done this." And then on the doctor's end, the same
4 thing. He goes online and basically presses a button
5 saying, "Yes," that they've done this. And that's
6 all it takes for me for my National people right now.

7 LAUARA SNYDER: So you don't have to give
8 them, like they said, the cards and show your records
9 and all of that --

10 DEAN YORK: No.

11 LAUARA SNYDER: -- like we do now? We
12 maintain them ourselves and certify --

13 JAY DEE DOWNS: You'll still maintain them
14 yourself. It's just that you might get audited.
15 You're going to get audited anyway.

16 LAUARA SNYDER: Well, yeah.

17 GUY DANSIE: Well, and it's a liability
18 issue mostly. If somebody has a problem --

19 DEAN YORK: And technically with American
20 Heart Association, I would guess that National has
21 access to see. Because where everything is done
22 electronically now with American Heart Association,
23 they can look to see who's currently current or not.

24 BRETT CROSS: So the National Registry
25 actually doesn't care about the cards. They allow

1 you to use the -- the hours from the cards to meet
2 the NCCP requirements, but they don't -- so when you
3 go in, if you go to register a course, you'll say, "I
4 took BLSCPR provider." You'll say the day you took
5 it. You can upload a document if you want; you can
6 upload the card if you want. You push submit. It
7 will automatically fill in the hours that NCCP has
8 allowed for that. So it will do one hour of adult
9 CPR, one hour of PEDs CPR, one hour of this, an hour
10 of this and an hour of this. And then PALS, ACLS,
11 PHTLS, AMLS, all the NAEMT courses, all of the -- all
12 of those all have pre-identified hours in there.

13 GAY BROGDON: So individual people would
14 will go in and put their stuff in, and then she just
15 approves it.

16 BRETT CROSS: Yeah. Or as a training
17 officer --

18 LAUARA SNYDER: Training officer probably.

19 BRETT CROSS: Training officer can go in
20 and push it to their folks.

21 GAY BROGDON: But the individual, all of
22 the courses have to be entered by somebody.

23 BRETT CROSS: Yes.

24 ALTON GILES: So with me as a paramedic
25 that's only in Utah, do I have to go create an

1 account with National Registry?

2 BRETT CROSS: No. We're not asking anyone
3 to do anything yet. Because we will -- you will
4 eventually have to create an account, yes. But we're
5 going to give them records. They're going to do
6 back-end things with -- from our data from
7 ImageTrend. And we don't --

8 GAY BROGDON: Unless you already have an
9 account.

10 JAY DEE DOWNS: It's not that big of a
11 deal to create an account though.

12 BRETT CROSS: Yeah. It's just like
13 signing up for an e-mail account. Give them your
14 name and there you go.

15 JAY DEE DOWNS: Yeah.

16 LAUARA SNYDER: But you do not have to be
17 nationally registered either to be the training
18 officer. So that's not a requirement. You can still
19 sign up and get those rules without having it.

20 JAY DEE DOWNS: Yeah.

21 DEAN YORK: So, Brett, this is York again.
22 I have another question.

23 JAY DEE DOWNS: Okay. Go ahead.

24 DEAN YORK: So our state medics who are
25 not national, will they still have to pay a national

1 price plus the state price?

2 BRETT CROSS: We're not sure.

3 JAY DEE DOWNS: They're not sure yet.

4 DEAN YORK: Okay. Okay.

5 REGINA NELSON: This is Regina Nelson with
6 a question.

7 JAY DEE DOWNS: Go ahead, Regina.

8 REGINA NELSON: I'm just wondered is this
9 affects EMDs at this point or will this be something
10 that will come later? Is this EMT only?

11 BRETT CROSS: EMR to paramedics.

12 GUY DANSIE: Let me answer that one.

13 We're -- the National Registry side of it is for EMTs
14 and paramedics, EMR, and AEMTs.

15 The EMDs are not managed by National
16 Registry. They will still be managed by the state.
17 However, all we need from you is verification that
18 you've done your vendor training. So --

19 REGINA NELSON: Okay. So nothing has
20 changed. I wasn't sure how -- when you guys were
21 talking National Registry, what that meant. Because
22 we are nationally certified, so -- okay.

23 GUY DANSIE: Correct.

24 REGINA NELSON: Okay. That answers it.

25 Thank you, Guy.

1 GUY DANSIE: And I don't know what that
2 process is going to look like. But we will issue you
3 a two-year license based on the fact that you have
4 that certification.

5 JAY DEE DOWNS: And you're certified to
6 your vendor.

7 GUY DANSIE: Right.

8 JAY DEE DOWNS: So if you're using
9 PowerPhone, you do their training. If you're using
10 Spillman, you use theirs or whoever.

11 GUY DANSIE: Correct.

12 REGINA NELSON: Right. And we go two
13 years on our national certification, and we have been
14 four years on our re-cert with you guys. So it would
15 make sense we would line up as well. But we're
16 not -- you're not talking EMD right now, correct?

17 JAY DEE DOWNS: No. That's correct.

18 REGINA NELSON: All right. Thank you.

19 GUY DANSIE: One other thing, Regina. In
20 the draft language that still needs to go out, the
21 requirement for a training officer goes away for
22 dispatch centers. The supervisor can act as the
23 training officer, or you can still manage a training
24 person or have a training person be a training
25 officer. Either way is okay.

1 BRETT CROSS: The one other change is in
2 5-300, there's a -- it's in here that says that they
3 have to complete their testing and everything within
4 120 days, but National Registry gives them two years.
5 So we need to eliminate the 120 days because it will
6 conflict with --

7 GUY DANSIE: That's in the draft language.
8 We've already vetted that.

9 BRETT CROSS: Okay. And then the other
10 one is for reciprocity, we ask for a practical exam
11 for people who come over. But we don't have a
12 mechanism to do that anymore with National Registry.
13 Because in order to take an Advanced or Paramedic
14 National Registry practical, you have to be eligible
15 to take that. And most of those people coming over
16 on reciprocity are not eligible for that exam from
17 National Registry because they don't -- they're
18 not -- they don't hold a National Registry
19 certification or it's not necessary because they
20 currently hold a card from National Registry. So
21 they say they don't need a psychomotor exam.

22 So we probably need to eliminate the
23 psychomotor exam piece of that and just say they have
24 successfully complete the assessment, written exam,
25 and stop there. We don't have a mechanism anymore to

1 do it.

2 LAUARA SNYDER: You don't require
3 something that you can't --

4 BRETT CROSS: Yeah, that we can't do.

5 LAUARA SNYDER: It scares people.

6 BRETT CROSS: Yeah, yeah. So if you're
7 okay with that. And then it would be up to the
8 agencies, you know when you hire somebody.

9 JAY DEE DOWNS: But if they're National
10 registered, you already know they've taken their
11 practicum.

12 BRETT CROSS: They've already taken it,
13 yeah.

14 So like one example, a guy from Colorado
15 comes over, and he's not National Registry. But he
16 is a Colorado paramedic. We require them to go take
17 the National Registry assessment exam, which is the
18 same test as the cognitive exam just in a completely
19 different isolated spot. And we contract with them
20 to provide that written test.

21 JAY DEE DOWNS: Right.

22 BRETT CROSS: The challenge is, is that
23 the next line of that says they have to complete a
24 practical exam, but they're not eligible for that. I
25 mean we could get some schools somewhere to put them

1 on or something, but that just is a lot of extra
2 work.

3 JAY DEE DOWNS: You would think the
4 National assessment would be good there.

5 BRETT CROSS: Yeah, yeah. If you take the
6 written exam and you pass that, then we're --

7 JAY DEE DOWNS: Yeah. The 120 days,
8 that's just for new certs, right?

9 BRETT CROSS: Yeah.

10 JAY DEE DOWNS: But on the advanced and
11 paramedic if they wait more than a year, then they
12 have to retake the practical exam again.

13 BRETT CROSS: Yeah, retake that.

14 JAY DEE DOWNS: On the basic I think they
15 just have to --

16 BRETT CROSS: It's a year too. We
17 required a year.

18 JAY DEE DOWNS: So they have a year. And
19 if they haven't done the basic, then they have to
20 take a practical exam again.

21 BRETT CROSS: Uh-huh (affirmative).

22 JAY DEE DOWNS: But there's no assessment
23 because you don't have the instructors from National
24 come out. They've just got to do it with the course
25 instructor; is that right?

1 BRETT CROSS: Yes. Well, we -- the Bureau
2 says that course coordinators are --

3 JAY DEE DOWNS: The testers.

4 BRETT CROSS: -- our National Registry
5 reps for EMR and EMT exams. And then AEMT and
6 paramedics, you have to have a National Registry rep.

7 JAY DEE DOWNS: Okay. That's how you
8 worked it. Okay. I knew there was something about
9 that, but I wasn't sure.

10 BRETT CROSS: So we just need to eliminate
11 that, the practical exam as well.

12 JAY DEE DOWNS: Yeah. What he said, put
13 it in there. Put it in there, Guy.

14 GUY DANSIE: So maybe what I ought to do
15 is have -- we just kind of did a last-minute thing.
16 But maybe we ought to have you look at the rule,
17 Brett, and go through it and identify those problems
18 with our current draft version that needs to go out.

19 JAY DEE DOWNS: I think it would be a
20 great idea.

21 GUY DANSIE: And then bring that back. If
22 we could do it -- we could just present it to the
23 committee if you think we can have it by next week or
24 tweak it a little bit. And then we could send it out
25 to everybody on the task force for review.

1 JAY DEE DOWNS: Does anybody have any
2 problems with that? Dean? Jean? Regina?

3 This is where you respond.

4 JEAN LUNDQUIST: This is Lundquist. I'm
5 good with it.

6 JAY DEE DOWNS: Regina Nelson?

7 REGINA NELSON: I'm good too.

8 JAY DEE DOWN: Dean?

9 DEAN YORK: Yeah, that sounds good.

10 TERESA BRUNT: Brunt is okay with it too.
11 It sounds good.

12 JAY DEE DOWNS: Okay. Anything else, Guy?

13 GUY DANSIE: Are you good, Brett?

14 BRETT CROSS: Good.

15 GUY DANSIE: So let's look at the
16 review -- at the rule. And then maybe in the next
17 day or two if we can hurry and tweak it, we will send
18 it out to everybody on the task force. And then we
19 can push it out for comment after it goes through the
20 committee.

