

EMS Rules Task Force Meeting Bureau of EMS

EMS MEETING

June 27, 2018

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EMS Rules Task Force Meeting
Bureau of EMS and Preparedness

June 27, 2018 * 1:06 p.m.

Bureau of EMS and Preparedness

3760 South Highland Drive
Room 425 - Highland Office
Salt Lake City, Utah

Reporter: Tamra J. Berry, CSR, RPR

A P P E A R A N C E S

RULES TASK FORCE MEMBERS:

Guy Dansie

Jay Dee Downs

Gay Brogdon

Mike Willits

Tami Goodin

APPEARING VIA TELEPHONE:

Jean Lundquist

Teresa Brunt

Dean York

Regina Nelson

Jess Campbell

Teresa Brunt

ATTORNEYS PRESENT:

Brittany Huff

Maria Windham

Jared Tingey

David Mortensen

OTHERS PRESENT AS IDENTIFIED BELOW

1 P R O C E E D I N G S

2

3 GUY DANSIE: Let me go ahead and start the
4 meeting. I pulled the phone out, but I don't think
5 we advertised for a conference call.

6 Is anybody aware of anyone calling in?

7 GAY BROGDON: We did.

8 GUY DANSIE: We did?

9 GAY BROGDON: Dean is calling in, and I
10 know a few are calling in.

11 GUY DANSIE: Let's fire that puppy up.

12 (Connecting the conference call.)

13 GUY DANSIE: Hello, this is Guy. I
14 apologize for being a little slow to call.

15 Who do we have on the line?

16 REGINA NELSON: Regina is here.

17 GUY DANSIE: Thank you, Regina.

18 JESS CAMPBELL: And Jess is here.

19 GUY DANSIE: Okay, Jess. Jess Campbell.

20 And somebody else or is it --

21 GAY BROGDON: Jean Lundquist is asking for
22 the phone number. I'll send it to her.

23 GUY DANSIE: Okay.

24 So Jay is running a little slow. He's
25 usually the one that conducts this meeting.

1 Hello, this is Guy. Who is on the line?

2 TERESA BRUNT: This is Teresa.

3 GUY DANSIE: Hello, Teresa. I'm glad
4 you're able to join us. Thank you.

5 TERESA BRUNT: Yeah.

6 Sorry I can't be there in person, but I'll
7 harass you over the phone.

8 GUY DANSIE: Not a problem at all. We
9 appreciate it.

10 I was telling the group that Jay Downs
11 normally conducts this meeting.

12 Today we have a room full of people that
13 are interested in some of this language, so -- for
14 those of you on the phone.

15 Jay normally conducts the meeting. He's
16 called me and said that he is running just a little
17 bit late. He'll be here. And just as we speak, he
18 walked in. Thanks for not making me a liar.

19 And just for all of you in the room's
20 benefit, this is an EMS Rules Task Force in our Title
21 26 8(a) -- I can't remember exactly which section it
22 is. But it says that the department shall convene a
23 rules task force, and that the task force's role is
24 to advise the department and the committee.

25 So this is not a -- an approval body for

1 rulemaking. It's just an advising to the rule
2 language and the concepts. So I just want to make
3 that clear.

4 JESS CAMPBELL: And if you would, Guy,
5 please could you let us know who is in the room?

6 GUY DANSIE: Yes. We'll go around. Now
7 that Jay is here, we'll start with introductions.

8 JAY DEE DOWNS: Yeah, Guy.

9 You know I'm Jay Down. I'm from Cache
10 County representing the EMS committee. So...

11 MIKE WILLITS: Mike Willits from Sevier
12 County representing the rural directors association.

13 GUY DANSIE: I'm Guy Dansie representing
14 the Department of Bureau of Emergency Medical
15 Services Preparedness.

16 GAY BROGDON: I'm Gay Brogdon with the
17 Bureau of EMS.

18 TAMI GOODIN: Tami Goodin here with the
19 Bureau of EMS.

20 MARIA WINDHAM: I'm Maria Windham. I'm a
21 lawyer at the law firm of Ray Quinney & Nebeker
22 representing West Jordan.

23 My partner, Justin Toth, is also on this
24 matter and was not able to attend today.

25 JARED TINGEY: Jared Tingey representing

1 West Jordan City.

2 DAVID MORTENSEN: David Mortensen from
3 Stoel Rives representing West Valley City and its
4 fire department.

5 CHRIS DELAMARE: Chris Delamare of Gold
6 Cross Ambulance.

7 JACK MEERSMAN: Jack Meersman, Gold Cross
8 Ambulance.

9 BETH TODD: Beth Todd, Valley Emergency
10 Communications Center.

11 DAVID BRICKEY: David Brickey, city
12 manager of West Jordan.

13 DAVID QUEALY: David Quealy, West Jordan
14 City Attorney's Office.

15 JOHN MORGAN: John Inch Morgan, VECC.

16 BRIAN ROBERTS: Brian Roberts, chief legal
17 officer for Unified Fire.

18 BRITTANY HUFF: Brittany Huff, I'm an
19 assistant attorney general who advises the Department
20 of Health.

21 CLINT SMITH: Clint Smith, fire chief for
22 Draper City Fire Department.

23 CLINT PETERSEN: Clint Petersen, West
24 Jordan Fire.

25 NICK DODGE: Nick Dodge, West Valley.

1 JOHN EVANS: John Evans, West Valley.

2 ANDY BUTLER: Andy Butler, South Jordan
3 Fire.

4 MIKE RICHARDS: Mike Richards, South
5 Jordan.

6 CHRIS DAWSON: Chris Dawson, South Jordan.

7 KEVIN HOLT: Kevin Holt, Draper Fire.

8 CHAD PASCUA: Chad Pascua, Murray City.

9 STEVE HOLMES: Steve Holmes, West Jordan
10 Fire.

11 JAY DEE DOWNS: Cool, okay.

12 Minute rule updates. So who do we have on
13 the phone? Just --

14 GUY DANSIE: Regina, Jess, Teresa.

15 GAY BROGDON: Jean should be calling in.

16 GUY DANSIE: And Jean is supposed to be
17 calling in.

18 JAY DEE DOWNS: Okay, good.

19 Okay. Where do you want to start?

20 GUY DANSIE: Okay. Let me give you -- I
21 know there's a lot of emotion in the room. So let's
22 look at some of the stuff that we've already vetted
23 through an ad hoc task force that was established
24 with input from the state legislature for the secured
25 transport. And we had four of our EMS committee

1 members on that task force, along with South Jordan
2 and some other people in the room, I believe, and
3 some of the providers of the service that want to be
4 designated. And we've worked through these
5 definitions that are in front of you today.

6 And then a good share of the designation
7 rule that's -- that you can see the strikeouts and
8 underlines that have to do with that nonemergency
9 secured transport. I'll skip over the section
10 that's --

11 JAY DEE DOWNS: Where are you at, Guy?

12 GUY DANSIE: Okay. So the definitions I
13 put -- I wrote them separately. There's a page that
14 says, "Proposed rule definitions will be added in
15 R-416-1."

16 And we did that because that rule, it's
17 alphabetical. And every time I add a definition or
18 change the word that's the title of the definition,
19 it messes up my phone adding. So I just did them
20 independently, and then I'll go back and format them
21 into the rule and put them in the sequence.

22 JAY DEE DOWNS: So there's nothing really
23 changed from the way they were before?

24 GUY DANSIE: These are all new definitions
25 that are being proposed --

1 JAY DEE DOWNS: Okay.

2 GUY DANSIE: -- by that ad hoc task force
3 that was over the secured transport.

4 JAY DEE DOWNS: I wonder does everybody
5 understand what we've been working with on the --
6 with the designated van service? Does everybody
7 online understand all of that? We've been working on
8 it with this other ad hoc group but --

9 GUY DANSIE: Yeah. And that's why I
10 wanted to bring it to this group.

11 Basically for those of you on the phone,
12 let me explain a little bit. There was a bill that
13 was presented by Representative Redd and then
14 supported in the senate by Senator Bramble. Their
15 desire was to have a designated van -- not
16 necessarily a van, but a designated vehicle that
17 could perform transports of patients who were going
18 between two licensed care facilities, including
19 hospitals, mental health facilities, or other patient
20 receiving facilities. And these inter-facility
21 transports did not require medical observation. We
22 all know Title 26 8(a), it talks about an ambulance
23 is required if there's medical observation needed.

24 So primarily this is targeting behavioral
25 health patients who have no other medical issues.

1 And the senator and the representative wanted us to
2 start this group and start working on the rule
3 because of the timeliness to get it in place. So we
4 started working on this.

5 There was also an issue in the bill about
6 transports in the middle of the night between -- it
7 started out at ten o'clock went to midnight to 6:00
8 in the morning, worried about long distance
9 transports on stable patients between facilities.
10 The feeling was that if we're putting our paramedics,
11 our drivers, our patients at risk in the middle of
12 the night moving patients, it didn't make a lot of
13 sense. We should look at maybe being able to delay
14 that transport.

15 Anyway the bill addressed both of those
16 concerns. And actually in the reverse order, the
17 fatigue thing was what the bill started with, and it
18 ended up having the vehicle designation included.

19 Representative Redd pushed it through at
20 the last minute. There were changes right up until
21 like 11:30 on the last day of the legislative
22 session. There were some words in there that the
23 hospital folks didn't care for. And so Dr. Redd felt
24 it was in the best interest of everybody to veto the
25 bill. He contacted the governor's office, asked to

1 veto the bill, his own bill that he developed. So
2 they vetoed the bill. However, the feeling was and
3 the conversation from the EMS committee members and
4 even with the legislators is that this is probably a
5 good thing. Therefore, they continued to work on the
6 rule language. We presented it in April to the EMS
7 committee to have their blessing. However, there
8 were still some loose ends, and it was felt it would
9 be better to kick it back, work on it another
10 quarter, and present it again in July. That's where
11 this language comes from is from that group, these
12 definitions. And they've been vetted by several
13 attorneys and quorum members of the EMS committee,
14 stakeholders that are involved in this kind of
15 transport. And I think that there's pretty much a
16 consensus on this language. So I just wanted to
17 share it with you because it was a matter of process
18 and transparency so that you're aware of it. So when
19 it goes to the committee you're not feeling like we
20 didn't include you on it.

21 But if you do see anything that you really
22 don't feel happy about, let me know. We can suggest
23 it to the committee, and they ultimately have the
24 authority to create designation criteria. These
25 definitions are in support of that designation

1 process.

2 Two more? Who else is on the line?

3 JEAN LUNDQUIST: This is Jean Lundquist.

4 GUY DANSIE: Thanks for joining, Jean.

5 JEAN LUNDQUIST: Hey, no worries.

6 GUY DANSIE: And was there somebody else?

7 Okay. So any comments or issues with
8 this? For those of you on the phone, I hope you
9 received your electronic copy. And we're talking
10 about the definitions. There was a document called
11 "Definitions." And if you want to look at that.

12 These definitions are all areas that we felt weren't
13 defined in statute or rule currently, so we wanted to
14 add these to the rule so that we understood what this
15 designation for a secure transport, what it meant.

16 Some of the issues were they're not
17 allowed to do an IV while in transport. They're
18 supposed to have -- the first one was safe management
19 or disruptive assault training. We're requiring
20 anybody that does behavioral health transports to
21 have specific health training that's approved by the
22 department of human services, the mental health and
23 substance abuse people.

24 IV administration we're saying it's okay
25 to have a -- something in your arm, but you can't use

1 it or have any fluid going into the patient you know
2 because that's a -- and that's required in statute
3 that they can't be transported with IV administration
4 if it's a behavioral health patient. That creates an
5 ambulance necessity.

6 Nonemergency Secured Transport, NEST,
7 that's one that Tami and Gay came up with, the
8 acronym NEST. And actually the group felt this was
9 probably the best way to describe this designation.
10 We have a definition for nonemergency secured
11 transport vehicle. So we know we're talking about
12 one is the serviced, and the other is the vehicle
13 itself.

14 Self-administered oxygen, in the statute
15 it says that they're not allowed to help them -- like
16 if they needed oxygen because of their immediate
17 need, that that wasn't allowable. However, if
18 they're chronically using oxygen, then they're
19 allowed to use the oxygen on the van. So that's why
20 those definitions are all there.

21 Any comments?

22 JEAN LUNDQUIST: When it talks about
23 secure transports, does that mean -- does that mean
24 that the doors are only locked from the outside so
25 they can't get out, or what does that mean?

1 GUY DANSIE: Yeah. This is Jean for the
2 court reporter's sake.

3 Yeah, the secure part means that the
4 patient -- okay, when we start talking restraints,
5 then we start getting into the muddy waters on it.
6 But we did not want the patient who might be suicidal
7 or might act out to be able to jump out of a vehicle
8 while they're driving.

9 JEAN LUNDQUIST: Okay.

10 GUY DANSIE: So the secure part means that
11 the patient won't have that ability. They won't have
12 the ability to have access to the driver.

13 We put a policy together, and the rule
14 references the policy. And I have a copy of the
15 policy if you want to see it. Basically it says that
16 they're not allowed to take medical stuff on the van,
17 but they're allowed to secure the patient's
18 belongings, First Aid kit, fire extinguisher.

19 What else is on there, Jay?

20 Just some basic stuff but not --

21 JAY DEE DOWNS: Yeah.

22 GUY DANSIE: But we wanted to stay away
23 from anything that made it appear as an ambulance.

24 JEAN LUNDQUIST: Okay.

25 GUY DANSIE: And we left it in policy

1 because we wanted it to be more fluid if we needed to
2 change at a later date.

3 And also the training. There's actually a
4 list of training, three types or three training
5 courses that we put in policy because they list a
6 specific vendor's name. And we wanted that to be
7 open-ended. So if other vendors came along and
8 wanted to provide a course, they were allowed to do
9 that.

10 CHRIS DELAMARE: Guy, just a real quick
11 question. I'm Chris Delamare. The question is where
12 you talked about properly equipped, and you just
13 talked about some of the equipment on those vehicles.
14 Is oxygen one of those things you're allowing to --

15 GUY DANSIE: Okay. It does allow for an
16 oxygen tank. But the apparatus used by the patient
17 needs to be -- there it is. Tami is way ahead of me.
18 Like the cannula or the mask or whatever needs to be
19 provided by the patient, I believe. Isn't that what
20 we left it at?

21 JAY DEE DOWNS: Yeah. Basically if the
22 patient is already on oxygen, instead of having them
23 bring their own oxygen they can hook them to van's
24 oxygen.

25 GUY DANSIE: Yeah. They might not have

1 their own tank if they're going in between
2 facilities. The van can have a tank, a secured tank
3 or a breathing apparatus. But they can't
4 administer -- like decide it en route that that
5 patient needs oxygen. So they're not allowed -- they
6 have to use the --

7 CHRIS DELAMARE: So it's maintaining what
8 is currently?

9 GUY DANSIE: Correct. And that's what we
10 tried to capture. Tami has the policy up if you want
11 to look at it. Those of you on the phone, it has
12 biohazard bag, gloves, disinfecting things, face
13 shields, goggles, fire extinguisher. I'm just
14 paraphrasing.

15 Medical supplies approved by a waiver,
16 which just means we have the opportunity to discuss
17 it if there is something that they feel like it's
18 absolutely necessary. And I actually thought the
19 waiver was going to be approved by the committee, but
20 I think that might be an error on our --

21 TAMI GOODIN: Committee.

22 JAY DEE DOWNS: Proposition?

23 GUY DANSIE: Yeah. Because anything that
24 has criteria is a committee thing usually.

25 MARIA WINDHAM: Mr. Dansie, I just wanted

1 to just ask about protocol in terms of jumping in
2 with questions. Because obviously as members of the
3 public are interested in the outcome of these
4 proceedings, we want to ask questions. But we also
5 don't want to interfere with the deliberations of the
6 task force committee. So it would be helpful to know
7 do we wait until everybody --

8 GUY DANSIE: Ground rules?

9 MARIA WINDHAM: Yeah.

10 GUY DANSIE: Okay. Jay is in charge of
11 all --

12 JAY DEE DOWNS: Oh, throw me under the
13 bus.

14 GUY DANSIE: If it gets disruptive,
15 usually we'll try to slow it down. And that's part
16 of the issue with the court reporter is we want to
17 make sure that we speak one at a time and clearly so
18 that they can capture our words.