21 And Donnie will come, and we'll address
22 it. Maybe there will be issued that we identify with
23 National Registry while they're here to make sure
24 that we don't say something in the rule that doesn't
25 work.

1 JAY DEE DOWNS: Okay. The next one.

2 GUY DANSIE: Do you want to look at
3 definitions?

4 JAY DEE DOWNS: Let's give updates on the
5 new legislation before everybody gets off the phone.
6 Then we'll move into 426-1. So those guys on the
7 phone can pull out their documentation.

8 So you guys, pull out your documentation
9 and go to 426. Guy will give us an update on
10 everything that's happened with the legislature.
11 There's been a lot of stuff that's kind of happened
12 and then didn't happen.

13 GUY DANSIE: Right, right.

14 Okay. Originally Dr. Redd, Representative
15 Ed Redd from Cache County, was concerned about
16 fatigue and late night, weather travel and
17 inter-facility transports. Primarily those coming
18 out of Cache County or St. George or far away places
19 that go for a long distances in the middle of the
20 night.

21 We know the hospitals have bed issues
22 with -- especially behavioral health beds. And
23 sometimes those transfers have to happen in the
24 middle of the night to accommodate the hospitals with
25 their available beds. It's an ongoing problem. He

1 attempted to address it but creating this bill.

2 LAUARA SNYDER: And who is this?

3 GUY DANSIE: Dr. Ed Redd, House Bill 322.

4 So the initial -- the initial idea behind
5 the bill was: Hey, we need to have the hospitals
6 have a legal requirement to hold a bed for up to six
7 hours. And that if it was -- and the transfer
8 occurred between the hours of 12:00 midnight to
9 6:00 a.m. in the morning, if you had weather
10 problems, staffing shortages, or if the transfer
11 was -- ended up being more than 55 miles, that you
12 could delay that transfer and notify the hospital and
13 say, "Hey, we can't do it right now, but we'll do it
14 at 6:00 in the morning."

15 That was the intent when he started.
16 Along the way he was contacted, and there was concern
17 about inter-facility transfers. And a definition was
18 added to the bill. And the definition said that you
19 had to be a licensed ambulance provider to do an
20 inter-facility transfer, more or less, you know.

21 And then we talked -- Alton Giles and I
22 had a conversation. Alton talked to Representative
23 Redd about their concerns about having a piece of
24 their business, you know, that this affects.

25 So Representative Redd made the suggestion

1 that we create a new license or designation or
2 something to allow behavioral health transfers for
3 people that didn't have the medical conditions
4 described in Title 26-8-A-305, I believe it is.

5 ALTON GILES: I think it's 305.

6 GUY DANSIE: Anyway, so if a person
7 doesn't meet those medical conditions and they are
8 being transferred, that we could create this new
9 entity to do that. And base it on a free, open
10 market system to keep the cost down. He felt that
11 was a benefit to the -- to these behavioral health
12 patients and the hospitals to keep the cost down. So
13 that language was added.

14 There was a lot of massaging and
15 heart-felt discussion on the Hill up until like
16 10:30 at night the last day. The bill got passed.
17 There were final adjustments and tweaks and some
18 wording changes and things like that as it went to
19 that final forum.

20 After it got passed, it became apparent
21 that there were some issues with the bill itself and
22 the way it was worded. So Representative Redd asked
23 Governor Herbert to veto the bill. So he vetoed it.

24 But in the meantime between the time it
25 passed until the time it vetoed, we had a couple of

1 workgroups where we talked with all the stakeholders
2 who were in that legislative arena talking about how
3 this would work and what kinds of rules we would need
4 to implement it.

5 It was decided that the statute didn't
6 need to be amended if we did it as a designation
7 under the committee's authority to create designation
8 types. So we ended up with -- calling it a
9 designated something. And the term originally in the
10 bill was a nonemergency secured medical transport.

11 And at the second meeting Mike Mathieu
12 chaired representing the EMS committee, he felt the
13 term "medical" was confusing. So he opted to drop
14 that out. I know that's still a point of contention,
15 and that's something that we can revisit.

16 Ultimately the committee has the authority
17 to make that call, not the department, because it's
18 an authority granted in statute to the committee.

19 Okay. So there's that. That's kind of
20 the part where we're still having issues.

21 The other parts are things that we pretty
22 much agreed on, and that being the definitions. We
23 had some of the mental health experts as a part of
24 that workgroup talk about what they felt was
25 important. The first one being deescalation

1 training. If we're moving behavioral health
2 patients, they felt it was important to have whoever
3 interphases with them have training on how to
4 deescalate hostility or patient concerns or things of
5 that nature. And so we attempted to put a
6 definition. We'll put that in R-426-1.

7 And that's that first definition.

8 "Deescalation training means training approved by the
9 committee for a licensed or other type designated
10 service personnel who might be providing any services
11 to be able to help patients."

12 The two members that were present on the
13 committee actually felt that this would be a good
14 thing for all of the ambulance providers as well to
15 have some type of deescalation training. It's
16 usually, I believe, a two-hour module, or it could be
17 longer than that. Our friends at the mental health
18 -- or substance abuse and mental health say that they
19 have a list of different types of training that would
20 be considered appropriate. And so we would need our
21 committee basically to say that those were okay. And
22 then we could list those as similar to EVO training.
23 It's just something you would need to do if you
24 provided this type of designation.

25 So I didn't put that in the rules as a

1 requirement for ambulances, but that was kind of the
2 scuttle when we met and talked about it. But right
3 now it's not in rule anywhere that we have that
4 requirement for ambulance providers.

5 So the other definition, IV administration
6 in Title 26-8-A -- is it 305? I believe it's 305.
7 It talks about medical criteria. One of those refers
8 to IV administration. There are patients sometimes
9 that have a hep-lock or have a shunt or something
10 else that are routinely moved in vans or private
11 vehicles. And so we felt we had to add an IV
12 administration definition because it is in statute
13 and there's no definition in statute.

14 And that just means that if there is
15 actually something being actively pushed through the
16 IV, that then you're administering an IV, or if
17 you're doing a procedure to the equipment or, you
18 know.

19 So what we said is it means, "Operation of
20 interavenous device where a fluid or medication is
21 flowing to a patient, a maintenance procedure is
22 performed, or if a fluid or medication is directly
23 connected to a supply of any fluid or medication."

24 Meaning that if it's just a shunt, that we
25 were okay with that. As long as it wasn't being --

1 something wasn't being pushed or connected to it.

2 LAUARA SNYDER: So, yeah, I have a
3 question. So are these definitions ones that we're
4 looking at specific to having this -- this company --

5 GUY DANSIE: Yes.

6 LAUARA SNYDER: -- be able to do this?
7 So the IV administration, that's
8 concerning to me. Because for a very long time --
9 and I don't know if it should be thought of any
10 differently -- but if medication is going into a
11 patient we've always said that the people who are
12 monitoring that need to be medically trained --

13 GUY DANSIE: Right.

14 LAUARA SNYDER: -- in order if there's a
15 problem with it or something needs to be done. And
16 not just, you know --

17 GUY DANSIE: That's --

18 LAUARA SNYDER: -- a Handi-Van transport
19 type of thing.

20 GUY DANSIE: That's part of the criteria
21 that's in statute.

22 LAUARA SNYDER: Okay. So --

23 GUY DANSIE: If they have an IV
24 administration, then they have to go by ambulance.
25 That's what it says.

1 ALTON GILES: Any fluid, even LR. It has
2 to be hep-locked off.

3 GUY DANSIE: So he's not fighting for
4 that. He's just -- we just wanted to clarify that
5 having a hep-lock or a device doesn't necessarily
6 mean they're receiving medication. So that's what
7 this attempts to do is to say, "Hey, a device isn't
8 the issue. A needle in somebody's arm is not the
9 issue. It's the use of the needle or the use of the
10 IV."

11 LAUARA SNYDER: For any IV fluid hanging
12 is a no-no.

13 GUY DANSIE: Yeah. That's what we tried
14 to say there. And I think everybody was good with
15 that. If it was connected to any fluid or
16 medication, like if there's a direct tube that
17 connects the two, then that's over the line and it
18 needs to go by ambulance.

19 So is it -- do you think it's worded okay?

20 Okay. Let's move down to the next one.

21 This is the name --

22 ALTON GILES: Guy?

23 GUY DANSIE: Yeah.

24 ALTON GILES: I thought we were going to
25 say something about as far as transports with

1 patients who have their own pump. You know, they
2 have a self-administered pump. Because there are
3 some transportations that do go on, they pick them up
4 from their home and they take them, you know even a
5 pain pump that's patient-operated.

6 GUY DANSIE: We could put on there this
7 does not include a patient-operated prescribed --

8 ALTON GILES: Yeah. Because they're doing
9 those now. You know, they might be going to a
10 doctors' appointments or things like that. But it's
11 completely patient-operated. It has nothing to do --

12 LAUARA SNYDER: And is that something that
13 the Handi-Vans do?

14 ALTON GILES: Yeah.

15 LAUARA SNYDER: Is that something you do?

16 ALTON GILES: No.

17 GUY DANSIE: It does not include what?

18 GAY BROGDON: Patient-operated.

19 GUY DANSIE: Patient-operated?

20 ALTON GILES: Yeah.

21 GAY BROGDON: Equipment.

22 GUY DANSIE: Medication devices?

23 ALTON GILES: I don't know.

24 GUY DANSIE: Equipment? Pumps?

25 GAY BROGDON: What about --

1 GUY DANSIE: That are prescribed by a
2 physician prior to transport.

3 ALTON GILES: Yeah. I just know
4 they're -- I've seen them. They're patient-operated.
5 They can push the button themselves.

6 GUY DANSIE: I'll just call it a device.

7 JAY DEE DOWNS: Number 7, 305 says --
8 actually, 26-8-A-305, looking at number 7, "Requires
9 IV administration or maintenance oxygen that is not
10 patient-operated or other emergency medical services
11 during transport."

12 LAUARA SNYDER: So it already says that.

13 ALTON GILES: Uh-huh (affirmative). It
14 does.

15 LAUARA SNYDER: So why do we need this
16 then?

17 JAY DEE DOWNS: This designation?

18 LAUARA SNYDER: Why do we need that
19 definition if it's already in the --

20 ALTON GILES: Because that's on the
21 ambulance side though, isn't it? On the licensed
22 side? And this would be on the designation side.

23 GUY DANSIE: Right. I think it was just
24 to clarify at what point was it allowed to go by a
25 designated vehicle versus requiring an ambulance.

1 JAY DEE DOWNS: So the Title 26-8-A-305,
2 "Ambulance license required for emergency medical
3 transport." So those are the things that a patient
4 or a person need or is supposed to have.

5 LAUARA SNYDER: Or an ambulance
6 licensing. And we're talking about designation.

7 GUY DANSIE: Yeah.

8 JAY DEE DOWNS: Yeah. If they don't have
9 that, they don't need that, then it could be a
10 designation from what I understand. Is that right?

11 GUY DANSIE: Yeah, that's what we're
12 saying. It would be the designated service could do
13 this if it has none of that IV administration stuff
14 going on.

15 LAUARA SNYDER: So is the Bureau then
16 going to start regulating and designating Handi-Van
17 type services.

18 GUY DANSIE: No. It's not the intent.

19 LAUARA SNYDER: Well, wouldn't that be the
20 next logical thing?

21 GUY DANSIE: I guess that would be driven
22 by the legislature if the EMS committee desired to
23 designate it.

24 Right now the bill didn't pass. It was
25 vetoed. There is no requirement to do this, other

1 than what we --

2 JAY DEE DOWNS: Let me see if I can
3 explain it.

4 So the bill didn't pass. So basic --
5 well, it was passed then vetoed. Which means, whew,
6 okay. I don't know how you spell that.

7 So now the committee -- although the
8 committee, the EMS committee has the right to do any
9 designation that it sees fit under the law. So in
10 the meeting, as I understand it, that Mike and Mike
11 were there, and they were -- there was a lot of work
12 done already on the designation. Because in the bill
13 it said that a designation will be provided for this
14 type of service; is that correct?

15 GUY DANSIE: (Witness nods head).

16 JAY DEE DOWNS: So then there was a lot of
17 work done in this two weeks before it was brought to
18 Dr. Redd's attention that there was something in
19 there that wasn't complying to what he wanted. So he
20 called the governor to veto it. However the train
21 was already going down the tracks. And it was felt
22 by members of the EMS committee, "Hey, wait a minute,
23 we should still follow through with this
24 designation."

25 Which means that since it's there, now

1 that it's not in the bill, it's there, the
2 designation, by the EMS committee. So now it's being
3 driven by the EMS committee and not necessarily by
4 the bill that Dr. Redd provided. Is that right?

5 GUY DANSIE: Correct. And the other thing
6 is, is if -- the feeling is if we do it right by the
7 committee and the department, that there won't
8 necessarily have to be another bill next year.

9 Senator Bramble and Representative Redd
10 both felt strongly this is something that we needed
11 to do. And our feeling is we would rather be
12 proactive and do it through rule than have them come
13 back in another bill.

14 JAY DEE DOWNS: I think the big thing was,
15 amongst all the players, was -- and maybe I'm wrong
16 and correct me if I am -- but I think what happened
17 is it got on the Hill and started to have the
18 legislation fixing a problem that could easily have
19 be fixed by the people who are part of it. And we
20 can come in and say, "Okay, yep, this will work; this
21 won't work." Otherwise it will end up back on the
22 hill next year. So --

23 GUY DANSIE: Correct.

24 JAY DEE DOWN: And I think that's what the
25 EMS committee thought, "You know what, this is

1 something that is a designation. It's something that
2 probably, you know, needs to be brought under the
3 fold of the EMS committee." And now the EMS
4 committee has been charged to do that.

5 LAUARA SNYDER: Okay. So then following
6 up on that, the Bureau regulates the area that --
7 it's a monopolistic service.

8 GUY DANSIE: Exclusive area.

9 LAUARA SNYDER: And by doing so, you set
10 the rates. Now are the rates going to be regulated
11 by the Bureau since they're offering the designation
12 and essentially overseeing it?

13 GUY DANSIE: No. The promise made was, by
14 Paul Patrick to Senator Bramble and Representative
15 Redd, that we would do this similar to air ambulance.
16 It would be a designation that would be open to any
17 area by any number of providers, and there wouldn't
18 be a cost associated that's set by the department.
19 It would be through contractual agreements that they
20 have with the hospitals or the facilities.

21 LAUARA SNYDER: Okay.

22 JAY DEE DOWNS: So the key to it is -- the
23 whole key to it is, is this -- the way I break it
24 down when you look at 26-8-A-305 and you look at the
25 other law, is this patient medically required to go

1 by ambulance? Okay. And probably your docs are
2 going to be the ones who determine that. And if that
3 patient doesn't have an IV hanging or whatever, you
4 know, or doesn't -- I think the big key to it is: Is
5 this patient going to deteriorate in transport? If
6 this patient is going to be stable by his
7 professional opinion, then it could be downgraded
8 from an ambulance to a -- this type of service that's
9 next. And the doc will have to do that. The key to
10 it is there is if the doc says it's okay and that
11 patient crashes on the way somewhere, then that's
12 where the liability is going to come in for the doc.

13 ALTON GILES: Which is where it is right
14 now anyway.

15 JAY DEE DOWNS: Absolutely.

16 GUY DANSIE: And one of the things on the
17 designation is they have a plan of operations that
18 they will have to say that if something happens
19 medically, that if they need to turn that patient
20 over -- call 911 and have that patient turned over.

21 JAY DEE DOWNS: They'll have to have
22 contact with 911 as they're going through the state,
23 or whatever.

24 GUY DANSIE: Currently that's not a
25 requirement.

1 LAUARA SNYDER: So is it that the agencies
2 that do nonemergency transports, inter-facility
3 transports -- that's been a really big and hot
4 issue --

5 GUY DANSIE: Uh-huh (affirmative).

6 LAUARA SNYDER: -- so do they see your
7 service as in competition with theirs? Is that part
8 of that contention?

9 JAY DEE DOWNS: You know, I can answer
10 that. But --

11 LAUARA SNYDER: Yes or no?

12 JAY DEE DOWNS: But in my end of it -- go
13 ahead, Guy.

14 GUY DANSIE: I'll give you the
15 down-and-dirty.

16 South Jordan felt like this was an
17 infringement upon their inter-facility, and that was
18 part of the reason we had the legislative discussion
19 about what the issues were.

20 Guardian's feeling -- and I'm speaking for
21 them, and you can speak for yourself maybe -- but
22 their feelings is these patients don't meet the
23 criteria in 305. Therefore, they're not regulated to
24 go by ambulance. We're not allowed to regulate
25 those. Our discussions with the attorney general's

1 office is: We don't want to get involved in trying
2 to regulate a physician's decision.

3 LAUARA SNYDER: But still there's rules
4 about inter-facility transports --

5 GUY DANSIE: Right.

6 LAUARA SNYDER: -- and EMS transports.
7 And now we have another agency type in the mix,
8 right?

9 GUY DANSIE: Right.

10 However, after we all got in the room and
11 it all shook out, South Jordan is very supportive and
12 they are very involved in this actual process. Their
13 city attorney, who helped draft the language, some of
14 the language in the bill along with Guardian and some
15 of the other players felt -- I think it was pretty
16 well decided that this is probably the best route to
17 go. South Jordan is involved with it. They're
18 supportive of this. They're part of the effort to
19 move this forward. Because if they feel that it
20 defines what it is and therefore there's not as much
21 gray area so that they won't be infringe upon -- I'm
22 speaking for South Jordan and a little bit for
23 Guardian. Does that sound right to you, Alton?

24 ALTON GILES: Yeah. You know, it comes
25 down to -- you know, you were talking about

1 infringement. We've been doing this five years. And
2 as Guy knows, the attorney general had looked into
3 this, you know, five years ago. As multiple
4 complaints had come in four years ago, they looked at
5 it and found that, yes, we are not infringing.

6 And Guy -- Guy has referred to as a gray
7 area. So we've been doing this for five years. It
8 hasn't been infringing on the license. But, you
9 know, because of the legislative stuff and South
10 Jordan bringing -- you know, we're in favor of this.
11 I don't have a problem with this. You know, it does
12 provide some rules that I have to follow, which a lot
13 of them I'm doing that already. You know, there are
14 some minor things that I'll have to change.

15 LAUARA SNYDER: Okay. So maybe you could
16 answer this for me. My understanding is that this is
17 for mental health patients. That's how you started
18 off, right? This is a mental health patient
19 transport service.

20 ALTON GILES: A lot of what I do is, yes.

21 LAUARA SNYDER: Oh, that's not the focus?

22 ALTON GILES: This is.

23 LAUARA SNYDER: Is that not what you do?

24 ALTON GILES: I'd say 94 percent of my
25 business is all mental health.

1 LAUARA SNYDER: Okay. What's the other 6?

2 GUY DANSIE: We'll do some transports.

3 Say a hospital, they need a patient that goes home in
4 the middle of the night. Some of the other transport
5 companies don't operate in the middle of the night.

6 You know, if they pay my price, I'll go take them
7 from the ER home.

8 We do transport some that go -- that are
9 considered a nonmedical. We'll take them from one
10 facility, and we'll take them up to, you know, the U
11 of U main for that.

12 LAUARA SNYDER: Okay. All right.

13 JAY DEE DOWNS: I think the other thing,
14 too, is to remember that any ambulance agency, if
15 they want to, they can get their own service. They
16 can get their own designation and do their own thing.
17 So if they had a sweep that said, "Okay, you don't
18 want an ambulance. I can offer you an a van
19 service."

20 I mean that's true.

21 ALTON GILES: A secured --

22 JAY DEE DOWNS: A secured van. I mean
23 that's the thing, anybody can --

24 LAUARA SNYDER: So there's no overlapping.
25 It will -- it will get to be Jetson speed trying to

1 get whoever getting wants that business.

2 GUY DANSIE: It's whoever contracts or
3 whoever the hospital prefers.

4 LAUARA SNYDER: I think it probably meets
5 a need. My concern is that when we started hearing
6 about this a few years ago, that it was only mental
7 health services. And I think we had somebody from
8 the U come and talk about that.

9 But truly other people have been -- well,
10 I'll just say it. My -- and I told these guys
11 earlier. My husband needed to be transported from
12 South Jordan, somewhere out there, to the U for
13 surgery. And he had a bunch of stuff hanging. And
14 the doctor was ordering your service, Guardian.

15 And I said "Are you sure? He's got an IV
16 hanging. He's got meds."

17 "Oh, yeah, we do it all the time."