19 JAY DEE DOWNS: Being a task force it's a
20 little less formal than being a regular meeting. So
21 we do entertain questions from the audience as we
22 work through our problems. However, for her to
23 capture all of the comments, it does have to have
24 some order to it. Do you see what I'm saying?

25 Otherwise she starts throwing a fit, and

1 then I hear about it.

2 GUY DANSIE: So we are pretty informal
3 honestly, but --

4 JAY DEE DOWNS: Because what we do here is
5 we make a recommendation to the EMS committee to --
6 you know like, okay, we've reviewed this. However,
7 the EMS committee still is the one who has the
8 authority over the rules. And so the EMS committee
9 can change -- and they have done. They've changed
10 some of the things that we've recommended. We would
11 also make recommendations to the bureau as well.
12 That's why we have both the bureau people on this
13 staff and then also members from the committee and
14 the other places on this staff -- on this task force.

15 Does that answer your question?

16 MARIA WINDHAM: Yeah. And I think I
17 violated the rules from the beginning by not stating
18 my name. I'm Maria Windham.

19 And I think we do have a lot of -- because
20 we're new to this process, we have a lot of questions
21 and comments even about some of the rules that are
22 not necessarily as controversial. And I would prefer
23 to not jump in until I've heard what you have to say.
24 But I also don't want to wait until the train is far
25 down the track before making comments.

1 JAY DEE DOWNS: Absolutely. So where it's
2 pertinent you don't want to say, ten minutes down the
3 road, "Oh, I want to be back and talk about this."

4 MARIA WINDHAM: Exactly.

5 JAY DEE DOWNS: So, yeah, just basically
6 if anybody wants to say anything, just say, "Hey."
7 But, however, we need breaks. And as Guy works
8 through the rules and stuff, we try to give enough
9 history of what's happened. And what's going on
10 here, this what he's talking about now is kind of an
11 interesting dynamic because it was something that
12 this was the first time this rules committee has
13 heard about it. But, however, there was an ad hoc
14 committee that was put together of individuals that
15 were part of that legislative move, I guess.

16 GUY DANSIE: Uh-huh (affirmative).

17 JAY DEE DOWNS: That kind of carried on
18 from the legislation after it was vetoed, so to
19 speak. So it's kind of carried on, their
20 deliberation about it. That's kind of the way I
21 understood it.

22 GUY DANSIE: Yeah, yeah. And I want to
23 share, both sides of -- the people that put together
24 the language, and the rules task force was part of
25 our process. So you guys didn't think we were doing

1 a hand-around.

2 JAY DEE DOWNS: Right. We want to make
3 the rules task force work.

4 TERESA BRUNT: Guy and Jay, this is
5 Teresa. Can I just ask -- this is Teresa Brunt from
6 the Emergency Nurses Association.

7 JAY DEE DOWNS: Sure, Teresa.

8 TERESA BRUNT: Do you know what the
9 original bill number was?

10 GUY DANSIE: 322. House Bill 322, Teresa.

11 TERESA BRUNT: So I was just going to say
12 if it -- currently it was vetoed, but it's still
13 being reconsidered, correct?

14 GUY DANSIE: Correct. And I'm glad you
15 piped in because the hospitals have a big piece in
16 this. This affects hospitals. And there's one --

17 TERESA BRUNT: Yeah, a lot.

18 GUY DANSIE: And I go through that, as I
19 go into the rule, you'll see there's a piece or two
20 that pertain directly to the hospital.

21 JAY DEE DOWNS: One of the things that
22 Representative Redd made very explicit was if this
23 doesn't get solved -- we've asked them to have a
24 chance to solve it in the committee and in the rules.
25 And if it doesn't get solved in the committee rules,

1 it will end up back in front of legislation. And we
2 felt like -- those members of the EMS committee, they
3 felt like we could probably solve it in a way that it
4 would be workable for everybody, instead of going
5 back to legislation and having them solve it. I
6 think that was one of the main drives that was the
7 big push in the spring.

8 GUY DANSIE: Right. I didn't mention
9 that, but that was.

10 JAY DEE DOWNS: So it could go -- Teresa,
11 it could end up -- if it doesn't get involved by the
12 EMS committee, it could end up back in the
13 legislation next winter.

14 GUY DANSIE: That's why we are kind of
15 pounding to get this thing through in a timely
16 manner.

17 TERESA BRUNT: I appreciate that. I see a
18 lot of questions that come to my mind as well. So
19 that's why.

20 JAY DEE DOWNS: Right.

21 TERESA BRUNT: I wanted to see what the
22 bill number was to be able to kind of track that a
23 little bit better. Because technically when they're
24 released from our emergency room, they're released.
25 They're under the co-- I mean the Cobra, we've done

1 the appropriate phone call transport. But, yeah,
2 there's a lot of loose ends there I think.

3 JAY DEE DOWNS: Right. There's really two
4 parts to the bill if you really look at it. There
5 was the part for the ambulance attendants' fatigue.
6 And that the main -- that was the big push in the
7 beginning was to, you know, limit some of these
8 long-distance transfers in the middle of the night
9 and try to limit it so that they could -- you know if
10 you were going to be transporting more than an hour,
11 that you could maybe hold off until the next morning
12 or figure out a way so you weren't burdened with
13 putting people on the highway that didn't need to be
14 in the middle of the night. That was the big push
15 for the first part of it.

16 The second part of it kind of happened
17 towards the end. And that was the nonemergency
18 transport service that came on. But that seemed to
19 take more of a life, that part of it, than the
20 original part that the bill was actually meant for.

21 I don't know, maybe I'm not right. But
22 that's my feeling about what happened with it. So
23 that kind of gives you an idea. And it was
24 basically -- so some of these patients that are VHU
25 patients and stuff, if they were transporting more

1 than an hour and if there was a way to delay the
2 transport until it was a timely manner instead of
3 2:00 and 3:00 and 4:00 in the morning. So you had
4 ambulances going up and down the freeway at 2:00 or
5 3:00 in the morning for something more than an hour
6 out. That was mostly just the gist of what Dr. Redd
7 and Bramble were presenting.

8 TERESA BRUNT: Well, what happens with
9 that patient if they have an untoward event between
10 facilities? They land at the next available
11 facility?

12 JAY DEE DOWNS: Yes.

13 TERESA BRUNT: What does that look like
14 with the Cobra laws and -- yeah? And then how does
15 the emergency room select the agency?

16 JAY DEE DOWNS: That's actually in the --

17 TERESA BRUNT: One is they can't transport
18 but another one can.

19 GUY DANSIE: That's in our operations
20 rule. We'll get to that in a few minutes.

21 TERESA BRUNT: Okay. I'll go back to
22 being silent.

23 GUY DANSIE: You're fine.

24 JAY DEE DOWNS: I've never known you to be
25 that way, Teresa.

1 TERESA BRUNT: Thank you very much.
2 That's why I hate you.

3 (Laughter.)

4 GUY DANSIE: So I guess we're just saying
5 that these are -- these are the definitions that we
6 hope to add. If there's any strong feeling about
7 these not being good or you have any input -- this is
8 the will of the body that looked at it. But if
9 there's anything that you guys feel like we've
10 missed, maybe you can shoot me a line. And I will
11 put that in as a concern when it goes to the EMS
12 committee.

13 JAY DEE DOWNS: Now, this is slated to go
14 to the EMS committee in July.

15 GAY BROGDON: July 11th.

16 GUY DANSIE: Yeah, July 11th.

17 JESS CAMPBELL: Guy, this is Jess.

18 GUY DANSIE: Go ahead, Jess.

19 JESS CAMPBELL: I think that on face
20 value, I think the definitions, there's nothing that
21 is, you know, alarming in any way necessarily, again
22 at face value of the definitions.

23 However, and I'm not wanting and I don't
24 want to derail this, I just want to make this point
25 so that we can maybe move on, get through the order.

1 But this goes back to that we had this
2 discussion -- I want to say it was over a year ago.
3 I know Chief Butler and some other departments came
4 and represented when this nonemergent company kind of
5 came to be, came to our knowing that they existed.
6 Some of the things that -- you know whether
7 intentional or not -- some of the things that were
8 transpiring and going out. So we're trying to
9 address that. We're trying to create rules that will
10 get us to where -- you know, a comfortable spot for
11 everybody in the end.

12 However, my issue then and it still is
13 now -- and again I'm not trying to detail it. I just
14 want it put on the record that there still has not
15 been any clear explanation as to any kind of
16 oversight for this nonemergent classification. We've
17 talked about -- we've talked about medical directors
18 on and off line and some of those things. And so you
19 know, we're talking about rules, yes. We'll make our
20 recommendations. However, I still think that it just
21 kind of falls flat because we still don't have that
22 clear, concise recipe of how this oversight is going
23 to occur.

24 And again, you know, I'm not representing
25 Jess Campbell. I'm representing the Utah State Fire

1 Chiefs Association. And that's something that has
2 to -- at some point that's got to happen. And I --
3 right now I think the cart is way in front of the
4 horse with respect to what we're doing here until
5 that oversight mechanism and that matrix has been
6 explained.

7 MARIA WINDHAM: And I want to add that
8 we've agreed with those comments generally when
9 looking at the proposed rules as well. And I also
10 have an additional comment, but I just wanted to also
11 make a brief introductory statement. I believe that
12 the members of the task force know that West Jordan
13 has filed a lawsuit regarding the rules that were
14 previously promulgated in April. And I just wanted
15 to clarify that we're grateful to have been invited
16 to this meeting by Brittany Huff and to try to figure
17 out a more constructive way to figure out appropriate
18 rules in this area. I think we have some significant
19 disagreements about the way the statutory scheme
20 works and the categories that the statute presumes
21 will apply in this area.

22 But this is nothing personal. And I just
23 want to make sure that the members know that when
24 we're suing them, it's not that we're suing them
25 individually. We certainly very much appreciate all

1 of your service. It's the appropriate legal way to
2 appeal what we essentially disagree with. So with
3 that background, I just wanted to also comment that
4 on this rule in particular about the NEST, I don't
5 see a place in the statute that authorizes BEMS to
6 regulate anybody who is not an ambulance.

7 And so I'm wondering what is the statutory
8 authority for adding these definitions? And you know
9 when you ask, "Well, how does that dovetail with West
10 Jordan's interests," we're interested in having a
11 consistent interpretation of the statute in the rules
12 that is consistent with and does not exceed the
13 authority that the statute provides.

14 GUY DANSIE: Good point.

15 In the EMS Act, it talks about
16 powers/authority for the committee and for the
17 department. The request at the time of the
18 legislation was actually for a license. And we said
19 that would have to be in a statute language that
20 they would have to add that category. We proposed
21 they give a designation, which is a something that
22 the EMS committee has authority to create
23 designations.

24 There's -- I can look up the reference if
25 you would like. And that's why we're doing it under

1 the designation rule is because it is under the
2 authority of the EMS committee to create designation.
3 It's under -- it's in the first section if you have
4 the code with you.

5 MARIA WINDHAM: I do. I was looking at
6 26(8)(a) 105 department powers.

7 GAY BROGDON: Look under committee powers.

8 BRITTANY HUFF: 104.

9 MARIA WINDHAM: Committee advisory duties?

10 GUY DANSIE: Yeah. And then there's a
11 designation piece that they create the designation
12 criteria.

13 BRITTANY HUFF: 104(2).

14 GUY DANSIE: 104(2). That's what we
15 propose to the council for the legislators is that we
16 have the authority under that area in our --

17 BRITTANY HUFF: The committee has the
18 authority.

19 GUY DANSIE: Yeah. When I say "we," I
20 mean the committee. So that's how we were
21 approaching it, as a committee power or authority for
22 a designation type. We actually have another
23 designation type that I'm going to talk about in just
24 a little bit too.

25 MARIA WINDHAM: So just one comment on

1 that. Subsection 2 of section 104, Committee
2 Advisory Duties, talks about establishing designation
3 requirements under section 26-8(a)303. And then when
4 we go to 26-8(a)303, it talks about emergency medical
5 services.

6 GUY DANSIE: I think -- wasn't there
7 another one that says "other designation types"?

8 DAVID MORTENSEN: Other types of emergency
9 medical service providers as the committee considers
10 necessary. But it still is --

11 GUY DANSIE: So that's where we were
12 hanging our hat was on that part of the statute.

13 BRITTANY HUFF: So you're talking about
14 26-8(a)303(1)(b). 26-8(a)303 is designation of
15 emergency medical service providers. One says "to
16 ensure quality emergency medical services, the
17 committee shall establish designation requirements
18 for emergency medical services providers in the
19 following categories."

20 "E is other types of emergency medical
21 service providers as the committee considers
22 necessary."

23 Is that where you were thinking it fit?

24 GUY DANSIE: Yeah.

25 DAVID MORTENSEN: Brittany -- this is Dave

1 Mortensen -- that seems to me to be the opposite of
2 what you're doing here. You're creating
3 non-emergency classification and designation, not
4 emergency designations. It's not -- I don't have a
5 big dog in this fight. But I will say that statutory
6 interpretation I think is subject to some severe
7 discussion and not -- if not disagreement. Because I
8 don't think what you're doing under this rule, under
9 this -- under the definition here is actually
10 creating an emergency service medical designation.

11 You're creating a non-emergency
12 designation, and I'm frankly not certain that this
13 committee, the department got reg-- has the authority
14 to do that or even regulates non-emergency
15 situations. But that's -- I'm not going to -- again,
16 like I said, I don't have a huge dog in this fight.

17 GUY DANSIE: I don't either.

18 DAVID MORTENSEN: I'm sure somebody does,
19 and maybe somebody in this room does.

20 MARIA WINDHAM: Well, I agree with David's
21 interpretation and the lack of jurisdiction and
22 authority.

23 GUY DANSIE: Well --

24 MARIA WINDHAM: I think West Jordan will
25 have to look more closely at that.

1 Again we're primarily interested in having
2 a consistent set of regulations that will comply with
3 the statutory language.

4 GUY DANSIE: Good points.

5 Maybe Brittany can take that back and do a
6 review on it.

7 BRITTANY HUFF: And it would be up to the
8 committee and the department to decide. And if they
9 decide based on this language they don't have
10 authority, then it would -- if someone had an
11 interest in having the NEST go forward, it would have
12 to be a statutory change.

13 DAVID MORTENSEN: Yeah, I think it has to
14 be legislative. I really don't think you have the
15 ability to do that, but maybe you'll disagree. And
16 then we'll see what happens.

17 GUY DANSIE: Yeah, I'm not --

18 DAVID MORTENSEN: Not you personally.

19 GUY DANSIE: No, I know. I'm the
20 messenger, so...

21 JAY DEE DOWNS: I think what we do is in
22 our meeting coming up in July --

23 GUY DANSIE: -- we'll share that concern
24 with the group.

25 JAY DEE DOWNS: Sure. We'll share that

1 concern with the EMS committee and also the bureau
2 where she's the lead legal adviser for both of them.
3 And that's where --

4 GUY DANSIE: Yeah, and maybe we will
5 have --

6 JAY DEE DOWNS: I guess what I'm trying to
7 say is maybe that's what the rules -- does the rules
8 committee want to make that recommendation to the
9 committee that they share that information to them?
10 And that's where I guess I'm going with it.

11 GUY DANSIE: How do you feel about that?
12 You on the phone, Jess and others?

13 JESS CAMPBELL: So I'm sorry, this is Jess
14 Campbell again. Again I kind of go back to what I
15 said earlier that I just think that, you know, as we
16 talk about these rules and the creation of these
17 rules and the definitions, without having a clear
18 understanding of how this is going to be monitored,
19 how this is going to be maintained and scrutinized
20 and, you know, what's the governing authority, what's
21 the -- who is it that's going to put any kind of
22 measures in place or recommendations or sanctions, if
23 you will, if something is not happening correctly,
24 none of that has been created. And I think this is,
25 you know, whatever -- whatever the intent is, whether

1 it's to avoid again having a difficult conversation,
2 you know, how are all those issues -- again, whatever
3 the intention is of trying to get this put through in
4 the mechanism that it currently is, I just feel
5 that -- and not just this.

6 I have another matter that I'd like to
7 bring up as well because again I think that as nice
8 as it would be to take care of it in rule, and I'm
9 all for that, I think that I'd rather do it here than
10 legislatively. But there are some missing pieces to
11 this that you know we're creating rules for and
12 offering opinion on whether or not we think a rule or
13 a definition is correct and appropriate. But yet we
14 don't even know what the scaffolding of this thing
15 looks like just to say that we're even on target. So
16 that's why I say I just think that right now I would
17 recommend that the bulk of what we're discussing
18 today is tabled, at least from the recommending
19 body's perspective of EMS. In spite of the work
20 that's been done, there's a tremendous amount of more
21 work that needs to be done. I think there's a lot of
22 public comment and hearing opportunities that could
23 be -- could be afforded to be able to, you know, come
24 to a better -- a better solve than where we're at
25 right now. So that's my two cents.

1 GUY DANSIE: Thanks, Jess.

2 JAY DEE DOWNS: Teresa? What does the
3 other members of the task force feel? Teresa? Jean?

4 JEAN LUNDQUIST: This is Jean Lundquist.
5 What -- who would do that? I mean is it the EMS
6 committee that decides that, or is it the department
7 that decides that? Who makes that decision? Those
8 decisions?

9 GUY DANSIE: Which one? To put this NEST
10 designation thing out?

11 JEAN LUNDQUIST: Well, to decide the
12 oversight part.

13 GUY DANSIE: Well, it was our feeling when
14 we had our discussion with the legislators that we
15 had the authority to do rules, to do this
16 designation. But if there is a legal question that
17 we don't have authority, we probably can't do it if
18 that's the case. Honestly, we're just doing our due
19 diligence for this concept. I don't think it's a --

20 JESS CAMPBELL: And this is Jess again.
21 And I -- I don't think anybody is questioning that.
22 And you know for the record, you know, I just -- I
23 will publicly declare my love for Guy Dansie.

24 (Laughter.)

25 GUY DANSIE: Can I record that for my

1 wife?

2 JESS CAMPBELL: Two years ago this man got
3 a crap sandwich handed to him and then was told it's
4 Mom's meatloaf. You'll enjoy it.

5 GUY DANSIE: I did enjoy that. Thanks
6 Jess, I appreciate it.

7 JESS CAMPBELL: You have been trying to
8 fight your way through this. And I just think that
9 right now I don't think -- I don't think this is the
10 proper venue or format. And I had no idea, no idea
11 that the people present in the room were coming or
12 were interested in being a part of this today. Which
13 to me again just tells me that -- that we're just
14 premature in what we're trying to do here.

15 JAY DEE DOWNS: So is it the feeling of
16 the task force to table this? And if the EMS
17 committee wants to take it forth, we can say, "Hey,
18 we tabled it because we felt like that it was --
19 there were some unanswered questions." And then let
20 the EMS committee know that, is that what I'm
21 hearing?

22 Teresa and Jean, what are you guys
23 thinking? What's your thoughts? Is that what you're
24 saying, Jess?

25 JESS CAMPBELL: Yeah, yeah.

1 JEAN LUNDQUIST: This is Jean Lundquist.
2 I guess, Jess, I'm not sure what it is you're looking
3 for. What specifically are you -- is it that you
4 feel hasn't been done specifically?

5 JESS CAMPBELL: So this is Jess again. So
6 again one of the things that has never been
7 explained -- and we've talked about it in our task
8 force -- and that is who is the governing body? Who
9 is it that's going to be certifying these units? Who
10 is it that's going to be giving the thumbs up?
11 What's the process that they're going to go through?
12 You know, is it one-and-done? Does the bureau slap
13 them on the rump once they give them their initial
14 inspection?

15 But going forward, who is it that's going
16 to say and want to see record of maintenance and all
17 of those things. Just like, you know, all the
18 documentation that we as EMS providers have to
19 provide to be able to maintain our service
20 performance levels.

21 And I understand it's non-emergent, but
22 they're still putting lives in the back of this
23 thing. And I think that's been the heartburn from
24 the very beginning is that there is -- we've never
25 been shown or had explained to us the mechanism for

1 the oversight to answer these questions. And I'll
2 tell you as a fire chief I've -- and I've had
3 problems with the fact that we are held to such a
4 level of scrutiny that at times it's a real pain in
5 the neck. But yet we do it. And even though this is
6 non-emergent, these are still lives. These are still
7 sticky situations that these people and these units
8 are going to be placed in. And it's never been
9 explained to me, you know, what the mechanism is
10 that's going to -- that's going to oversee these
11 units and whether or not they pass muster.

12 JEAN LUNDQUIST: This is Jean. Is there
13 any reason to think it's not the bureau I mean that
14 does all the ambulances and everything? I guess my
15 assumption was it would just be the same process. Is
16 that not true?

17 JESS CAMPBELL: Well, I think that's
18 something -- well, I don't think the bureau has ever
19 came out and said they were going to be that
20 mechanism.

21 JEAN LUNDQUIST: Okay, okay.

22 GUY DANSIE: Actually that's what this --
23 some of these amendments attempt to address in the
24 designation rule 426.2 and 426.4, the operations
25 rule. We tried to carve out some oversight in those.

1 Maybe as we look at them if you find that they -- if
2 you feel uncomfortable, we can certainly recommend to
3 put this on the back burner.

4 JAY DEE DOWNS: Well, I think the question
5 that's been raised also is what is our authority.

6 GUY DANSIE: Yeah, that's a good point.
7 Because this might be an exercise in futility.

8 JAY DEE DOWNS: I see what they're saying.
9 If they're saying, you know, if it's emergent. But
10 we say we're creating a non-emergent?

11 BRITTANY HUFF: Sorry, this is Brittany.

12 The statute that gives the EMS committee
13 authority, the wording in the statute says
14 "designation of emergency medical." And then the
15 definition proposed to go in the rule is
16 non-emergent. So that's the point.

17 JAY DEE DOWNS: Yeah. So that right there
18 says that we don't -- I mean if that's what we're
19 saying, we don't have the authority for that. So it
20 probably ought to be automatically tabled until that
21 gets all sorted out.

22 GUY DANSIE: And that's fair. We actually
23 tabled it in April because we didn't feel it was good
24 at that point either.

25 JAY DEE DOWNS: No. And then we can make

1 that recommendation back to -- I'm sorry, I keep
2 ignoring you; let me finish this statement -- take
3 the recommendation back to the committee.

4 Go ahead.

5 JACK MEERSMAN: Jack Meersman with Gold
6 Cross. So the term that's been brought up of
7 non-emergent is a CMS definition, and that's where it
8 comes from is we all deal with emergent. And when
9 we're dealing with CMS, which is Medicare and
10 Medicaid in the billing side. If a transport is
11 deemed non-emergent, then that means the patient will
12 be transported by another means. So the state, the
13 Department of Health is attempting to create rules
14 under the Bureau of EMS to watch the non-emergent at
15 least in the behavioral health section of that. So I
16 get where you guys are coming from that this doesn't
17 say that, but it's still an ambulance service
18 designation of emergent/non-emergent.

19 The terminology is a CMS definition.
20 That's where it comes from. It's all transport
21 based. Take out non-emergent, we're back to where
22 this what I feel legally the bureau has the ability
23 to do. It's just that term "non-emergent." And you
24 say the statute doesn't back it; that's where we've
25 got to get some clarity here.

1 We totally agree with it from that
2 standpoint, the legal standpoint. Because
3 non-emergent is something a lot of states are
4 actually fighting with because we're told we can't
5 take transports that are non-emergent unless they
6 meet a certain criteria. So that's what all these
7 rules are attempting to circumvent and to have rules
8 in place that actually govern from the health
9 department standpoint of the non-emergent side where
10 there's actually a medical problem.

11 If that provides a little bit of clarity.

12 GUY DANSIE: So let me just summarize. So
13 you're saying if we changed our definition to a
14 secure transport, that that would not conflict with
15 the statute wording? That's a suggestion.

16 JACK MEERSMAN: It might. I'll defer to
17 the state's legal department.

18 GUY DANSIE: Now, there are two issues.
19 What we call it may be in conflict and then the
20 authority to have it.

21 BRITTANY HUFF: Yeah. There's still the
22 question of authority regardless of what we call it.

23 JAY DEE DOWNS: That's what I was going to
24 say is I hate to put you on the spot like that. I
25 think what we need to do is probably table this

1 discussion until you have the chance to go through
2 and legally look at it and give advice to the
3 committee or to whoever. I mean is that -- Brittany,
4 is that what you would like?

5 BRITTANY HUFF: More than anything.

6 So you guys do what you as far as -- are
7 you making a motion of whether or not you're going to
8 move forward? I mean I'm going to do my legal
9 analysis and advise the department anyway regardless
10 of what you guys decide here.

11 JAY DEE DOWNS: Right. Jess suggested we
12 table it. And I guess it's the committee. What does
13 the committee want to do? If they want to -- the
14 task force, if they want to make a motion to table it
15 until we get the analysis back, they can do that.
16 They can continue on going through this.

17 I go back to what does the task force want
18 to do? There's several options we still have out
19 there. We can still go through all of this stuff,
20 right? But it may be all for not. But however --
21 Guy.

22 GUY DANSIE: There are other things in
23 this rules besides --

24 JAY DEE DOWNS: Besides the NEST.

25 GUY DANSIE: -- NEST. Yeah.

1 JAY DEE DOWNS: So maybe we can table the
2 NEST and continue on with what we need to go through?

3 GUY DANSIE: That's fine by me.

4 JAY DEE DOWNS: What does the committee
5 feel? What does the task force feel?

6 JESS CAMPBELL: Well, this is Jess again.
7 Isn't a lot of this -- I mean it all kind of ties
8 together. I mean I have no problem -- you know,
9 again on the surface, a lot of this stuff looks fine.
10 But I guess without a clear understanding of
11 authority and/or mechanism, I just -- I don't know if
12 we're spending good time.

13 BRITTANY HUFF: Especially with all the
14 quality visitors here today ready to move onto a
15 different subject.

16 JAY DEE DOWNS: It doesn't matter to me.
17 We can table the NEST stuff.

18 GUY DANSIE: Let's table it.

19 JAY DEE DOWNS: Well, Teresa and Jean,
20 what do you guys think?

21 DEAN YORK: This is Dean. I'd just say
22 let's table it until we have all the information.

23 JAY DEE DOWNS: Jean?

24 JEAN LUNDQUIST: This is Jean. I'm in
25 favor of that.

1 TERESA BRUNT: This is Teresa. I left to
2 actually go play nurse, sorry, and came back. And
3 you all fell apart while I was gone. I can't leave
4 you unattended.

5 So this is just in relation to the
6 conversation about the non-emergent transport, right?

7 JAY DEE DOWNS: That's correct. Just
8 table it for right now until we get more legal beagle
9 on it.

10 TERESA BRUNT: Yeah. And so we table it,
11 but then what happens in July? Is the bill going to
12 actually go back to legislation again, the
13 legislation again in July?

14 JAY DEE DOWNS: No, no. It won't go back
15 until January. There's still some time to work
16 through this if we have to go through it. Because
17 you'd have your meeting in October.

18 JESS CAMPBELL: I would suggest too that
19 we consider, you know, the bureau putting together
20 some sort of a -- you know, I understand it's a
21 little bit problematic, and I'll offer whatever I can
22 to help facilitate it. But I think that finding a
23 venue, allowing an opportunity for all viewpoints to
24 be heard and discussed. And I -- I understand that
25 that option is always available at the EMS committee

1 meetings. However, sometimes it's not real clear
2 what is going to be discussed and what direction
3 things are going to go.

4 Where I think this is -- this is an issue
5 that this hearing time or this discussion time we
6 want to -- you want to capture it. You know, it will
7 be strictly focused on the subject at hand here. And
8 again if for nothing else to clearly define -- well,
9 one, understand whether or not this -- the bureau is
10 even in a position to be this governance for this
11 particular situation. And if so, then what is the
12 support mechanism? What is the oversight mechanism
13 going to look like?

14 And then you can clearly articulate
15 whether or not we're online with our rules and
16 definitions.

17 TERESA BRUNT: I think Jess's point as far
18 as to who will govern the non-emergent transport
19 vehicles because I see -- I see a Pandora's Box there
20 too because if you take away the structure of the EMS
21 whatever mandating or following guidelines for their
22 transport vehicles and there's no one that oversees
23 these non-emergent ones, someone is going to --
24 that's going to be a problem somewhere. That's my
25 two cents' worth again.

1 JAY DEE DOWNS: It sounds like everybody
2 is in favor of tabling the NEST. Let's table the
3 NEST information and continue on.

4 What have you got next?

5 GUY DANSIE: Okay. The other one is kind
6 of similar. If you look under 426-2-200, the bottom
7 part that's underlined "D" says "venue designation."

8 Let me give you a little history on this
9 issue. Recently it's become more and more apparent
10 that companies who are not normal health care
11 providers are employing EMTs and paramedics, and then
12 when the public interphases with those facilities
13 they don't have authority to act as an EMT or a
14 paramedic.

15 They can under the Good Samaritan Law, but
16 it's a little fuzzy on what they can and can't do
17 with it. That's where we're having planned events.
18 I'll give you some examples. Like go to a Jazz game
19 or go to the Maverick Center, or whatever we're
20 calling it these days, and they have people on staff
21 who are licensed by us to perform duties. And they
22 can do those duties on their own staff because we
23 have an exception in the statute that allows that
24 kind of activity. But if a public member has an
25 accident or a health condition, they're not allowed

1 to deal with that.

2 So this was an attempt to create a
3 category so that we could legally recognize them,
4 require them to interface with the ambulance provider
5 that's in their exclusive area. And these would only
6 provide a service within their facility, and they
7 would have to have a letter of support and agreement
8 from the ambulance provider. They'd have to have an
9 offline medical director to ensure those protocols
10 for treatment that they initiated would be continued
11 on as the ambulance provider arrived.

12 This went through the -- I proposed it to
13 the EMS committee I think in January. And then it
14 got kicked back to the operations subcommittee. They
15 kind of kicked it around. We kicked it around a
16 little bit. It went back to the EMS committee in
17 April. They said, "Let's have operations look at it
18 again."

19 So we had operations look at it again and
20 kick it around some more. And we came up with
21 some -- an attempt at some draft language, and we put
22 that in this designation rule as well.

23 And that would be 426-2-900 that would be
24 the start of this. It talks about the application.
25 Basically we just wanted to ensure that they had a

1 medical director, set protocols, and that they had
2 clearly delineated their role with the ambulance
3 provider.

4 JAY DEE DOWNS: Somewhat of what would be
5 like a quick response unit, right?

6 GUY DANSIE: Yes. We've modeled language
7 after the quick response unit, but this is not a
8 vehicle based designation.

9 JAY DEE DOWNS: Yeah.

10 GUY DANSIE: Most quick response we think
11 of as a fire truck or something that has equipment on
12 it that goes out to a scene.

13 Well, the venue designation, that is the
14 scene. So we don't really address vehicle issues in
15 there.

16 JAY DEE DOWNS: It addresses equipment and
17 staffing.

18 GUY DANSIE: It does have a thing if you
19 have a vehicle, let us know. We'll look at it. It
20 has to meet the same criteria that we would have for
21 the quick response unit vehicle.

22 We've had a couple just for you guys --
23 just before Chris.

24 Recently Adobe of all places -- were you
25 going to throw that out?

1 We're getting these high-end businesses
2 that are saying, "Hey, we have" -- they contract with
3 a physician, and they hire people to do this. So
4 it's kind of an awkward place for us, Tami and I,
5 because we don't want to tell them, "You can't do
6 this."

7 Adobe would mostly take care of their own.
8 But if there are public people coming there, then it
9 kind of becomes a gray line on what they can and
10 can't do for the person that's from the public. So
11 this would open that up and allow them to do that.