18 So how do I know that --

19 ALTON GILES: We don't do that.

20 LAUARA SNYDER: Well, I don't know that
21 because I'm just listening to the doctor who --

22 ALTON GILES: You know, when they call
23 into our dispatch center and say, "Hey, this is what
24 I need," they might not mention that. But when my
25 employees show up, they know. Because there's a

1 line, and I know you can't cross that. That would --
2 you know, that would push it to an ambulance.

3 So if my people show up, maybe they did --
4 maybe we accepted the call because they didn't say,
5 "Hey, there's IVs." We show up, we get out there,
6 and there's IVs and pumps. That doesn't qualify for
7 us. I can't do that transport. I would get in
8 trouble.

9 GUY DANSIE: The one thing our rule hasn't
10 ever really drilled down into this. So this is not
11 just a Guardian rule. We want to have some kind of
12 regulation over anybody doing this and make sure the
13 standard is fairly high that -- I asked the same
14 thing about if it was just behavioral health or not.
15 As long as the person doesn't meet the medical
16 criteria in 26-8-A-305, then it doesn't matter what
17 the person -- most of the time they're going to be
18 behavioral health. If it's a discharged patient,
19 they're no longer considered a patient anyway.

20 ALTON GILES: And that's how we're ruling
21 out all the other transport vehicles because they're
22 discharged. Typically those type of companies.

23 GUY DANSIE: Yeah. The unregulated vans
24 are -- those people are not a patient at that point,
25 so we don't regulate that. Okay.

1 LAUARA SNYDER: So just to clarify, all of
2 the agencies that have inter-facility licenses,
3 they're okay with what you do and don't feel that
4 there's a --

5 ALTON GILES: Are they okay it? I can't
6 speak for them on that.

7 GUY DANSIE: Let me add my two bits to
8 that though.

9 South Jordan has been heavily involved
10 with this and likes it, and they have an
11 inter-facility. Gold Cross, Mike Moffitt, who has
12 been heavily involved with this and Mike Mathieu has
13 inter-facility and has been heavily involved. So I
14 think the big players that do inter-facility are okay
15 with it.

16 Now, there are probably -- like you do
17 inter-facility as well. You don't have a facility to
18 speak of. But technically if you had one, you would
19 do the inter-facility portion.

20 I can't speak for all the other services.
21 But Mike Mathieu, Mike Moffitt, and South Jordan, who
22 all do, are very much involved in this process. And
23 they will be the ones that vote on it next week if
24 it's -- so we're kind of just trying to wordsmith it.
25 And hopefully this is the directive they've given me

1 to do.

2 ALTON GILES: Now, in your situation where
3 you don't have a hospital and you're talking mental
4 health, I -- this designation could not go out to
5 Wendover and pick up a mental health patient because
6 they're not -- they haven't been evaluated by a
7 doctor. So if you're picking them up from the home
8 and, "Hey, do you know what, we need to bring hem
9 here to Salt Lake," this designation would not allow
10 that because they haven't been evaluated by a doctor.

11 GUY DANSIE: I think most of Lauara's
12 patients would all be considered a 911 or seen
13 patient, right? Even though you would have the right
14 if a nursing home came to your community, then a
15 patient -- you'd still be the person that provided
16 that.

17 LAUARA SNYDER: (Witness nods head).

18 GUY DANSIE: That was actually part of the
19 attempt of the bill to clarify that inter-facility
20 had to be done by ambulance if the person was indeed
21 a patient that needed medical observation.

22 So anyway, let's look at these last couple
23 of definitions. I feel like pulling teeth here.

24 JAY DEE DOWNS: That's all right.

25 You guys okay on the line?

1 GUY DANSIE: Does anybody need a break?

2 Are we good?

3 DEAN YORK: York is still good.

4 JEAN LUNDQUIST: Lundquist is good.

5 TERESA BRUNT: Brunt is still good. I
6 feel a little Pandora's Box there with that bill, but
7 I've got to read it a little bit better to understand
8 it.

9 GUY DANSIE: I think it is a Pandora's Box
10 to some extent, but we tried not to get down into the
11 van market on purpose. If the patient is
12 discharged --

13 JAY DEE DOWNS -- it's none of our
14 business.

15 GUY DANSIE: Yeah, it isn't. We don't
16 regulate it at that point.

17 Currently all I'm allowed to regulate as a
18 regulator is the --

19 JAY DEE DOWNS: -- medical side of it.

20 GUY DANSIE: Right, the medical side of
21 it.

22 JEAN LUNDQUIST: This is Lundquist. Are
23 we just going to talk about the licensing and that
24 kind of stuff? We're not going to talk about the
25 extended wait in the ERs? Is that not our --

1 GUY DANSIE: Oh, no. Because -- okay, let
2 me address that quickly before we go on to the next
3 thing on definitions.

4 This workgroup that's been dealing with
5 this bill and the aftermath of the bill, there were
6 two parts. One being the van transport part; the
7 other part being that hospital bed issue and the
8 delayed transport. What we pro-- what they preferred
9 to do is that part is a little -- probably a little
10 political messy because of the hospital side of it.

11 Currently there is nothing in the EMS Act,
12 Title 26-A, that requires response in a certain time.
13 It's traditionally understood that they'll do their
14 best to be there and to move those patients for you.
15 But there isn't anything in there that specifically
16 regulates that response time. So what we're trying
17 to do is educate both the hospitals and the EMS
18 services and develop some policies; one of them being
19 a fatigue policy and one of them being a
20 weather-related policy. And say, hey, so we're all
21 on the same page, hey, if there is a true weather
22 issue, then let's wait. The hospital and the EMS
23 service should have that conversation. Let's --
24 we're putting our people in danger; we had need to
25 wait. The road is closed, or whatever it is.

1 The other part of that being fatigue. Air
2 ambulance uses fatigue guidance, and we've never done
3 that on ground. But what we're saying is, is if
4 there there's a fatigue issue for the EMS provider,
5 that possibly they could do it through mutual aid,
6 send another ambulance by a mutual aid agreement or
7 work something out and let the EMS service be
8 responsible to take care of that if fatigue is a
9 factor. So that's where we're approaching that.

10 I don't have any language today. And that
11 may be another thing maybe down the road a few months
12 we can work on specific language there. What we're
13 working on is just the policies. And I was going to
14 have the operation subcommittee refine those policies
15 a little bit. And then maybe down the road we could
16 put language in the rule saying, "Hey, you need to
17 use these policies as an EMS service to determine if
18 the weather situation is okay or if fatigue is an
19 issue."

20 And then the onus would be on the EMS
21 provider to provide the mutual aid through a
22 neighboring partner or service.

23 JAY DEE DOWNS: They couldn't provide the
24 service, but they could use their mutual aid partners
25 to provide the service.

1 GUY DANSIE: Right. And I actually did
2 put one little piece of rule in the operations rule,
3 and we'll look at that in just a second that talks
4 about EMS being responsible to get the mutual aid for
5 you as a hospital.

6 JAY DEE DOWNS: You know, most of that
7 bill also as it was proposed, go look it up, it was
8 like even for it to go into effect it had to be over,
9 what, 55 miles?

10 GUY DANSIE: 55 miles. It had to have a
11 weather -- like weather problems. There had to be
12 staffing shortages so that the local provider was not
13 able to do the 911 side of their service. Like if
14 there was a time of unusual demand. Like say they
15 had like a car rollover or something big and they had
16 multiple patients, then they could delay that
17 transfer. But they do that already, honestly.

18 JAY DEE DOWNS: Yeah. See, the problem
19 was also -- and speaking from the Cache end of it --
20 so you have these guys, they take a mental patient
21 in and like -- this is one thing they were having a
22 rough time with. They'd take a mental patient in at
23 like 1:00 in the afternoon. Now it 3:00 in the
24 morning, and it becomes an emergency transport to
25 take them to Salt Lake at 3:00 in the morning. So

1 they're saying, well, why does it have to be such
2 a -- why at 3:00?

3 GUY DANSIE: Right.

4 JAY DEE DOWNS: That's where -- that's
5 where it all got started.

6 GUY DANSIE: Right, right.

7 So I think the awareness became much
8 higher on both sides, the hospital and the ambulance
9 side. And we're trying to do our part on the
10 ambulance side to clean it up a little bit. We don't
11 regulate the hospital side of it. So the holding the
12 bed thing is not a -- I can't address that issue.

13 JAY DEE DOWNS: I can't either.

14 GUY DANSIE: That's a hospital issue.

15 JEAN LUNDQUIST: Okay. Thank you.

16 JAY DEE DOWNS: Okay.

17 GUY DANSIE: Okay. The next definition
18 was -- and this is one I think Alton has a problem
19 with.

20 ALTON GILES: Yeah.

21 GUY DANSIE: Is not having the term
22 "medical" out procedure.

23 ALTON GILES: So I want to bring this up
24 to you, Guy. So this is from Centers for Medicare
25 and Medicare Service. Here's what they call it.

1 GUY DANSIE: And that's fine. And that's
2 what the bill said.

3 ALTON GILES: Yes.

4 GUY DANSIE: And we can -- I will -- we
5 need to beat the drums at the EMS committee meeting
6 and call it whatever they vote on and decide.

7 ALTON GILES: I mean, see, this is
8 "medical," the booklet for these people.

9 GUY DANSIE: And the bill used the term
10 "medical." And I know Mathieu's issue was -- Mike
11 Mathieu's issue was we didn't want to confuse
12 behavioral health and a medical patient. So that
13 term is probably still to be determined by the
14 committee. I think you have a good argument, Alton,
15 and we can present that to the entire committee --

16 ALTON GILES: Okay.

17 GUY DANSIE: -- rather than just Mike
18 Mathieu and Mike Moffitt who were there at the
19 meetings.

20 ALTON GILES: Well, it seems like the one
21 that -- Mike Mathieu was the one that had the problem
22 with the term.

23 GUY DANSIE: Yeah, yeah.

24 ALTON GILES: It seems like Gold Cross was
25 fine with the term.

1 GUY DANSIE: Yeah. I honestly think it
2 was just mostly Mike Mathieu's thing. So we'll
3 propose it both ways and see how it flies, okay?

4 But the body of it, it means an entity --
5 this is basically -- I took it from the quick
6 response unit definition. So I tried to word it as
7 closely to that definition as I could. We did throw
8 in the medical observation as defined as
9 UCA26-8-A-305 just to make sure that it's clear.

10 "That may have a need for behavioral health
11 observation during transport between licensed acute
12 care, hospitals, emergency patient receiving
13 facilities, or licensed mental health facilities."