12 Pros? Cons? Maybe it's the authority
13 issue. I don't know.

14 TAMI GOODIN: That's what I was thinking,
15 we can't do it.

16 GUY DANSIE: It's just a concept we're
17 floating and hoping maybe it's a solution to help us
18 better handle that.

19 JAY DEE DOWNS: Go ahead, Jack.

20 JACK MEERSMAN: The only thing that isn't
21 in here from the operations committee that we
22 recommended is there was language specifying that
23 it's a fixed location. Because the way this reads,
24 it means any fly-by-night, stand-by service could
25 then apply for designation. And that's what we were

1 looking to prevent.

2 GUY DANSIE: Good point.

3 JACK MEERSMAN: That it has to be
4 basically Rice Eccles, any large arena. The
5 Exposition Center was okay but --

6 GUY DANSIE: Do you remember kind of what
7 the language was on that? We could hurry and pen
8 something if you want.

9 JACK MEERSMAN: It was basically a fixed
10 station, like permanent location. It's not --

11 GUY DANSIE: Following the requirements.
12 So we could go do that as a part that -- it goes down
13 to (g), (h), (i), (f) -- or (j).

14 So (j), it must be a fixed facility.

15 JACK MEERSMAN: It's a unit you still
16 permanent location. It can't be just a temporary --

17 GUY DANSIE: This should say "designation
18 must or shall be for a unit you still" --

19 JACK MEERSMAN: Unit you still or
20 permanent location.

21 GUY DANSIE: -- "or permanent..."

22 JAY DEE DOWNS: So basically the
23 requirements here are just like what would be
24 required for a response unit that does have a
25 vehicle. I mean it's basically the same thing

1 because they still have to have -- correct me if I'm
2 wrong, a quick response unit you still is have to
3 have the approval -- or not approval but the support
4 of the ambulance license.

5 GUY DANSIE: Right.

6 JAY DEE DOWNS: You all have to have a
7 medical control. You all have to have that still.

8 GUY DANSIE: Yeah.

9 JAY DEE DOWNS: So it's kind of similar to
10 that. It's just it's a unit you still location
11 instead of a mobile I guess is what you're saying.

12 GUY DANSIE: Right. There is no
13 transporting. So there's no infringement upon the
14 ambulance services for transport.

15 We're trying -- this is an attempt to
16 coordinate a local response with the system that we
17 already have for ambulance services.

18 JAY DEE DOWNS: So then I would assume it
19 would open the door for license agencies to go in and
20 work with the folks in training experiences to make
21 it better so when they do they respond to their
22 facilities. Is that kind of what you're --

23 GUY DANSIE: Right. That was the goal,
24 yeah. And I don't know if we delineated all of that
25 in here.

1 JOHN EVANS: John Evans. So, Guy, you're
2 talking about a department that has a license to
3 provide service to a unit you still venue, you're all
4 right?

5 GUY DANSIE: I'm all right.

6 JOHN EVANS: That has nothing to do with
7 this, right? This is just somebody outside. I'll
8 give you an example. I'll give you an example. We
9 provide medical services to a large venue at certain
10 times, all right. There are licensed people. And
11 they work under me, and they do have transport
12 capability.

13 TAMI GOODIN: Yes.

14 JOHN EVANS: So that has nothing do with
15 this.

16 GUY DANSIE: Yes.

17 JOHN EVANS: It's perfect.

18 DAVID MORTENSEN: So let me make sure I
19 understand, this would allow the venue like the Jazz
20 or --

21 TAMI GOODIN: LaGoon or something.

22 DAVID MORTENSEN: -- LaGoon or whatever to
23 have on staff permanent paramedics, or whatever, and
24 allow you to then sort of oversee and manage and
25 license those paramedics. But they wouldn't be

1 transporting. They wouldn't be -- they're just
2 paramedics who are on site hired by the venue to
3 provide emergency medical services in the event of a
4 need until the fire department gets there.

5 GUY DANSIE: Right, right. Precisely.

6 JAY DEE DOWNS: A comment over here.

7 CHRIS DELAMARE: Chris Delamare. Again
8 this really came about because Adobe asked if they
9 needed to be designated. It's already being done at
10 Chevron. The oil refineries, I think Kennecott has
11 EMTs. John, we -- well, I guess that would be UFA
12 that responds out there. But it's not unlike that
13 that's already occurring.

14 JOHN EVANS: Okay.

15 CHRIS DELAMARE: So these venues that he's
16 talking about are these businesses that want to have
17 their own staff.

18 JAY DEE DOWNS: The only difference is
19 these places that you're talking about, they can
20 provide emergency medical care for their employees.
21 So what they're talking about now is being able to
22 have the public that's in their facility to be able
23 to provide that medical care to them until you have a
24 licensed provider that arrives on scene. That's what
25 this is all about.

1 GUY DANSIE: Correct.

2 JAY DEE DOWNS: That's the way I
3 understand it.

4 DAVID MORTENSEN: So then maybe I'm just
5 dense here. But if you look at R-426-2-900 it talks
6 about the venue designation providing the mode of
7 transport and also submitting locations for the
8 stationing vehicles, equipment, and supplies. I'm
9 not sure I understand the purpose of having a vehicle
10 if they're not doing transports.

11 GUY DANSIE: Let me give you an example.
12 UVU is a designated quick response, and they have an
13 ATV that they run around on their campus.

14 We could envision the same thing like at
15 LaGoon. So if they have a patient that's down and
16 they have to take an ATV, golf cart, whatever they
17 use, they have their supplies on that, and they go to
18 the other part of the park or the facility. It's
19 just if they have a vehicle that they want as part of
20 their venue, then we would have to look it, permit it
21 and saying it's okay. It might not have a vehicle.
22 And if it's like Adobe, they won't. They don't have
23 a vehicle. They just have a closet with their junk
24 in it.

25 DAVID MORTENSEN: There would be no sense

1 in having a vehicle at Adobe. Having a four-wheeler
2 down the hall might not be very helpful.

3 TAMI GOODIN: They have a segway, but we
4 don't permit the segway.

5 GUY DANSIE: They don't hall the supplies
6 on their segway.

7 JAY DEE DOWNS: Some of your venues
8 already have that and were already using them. An
9 ambulance license when you take like a football game,
10 for example, they're taking --

11 GUY DANSIE: Yeah, the biggest thing is --
12 the football games may be a little bit of an off
13 example because that's a --

14 JAY DEE DOWNS: My point is we're already
15 using other vehicles that are --

16 GUY DANSIE: Yeah. And this is
17 basically -- and the whole idea with this, it is
18 voluntary. We don't have a mandate to say you have
19 to do this. This just protects those venues so that
20 they're in the system and they have a blessing, a
21 designation, from the state so that they don't have
22 liability problems.

23 That's my biggest fear is I have EMT
24 that's out there in the venue helping somebody and
25 they get sued because they weren't properly

1 authorized.

2 JAY DEE DOWNS: One thing it would do is
3 certainly open the door for communication between
4 them and the licensed provider.

5 GUY DANSIE: Right. And that was why we
6 thought it would be a win-win, that the venues would
7 talk to the ambulance services, coordinate their
8 response so that they're providing consistency of
9 care through that.

10 JAY DEE DOWNS: What does the task force
11 feel?

12 MIKE WILLITS: I think in
13 R-426-2-9(a)1(a), where it says "transport," I think
14 that might be a little confusing. Because they
15 really are responding on a response. Now the
16 question would be are they and can they transport
17 from the scene because you're talking about arriving
18 to the scene. Can they go to a First Aid center and
19 transport back to that facility? Are we talking --
20 we're talking segways not working obviously and
21 transporting of the patient that way. So to me
22 it's --

23 GUY DANSIE: We are muddying the water
24 with that.

25 JAY DEE DOWNS: Yeah, absolutely.

1 GUY DANSIE: I would suggest striking
2 that.

3 MIKE WILLITS: So I would say mode of
4 response, medical response to scene.

5 GUY DANSIE: Submit the mode of response
6 to the scene.

7 MIKE WILLITS: So we're not really
8 transporting.

9 GUY DANSIE: Okay. That might be a better
10 term. To the patient, let's say. The scene should
11 be the venue, right?

12 MIKE WILLITS: I'm assuming the scene here
13 is to the scene of the emergency medical --

14 GUY DANSIE: I just don't want them to go
15 cross the sidewalk and out into the street.

16 JACK MEERSMAN: Jack Meersman. The mode
17 of transportation, I think that was more so in
18 agreement with the local municipality or ambulance
19 service. So like using West Valley as an example,
20 with USANA or the Maverik Center, they would have an
21 agreement if they were to designate with West Valley
22 saying, "This is our mode of transport for all of our
23 of patients is West Valley City," versus --

24 GUY DANSIE: Yeah, I didn't think of it
25 being intense.

1 JACK MEERSMAN: It's having the agreement.
2 Like the equestrian center in South Jordan is
3 different because that's -- although it's a big
4 facility there, events are low. And typically the
5 city takes on those events versus them having a full
6 staff at the equestrian center, right? But that was
7 the intent of the proposal was to have the ability of
8 these locations like that, have large crowds come,
9 and have the ability to take care of it with the
10 assistance of the ambulance service.

11 MIKE WILLITS: So you're talking MOU with
12 that facility to come in and transport the patient.

13 JACK MEERSMAN: Yeah. So me as an agency
14 or any agency here, they're like, "Yes, we know about
15 these events, and this is our agreement with them.
16 And now we have a -- the way to actually make it,
17 West Jordan has got the Meridian Center if things
18 happen. Everybody has got them. Most people aren't
19 going to go this far. But the larger venues are
20 wanting to because they have EMTs that work there,
21 and that's all they do is they're EMTs.

22 GUY DANSIE: Then it gives them protection
23 by having the blessing from the state from the EMS
24 committee.

25 MARIA WINDHAM: So to clarify are you

1 saying that even if a venue is in West Jordan, the
2 venue can choose a different ambulance service
3 provider --

4 TAMI GOODIN: No.

5 MARIA WINDHAM: -- for transport.

6 GUY DANSIE: How dare you say that. No,
7 no.

8 JACK MEERSMAN: The answer from every
9 agency is no because we've already established that
10 that agency is licensed for the transport.

11 JAY DEE DOWNS: Basically they're all
12 saying that they have to use their licensed provider.
13 The licensed provider has to provide the service.

14 DAVID MORTENSEN: So this wouldn't be
15 creating a separate license allowing specific venues
16 to go ahead and do -- perform their own transports.

17 GUY DANSIE: No.

18 DAVID MORTENSEN: Or license with someone
19 else to do a transport that's not already -- or agree
20 with someone else, unless they're already the
21 provider for that area anyway.

22 GUY DANSIE: What you're saying is
23 correct.

24 Let me just give a little background. The
25 culture of our EMS world that we all work in is a

1 licensed transport service or agency or provider is
2 what we say in our rules, meaning that all transports
3 are done by a licensed provider, okay. This is the
4 designation. The designation usually means in our
5 world that they -- "Oh, the transport provider."

6 DAVID MORTENSEN: I understand.

7 GUY DANSIE: And they can't do the
8 transport, the only -- the only time we have an
9 exception to do that is if they're doing a search and
10 rescue and they have to move the patient down to get
11 to the ambulance. So we allow that. That's not a
12 problem.

13 And it would be the same thing here. Say
14 you had a fan that jumped in the rodeo arena and the
15 bull ran over him, and maybe they need to get the fan
16 out of the arena. So they could maybe move the
17 patient if the patient is okay to move.

18 JAY DEE DOWNS: Most of the time
19 designation just means being recognized by the Bureau
20 of EMS as an entity that provides emergency medical
21 care.

22 GUY DANSIE: On scene to support. Same
23 with dispatch actually, that's what their role is to
24 provide support.

25 JAY DEE DOWNS: We've got a comment over

1 here.

2 DAVID QUEALY: This is Dave Quealy with
3 the city of West Jordan. What strikes me about the
4 last ten minutes of conversation of trying to figure
5 out what the intent of mode of transportation is,
6 it's useless. The words in the regulation need to
7 explain what it means. Otherwise you're just begging
8 a lawsuit where all these same arguments and same
9 explanations are made before a judge. This rule, as
10 written, is just not ready. Statutory
11 interpretation, you start by looking at the written
12 words. And otherwise you get into a bogged-down
13 fight over what does the rule really mean. We can
14 sit here and talk and come to an understanding about,
15 well, would this situation be covered, would that
16 situation be covered. But the rule does not address
17 that. And we're talking about the language of the
18 rules here and what should be approved and
19 recommended, and I don't believe this provides any
20 direction as to what it means. I mean we've been
21 talking for 10 or 15 minutes trying to understand
22 what it means. And if we can't in this room, there's
23 problems with this rule going forward.

24 JEAN LUNDQUIST: This is Jean. If you're
25 looking at 426-2-900(1)(a), it says, "Submit the mode

1 of response if you are to arrive at the scene."

2 I mean the last part of it describes what
3 it's for. This means these are the vehicles they're
4 using to get there. It doesn't say anything about --
5 I mean I agree that you should probably change the
6 word "transport," but it doesn't say anything about
7 the patient. It is about what they use to arrive at
8 the scene. That's the explanation.

9 DAVID MORTENSEN: And, Guy, I think you
10 mention changing scene to the individual or the
11 patient or whatever term we're going to use on that,
12 which I think makes sense.

13 GUY DANSIE: I write out the location of
14 the patient.

15 DAVID MORTENSEN: The location of the
16 patient, or something like that. But I agree that to
17 arrive at the location or whatever language is used
18 there makes it clear that it's not going to be the
19 way of transporting the patient from the scene or the
20 location, which I think is the important part of that
21 for the licensed providers.

22 GUY DANSIE: Do we need to add a sentence
23 that clearly states that?

24 DAVID MORTENSEN: It would solve a lot of
25 people 's concerns it sounds like.

1 JAY DEE DOWNS: The thing I struggle
2 with is --

3 GUY DANSIE: This is just the application
4 part of the rule too. Operational piece we'll look
5 at in a minute.

6 JAY DEE DOWNS: So we have quick response
7 units in the rule. They have vehicles that respond
8 to the scene, right? So my question that I'm kind of
9 struggling with is we turn around and put it back
10 here in the venue that says now they're going to have
11 a vehicle that responds to the scene. My thinking
12 is, well, wait a minute. If they have a vehicle,
13 then they go ahead and give quick response as well as
14 a venue one.

15 GUY DANSIE: Two designations.

16 DAVID MORTENSEN: Why do you care how they
17 get there? Whether it's a segway, a four-wheeler, a
18 golf cart, honestly why does the bureau of emergency
19 medical services care at all? Why is that part of
20 the application process?

21 GUY DANSIE: This was my thought --

22 DAVID MORTENSEN: I mean seriously,
23 they're running really fast --

24 GUY DANSIE: This is my thought. Give me
25 a chance to explain it.

1 If you're driving a truck or a car or
2 something that has four wheels and burns gasoline and
3 you're hauling all of your gear, then we need to
4 permit that vehicle. And the driver has to be vetted
5 through a course, a EVO course. And so it will have
6 certain requirements. This may or may not use a
7 vehicle. If they choose to use a vehicle, then they
8 have to meet all the vehicle requirements.

9 JAY DEE DOWNS: That's the way I look at
10 it. I mean --

11 GUY DANSIE: The wording where it's
12 confusing is --

13 BRITTANY HUFF: Can you put that in there
14 "to determine whether you use a permitted vehicle"?

15 JAY DEE DOWNS: Let me answer your
16 question. So when you talk about the State of Utah,
17 you've got a lot of rural units out that are
18 responding. So when you're talking about that, one
19 of the things that we've been mandated is EMS
20 providers have to have EVO. So if they're responding
21 to a scene as a designated unit, then they have to
22 have license, sirens and EVO. That's the reason for
23 the two designations. That's why I'm saying if they
24 have a vehicle that they're responding to their venue
25 with, then it probably ought to be under the quick

1 response unit designation. So now you're doing it
2 that way. If not why -- I mean if there was supposed
3 to be a stationary venue, why do we have a vehicle
4 even in that? That's the question.

5 DAVID MORTENSEN: Well, I could see a
6 stationary vehicle like at LaGoon or something like
7 that.

8 GUY DANSIE: Or at the race track.

9 DAVID MORTENSEN: The airport maybe.

10 GUY DANSIE: That's a fair question. I
11 think maybe we ought to require a quick response and
12 a venue if they're traveling on their own property
13 and they're --

14 JAY DEE DOWNS: I mean you're talking
15 about UVU, and UVU is that big. Do you see what I'm
16 talking?

17 GUY DANSIE: We designate them as a quick
18 response, yeah.

19 JAY DEE DOWNS: But, however, I, like him,
20 am kind of going with the venue even then. You know
21 the reason why we have the vehicle for the quick
22 response unit is because of the EVO and all the
23 emergency licensed stuff. And even LaGoon you're not
24 going to have EVO course for them. I mean they're
25 going to be going down all the little roads and

1 stuff. I don't know, maybe you were cutting hairs
2 here.

3 GUY DANSIE: Maybe we need to put
4 something in there that says: If you are responding
5 to a scene within your venue, that you also need to
6 be a quick response. If they're dragging all their
7 gear with them, they need to get quick response
8 designation.

9 DAVID MORTENSEN: Or at least just provide
10 in the application a plan for how they intend to
11 respond to something. I know that's what you're
12 trying to say. And I have a feeling Brittany could
13 write the language really, really well before
14 July 11th.

15 BRITTANY HUFF: No thanks.

16 JAY DEE DOWNS: She likes to tell us no.

17 DAVID MORTENSEN: I will say I think we
18 understand what the purpose here is. Personally I
19 don't think we need to debate it further. But I
20 think we just need to clarify the language a little
21 bit and make sure we're getting to the point of --
22 the purpose behind this is when they submit an
23 application to you, they're describing if they're
24 going to be using an apparatus of some kind to get to
25 the patient, they're telling you what it is --

1 GUY DANSIE: Right.

2 DAVID MORTENSEN: So that you can ensure
3 that if it's a vehicle, if they're going to be
4 driving a four-wheeler through LaGoon, that they've
5 done the proper licensing requirements and whatnot to
6 satisfy that. I think that makes sense, and I think
7 we understand that. It's just I think the language
8 needs to be cleaned up a little bit to make that
9 clear. And I'm happy to volunteer my name to work
10 with Brittany to do that if Brittany would like.

11 BRITTANY HUFF: I'm happy to work with
12 you.

13 JAY DEE DOWNS: You know one of the things
14 this venue does do, it falls within the mass
15 gathering stuff.

16 GUY DANSIE: Well, let me back up to the
17 mass gathering. Hold on just a minute, Teresa.

18 The mass gathering, the operations
19 actually put together a very specific policy or -- I
20 can't even remember what we call it. We have a mass
21 gathering policy.

22 JACK MEERSMAN: Guidelines.

23 GUY DANSIE: Guidelines, thank you.

24 JARED TINGEY: That was Chris Delamare.

25 GUY DANSIE: The guidelines are not under

1 our authority, so we -- because they're under the
2 local health department authority. They're under the
3 health officer. So we have actually developed the
4 guidelines. I took them to the health officer, and I
5 said, "This is what our intentions are." Please use
6 our input when you want to have a mass gathering
7 permit and you're issuing the rainbow children, or
8 whoever to come out to your town to come out and camp
9 out or whatever they're doing, when they issue that
10 permit they're supposed to have the approval of the
11 EMS service.

12 JAY DEE DOWNS: Sure.

13 GUY DANSIE: And then the guideline gives
14 everybody a clear picture on what the expectations
15 are. So the mass gathering we addressed through the
16 health officers. This is the venue where it's a unit
17 you still facility.

18 JAY DEE DOWNS: Okay.

19 GUY DANSIE: Does that make sense?

20 JAY DEE DOWNS: Yeah, it does. I stand
21 corrected.

22 MARIA WINDHAM: So we have one question
23 about 900. Is this -- it says "A venue designation
24 shall meet the following requirements."

25 Is this a required designation now for all

1 venues?

2 GUY DANSIE: This is only if they apply,
3 this is what they shall do. We're not telling
4 anybody they have to apply. But maybe we need to
5 make that clear.

6 BRITTANY HUFF: No, that says, "If you're
7 applying, here are the requirements you shall meet in
8 order to get permitted or designated as a venue
9 designation."

10 GUY DANSIE: And maybe we need to have a
11 clarifying sentence there too. Something about if
12 you choose. If you so desire.

13 MARIA WINDHAM: That's going back to rule
14 426-2-200 where it says, "The following type of
15 provider shall obtain a designation from the
16 department." And it says "venue designation."

17 GUY DANSIE: That's why they pay you more
18 than me.

19 Sorry.

20 JAY DEE DOWNS: Was there a comment on the
21 phone that we missed?

22 DAVID MORTENSEN: Yeah, there was. I'm
23 pretty sure.

24 JAY DEE DOWNS: Was there a comment on the
25 phone that we missed?

1 TERESA BRUNT: This is Teres. I was just
2 going to say, why don't you just say that if you're
3 not licensed by the EMS bureau that you're a good
4 Samaritan.

5 TAMI GOODIN: I like that.

6 GUY DANSIE: Brittany is not falling for
7 that.

8 TERESA BRUNT: That's fine. That's why
9 she gets paid more than I do.

10 GUY DANSIE: Right, right. I have a
11 thought too.

12 JAY DEE DOWNS: Guy.

13 GUY DANSIE: Back to the -- what was your
14 name?

15 MARIA WINDHAM: Maria.

16 GUY DANSIE: Maria. On R-426-2-200, we
17 shall -- let's take the word "shall" and put the word
18 "may obtain." May obtain --

19 MARIA WINDHAM: The problem is that you're
20 mixing the venue designation with quick response unit
21 and emergency medical service dispatch center, which
22 you may want to require to obtain a designation.

23 GUY DANSIE: But here's where we go back
24 to the -- let me give you just this. We don't
25 require anybody to be a quick response unit. And we

1 don't really require anybody to be a dispatch center.
2 We say: If you're going to do the dispatching, then
3 you have to do this. So we don't go tell the city or
4 whoever they have to do it. We just say, "If you're
5 going to do it, then this."

6 MARIA WINDHAM: But the point is if you
7 change "shall" to "may" in that rule, then an
8 emergency medical service dispatch center wouldn't
9 necessarily have to obtain a designation of the
10 department.

11 GAY BROGDON: Right, right.

12 GUY DANSIE: "The following types shall or
13 the following types may."

14 DAVID MORTENSEN: Prior to providing the
15 services --

16 GUY DANSIE: Yeah, we could do that.

17 DAVID MORTENSEN: We could do something
18 that "Prior to providing services associated with the
19 designation, the following type of providers shall
20 obtain the following designation from the
21 department," and then you can list them. Then the
22 operations part of it is below, the application is
23 below.

24 You could put in another rule that even
25 said, "They shall complete the application as set

1 forth in the rules, applicable rules."

2 So you could -- that's not -- that's not a
3 hard fix I don't think. I mean I think it's
4 something that Brittany could do in ten minutes.

5 GUY DANSIE: I actually brought it up
6 because that "shall" is old language. And we
7 currently have that in the rule, so it probably is
8 better that we fix that for sure, regardless of what
9 we do with this.

10 DAVID MORTENSEN: I do.

11 MARIA WINDHAM: Right. And then if you're
12 tabling non-emergent secured transport, that will
13 need to come out of that --

14 GUY DANSIE: Yeah, I'll throw that out.

15 DAVID MORTENSEN: That stuff is so gone.

16 GUY DANSIE: I grew up in a very small
17 town. So sorry guys. It's actually the committee's
18 option to do it. Are you ready for a --

19 JAY DEE DOWNS: How late are you going to
20 go? Where are you at?

21 GUY DANSIE: Okay. So the venue things
22 you guys are okay with, the concept?

23 JAY DEE DOWNS: You guys on the phone,
24 what do you think?

25 JAY DEE DOWNS: Teresa, go ahead and then

1 Jess.

2 TERESA BRUNT: It's actually Regina trying
3 to get in.

4 GUY DANSIE: Sorry I cut you off,
5 dispatcher. Go ahead, Regina.

6 REGINA NELSON: Can you hear me okay?

7 GUY DANSIE: Yeah. We're all smiling,
8 waiting for you.

9 REGINA NELSON: Just on the venue, I'd
10 just like to point out that at Tooele County we do
11 have the Utah Motor Sports Park, and it's a very,
12 very large venue. And like to recognize Dan Camp and
13 all the work he does out here with our EMS staff that
14 we have. And maybe if he hasn't already been picked
15 on, pick on him a little bit. Because we get great
16 notice on when events are going to be happening and
17 also the OPs plan. Everything is very detailed, and
18 working with him has been great. Maybe model a
19 little bit off of what we're doing out here.

20 GUY DANSIE: Thanks, Regina.

21 And that was one of my primary concerns
22 when I thought of this because I work with Dan too.
23 I don't want somebody like Dan to get into hot water
24 because they're not designated. So the whole idea is
25 we're trying to make it --

1 REGINA NELSON: He does great work as
2 we're trying to develop the wording.

3 GUY DANSIE: Go ahead, Jess.

4 JESS CAMPBELL: I was just going to say
5 that I -- the talking points that we've discussed I
6 think were very appropriate.

7 JAY DEE DOWNS: Jean?

8 JEAN LUNDQUIST: This is Jean. I agree.

9 TERESA BRUNT: I'm good. I agree. Yeah,
10 that's good.

11 GUY DANSIE: It sounds like we're good.
12 Move on.

13 DEAN YORK: This is Dean York. Can you
14 hear me?

15 JAY DEE DOWNS: Dean, I forgot about you.
16 You came in late. Go ahead.

17 DEAN YORK: Yeah. We already have stuff
18 in Provo when they come get a permit. They have to
19 meet a lot of those if they're going to have an
20 outside EMS. But, yeah, that sounds like we're on
21 the right track.

22 JAY DEE DOWNS: Thank you. Okay.

23 GUY DANSIE: Anybody else here? You like
24 the concept. We just need to massage the wording, is
25 that --

1 JAY DEE DOWNS: Yeah, I agree. You've got
2 some good input from everybody.

3 DAVID QUEALY: This is Dave Quealy. Does
4 that mean the action is -- that that is tabled as
5 well? I'm not clear what you all agreed on for the
6 record.

7 GUY DANSIE: I'm thinking we're agreeing
8 to say that this is okay, but we need to word it a
9 little differently in the application. And then also
10 in that EMS provider designation at the beginning
11 that they -- prior to providing service, they shall
12 do this.

13 JAY DEE DOWNS: So I guess what he's
14 asking: Are we going to forward this onto the
15 committee, or is this going to be part of our next
16 meeting?

17 DAVID QUEALY: That's what I'm asking. If
18 it's going to be massaged, shouldn't it come back
19 here and have this discussion again, the language
20 being changed? I mean it doesn't sound to me like --
21 it sounds to me like you all are comfortable with the
22 concept but not the actual regulation. And to then
23 proceed to a recommendation without having a
24 discussion that we're having at this meeting, I'm
25 just unclear as to what's happening.

1 GUY DANSIE: What we do do, and this is
2 what we frequently do, is if we change some of the
3 language I share the draft language with the task
4 force before it goes to the committee and see if we
5 captured it properly. The committee ultimately
6 decides. And very frequently the committee might go
7 in and say that we don't like the language we've sent
8 to them anyway.

9 DAVID QUEALY: Is there a record of that,
10 or your receiving of the comments? Does that become
11 part of any record?

12 BRITTANY HUFF: From the EMS committee?

13 GUY DANSIE: From the task force members
14 or the committee?

15 DAVID QUEALY: Yeah. If the change is
16 made and there's an e-mail blast out, what record is
17 made of the comments that are provided by West Jordan
18 or any other city with interest that is then
19 provided?

20 GUY DANSIE: Okay. What you're talking
21 about is public input after we get the rule, the
22 sausage is all made, and then there's a public
23 comment period on the rule. Is that what you're
24 referring to? Those we have records of everybody
25 that makes comment, and then we're required to

1 respond to those.

2 DAVID MORTENSEN: Guy, how frequently do
3 you have this meeting where the task force gets
4 together and talks about these rules.

5 GUY DANSIE: As needed. It's generally
6 quarterly. The first year we did this we spent four
7 hours every month for a year. And then we finally
8 kind of got it down, refined down to where we're
9 typically doing it once a quarter. And it's
10 usually -- sometimes it's a half an hour. But today
11 obviously we have multitude of things to discuss.

12 DAVID MORTENSEN: I'm wondering if a way
13 to resolve the concerns being expressed by David is
14 that Brittany provides to you and then shoots out to
15 all of us the revised language that's being suggested
16 here. And then if people have comments they can, you
17 know, maybe shoot back a "Hey, can we get this group
18 together again before the committee?"

19 I know it's July 11th, which doesn't leave
20 us a ton of time. But I think it would be helpful
21 if -- if there are concerns that you know everyone
22 has come here for a reason, maybe they'd like an
23 opportunity to at least express those.

24 BRITTANY HUFF: Are you talking about
25 venue or another thing?

1 DAVID MORTENSEN: Well, right now I
2 believe we're talking about venue.

3 BRITTANY HUFF: Just a second. I don't
4 think there's a rush to get this one done. So if you
5 want say, "Hey, we're uncomfortable with an outsider
6 moving this forward. Let's schedule another EMS task
7 force meeting whether it's next week or next month or
8 two weeks, or whatever, to come back and hash out the
9 wording.

10 DAVID MORTENSEN: If that's all right, I
11 think that would be the best way to proceed. That
12 way it gives Brittany more time to work with the
13 language and then allows the people who are here to
14 at least express their -- and if we need another
15 meeting -- we may not, right? Brittany may capture
16 what has been discussed here, and everyone may say
17 that's fine. But if there is, maybe it makes sense
18 to come back.

19 BRITTANY HUFF: David's question is how is
20 that documented if we all say, "Oh, Guy and David
21 were here, I'm going to e-mail them." You know,
22 instead you have the EMS task force meeting, "Hey,
23 here's the meeting. It's published. This one we
24 talked about this; anyone can come."

25 Instead of, "Hey, I was at the June 25th

1 meeting; I'm going to get the e-mail. I wasn't at
2 the June 25th meeting; I'm not getting the e-mail."

3 So work on the language. Everybody get
4 the input to whoever is in charge of the rules. Then
5 the next meeting we all sit down and roll up our
6 sleeves and do this again so everyone in the world
7 that wants to come will hear, instead of just the
8 people on the e-mail list.

9 DAVID MORTENSEN: I think that makes
10 sense. I think that's a good way to do it.

11 JAY DEE DOWNS: Like I said, everybody is
12 comfortable with the concept. It needs a little more
13 work, but --

14 GUY DANSIE: The concept is good. The
15 language we're not sure on. We'll reconvene with it
16 before we go to the committee with it. Is that what
17 we're saying?

18 JAY DEE DOWNS: Yeah.

19 DAVID MORTENSEN: Do we want to talk
20 before we leave this then briefly about the -- I know
21 we've been doing the venue designation. I think
22 there's an actual application part or -- the
23 application we've dealt with. Do we want to do the
24 operations part of it now while we're on that
25 subject?

1 GUY DANSIE: Do you know what I really
2 want to do?

3 BRITTANY HUFF: Move on?

4 DAVID MORTENSEN: Do you want to just move
5 onto the other stuff?

6 GUY DANSIE: No. I think the designate
7 rule in my mind we have lots of moving parts. And I
8 know you guys have concern with the current language
9 under the dispatch requirement. And I know that's
10 another issue we could dive into pretty deep. This
11 rule, I think, personally -- maybe we need to just
12 say, "Hey, it needs more work before it goes to the
13 committee."

14 JAY DEE DOWNS: The designation?

15 GUY DANSIE: Yeah.

16 JAY DEE DOWNS: Yeah. I mean there's --

17 GUY DANSIE: We need to play with the --
18 there's a desire to play with the center, the
19 dispatch center language, right?