14 So they're doing inter-facility for people
15 who are not medical patients or need medical
16 observation basically.

17 Does it read okay?

18 ALTON GILES: I think so.

19 GUY DANSIE: Okay. Then as we move down.
20 The vehicle, I tried to mirror the quick response
21 vehicle language that's already in the definition.
22 It just -- it means, "A vehicle which is properly
23 equipped, maintain, permitted, and used to perform
24 nonemergency secured transports."

25 We can put the word "medical" back in or

1 leave it out depending on what is --

2 LAUARA SNYDER: What kind of proper
3 equipment is needed for your medical -- or on your --

4 ALTON GILES: We did hit on that a little
5 bit, not a ton.

6 GUY DANSIE: Right, right.

7 LAUARA SNYDER: Do you have a gurney?

8 ALTON GILES: Yes.

9 GUY DANSIE: We're going to put it in our
10 equipment list that's required for the other
11 vehicles, the ambulances and the quick response. And
12 then we will add another category. So we will do it
13 under policy and just have the rule refer back to the
14 policy.

15 Basically I have some language in the
16 operations rule, and I'll show you that in just a
17 minute, that says it needs to be cleanable, secure,
18 just the generic stuff, maintained.

19 LAUARA SNYDER: What about staffing?

20 GUY DANSIE: Staffing?

21 LAUARA SNYDER: Are you going to require
22 regulations for staffing if we're going to do this?

23 GUY DANSIE: We will. Let's get to those.
24 And maybe I should have done the definitions last.

25 Patient-operated oxygen, that was one of

1 the other areas. Basically if a patient carries --
2 is able to administer their own -- I helped to draft
3 and define that. Now, what we allow there is like
4 still a committee decision to be made. But the
5 definition means something that was prescribed before
6 the transport was arranged that they already have
7 oxygen.

8 ALTON GILES: So essentially we're not
9 carrying cannulas or masks or anything.

10 LAUARA SNYDER: So you're carrying oxygen?

11 ALTON GILES: Yes.

12 LAUARA SNYDER: So you --

13 ALTON GILES: Which is very common in
14 nonemergency medical transports. Like Gold Cross
15 even had it when they had their van service. They
16 had oxygen tanks on them.

17 GUY DANSIE: I think the vans carry it
18 too.

19 BROOK BARNSON: Handi-Van does too,
20 MedVan.

21 LAUARA SNYDER: They carry their own?

22 BROOK BARNSON: Uh-huh (affirmative).

23 GUY DANSIE: Just to resupply it. If
24 they're in transport for two to three hours or
25 something, then --

1 BROOK BARNSON: It's just a courtesy so
2 they don't have to drain their tank while they go to
3 their appointment. We're not putting them on oxygen.
4 We're just putting them -- hooking their cannula to
5 another oxygen source.

6 GUY DANSIE: So think about it. Anything?

7 JAY DEE DOWNS: Do you have a medical
8 control then?

9 ALTON GILES: What?

10 JAY DEE DOWNS: Do you have a medical
11 control?

12 ALTON GILES: No.

13 JAY DEE DOWNS: Do you have to have a
14 prescription for the oxygen then?

15 ALTON GILES: No.

16 JEAN LUNDQUIST: This is Lundquist. What
17 is the supply tank or other source? What would that
18 be, the other source? Are you talking -- is that
19 where your pumps fit in or what --

20 GUY DANSIE: I just put it on there as a
21 catchall. We can take it off if you don't think it
22 needs it on there.

23 ALTON GILES: I guess on some long
24 distance ones, some people do have a concentrator.
25 You can plug concentrators in.

1 GUY DANSIE: Rebreathing kind of an
2 apparatus or something.

3 JEAN LUNDQUIST: Oh, okay. All right.

4 GUY DANSIE: I just threw that on there
5 because I -- and I don't know. I'm not a patient
6 care person. But I just thought if there was a tank
7 or other type of supply. There might be some other
8 type of supply. If there's not, then --

9 ALTON GILES: The only other one I can
10 think of is a concentrator.

11 GUY DANSIE: Do we leave it on there or
12 not?

13 JEAN LUNDQUIST: This is Lundquist. I
14 don't feel strongly either way. I think it's fine as
15 long as you know what that is. And that's --
16 concentrator is the only thing I can think of.

17 LAUARA SNYDER: I have another question
18 for you.

19 ALTON GILES: Yes.

20 LAUARA SNYDER: Can you bill insurance
21 companies?

22 ALTON GILES: Yes.

23 LAUARA SNYDER: And do they pay for you?

24 ALTON GILES: Yes.

25 LAUARA SNYDER: And what's your codes that

1 you bill?

2 ALTON GILES: I do a base rate code and a
3 mileage code.

4 LAUARA SNYDER: Of the EMS? Like A0425
5 and --

6 ALTON GILES: It's not EMS. It's CPT
7 codes.

8 LAUARA SNYDER: So 80425?

9 ALTON GILES: IBC10 codes is mileage.

10 LAUARA SNYDER: So then would you 80425 is
11 milage that you bill? So then would you --

12 ALTON GILES: So essentially those codes
13 are set up when I do the contracts with the insurance
14 companies.

15 LAUARA SNYDER: Well, I'm just curious
16 because those are ambulance codes, and they're not --

17 ALTON GILES: They're not ambulance codes.
18 Their IBC10 codes that ambulances are using, correct?

19 LAUARA SNYDER: Okay. All right.

20 GUY DANSIE: All right.

21 Unless you guys have any issues with the
22 definitions, I'm going to go on to the -- this is the
23 designation requirements. I took the term
24 "prehospital" out on one of the titles because this
25 is not a prehospital. It could be inter-facility.

1 So we just call it "EMS provider designation types."
2 And I'm looking at 200 -- 426-2-200.

3 JAY DEE DOWNS: Do you have something,
4 Jean?

5 JEAN LUNDQUIST: No. That's what my
6 question was is where were we. Thank you.

7 GUY DANSIE: And, yeah, I jumped ahead.
8 Actually in 426-2 at the very top, I also took out
9 the word "prehospital" and put "EMS," just thinking
10 it's probably a more accurate term.

11 JAY DEE DOWNS: I'd maybe take that out
12 and just put "provider."

13 GUY DANSIE: We could. Do you want me to?
14 I could take -- it's already says,
15 "emergency medical services provider," and that's
16 because that's an addition that I made up. Let me
17 just take it back out.

18 JAY DEE DOWNS: Yeah.

19 GUY DANSIE: Should I take out this one
20 down here?

21 JAY DEE DOWNS: Uh-huh (affirmative).
22 Just "providers" is all they are.

23 GUY DANSIE: Maybe it's redundant to have
24 it in there.

25 JAY DEE DOWNS: Everybody is a provider.

1 GUY DANSIE: And then I added a third. In
2 200, R-426-2-200, I added a number 3. Which is the
3 name of this thing, which we still are kind of on the
4 fence with as far as it has "medical" or not, right?

5 ALTON GILES: Yeah.

6 GUY DANSIE: I'll put it in there just so
7 we don't forget.

8 Okay. I was just scrolling down through
9 the rule, getting down past -- okay. And this copy
10 that I used is the copy that has currently gone out
11 for comment.

12 JAY DEE DOWNS: That's why the change.

13 GUY DANSIE: That's why I have the old
14 changes that we adopted sometime ago in it, because
15 the new official effective rule has not been
16 published yet. And the term "certified" has all been
17 canceled out to "licensed." This is actually the
18 copy that I sent in for comment.

19 Okay. So we added a section R-426-2-800,
20 which is a nonemergency secured -- I'm going to put
21 "medical," just as a -- I'll go back and make it
22 consistent. And then we can decide on that in the
23 committee. But the requirements basically followed
24 the same things we do for our quick response unit
25 designations with a few exceptions.

1 Okay. As we read down through it, it
2 says -- part 1 says, "Have a vehicle or vehicles,
3 equipment, supplies that meet the current
4 requirements for the department for the designated
5 nonemergency secured transport providers as found on
6 the Bureau of EMS and Preparedness's website to carry
7 out its responsibilities under its designation."

8 The same thing we have for quick response
9 and ambulances. And we have it referred to on our
10 website; we have it published there.

11 In their application they have to have the
12 locations so that we know roughly where they're
13 serving and those kinds of things. They have a
14 current dispatch acknowledgement. So they basically
15 let the 911 medical dispatch center know that they
16 provide that service in the area. And that we --
17 originally we had other wording in there. It has
18 different wording for a designated service because
19 they are dispatched by 911. The van is not; their --
20 this carrier is not.

21 JAY DEE DOWNS: I know this is off the
22 beaten path, but it just dawned on me. So since
23 they're a designation, are they going to be eligible
24 for grants?

25 GUY DANSIE: We'll have to make sure that

1 that grant language says that or reflects that. The
2 grant language already says that it has to be a
3 primary 911 provider, right?

4 Gay and I are nodding our heads.

5 GAY BROGDON: Uh-huh (affirmative).

6 GUY DANSIE: Basically -- and we actually
7 had this dispute with some of the private area --
8 because they're covered by private service if they're
9 qualified or not. If you're a municipal provider,
10 yes, you qualify if you're doing the primary scene
11 response. If you're private and you do the scene
12 response, then you qualify. If you don't, like if
13 you're a secondary, then you don't. Does that make
14 sense?

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

16 GUY DANSIE: But if you just did
17 inter-facility, then you wouldn't.

18 JAY DEE DOWNS: Right. Scene response.

19 GUY DANSIE: Yeah. If you're a primary --
20 if you're dispatched to scenes, then you qualify.

21 JAY DEE DOWNS: Okay. Just curious,
22 number 4, have a current plans of operations, A?

23 GUY DANSIE: Yeah. This is where we say
24 the mental health patient deescalation training, you
25 know that you have to have a policy for that. You

1 have to have American Heart Association Cardio
2 Pulmonary Resuscitation or equivalent for all
3 personnel. That's basically the same as it is for
4 the other services.

5 Operational procedures, how -- just
6 basically a description of how you're operating.

7 LAUARA SNYDER: I have another question.

8 GUY DANSIE: Sure.

9 LAUARA SNYDER: Is the deescalation
10 training, is that some in-the-box kind of thing, or
11 is that just something you make up yourself to --

12 GUY DANSIE: Well, we're saying --

13 LAUARA SNYDER: I mean, because --

14 JAY DEE DOWNS: Well, I don't know.

15 LAUARA SNYDER: Well, I'm just saying in
16 EMS agencies if you have a need for something, you
17 can have your --

18 GUY DANSIE: Find it.

19 LAUARA SNYDER: Well, you can add this
20 piece, that piece, whatever, to accomplish what it is
21 you want to train the people for. But it doesn't
22 have an official designation or name.

23 GUY DANSIE: If you go back to that
24 definition, that's what we attempted to do in there,
25 to say that it had to be approved by the committee.

1 LAUARA SNYDER: Okay. So it's something
2 that is not like you go buy an ACLS or a PALS or a
3 PEPP or --

4 GUY DANSIE: I don't think there's a
5 canned training. There might be.

6 ALTON GILES: There's several different
7 nationally recog-- so these behavioral centers,
8 that's what we've got. So the U, they use one.
9 IASIS hospital, they have one called CPI, which the
10 brand name. And it's called Nonviolent Crisis
11 Intervention. So there's several different types out
12 there --

13 LAUARA SNYDER: Okay.

14 ALTON GILES: -- and that's what we had
15 talked about is saying which one is --

16 GUY DANSIE: With the mental health
17 professionals.

18 LAUARA SNYDER: So there's some sort of
19 standardization?

20 ALTON GILES: Yes, there is.

21 LAUARA SNYDER: Okay.

22 GUY DANSIE: The mental health -- yeah,
23 the mental health people say, "Yeah, we have that."

24 LAUARA SNYDER: Okay.

25 GUY DANSIE: And they'll share that with

1 us. And then we'll say, "This is the list of
2 training. Take one of these and you're good to go."

3 LAUARA SNYDER: Okay.

4 GUY DANSIE: Okay. The description in
5 number -- I'm looking at F. Oh, okay. Maybe I
6 jumped ahead.

7 We talked about operation. Okay. C,
8 talks about a description of how the designated
9 nonemergency secured transmedic rule will be made.
10 "Will interface with hospitals, emergency receiving
11 facilities." These are the people that do the
12 inter-facility work with. They need to have a
13 description on how they interface with them. Like if
14 they have a phone call or a phone number that they
15 use that they can call each other, or whatever.

16 D says, "A written policy that describes
17 how patients who require an ambulance will be refused
18 for transport."

19 So like you have to have some type of
20 criteria to exclude the medical patients.

21 JAY DEE DOWNS: So a patient that says,
22 "I'm supposed to go by the ambulance, and I want to
23 go by the van service," they say we have to refuse
24 you.

25 GUY DANSIE: Right. They have to

1 acknowledge it in their submission or application
2 that they have some criteria to say no. And that
3 their people are trained to say "no" if it's
4 appropriate.

5 E says, "Have a written description of the
6 service area for the coordination with other licensed
7 and designated providers."

8 We aren't going to say that you have a
9 certain area you can or can't practice in, but you
10 should describe -- at least tell us what your intent
11 is and try to work with those providers in that area
12 so they know you're there.

13 JAY DEE DOWNS: In other words, play nice.

14 GUY DANSIE: Yeah. It's a play nice
15 thing. Let your neighbors know you're in their area.

16 JAY DEE DOWNS: I think also this would be
17 very beneficial to know that so if there's an MCA
18 going on or disaster going on.

19 GUY DANSIE: Yeah. Just for that
20 coordination.

21 JAY DEE DOWNS: If you need people for
22 transport --

23 ALTON GILES: You're right. You know me,
24 I'm a paramedic. If that was the case, I'm more than
25 willing to --

1 JAY DEE DOWNS: That's why I think it
2 would be important, for that.

3 GUY DANSIE: Yeah. The other thing I
4 could see is if you do have that 911 scene issue
5 going on and you know there's a behavioral health
6 patient or something that you don't really want to do
7 and they don't -- they don't have the medical
8 criteria, then you should probably just kick it over
9 to -- do you know what I'm saying? That's an out for
10 you to let those other patients off.

11 JAY DEE DOWNS: It just makes everybody
12 play together.

13 GUY DANSIE: Okay. Any objections to
14 that? I think Alton kind of grimaced a little.

15 ALTON GILES: Okay. So right there where
16 it says "letter of acknowledgement" under 5.

17 GUY DANSIE: Five, "Provide operations
18 plan to the local EMS council, if one exists. The
19 local" -- Tammy actually had a hand in this drafting,
20 and I think she probably --

21 ALTON GILES: I thought we'd said
22 something that we just had to provide it to them. We
23 didn't have to have --

24 GUY DANSIE: Yeah, because --

25 JAY DEE DOWNS: That's pretty well stated

1 the language in there because it's --

2 ALTON GILES: Okay. More or less, I just
3 need to submit -- or the designation needs to submit
4 something. I'm not looking for approval. I just
5 need to submit something --

6 GUY DANSIE: Yeah. It could be an e-mail.

7 JAY DEE DOWNS: Just acknowledge it.

8 GUY DANSIE: Just as long as you guys know
9 and they know you're in town.

10 ALTON GILES: Okay.

11 JAY DEE DOWNS: Another side to that, I've
12 been on the other side too even to the point where
13 designation is a little bit different. But even if
14 you say, "Do you know what, I've provided this letter
15 to them. You have documentation that says I provided
16 it to them, and they've never acknowledged it back,"
17 you can actually use that. You made good effort.

18 GUY DANISE: Yeah.

19 ALTON GILES: So is it something I need to
20 sent as a certified letter just so --

21 JAY DEE DOWNS: All you have to have is
22 some sort of documentation that they received it.

23 GUY DANSIE: Right. And you can e-mail
24 them or do something like that if you prefer, just so
25 that they know you're in town.

1 ALTON GILES: Okay.

2 GUY DANSIE: I think "council" is spelled
3 wrong there too. Isn't it c-i-l, that type of
4 council? The other counsel is like legal counsel,
5 right?

6 JAY DEE DOWNS: Yeah, "council."

7 GUY DANSIE: Okay. Six, "Have written
8 operational procedures to provide secure patient
9 care," which is just generic language. I think you
10 already had in part "B" up above, you already had
11 operational procedures. But that's just how it's
12 worded in the other part, so we just left it.

13 Seven, "A written policy of how the
14 designated" -- whatever we're calling it -- "will
15 submit patient care data to the department."

16 That was another one that the workgroup
17 kicked around is: If these people are being moved,
18 how do we know what's going on out there and how can
19 we study it or how can we improve it? So currently
20 all designated providers or licensed providers submit
21 data. And we've talked to our data person, Felicia.
22 And she says we can simplify the PCR so that it's
23 just a few pertinent fields. Like just basic, like
24 we moved Jane Doe at this time of day, this night, to
25 this facility. It's pretty basic stuff.

1 ALTON GILES: Okay. And I guess they
2 explain to them why. Like we don't check vitals; we
3 don't do that. So that was why that was --

4 GUY DANSIE: So PCRs are designed for
5 patients, medical patients.

6 ALTON GILES: Yeah.

7 GUY DANSIE: And so we were going to have
8 a template that just eliminates all of the medical
9 information. And it's just statistical information
10 primarily. Most of the NEMESIS elements don't pertain
11 to what you're doing.

12 If you go down, it talks about -- 8 says,
13 "Provide the department with a copy of its
14 certificate of insurance."

15 ALTON GILES: Did we decide on the limits
16 on that yet?

17 GUY DANSIE: For the others it's 1
18 million.

19 ALTON GILES: Yeah. Is that what we're
20 going with? I'm fine with that. I'm just curious
21 what we're going with.

22 GUY DANSIE: It doesn't spell it out for
23 the other designated services, but that's what it is
24 for the ambulance services is 1 million. So maybe we
25 need to add that at a later date.

1 Nine is "Prior to approval for the
2 application, all vehicles will be inspected and
3 permitted by the department and shall meet the
4 requirements of 426-4-300-5." Which means that the
5 vehicles are checked out by us, and they're given a
6 sticker.

7 Ten says, "Not to be disqualified for any
8 of the following reasons" -- and this is standard
9 language -- "violation of subsection 26-8-A-504 or a
10 history of disciplinary action related to the EMS
11 license permit designation or certification in this
12 or any other state."

13 Basically if you have criminal problems,
14 you're -- you know, then you have to address those,
15 and we have a process for that. That's -- that's
16 standard language to all the other services.

17 I believe that's it for the changes. The
18 rest of those are changes that we've already sent out
19 for comment. So I will save that document. We'll --
20 if there's no changes here, we'll submit it to the
21 committee that way.

22 Do you want to look at the last document?

23 JAY DEE DOWNS: Yeah.

24 GUY DANSIE: Okay.

25 JAY DEE DOWNS: Any questions on the other

1 one? If not, let's keep moving.

2 GUY DANSIE: Okay. And this one I think
3 will be easy. I don't think there's much in here.
4 We did -- as you can see, this is the other language
5 that we already added. It says, "See department
6 policy for ground ambulance standards." That is
7 actually already in -- that's part of the draft
8 language already that's been approved. And so we're
9 doing the same thing for this designation.

10 We're -- this is where it talks about it
11 for ambulances. I just wanted to point it out so you
12 knew it was in there.

13 Okay. Here I added one line. This goes
14 back to the hospital part of this bill. So Jean,
15 this is the one you were concerned about. 426-4-500,
16 the one thing we added, and I just did this. This
17 was at the direction of the workgroup. It is to put,
18 "The mutual aid request for a licensed designated EMS
19 provider shall be made at the request" -- and I don't
20 know if I like the language -- "shall be made at the
21 request of licensed designated EMS."

22 Maybe I need to put geographical service
23 area provider. Should I put exclusive geographical?
24 This one I just added, and it was one of those things
25 that I forgot to do earlier.

1 Basically the concern was we didn't want
2 the hospital shopping for providers. We wanted to
3 make it known that it was the EMS that covers that
4 area's responsibility to get mutual aid, you know.
5 And they can work it through the dispatch center or
6 whatever they need to do.

7 Mutual aid requests. "Mutual" -- I don't
8 like how it's worded though. "Mutual aid" -- what
9 shall we call it? Response? I have the word
10 "request" in there twice. Should we say "mutual aid
11 assistance"?

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

13 GUY DANSIE: Does that work?

14 ALTON GILES: Request for assistance.

15 GUY DANSIE: I just wanted to get away
16 from having the same word in there twice. It just
17 doesn't read very well.

18 JAY DEE DOWNS: Yeah, that's good.

19 GUY DANSIE: "Mutual aid assistance for a
20 licensed or designated EMS provider shall be made at
21 the request of the licensed or designated" -- I
22 should put "licensed" because designated doesn't
23 pertain. They're not exclusive.