20 DAVID MORTENSEN: Yes.

21 BRITTANY HUFF: 426-4-200. Is that what
22 we're talking about?

23 DAVID MORTENSEN: Yeah. That's the one
24 everyone seems to be concerned about.

25 GUY DANSIE: Yeah. And then -- see, but

1 we just put the seal on that one. So I'm not just
2 saying that --

3 BRITTANY HUFF: What does that mean? Put
4 the seal on? What does that mean?

5 GUY DANSIE: What it means is we just made
6 it effective a while ago. And it's disputed, and I
7 get that. I'm just saying that there -- the rush to
8 get something else in place may not be -- we can
9 present if you guys want to try to pull some language
10 together. I know we got some West Valley. I shared
11 it with you this morning. I put it in the document
12 for consideration.

13 People were upset that we did. However, I
14 want your voice to be heard so we all know where your
15 angle is where you think it should be.

16 BRITTANY HUFF: Okay.

17 GUY DANSIE: We can wait on all of this
18 rule to thoroughly vet that part of it as well. I
19 think the NEST thing, we want to say we're
20 uncomfortable with it.

21 JAY DEE DOWNS: Yeah, you've got some
22 things on that that need to be legally worked out.

23 GUY DANSIE: And then we have the venue
24 that we need to word massage. And then the other
25 part that everybody is upset about, we need to relook

1 at that in depth.

2 BRITTANY HUFF: That's what we were here
3 today to do, I thought.

4 JAY DEE DOWNS: Does that make sense then
5 that we move to the dispatch stuff. And then let
6 Brittany work out the issue on the venue designation,
7 and then we can all meet again, if so necessary, at
8 another date to deal with the venue. Should we move
9 to dispatch then?

10 DAVID MORTENSEN: What other rule stuff do
11 we have that's needed?

12 GUY DANSIE: Well, that's what I was
13 trying to get to it. It's a long story, and I never
14 got to the point. The license rule because --

15 JAY DEE DOWNS: Because obviously this
16 designation stuff is not going to go to the
17 committee. What needs to go to the committee? Is
18 there anything else that needs to go to the committee
19 that we need to take care of first?

20 GUY DANSIE: The rule, we have to submit
21 some rule to the Division of Administrative Rules to
22 replace our emergency rule.

23 BRITTANY HUFF: 426-3, the last round --

24 GUY DANSIE: Yeah, that's the license
25 rule.

1 BRITTANY HUFF: That last round said,
2 "Hey, people in the same geographic area have to have
3 an agreement and put it into the department. And the
4 department will be mediator if."

5 So that was withdrawn, and the prior rule
6 went in place and it, correct, number one?

7 GUY DANSIE: Right.

8 BRITTANY HUFF: And number 2, is that
9 rule, the old rule, the emergency rule, is that
10 effective for 120 days? So you're saying you all
11 come up with new wording that everybody is okay with
12 to put up for comment before that 120 day expires.

13 GUY DANSIE: Correct.

14 BRITTANY HUFF: All right. Okay.

15 GUY DANSIE: So we have two options
16 basically, maybe three. We can either say, "Hey, we
17 like that emergency rule and we'll keep it in place,"
18 which was the old rule you guys didn't object to. Or
19 we can say, "Oh, wait a minute, the committee passed
20 this rule, and we have a technicality and it didn't
21 get on the agenda." And I know that's kind of where
22 they're leaning, and then put that rule back in
23 place. But we would have to change the dates for the
24 part that's in yellow in that 426-3.

25 BRITTANY HUFF: And now we're talking

1 about Rule R-426-3.

2 GUY DANSIE: Right. This is the -- and
3 there were a few other things that are outside of
4 your concern. One of those being air ambulance is
5 all being taken out of that rule. And I just wanted
6 a heads-up on everybody.

7 Last year we had the formation of a
8 legislative air ambulance committee, and part of
9 their desire is to pass a national model rule. And
10 we worked on that all last fall. So we're going to
11 take out all the language for air ambulance from the
12 existing licensure and operational rule. I just
13 wanted to make sure you guys all knew we're doing
14 that. And it's going to be a new Title 426-10. So
15 it's going to be tacked on at the end of our existing
16 rules. And then there's some other little things in
17 here, technicality things. One of the requirements
18 that they're saying to us is we're supposed to use
19 the same terms. Brittany always tells me that. Some
20 of the old language didn't have the same terms. The
21 governor's office is hounding us to take out
22 references to statute when they're not needed, not
23 absolutely necessary. So you can see I've struck
24 some of those out.

25 So what I'm saying is, is I need to get a

1 rule and then also aid agreements. R-426-3-900, that
2 has been floating around for like a year about how we
3 provide -- how agencies get mutual aid with each
4 other and what's required there.

5 BRITTANY HUFF: Could I say something?
6 I'm feeling a conflict. Part of it is EMS rules task
7 force meets together and always -- I'm assuming --
8 makes motions to say "We want XYZ to go to the state
9 EMS committee." The state EMS committee meeting is
10 July 11th. So that's something that maybe this
11 committee or this task force is saying, "We feel this
12 needs to be done."

13 The conflict is all the people in the room
14 have come to discuss some certain rules, and we're
15 not getting to those rules. We're talking about all
16 of the stuff that the rules task force wants to get
17 to. So that's the conflict I'm feeling. I don't
18 know if you guys all agree with that.

19 You have come. We have a lot of people
20 here. You want to -- you're heated up, and you want
21 to talk about something. And we're not getting to
22 that. So how do you propose we deal with that
23 conflict?

24 GUY DANSIE: Well, the part that's in the
25 yellow is the disputed area, right, 15?

1 DAVID MORTENSEN: I would say that that's
2 the part that's clearly disputed. I think there are
3 some other changes that are concerns at least to West
4 Valley. And we can --

5 MARIA WINDHAM: And to West Jordan too.

6 DAVID MORTENSEN: -- we can talk about
7 those. But I think maybe the best way to do it is
8 just work our way through it then. Because you're
9 right. I mean Brittany is right the reason we're
10 here is to talk about these things. And I think it
11 makes sense to start working our way through it.

12 GUY DANSIE: Okay. So you want to take it
13 from the beginning and grind down now.

14 JAY DEE DOWNS: It sounds like it.

15 GUY DANSIE: Are we good with that?

16 How about the task force members? Are you
17 good if we kind of look starting at the beginning and
18 just sort of grind through it?

19 JEAN LUNDQUIST: The beginning of which
20 one?

21 GUY DANSIE: R-426-3.

22 JEAN LUNDQUIST: Okay.

23 GUY DANSIE: How about we take a
24 five-minute for the court reporter.

25 (Break taken from 2:39 to 2:44 p.m.)

1 JAY DEE DOWNS: Guy, you're up again.

2 GUY DANSIE: Okay. So we were just
3 talking before we started the meeting as there were
4 concerns about the language in 426-2-4200, which is
5 this designation. And that one we probably need to
6 have another meeting or have this meeting to talk
7 about some recommendations, whatever you guys want to
8 do. I know you purposed -- West Valley proposed
9 language for that part.

10 DAVID MORTENSEN: Yeah, we proposed -- so
11 as you know, Guy, or certainly somebody, West Valley
12 proposed some language that would be used in
13 426-2-400 and then 426-3-500 subsection 15.
14 That's -- I don't know how many people have that
15 language.

16 GUY DANSIE: Tami will pull it up.
17 We sent it out this morning. The hard
18 copies were made, and then we get the language put in
19 there and sent out to everybody. So the guys on the
20 phone should have the language.

21 DAVID MORTENSEN: And I want to be clear
22 that the revised rule that was sent to us, the red
23 line, there are other concerns that I have and that I
24 think West Valley shares. But those are the two
25 biggest pieces. They're the two pieces that are

1 currently part of the litigation that's pending that
2 Maria has referenced on behalf of West Jordan, and
3 I'm representing West Valley City on.

4 Those are the two rules that were
5 previously enacted that we have filed the lawsuits
6 on, and we're hoping to try to figure out a way to
7 resolve if we can. So that's why we've proposed the
8 language we've sent.

9 GUY DANSIE: Question: Did you have a
10 problem with the inter-facility definition?

11 DAVID MORTENSEN: Well, first off, I'm not
12 sure there's a basis for an inter-facility
13 definition. But to tell you, I mean you've seen the
14 lawsuit. What our concern with the inter-facility
15 definition is it removes the physician from the
16 process. And then the statute, the statutory scheme,
17 has a requirement that the physician be the one who's
18 making the determination as to whether the patient
19 needs to be, you know, watched at the time.

20 And our concern -- so the answer is not
21 really. If everything else is made correct, then
22 it's not a big issue for us. The real issue for us
23 is we think the physician ultimately is the one who
24 should be making the determination and not someone
25 else as to what level of care a patient needs. I

1 mean as I've mentioned to you many times now, Guy,
2 our biggest concern with this whole process is that
3 it requires nonmedically trained dispatchers to
4 second-guess a decision made by a doctor saying, "I
5 need a 911 transport," or "I don't need a 911
6 transport."

7 The last thing we want on behalf of the
8 city is for people to be making that determination
9 other than the doctor or someone who the doctor has
10 designated that to. If the doctor says to a nurse or
11 someone else in the hospital, "This patient needs to
12 go back to this location, and they needed to be
13 transported by a 911 ambulance," we don't want a
14 dispatcher to be second-guessing that.

15 If the doctor says, "It doesn't need a 911
16 ambulance; you can send it through an
17 inter-facility," again we don't want somebody
18 second-guessing that. We think the doctors are the
19 proper people to make those determinations.

20 BRITTANY HUFF: Can I just check on that?
21 So this is Brittany. I thought there were dispatch
22 systems where if you called up, the dispatcher says,
23 "Hello, 911. Is this a doctor facility or hospital,
24 or has this person been evaluated by a doctor?"

25 If so, they get rid of all of those, you

1 know, is the person blue, and skips ahead to that.

2 DAVID MORTENSEN: There are some protocols
3 that adopt that. I'm not sure that necessarily all
4 of them do because I haven't reviewed them all.

5 John may know the answer to that.

6 JOHN MORGAN: And Beth would -- I will
7 pass it to Beth.

8 BETH TODD: The protocol does have a
9 question of: Has the patient been seen by a nurse or
10 a doctor. I don't remember the exact wording of that
11 particular question. And it does -- there are
12 additional questions after that that are still
13 required for the caller to answer. But you're
14 correct, Brittany, in that it gets rid of getting
15 down into the nuts and bolts of are they bleeding
16 severely, are they alert? You know, that sort of
17 thing. So --

18 BRITTANY HUFF: I don't think anyone that
19 I've ever heard of says, "Yep, I'd rather have a
20 dispatcher decide where I should go when I'm dying
21 rather than a doctor. So just from my own brain, I'm
22 not saying, yeah dispatchers, they're the ones.
23 They're great; they're wonderful. But if a doctor
24 has evaluated a person, I don't think anyone is
25 disagreeing saying dispatch shouldn't override it.

1 So that's a surprising argument to me because I
2 thought dispatch had the, "Hey, if you're -- you're
3 at InstaCare, what do you want? Let's get you the
4 right provider."

5 DAVID MORTENSEN: And by the way, that's
6 not what the rule says is my concern. But I agree
7 with you, Brittany. You and I on concept agree
8 completely. I don't think the rule says that, but --

9 JOHN MORGAN: From the sight level I agree
10 too. But just to describe an inter-facility as a
11 medical center or a doc-in-the-box or a private
12 physician's office, and what have you, there still
13 has to be some determination as to the acuity of the
14 illness that they're dealing with. Just because they
15 they've seen a doctor doesn't necessarily mean it's
16 not a 911 type of transport that you're looking for.

17 You know oftentimes someone will come into
18 an InstaCare and say, "You know, I have some chest
19 pains." Okay. They've been evaluated, and then in
20 the middle of the evaluation they have a heart
21 attack. Well, that's an emergent situation. It's
22 not just an inter-facility transport from the
23 InstaCare to the hospital. Or my wife is a physician
24 assistant, she, in a private office has been
25 assisting a doctor where they've nicked an artery.

1 Well, they need an emergency transport immediately.

2 So when you look at the definition of
3 inter-facility being from one medical center to
4 another medical center, whether it be a doc-in-a-box
5 or -- and I don't mean to offend anybody if that does
6 offend somebody -- or a private physician's office,
7 what have you, there still has to be some type of
8 protocol and interrogation to see what the acuity of
9 the illness is.

10 BRITTANY HUFF: Do you guys agree with
11 that?

12 DAVID MORTENSEN: So I think you're posing
13 the question to me, and I'll answer on behalf of
14 myself. The answer is I do agree that if -- that you
15 will have situations where there's a transport from a
16 care facility to another medical facility, and it
17 will not be an inter-facility transport based on the
18 condition of the patient.

19 There -- I personally have had one. I
20 mean my brother was suddenly -- was in a medical
21 facility, realized he had some serious heart
22 problems. And they threw him on a 911 ambulance, and
23 they raced him to the University of Utah. That
24 happens, I think, regularly.

25 My concern with the rule is, what this

1 rule is now requiring is it's saying: A doctor has
2 made the determination and called and had -- called
3 911 and said, "I need a 911 ambulance here
4 immediately." And then what this is saying is we're
5 going to have a process by which the dispatch center
6 is going to say, "Well, I know you called 911. But
7 I'm not sure you really need a 911 ambulance. I'm
8 going to go through a bunch of questions, ask, and
9 then I'm going to say, 'Yeah, you probably don't need
10 a 911, and I'm going to send it to somebody else.'"

11 That's what the rule currently provides
12 and requires. I think poor policy decision. I think
13 the result of that is, is that you have a doctor who
14 made a determination I need a 911, and you have
15 someone who Beth is managing, I assume at VECC or
16 some place similar saying, "No, Doc, you're wrong. I
17 can't see the patient. I haven't interacted with the
18 patient. I've never touched the patient. But I'm
19 going to tell you you're getting an inter-facility
20 transport."

21 That's bad policy, and that's what the
22 rule requires currently.

23 BETH TODD: Yeah. And there is no
24 question that says, you know, "Under your expertise,
25 does this require a 911 ambulance?" You know, we --

1 we don't go that far and question the doctor's
2 medical authority. We're assuming that if they've
3 called 911, they have a reason for calling 911.

4 MARIA WINDHAM: And back all the way up to
5 the way that the legislature has decided to write
6 this statute, it makes a distinction between 911
7 calls and non-911 calls, and it's a very simple way
8 to organize the process. And if the rules are trying
9 to flip around or change that organization, I think
10 there's a problem. And this is something that should
11 be debated strongly by the legislature rather than,
12 you know, BEMS trying to get in there and -- altered
13 designations make new classifications of ambulance
14 providers. And there's a big policy -- like David
15 said there's a good policy reason for distinguishing
16 between 911 and non-911 calls.

17 It's the same thing as a patient walking
18 in to -- deciding whether to walk into a hospital or
19 deciding to walk into a primary care office. The
20 patient is making that decision as to whether or not
21 they think they need emergency services. You know
22 sometimes the wrong patient will wind up in an
23 emergency room, and they don't really need the
24 emergency services. But our policy as a society has
25 never been to kick that patient out the door and make

1 them go to their general provider's office. We take
2 people's determination that they are in dire straits
3 seriously, and we treat them as if they are in dire
4 straits.

5 DAVID MORTENSEN: So that's our concern
6 with this first part -- the first part of the rule
7 here on 426-2-400 and then 426-3-500. I think that
8 the rules create a situation whereby it would require
9 a dispatcher to second-guess a doctor.

10 And as Maria said, I don't think it's
11 consistent with the statutory scheme created by the
12 legislature. I also think it's poor public policy.

13 If I were in head of the department of
14 health, I would always want to err on the side of
15 highest care, not lowest. And if someone called
16 911 -- a doctor called 911 I would want to err on the
17 side of that.