24 Okay. Are you okay with that? Does that
25 read right?

1 JAY DEE DOWNS: It says, "Mutual aid
2 assistance for licensed or designated EMS providers
3 shall be made at the request of the licensed EMS
4 exclusive geographical service provider."

5 JEAN LUNDQUIST: This is Lundquist. Are
6 we talking about -- is this the same thing we're
7 talking about these psych patients basically, or are
8 we talking about any patient?

9 GUY DANSIE: No, this is bigger. This is
10 if you have an ambulance service that's bogged down
11 because they're on a 911 scene response and they
12 can't respond to the hospital, then it's the EMS
13 provider -- it's that ambulance services's
14 responsibility to tell the dispatch, "No, we can't
15 go. We need to get somebody else here."

16 That burden on falls on the EMS provider.
17 What it is an attempt to do is prevent the hospitals
18 from going outside of the EMS system and getting a
19 different provider that's not authorized.

20 LAUARA SNYDER: So it would need to be
21 still be another ambulance, right?

22 GUY DANSIE: Yeah. If it's a medical
23 need, it's still another ambulance.

24 LAUARA SNYDER: Okay. So their transport
25 service is not EMS, right? You're designating --

1 GUY DANSIE: Yeah. It's not an ambulance.

2 LAUARA SNYDER: Well, it's not EMS,
3 Emergency Medical Services.

4 GUY DANSIE: Right.

5 LAUARA SNYDER: So -- but they're
6 designated, but they're it's not EMS.

7 GUY DANSIE: Right. It's not medical,
8 right, in the sense that it's a physical need, a
9 medical need.

10 LAUARA SNYDER: Okay. So they're not
11 classified under emergency medical services?

12 GUY DANSIE: No, no. This phrase doesn't
13 really pertain to the designation stuff we're talking
14 about. This just tells the hospitals and it tells
15 the EMS, the ambulance people that we already have in
16 existence that it's their discretion on using the
17 mutual aid provider, which I think we've always
18 understood that. But part of the issue was when this
19 bill went through, there was a concern by the
20 ambulance providers that, "Hey, if we delay, then
21 they're going to go backdoor on us and get a
22 different ambulance to come in and do it."

23 LAUARA SNYDER: Okay.

24 GUY DANSIE: So what this is an attempt to
25 do is tell the other ambulance services and the

1 hospitals that the way to do this is to get the
2 dispatch, you know, the one that normally sends the
3 EMS provider. If the EMS providers says, "I can't
4 go."

5 Then the dispatch center will turn around
6 and say, "Hey, can we send your neighbor."

7 They'll say, "Sure, go send them."

8 And that's how it's always operated. But
9 we're just trying to say that in the rule. That was
10 actually a Moffitt thing.

11 JEAN LUNDQUIST: This is Lundquist. I
12 don't know about other hospitals, but that's not been
13 the process in the past. We're doing that better
14 now. But the process has been that you'd just call
15 whoever you want and --

16 GUY DANSIE: That's why we're saying it so
17 that --

18 JEAN LUNDQUIST: So what I'm saying is as
19 this rules goes out, it will be a change of rules for
20 hospitals, correct?

21 GUY DANSIE: Well, and you guys are unique
22 in Utah County in the fact that you have two
23 different licensed providers in your county. So you
24 can have -- you can go the non-911 route and call
25 Gold Cross because they're licensed, or you can call

1 Provo Fire Department through the 911 system. And
2 either one of those two can respond, correct?

3 JEAN LUNDQUIST: Right. Correct.

4 GUY DANSIE: But you're not going out and
5 you're not calling, you know --

6 JEAN LUNDQUIST: Okay. I --

7 GUY DANSIE: You're not calling Nephi.
8 You know, you're not calling Juab ambulance to come
9 up there. You're not doing that.

10 JEAN LUNDQUIST: Yeah, okay.

11 GUY DANSIE: You guys have a more complex
12 issue because you do have the two providers, and
13 you're okay to use either one of those.

14 If you're in Wendover, you only have one.
15 Or if you're in Cache County, then really you don't
16 have another option. Gold Cross or somebody else is
17 not allowed to come in there without Jay's approval
18 of that or request for that.

19 JEAN LUNDQUIST: Okay. So what you're
20 saying is if I'm at the emergency room, I can call
21 either Gold Cross or Provo without this affecting
22 this rule because they're both licensed, right?

23 GUY DANSIE: Correct, correct.

24 JEAN LUNDQUIST: Okay. Perfect, thanks.

25 GUY DANSIE: And that's -- this is just to

1 help so that we don't have somebody bypassing the one
2 that they're supposed to be using. And they're --
3 technically, they're not supposed to do that anyway.

4 JEAN LUNDQUIST: That makes sense.

5 GUY DANSIE: Then if I scroll down, I'm
6 getting down into the 426-4-900. It is a new
7 section. And it's just generic language, very
8 similar to the quick response vehicle language.

9 "Quantities, supplies and equipment as
10 described in the department inspection requirements."
11 That's part of that policy we referred to earlier.
12 "A designated nonemergency secured transport is
13 required to provide procedure training and oversight
14 for individuals performing duties for their
15 respective designation."

16 It means that people need to be trained.
17 They can carry different equipment. If they want to
18 do like a variation or a waiver from what the
19 standard is, then they have a process to do that. So
20 they would take that to the committee because the
21 committee has the authority over the designation
22 requirements, and they would petition the EMS
23 committee. So that's what I attempted to say there.

24 Four is "Non-disposable equipment shall be
25 designed and constructed of materials that are

1 durable and capable, withstanding repeated cleaning."

2 We don't want any cardboard products in
3 the back of your van, or whatever. I'm just saying
4 that it has to be a durable and decent and at the
5 discretion of the department making sure that it's --
6 you know, it isn't crap. We're not dealing with
7 junk.

8 Four A talks about having equipment that
9 meets OSHA standards. They should be able to
10 sanitize and sterilize equipment prior to re-use if
11 something is being re-used. This is all standard
12 language for the other vehicles.

13 Five, if we jump down to there. I ain't
14 reading all of it. It's pretty generic. "The
15 providers shall have all equipment tested,
16 maintained, and calibrated according to manufacture
17 standards." Just saying if you have any equipment,
18 it needs to be done properly.

19 "The provider shall document all the
20 equipment inspections, testing, and maintenance and
21 calibrations. Testing and calibration conducted by
22 an outside service shall be documented." Just
23 maintaining service records.

24 Seven, this is one that we actually talked
25 about quite a bit in the group: The ability to

1 secure personal items. It's commonly done in the
2 business that you take items and you put them in a
3 secured area so they don't fly around or the patient
4 may --

5 ALTON GILES: So the patient doesn't have
6 access to them.

7 GUY DANSIE: Have access to them. If they
8 had a knife or something.

9 ALTON GILES: In the majority of the
10 patients they're taking all of their clothes away
11 from them and they're wearing scrubs or a hospital
12 gown.

13 GUY DANSIE: Okay. So personal
14 belongings.

15 ALTON GILES: I know originally we said
16 like a container. Which I mean we've picked up
17 patients, homeless people that have ten bags.

18 GUY DANSIE: That's why we left it more
19 generic is because the concern -- well, I did have a
20 box in there originally, a secure box or a container.
21 But it was felt that sometimes if -- what if it's a
22 blanket or something like that or something bulky
23 that's soft. Then maybe "secure" just means having
24 it on the front seat.

25 ALTON GILES: Yeah.

1 JAY DEE DOWNS: Just basically you want it
2 away from the patient.

3 GUY DANSIE: Yeah. We leave that kind of
4 open-ended.

5 And eight says, "The department shall
6 maintain and publish requirements for the designated
7 nonemergency secured" -- we'll change that if we need
8 to -- "vehicles on the department's website."

9 So we will post the requirements so you
10 understand or are anybody else that may be in a
11 similar business so they understand what those
12 requirements are and they have access to them. And
13 that's it.

14 ALTON GILES: Guy, what type of time
15 frame? Say this, you know, goes next week to the
16 committee, what kind of time frame do we have to, you
17 know --

18 GUY DANSIE: To get it -- to make it
19 effective?

20 ALTON GILES: Yeah.

21 GUY DANSIE: Let me tell you a long, sad
22 story about my job. It has to go through
23 administrative approval.

24 ALTON GILES: Okay.

25 GUY DANSIE: Okay. Once the committee

1 approves it, it goes through administrative approval.
2 That's usually not too bad. It does have like the AG
3 office has to have their eyes on it and make sure
4 that it complies with our existing statute so that we
5 don't have conflict between rule and statute. They
6 usually are pretty good about that.

7 ALTON GILES: Well, the thing I worry
8 about is like vehicle inspection, hey, you've got to
9 have this; you've got to have these things in place.
10 You know, that's my concern.

11 GUY DANSIE: Well, this is the method --
12 the madness behind my method. We make it into rule
13 first, and then the policies can be developed at a
14 later date.

15 ALTON GILES: Okay.

16 GUY DANSIE: So if we make it -- the rule
17 process is -- and then there's a 30-day public
18 comment period. And then they have another mandatory
19 waiting week, a cool-off week. And then it can be
20 made effective. Part of the issue is when it's
21 submitted to the --

22 JAY DEE DOWNS: AG.

23 GUY DANSIE: -- AG or when it goes into
24 the journal for comment, they only put -- post the
25 journals every two weeks. So depending on how it

1 lands on that submission date, that will slow it down
2 a little bit sometimes.

3 The other thing is fiscal impact. There's
4 a new state requirement that started last July,
5 everything that we do has to show what fiscal impacts
6 we anticipate based on real data. Not just what Guy
7 things, but like I have to document how that's going
8 to impact.

9 So there's a little bit of a work end of
10 mine. It will probably take another few days to
11 develop that. So honestly I would say two or
12 three months is a pretty --

13 ALTON GILES: So once that's done though,
14 but how much time when this is all done do I have to
15 get the vehicles inspected to submit?

16 GUY DANSIE: Once it's made effective,
17 then -- well, we can put a window in there.

18 ALTON GILES: Okay.

19 GUY DANSIE: That was discussed earlier,
20 and I didn't put it in there. But when we talked to
21 Redd about the bill --

22 ALTON GILES: Yeah, it was November 30th
23 that --

24 GUY DANSIE: Well, the statute is
25 November 30th. But the implementation date for rule

1 is usually 120 days after that. So you could
2 actually have started at end of November, but the
3 rules would have to be in effect. That's why we
4 moved it back to November is to hurry and get the
5 rules in effect.

6 ALTON GILES: Okay.

7 GUY DANSIE: Okay. But because we don't
8 have that statutory issue, it's just whenever we
9 decide it needs to take effect. We could put
10 language in there that, "This shall be in effect as
11 of July 1, 2019," or we can do it January 1 of 2019
12 or --

13 JAY DEE DOWNS: In the past you've had
14 like 90 days. 90 days from when rule goes into
15 effect, everybody has to be in compliance or six
16 months or -- for example, when we did the fingerprint
17 rule, we did that one up to four years.

18 GUY DANSIE: Yeah. Because we implemented
19 it over a four-year process of time.

20 LAUARA SNYDER: So would it be better to
21 have a date/time, not a specific date? Because
22 maybe another company is going to come in and give
23 these guys competition.

24 JAY DEE DOWNS: The problem is setting a
25 date like right now, you don't know when the rule is

1 going to be completed.

2 LAUARA SNYDER: I know. But what I'm
3 saying is like 90 days from the time the rule is
4 completed, instead of --

5 JAY DEE DOWNS: I see what you're saying.

6 LAUARA SNYDER: Yeah. Then you don't have
7 to worry about it.

8 JAY DEE DOWNS: 90 days of the rule --

9 LAUARA SNYDER: Or 120 days, or whatever.

10 JAY DEE DOWNS: 90 days of the rule
11 approval.

12 LAUARA SNYDER: Yeah. Or 120 or whatever
13 you wanted to decide.

14 GUY DANSIE: Yeah. Honestly, don't know
15 what other employers are out in the marketplace, but
16 maybe we ought to look at what we consider a fair
17 amount of time.

18 JAY DEE DOWNS: Well, you're going to have
19 the time also for Tammy to do her gig. Because
20 you're going to have the applications come in, and
21 you're going to have to have them --

22 GUY DANSIE: -- review, internal review.

23 JAY DEE DOWNS: It's going to take a
24 little while to make the letters and --

25 LAUARA SNYDER: You probably couldn't

1 accomplish it in less than 120 days then, could you,
2 four months? That's a pretty short governmental
3 time.

4 GUY DANSIE: Let's go back to this. Let's
5 add -- should we add a date here --

6 LAUARA SNYDER: Not a date.

7 GUY DANSIE: -- or a time?

8 LAUARA SNYDER: An amount of time.

9 GUY DANSIE: After this designation is
10 made effective, designate it within 120 days. Should
11 we add that?

12 LAUARA SNYDER: I'm just throwing that out
13 as a rule. I don't know how long it really takes you
14 to accomplish the Bureau side of things that you're
15 going to do. Like you said, Tammy has got to do some
16 things. What's realistic?

17 GUY DANSIE: Well --

18 LAUARA SNYDER: You don't want to give
19 them nine months, but --

20 ALTON GILES: Well, you have the option
21 too if you got close to the 120 days and we could --

22 LAUARA SNYDER: Yeah, ask for an
23 extension.

24 ALTON GILES: Yeah.

25 LAUARA SNYDER: Yeah. But if you don't

1 put a time limit, then it's like, "Well, I'll get to
2 it next week."

3 JAY DEE DOWNS: I'll get around to it when
4 I get around to it. Or on the other hand, hey, the
5 rule is already in place; you're in violation.

6 ALTON GILES: That right there is what I
7 was worried about.

8 GUY DANSIE: Here's -- This may or may not
9 comfort you. The department has the discretion
10 whether to enforce a rule or not. So we can delay
11 our enforcement until a certain time. We're allowed
12 to do that. So I can put it in the rule to make it
13 clear, or we can just say --

14 ALTON GILES: I just want to make sure I
15 have --

16 JAY DEE DOWNS: Do you know what, let's
17 take it before the committee.

18 GUY DANSIE: Should we just leave it for
19 the committee's decision?

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

21 GUY DANSIE: I'm glad you brought up the
22 point though.

23 JAY DEE DOWNS: That way you can also get
24 the timeline, ask Tammy how long would it take.
25 She's also got flooded with five or six services out

1 there and --

2 GUY DANSIE: Yeah. And it -- when we
3 talked about -- when the bill was there, we actually
4 said we'd give them until like July 1 of 2019, I
5 think is what we proposed.

6 JAY DEE DOWNS: That's six months,
7 seven months.

8 GUY DANSIE: So think about it. We'll
9 kick it out to the committee.

10 ALTON GILES: I'm fine with that. I just
11 would like to know a time so that I make sure that,
12 you know --

13 JAY DEE DOWNS: That's only fair.

14 ALTON GILES: Cross my T's dot my i's on
15 everything.

16 GUY DANSIE: And we're not going to come
17 after you if you're in the process of applying. I
18 mean, if you were two or three years down the road
19 and you weren't --

20 ALTON GILES: Yeah.

21 GUY DANSIE: And honestly, this is a
22 volunteer designation. Nobody has to be designated.
23 But if you're going to do this inter-facility piece,
24 then you have to be designated.

25 LAUARA SNYDER: I can see that down the

1 road maybe these hospitals who are contracting with
2 inter-facility ambulances or their service to be
3 doing these, why wouldn't they just start their own?
4 Because they're actually not charging the patient,
5 but they're paying the provider.

6 GUY DANSIE: They could.

7 LAUARA SNYDER: And just like down in
8 Dixie, there was like this big war of, you know, who
9 can charge the least amount. And they were
10 underbidding each other so far that -- you know, a
11 huge problem. What's to stop them from, you know, a
12 big hospital like IHC, or whatever, to start their
13 own and have them --

14 JAY DEE DOWNS: Nothing.

15 LAUARA SNYDER: -- in all of their little
16 facilities.

17 GUY DANSIE: It's an open market.

18 LAUARA SNYDER: And that's really going to
19 affect the ambulance service, inter-facility stuff.
20 It really --

21 GUY DANSIE: The behavioral piece?

22 LAUARA SNYDER: Well, because we're not
23 saying it's only behavioral.

24 GUY DANSIE: True.

25 LAUARA SNYDER: True.

1 GUY DANSIE: But the other part of the
2 business, I think, is primarily the discharge of
3 patients.

4 LAUARA SNYDER: Well, I know.

5 GUY DANSIE: If they have any medical
6 observation, then they're not. And theoretically
7 they shouldn't be in an ambulance if they don't need
8 any medical observation anyway, right? Do you have
9 the ability to charge somebody if it doesn't meet the
10 criteria? I mean, if I went and -- well --

11 JAY DEE DOWNS: Medicare and Medicaid you
12 would be.

13 GUY DANSIE: Yeah. So if it's not a
14 patient, then we don't regulate it. If it's a
15 behavioral health patient or if it's
16 inter-facility --

17 JAY DEE DOWNS: Well, so like if you have
18 a Medicare or Medicaid patient or you have another
19 patient, you have to have a transfer sheet charge,
20 okay. And the transfer sheet is signed by the doctor
21 saying that this is patient has to go like that. So
22 that's the only way you would have it.

23 GUY DANSIE: And I think by this
24 designation it gives them a legitimate option to use
25 that instead of -- right?

1 ALTON GILES: Yeah.

2 GUY DANSIE: Instead of some fly-by-night
3 van that doesn't have any requirements. So hopefully
4 we're making it better for the patient by regulating.

5 ALTON GILES: Which to be honest, I mean
6 when you're dealing with hospitals, you know, you've
7 got to jump through a lot of hoops. You know,
8 Intermountain is not just going to grab some -- you
9 know, probably be more of the care centers and stuff,
10 which is already in the van -- uses vans and --

11 GUY DANSIE: True. True.

12 Yeah, but back to Lauara's thing though,
13 there isn't anything. It's an open market. And at
14 one point Dixie Regional did offer a van. If you
15 remember --

16 LAUARA SNYDER: I do remember. That kind
17 of sparked the whole hostile takeover business.

18 GUY DANSIE: We had problems with that at
19 that time because they were probably going over the
20 line on patients. And since then they've actually
21 been granted a license to do that. So they could
22 actually drop down to their behavioral people and
23 just do a van.

24 LAUARA SNYDER: Sure. A lot less expense.

25 GUY DANSIE: Yeah. And that was the

1 reason that Redd wanted to do it is because of the
2 cost. He thought it would be the good option for the
3 hospitals to reduce costs.

4 REGINA NELSON: Alton, can I break in? I
5 just wanted to let you guys know I have a 3:00
6 meeting, so I have to go. It's been great.

7 JAY DEE DOWNS: Thanks, Regina.

8 REGINA NELSON: Thank you.

9 JAY DEE DOWNS: I think we're about done,
10 aren't we?

11 GUY DANSIE: Yeah.

12 JAY DEE DOWNS: Thanks, Regina.

13 REGINA NELSON: Okay. Thank you.

14 Bye-bye.

15 JAY DEE DOWNS: Bye.

16 GUY DANSIE: So just in concluding, I'm
17 going to have Brett -- we'll e-mail out those changes
18 to the training requirements, and then the rest of it
19 we'll push on out to the EMS committee.

20 JAY DEE DOWNS: Which is next week.

21 GUY DANSIE: Yeah. It's Wednesday.

22 LAUARA SNYDER: Is there not already an
23 agenda for that?

24 JAY DEE DOWNS: I haven't seen one.

25 GUY DANSIE: Not a firm agenda. There's a

1 draft, but not a final. This is part of the final.

2 That's why I wanted to do this.

3 So we calling it?

4 Jay, are we officially ending the meeting?

5 JAY DEE DOWNS: I'm just --

6 GUY DANSIE: I make a motion that we end
7 the meeting.

8 JAY DEE DOWNS: All in favor? Or second?

9 DEAN YORK: Aye.

10 GUY DANSIE: See you guys. Thanks for
11 calling. Thank you.

12 (Concluded at 2:43 p.m.)

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REPORTER'S CERTIFICATE

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

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

That on January 25, 2017, the foregoing proceeding was reported by me in stenotype and thereafter transcribed, and that a full, true, and correct transcription of said proceeding is set forth in the preceding pages numbered 3 through 95;

WITNESS MY HAND AND OFFICIAL SEAL this 5th day of May, 2018.



Tamra J. Berry, RPR, CSR

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