18 Frankly I think there's a bigger issue
19 where someone dials a 10-digit number, gets a non-911
20 provider, and then describes a bullet hole or
21 something like that. I think there's a bigger issue
22 with that, frankly. That's an issue, and this rule
23 doesn't address that. It doesn't deal with the issue
24 of if someone needs 911 but doesn't call the emergent
25 provider, calls the inter-facility provider. This

1 rule doesn't deal with that, and it makes no sense to
2 me why we're trying to solve one side of this
3 concern -- which I think is not a concern at all --
4 and not addressing the other side.

5 And so that's why I've -- the language
6 that we have here would be intended to address both
7 of the issues. And I understand the concern that
8 you've expressed to me, Guy, in the past and that
9 Brittany has discussed with me. I think what I've
10 suggested here actually addresses both of those
11 issues in a way that makes sense by having a single
12 dispatch. And that single dispatch then would then
13 be making the determination is this -- if a doctor
14 calls 911, we send 911. If an individual calls a
15 10-digit number and it turns out that that person is
16 in an emergent situation where they need a 911
17 ambulance, we send a 911 ambulance.

18 So that's the -- that's what we've
19 proposed. That's what's here. And that's the
20 concept that I think this -- that if I were part of
21 the Bureau of Emergency Medical Services I would be
22 wanting to do is make sure I was erring on the side
23 of doctors making the determination and sending the
24 right ambulance in those situations and not having a
25 dispatcher make the second-guess. So anyway --

1 JOHN MORGAN: Guy, one of the first
2 questions you asked was about the definition of the
3 inter-facility. You know, is that accurate? And I
4 think it's a little problematic when you have a
5 general description. And you know I'm not going to
6 repeat what I said, but you have different variations
7 of medical facilities and they all have different
8 capacities within those facilities. To have the
9 general blanket description I think is a little more
10 problematic if there's no room for the discrimination
11 between the types they have and the types of patients
12 that they're dealing with.

13 I don't think you -- I don't know that you
14 can just say every doc-in-the-box is an
15 inter-facility; every nursing center is a medical
16 facility and what have you because the patients
17 present themselves in different conditions of acuity.

18 GUY DANSIE: That -- actually, I'm glad
19 you brought up that point. That was the point that
20 we -- that's why we threw -- I say "we," the EMS
21 committee in the meeting, the part -- the licensing
22 rule saying that you needed to have an agreement.

23 JOHN MORGAN: Yeah.

24 GUY DANSIE: And that agreement was to
25 delineate what types of facilities in a given service

1 area met that definition and which ones didn't.

2 JOHN MORGAN: Yeah.

3 GUY DANSIE: So that's why they put in the
4 licensing rule. The part that we pulled back was to
5 decide which of the -- like if it's an apple or it's
6 an orange.

7 BRITTANY HUFF: But I think that's exactly
8 the opposite of what John said. John is saying you
9 can't define upfront what's inter-facility based on
10 the facility. You have to do it per call.

11 JOHN MORGAN: Absolutely.

12 BRITTANY HUFF: And the agreement of,
13 "Hey, you'll take the hospitals, and I'll take the
14 doc-in-a-box is exactly the opposite of what John is
15 saying.

16 GUY DANSIE: Yeah, okay. Good. So you
17 disagree with that deciding up front basically.

18 JOHN MORGAN: I think there could be some
19 guidelines, but I don't think they can be hard and
20 fast. Because again it's the patient that we've got
21 to be concerned about and the acuity -- again, I keep
22 saying the same thing -- of their illness. And if
23 you are looking at a medical facility where there is
24 a practitioner of some licensing who's made the
25 determination to call 911, I feel like I have an

1 obligation to process that as an emergency call.

2 GUY DANSIE: Right. And we've had this
3 conversation for the last two years, and I just want
4 to put that out there that --

5 JOHN MORGAN: That's kind of why I say I
6 hate to keep bringing it up. But it's the position
7 that I think I've got to take.

8 GUY DANSIE: And we're kind of chasing our
9 tails with this thing. And this was a fix that, you
10 know, went one way, and you guys didn't like it. And
11 we need to figure out --

12 JOHN MORGAN: I think the guidelines are
13 good. And I think the definition -- to define an
14 inter-facility transport as opposed to a 911 is good.
15 But you don't have everybody acting the same way or
16 assessing the same thing.

17 BRITTANY HUFF: So I also heard the idea
18 that the two different types -- and I'm going to call
19 them 911 and inter-facility -- the two different
20 types should be purely based on the medical
21 condition. I've heard that suggested. Forget the
22 location. So in statute 26-8-(a)-102-6 is emergency
23 medical condition. There's (a) and (b). So (a) is,
24 holy crap, this person may die or lose a limb. So
25 (b) is a medical condition that the opinion of the

1 physician or designee requires medical observation
2 during transport. So (b) is my grandma needs an
3 x-ray tomorrow, and she's on oxygen.

4 So it's been proposed that maybe that's
5 where you draw the line is if this person is holy
6 crap, they go with the 911. And if it's, hey, they
7 just knew need observation, they can get that. That
8 would be a simple fix because there's lots of
9 other --

10 MARIA WINDHAM: But that's the exact
11 opposite of the comments that we've made, which is
12 who is making that determination?

13 JARED TINGEY: Right.

14 MARIA WINDHAM: We believe under the
15 statute the determination is pre-made by the type of
16 call. If you go with what Brittany is suggesting,
17 there's got to be somebody who is making that
18 determination. And it's a very uncomfortable thing,
19 like John suggested, that a physician might call 911
20 and then an emergency dispatch service has to
21 override that because of some definition of what is
22 an emergency condition or not.

23 JOHN MORGAN: That's why I say it's tough
24 to predetermine general rules up here and then the
25 practical application down here when you have someone

1 who is licensed making the determination of what type
2 of transportation they need.

3 BRITTANY HUFF: So are you both saying
4 something different? You're saying it should be a
5 doctor determination. And, John, you're saying it
6 should be based on the --

7 DAVID MORTENSEN: John's agreeing. I
8 think John is saying it's doctor determination.

9 BRITTANY HUFF: Okay, okay.

10 So what happens if I have no medical
11 training and I call up and -- you know, who do I
12 call? So say I call 911, and I say, "Her leg is
13 looking purple."

14 You know, so there has to be some sort of
15 system to say it's life and death, or not.

16 DAVID MORTENSEN: But just so we're clear,
17 if you're on the side of the road it doesn't matter
18 what number you call, you're getting a 911. Because
19 that's not in your facility. You on the side of the
20 road -- unless you're somehow creating a building and
21 putting together an InstaCare unit on the road, and
22 so I assume you're not, so that is never an
23 inter-facility transport.

24 BRITTANY HUFF: So the only things that
25 inter-facility is discussing is already starting at a

1 facility.

2 DAVID MORTENSEN: Yes. And so that's the
3 point that I think is what John is saying, what Maria
4 is saying, what I'm saying, and that is we're looking
5 at a discrete set of calls. It's a call that's
6 originated at a medical facility. If a person at
7 that medical facility says, "I need an inter-facility
8 call," that's easy. They have the number; it's right
9 there. They dial the 10-digit number, and whoever
10 the inter-facility provider is for that area shows
11 up.

12 If the doctor however says, "Do you know
13 what, this person is in a situation where an
14 inter-facility call is not appropriate; I need a 911
15 call to monitor this person back to wherever that
16 person is going," that should be a determination made
17 by the doctor and not second-guessed by dispatch.

18 That's the point we're making. And our
19 problem with this rule is it doesn't. It would
20 literally require the dispatch person to say, "I know
21 Dr. Smith has said that she thinks that this person
22 needs to be there. Huh-uh (negative). I'm sending
23 somebody else."

24 BRITTANY HUFF: Because I have to go by my
25 protocols, and they say something else.

1 DAVID MORTENSEN: And it's a horrible
2 idea. It's a bad, bad policy.

3 BRITTANY HUFF: To be super clear, we're
4 talking about R-426-2-400, right?

5 DAVID MORTENSEN: So that's 2-400 and also
6 R-426-3-500. Those are the two rules that are the
7 biggest concern.

8 MARIA WINDHAM: But it's also in the
9 definition of inter-facility transfer.

10 BRITTANY HUFF: Yep. I totally agree.
11 Totally agree.

12 DAVID MORTENSEN: And there's a place
13 where you delete the definitions from the -- you
14 delete the incorporation of the definitions from the
15 statute, which I have a problem with that on a legal
16 basis. But I also have a problem with it on the
17 reason we're discussing right now.

18 MARIA WINDHAM: Same here.

19 DAVID MORTENSEN: So those are -- I mean
20 that's the issue. And I just don't see the other
21 side of it at all, Brittany. I mean to be honest if
22 I'm a doctor at a facility and I want a 911
23 ambulance, I certainly don't expect that someone is
24 going to be second-guessing that as the 911 operator.

25 BRITTANY HUFF: Well --

1 DAVID MORTENSEN: And I guarantee if I'm a
2 patient, I don't want a 911 operator second-guessing
3 my doctor's conclusion.

4 JOHN MORGAN: And I'll say also as an
5 inter-facility -- I'm sorry.

6 BRITTANY HUFF: No, go ahead.

7 JOHN MORGAN: If it's not an emergency, I
8 really don't want to tie up my call-takers with
9 non-emergent kinds of things. If somebody is saying
10 "I need a transport tomorrow for this -- to take this
11 patient to dialysis," I don't want that going through
12 911. In fact, we will not process that if it's a
13 prescheduled appointment.

14 DAVID MORTENSEN: We don't disagree. We
15 don't disagree with that at all. If someone is
16 calling in advance and saying, "Tomorrow I need to
17 take somebody from here to there," those people do
18 not need to call 911. John, I can tell you on behalf
19 of the fire chief, he does not need his fire people
20 going and dealing with those issues.

21 But at the same time if a doctor does say,
22 "I want a 911 there," then that should be the 911
23 ambulance going.

24 MARIA WINDHAM: It seems to me that's more
25 a matter of education of your providers rather than a

1 matter to be regulated by rule.

2 JOHN MORGAN: Yeah.

3 BRITTANY HUFF: So do we have proposed
4 language based on this concern?

5 MARIA WINDHAM: We'd propose the language
6 be reverted to the original language of the
7 statute -- of the rule.

8 DAVID MORTENSEN: Just what it was before.

9 BRITTANY HUFF: Okay.

10 MARIA WINDHAM: So pre-April. The
11 pre-April version of the rules.

12 BRITTANY HUFF: Okay. So --

13 GUY DANSIE: The old, old language.

14 BRITTANY HUFF: Old, old language.

15 GUY DANSIE: Probably the licensing.

16 You're saying the --

17 DAVID MORTENSEN: In essence you would go
18 back to the way it existed prior to April, I think --
19 well, May of -- April 19th it became effective. But
20 you'd go back to pre-April 19th.

21 JOHN MORGAN: Go to January.

22 MARIA WINDHAM: And then you'd moot our
23 lawsuit.

24 GUY DANSIE: For the designation and the
25 licensing piece?

1 DAVID MORTENSEN: Yeah.

2 BRITTANY HUFF: Which the designation is
3 already gone.

4 GUY DANSIE: No. The licensing is already
5 gone. The licensing was on the emergency rule.

6 BRITTANY HUFF: So 3, 3 is gone. So
7 designation is the dispatch, right?

8 DAVID MORTENSEN: So it would be the
9 426-2-400 would be go back to pre -- would be go back
10 to January of this year.

11 BRITTANY HUFF: Okay. And Tami, are you
12 so skilled that you can pull that up?

13 TAMI GOODIN: (Witness shakes head.)

14 BRITTANY HUFF: Two -- 426-2.

15 TAMI GOODIN: No, this is May 1st.

16 GUY DANSIE: Yeah, I have copies of it.

17 JARED TINGEY: I have it right here.

18 DAVID MORTENSEN: Oh, I've got it.

19 REGINA NELSON: Guy, I just have a comment
20 if I can.

21 GUY DANSIE: Go ahead, Regina. This is a
22 good time to comment.

23 REGINA NELSON: Okay. Just as you
24 mentioned earlier, this has been back and forth for a
25 good two years that I've been on the EMS rules

1 committee. We have gone back and forth on this one.
2 What we're -- what the intent on this was is to get
3 it in line with the checklist that we're required by
4 the Bureau of EMS to complete when we redesignate as
5 a dispatch center.

6 Could there be an opportunity with all of
7 this inter-facility conversation that's occurring to
8 maybe perhaps put in a proposal for change with
9 the -- whoever is our oversight on our medical cards,
10 for example, who uses the priority dispatch. So if
11 there's something that's wrong in the way that we're
12 certified to use our card system, wouldn't we go
13 there?

14 GUY DANSIE: I don't -- I'm not sure I
15 understand.

16 BRITTANY HUFF: Yeah.

17 GUY DANSIE: You're saying we need to
18 change the rule so it matches up better with your
19 dispatch system?

20 REGINA NELSON: I'm not sure why it needs
21 to be in the rules. We are certified for EMDs for
22 the State of Utah. I am certified to ask the
23 question, "Is this call a result of an evaluation by
24 a nurse or doctor?" It's a simple question of yes or
25 no. If it's no, you know, our protocol as Beth was

1 commenting on, we're instructed to go somewhere else
2 and ask a little bit of different questions than we
3 would. But if the answer is yes, we're bypassing a
4 lot of those other questions and getting what's
5 needed.

6 We're preparing the ambulance in Tooele --
7 it may be different in other areas -- but in Tooele I
8 am the EMD on the rules task force. So speaking as
9 an EMD for the State of Utah, I would use my medical
10 card to evaluate and to prepare the ambulance but
11 never to override a doctor. And being a doctor, it
12 involves created protocol that my offline medical
13 director has either signed off on or not. So I'm
14 looking at my cards right now, and Dr. Bradley did
15 not approve urgent or nonurgent for us. We don't
16 have those acuity levels in Tooele County. So if
17 they're questioning the questions that we ask under
18 our certification, would that not be better
19 approached by the academy in a proposal for change
20 for the questions that we ask?

21 And I know I'm confusing, sorry.

22 GUY DANSIE: No, no. You're fine. I'm
23 not sure, do you want us to change the rule in a
24 particular way?

25 REGINA NELSON: Well, we -- remember Kevin

1 and I were involved in this.

2 GUY DANSIE: Yeah.

3 REGINA NELSON: Just this part of this and
4 that, what it is is we're expected to accomplish in
5 order to receive our licensing. So we go through our
6 designation every couple of years, and we've got to
7 be able to provide to the bureau evidence that we
8 have these certain things. And this one, this last
9 attempt, was just to line up with the checklist that
10 Tami provides for us saying, "Do you have all of
11 these things in order?"

12 So, yes, I do have a systemized caller and
13 interrogation questions that I use in dispatch called
14 QA. Yes, do I have prearrival? Yes, I have the QA
15 system. All of these things are an attempt to meet
16 what you guys need us to do to re-designate. But the
17 cards tell us what to do with the transfers, the 33
18 cards in the Pro QA system.

19 GUY DANSIE: Right.

20 BRITTANY HUFF: Regina, I have two
21 questions. This is Brittany. My first question is
22 do you know what the new rule changes, right, it's
23 the C that says a systemized method, blah, blah,
24 blah, right?

25 REGINA NELSON: I can't hear you very well. I'm

1 sorry.

2 GUY DANSIE: She's asking you about C.

3 BRITTANY HUFF: That's the first time ever
4 somebody has not heard me. Okay. So the new rule,
5 do you have it in front of you? So R-426-2-499(c),
6 the part that says "A system method which
7 produces..."

8 Do you know what language I'm talking
9 about?

10 DAVID MORTENSEN: Actually I think it's D.

11 BRITTANY HUFF: So my question is,
12 Regina --

13 REGINA NELSON: I'm looking it up.

14 BRITTANY HUFF: And maybe you know this
15 without looking at the language. The new language --
16 wherever it is and whatever it says -- did that
17 change the way you do things at all?

18 REGINA NELSON: No.

19 DAVID MORTENSEN: Not yet.

20 BRITTANY HUFF: Well, is it going to
21 change the way you do things? So once you guys saw
22 the rule language, did you say, "Oh, my gosh, we have
23 to go get a new system and pay thousands of dollars?"
24 Or did you say, "Got it. We already do that?" Do
25 you know?

1 REGINA NELSON: Got it. We already do
2 that.

3 GUY DANSIE: They have a situation where
4 there's only one provider. So they're not selecting
5 between providers. They're always calling the same
6 providers. Most of the state is that way where they
7 always call the same --

8 REGINA NELSON: Yeah. That's why I said
9 speaking for EMDs for the State of Utah, but also I
10 live and work in Tooele County where we don't have
11 multiple providers and the complex issues. But it
12 doesn't change. We're still licensed EMDs with
13 protocol cards that we use that assisted us with
14 giving our ambulance proper notification or advanced
15 notice of what they're going to.

16 BRITTANY HUFF: Did you have something?

17 DAVID MORTENSEN: Yes. So I think Regina
18 is talking about sort of the priority dispatch system
19 that is followed by dispatchers to make a
20 determination as to, you know, how quickly the
21 ambulance needs to get there. If it's a gun shot
22 wound to the chest or something, they've got to be
23 there quicker than if it's a broken arm. And I think
24 that's what trying to be -- as I understand it from
25 talking to Guy, that's what's trying to be addressed

1 in the 426-2-400-1(a) section. Which is, I think,
2 the department trying to decide should it be
3 approving, regulating, recognizing -- whatever the
4 term they want to use here is -- the actual priority
5 system that's used. I think a lot of the state uses
6 the Dr. Clawson's priority dispatch, but I don't know
7 that. But I think that's what -- that's being
8 addressed.

9 And I don't think anyone disagrees that
10 there ought -- that each 911 medical dispatch ought
11 to have some system. And I think it makes sense for
12 there to be some recognition of that or some -- maybe
13 you list certain ones you approve of or whatever.
14 And I don't disagree with that. And I think that
15 changed -- and I think 426-2-400-1(a) makes sense. I
16 don't disagree with that at all.

17 The issue that we're talking about is what
18 I think is under new (d). And I think that's the
19 issue that it's if you now have two providers in the
20 same area, so you have a 911 provider and an
21 inter-facility provider, for some reason this rule
22 would now require a 911 dispatcher to now try to
23 distinguish between an inter-facility transport and a
24 911 call. And that's where I think you get bad
25 public policy because someone has already made the

1 determination to call 911. We shouldn't have the
2 dispatcher saying, "No, you don't get a 911, you get
3 an inter-facility." That's our concern.

4 BRITTANY HUFF: Okay.

5 DAVID MORTENSEN: And if I've
6 misrepresented what you were saying, Regina, I
7 apologize. But I think I agree with what Regina is
8 saying, which is the department ought to be ensuring
9 that dispatchers have a system they use and that it's
10 an appropriate system to expedite the process. I
11 don't think we ought -- the bureau ought to be having
12 dispatchers second-guess doctors who have made the
13 determination to call 911.

14 MARIA WINDHAM: Yeah. And just to --

15 REGINA NELSON: Absolutely. And if the
16 cards are doing such, that needs to be looked at.

17 BRITTANY HUFF: I think Regina just said,
18 "If our cards are doing such, then they need to be
19 looked at." Is that right, Regina?

20 REGINA NELSON: That's correct.

21 MIKE WILLITS: Can I make a comment,
22 please?

23 I'm seeing two different things going on
24 in this language. I see a systemized system. You're
25 calling it (a). I'm calling it (a) through (d)

1 because I know that these cards go through a
2 selective process. They do give pre-arrival
3 instructions. And so I'm thinking what Regina is
4 talking about is this is part of the pre-system that
5 we have already with dispatch cards.

6 And then it seems to me like "D" is being
7 switched into two different categories. One, the
8 cards are already addressing. In my area I don't
9 have two different facilities, but I do have the
10 difference between a 911 and an inter-facility. I do
11 have those, but it's the same place.

12 You guys because of the larger area, you
13 have different locations. I don't think it's saying
14 that at all. I think it's saying -- I think it needs
15 to be said that you need a systematic approach to
16 deciding which facility or which organization is
17 going to do this. Not that it's inter-facility or
18 not, if that makes sense. I think these are taking
19 care of two different situations at the same time.

20 DAVID MORTENSEN: I apologize, I don't
21 under -- I didn't understand what you were saying
22 that it's dealing -- that it needs a system that
23 deals with a different facility? I don't think I
24 understand what you're saying.

25 MIKE WILLITS: So you're talking

1 inter-facility and 911 as completely different
2 agencies.

3 DAVID MORTENSEN: Different providers.

4 MIKE WILLITS: Different providers. I'm
5 the same provider, and I do the same thing. So
6 you're needing a systematic approach to say this is
7 inter-facility, so we need to call this provider.
8 This is 911, so we call that provider. The dispatch
9 cards don't do that.

10 DAVID MORTENSEN: And I don't think --

11 MIKE WILLITS: And that's what she's
12 talking about.

13 DAVID MORTENSEN: And you and I agree. We
14 agree on that. What I will say is I don't think we
15 need a system to have medical dispatchers trying to
16 determine between a 911 and inter-facility call. I
17 think that creates a bad situation. The statute
18 already has set up a situation if a -- on a -- as
19 currently set up I'm a doctor at a hospital and I
20 have a patient who I want to have transported back to
21 a medical facility, I have two options. I can pick
22 911, or I can pick inter-facility. As I doctor, I
23 can choose either.

24 MARIA WINDHAM: The doctor can either.

25 DAVID MORTENSEN: Yeah. The doctor can

1 say "Please dial 911 and have this patient taken back
2 via emergency transport, or dial the 10-digit number
3 and have the non-911 provider make the transport.
4 The doctor gets to make that determination as it
5 currently stands -- well, excuse me, pre-April 19th
6 that was the doctor made that determination.

7 My concern is this rule, as written under
8 subsection new (d), would have the -- the doctor
9 says, "Call 911." And now the dispatcher says,
10 "Okay. I'm going to run you through a list of
11 questions." Has this been viewed by a doctor?"

12 "Yes, and the doctor told me to call 911."

13 "Does the person have this? Does the
14 person have this? Does the person have this? They
15 go through another list of questions, and then says,
16 "Do you know what, that's not a 911 call. That's an
17 inter-facility call. I'm sending another provider."
18 That's bad policy.

19 MIKE WILLITS: I understand your position
20 completely. And even before my comment.

21 DAVID MORTENSEN: Oh, I apologize.

22 MIKE WILLITS: No, I appreciate it because
23 it opens this up. But that right there doesn't say
24 that. It's being determined that it says that. I'm
25 seeing it as a dispatch process. Do we need another

1 one that says, "Okay. We're talking about different
2 providers"? Does that make sense.

3 GUY DANSIE: We need to have lights and
4 sirens or not is kind of what you're saying? When
5 you hear that for a dispatcher, "This is an
6 inter-facility transport. That means do to you take
7 it easy, get a well-rested crew."

8 MIKE WILLITS: Yeah, I understand all of
9 that. But what you're saying is instead of being
10 able to say a care facility calling a 10-digit number
11 or this one. Everybody has to go through the piece
12 out, and then it gets distributed. That's what your
13 concern is, correct?

14 DAVID MORTENSEN: No. My concern is I
15 think the doctor has already made the determination
16 as to who should come.

17 MIKE WILLITS: I understand. And so now
18 it's have to go to a 911 or a PSAP.

19 BRITTANY HUFF: So what I think David is
20 saying is the doctor decides what number to call, and
21 the number that they call depends on the provider
22 that's --

23 MIKE WILLITS: Right. I understand.

24 BRITTANY HUFF: -- that's sent, right?

25 MIKE WILLITS: But you're saying that does

1 not say that anymore. It's saying, "I need this and
2 you have to go to one location, and they're deciding
3 which way it goes."

4 DAVID MORTENSEN: Exactly. Yes. That is
5 exactly my concern is now you have a medical
6 dispatcher saying, "No, doctor, you're not right.
7 I'm going to send a different provider."

8 MIKE WILLITS: This is already being
9 arranged for in the cards for a system that doesn't
10 have those complications.

11 JOHN MORGAN: To some degree. It's a
12 little bit more complex than that. I think we need
13 to look at why was the rule even changed to get down
14 a little bit deeper down into this.

15 There's a couple of different cards that
16 could direct the dispatcher to send a 911 ambulance
17 or you go through the protocol to send an
18 inter-facility, okay. So that's one aspect of it.
19 It's card 33 and card 37, and there's the option.
20 And I don't think there's anybody here that says,
21 "We're not going to use the protocol." Most
22 everybody does use the Pro QA protocol. And I
23 wouldn't run a dispatch center without having some
24 type of protocol.

25 But the difference in the distinction is

1 after you go through a certain set of questions or
2 interrogation I'm going to call it, then it may say
3 "This is a not so severe, or it is highly severe,"
4 and then that is something that would maybe initiate
5 an inter-facility versus a 911.

6 My online physician says if it comes in on
7 a 911 call, 911 line, then we send a 911 ambulance,
8 you know, going through this. Especially if a doctor
9 has already done the assessment going through that.
10 And you know the -- the problem with I think the rule
11 is it was written specifically to say, Well, even
12 though you have an online physician who says adopt
13 the appropriate protocol. If it's a 911 line, you
14 send a 911 ambulance, not a non-911 ambulance to it.
15 Is to have the department now make a determination
16 that we will use this protocol, and you will
17 interpret it this way. It kind of forces that issue
18 that David was just talking about.

19 DAVID MORTENSEN: Yeah. I mean I think --

20 MIKE WILLITS: It's in the cards.

21 DAVID MORTENSEN: Well, I think this is a
22 rule that's looking for a problem to solve, and it's
23 creating a bigger problem. And that's why I really
24 think -- and Maria is right. The way to address this
25 rule is make the change that you think is appropriate

1 to 2-400-1(a). But the 2-4-1(d), new (d), should
2 just be removed. And then if you go back to -- then
3 what you're doing is you're now looking at the cards,
4 and you're looking at the card system. Which I do --
5 I mean, John is dead on. I can't imagine a dispatch
6 not using one. Can you? I mean, and look at --

7 GUY DANSIE: That's why the rule came
8 about.

9 BRITTANY HUFF: That's why the rule came
10 about.

11 JOHN MORGAN: A responsible dispatch
12 center.

13 DAVID MORTENSEN: There we go.

14 BRITTANY HUFF: They designate all
15 dispatch centers in the state.

16 DAVID MORTENSEN: Right. Well, so my
17 point is there is some change to be made to the 1(a).
18 I think 1(d) just creates bad public policy. It
19 results in a bad situation where you're
20 second-guessing doctors, and it results in -- it will
21 absolutely result in increased risk on the dispatch
22 centers.

23 Because I could see a situation where they
24 decide to send a non-911 ambulance. The individual
25 suffers some problem in transport. And then they

1 immediately turn around and sue everyone they can.
2 And as a lawyer, I'll tell you, I'll be suing John if
3 that's what was to happen. So I just think it's a
4 bad public policy, and it shouldn't be done. So
5 delete (d), and get rid of five -- 3-500-15.

6 BRITTANY HUFF: Hold on. Let's break it
7 down --

8 DAVID MORTENSEN: -- and we're done.

9 BRITTANY HUFF: -- or I will be down here
10 until midnight.

11 TERESA BRUNT: This is Teresa again.
12 Sorry I was off playing nurse again.

13 DAVID MORTENSEN: Where do you get off
14 having another job?

15 TERESA BRUNT: I have been an ER nurse for
16 a really long time, and I've never ever had a
17 dispatcher question. When I call and tell them that
18 I have an emergency 911 call or whatever, they don't
19 question. I have the right people there at the right
20 time. So are there documented incidences that this
21 has been a problem? I'm sorry if I'm repeating.
22 But --

23 BRITTANY HUFF: Teresa, this is Brittany.
24 I'm just standing up close to the phone so I can be
25 heard. What I think the concern is today is that's

1 right, that system has worked in the past. We want
2 it to continue working. The new wording is
3 concerning. Please take off the new wording so there
4 isn't a problem in the future. Is that right?

5 DAVID MORTENSEN: Yes. You're exactly
6 right. What you've done up until now has worked
7 great. I think we can all agree that's the case. No
8 one is ever second-guessing you. My concern is this
9 new rule would require the dispatch center to
10 second-guess you in the future. And I'll bet as a
11 nurse practitioner, you would hate that.

12 TERESA BRUNT: Well, I might get a little
13 bit grumpy.

14 DAVID MORTENSEN: Yeah, I'll bet you
15 would. And I'll bet every doctor and nurse
16 practitioner in the State of Utah would say the same
17 thing I, "I do not want medical dispatchers
18 second-guessing my decision what type of ambulance
19 should come."

20 JEAN LUNDQUIST: This is Jean Lundquist.
21 I think what the intent of all of this is to let the
22 dispatchers decide when they get a call from a care
23 center or a -- you know, somewhere where there is not
24 a trained medical person on site that's making the
25 phone call, let them decide per protocol what agency

1 is needed. There were never any conversations
2 about -- with an ER calling and saying, "I have a
3 patient that needs transport." That was never
4 brought in to -- I just can't see that ever
5 happening. I can't see a dispatcher ever saying,
6 "Oh, this doctor says we need this, but that's not
7 true." I think we're reaching here.

8 DAVID MORTENSEN: I hope you're right.

9 MARIA WINDHAM: Unfortunately, it doesn't
10 look like a reach under the statute.

11 DAVID MORTENSEN: Or under the rule.

12 MARIA WINDHAM: Or under the rule. And
13 like David said, as lawyers, our ears perk up when we
14 see these kinds of requirements. Because it might
15 create liability in places where it didn't previously
16 exist.

17 BRITTANY HUFF: This is Brittany. I have
18 two things. One I really want to find out what it
19 said before, because I -- in the lawsuit, I have the
20 copy of the rules, and it's (d). So we don't have
21 to -- we can talk about it now quickly or not.

22 But secondly, is there a motion that -- I
23 mean we can beat this horse all month long. Or there
24 might be a motion that this task force is wanting to
25 make a decision on.

1 JOHN MORGAN: Yeah.

2 BRITTANY HUFF: So I'm hearing --

3 DAVID MORTENSEN: So let me show you the
4 rule. My recommendation to everyone, and I'm not on
5 the task force, would be you delete subsection (d).
6 Make whatever change you want to 4(a). Do not go
7 back and initiate --

8 BRITTANY HUFF: So here, right, this is
9 the lawsuit, R-426-2, right?

10 DAVID MORTENSEN: Uh-huh (affirmative).

11 BRITTANY HUFF: So I show (c).

12 DAVID MORTENSEN: Yes, (c). Fine, delete
13 that.

14 BRITTANY HUFF: That's what I thought.

15 DAVID MORTENSEN: Delete that. And then
16 don't redo that, and we're done.

17 BRITTANY HUFF: Okay. So I just wanted to
18 make sure (c) was (c) and not (d). So now I've got
19 it.

20 So (c) was the new portion with the --

21 DAVID MORTENSEN: I'm sorry. On the
22 current rule up here that we're looking at, it's (d).

23 BRITTANY HUFF: I know.

24 DAVID MORTENSEN: Okay, I apologize.

25 JOHN MORGAN: I don't want to delete the

1 systemized pre-instructions.

2 BRITTANY HUFF: No, just the new part.
3 The new April part.

4 JOHN MORGAN: As you see, the (d) is right
5 there.

6 JEAN LUNDQUIST: What version are you
7 looking at?

8 BRITTANY HUFF: The rule that passed in
9 April that is now currently effective has a new (c),
10 R-426-2-400(c). Do you have that in front of you?

11 JEAN LUNDQUIST: Says what?

12 BRITTANY HUFF: "A systemized method that
13 produces consistent results to assist a dispatcher in
14 categorizing in-coming calls so that dispatcher can
15 notify the proper licensed provider for the level or
16 care, whether an emergency response or an
17 inter-facility patient transfer is needed as
18 defined" -- in the definitions.

19 JEAN LUNDQUIST: Okay, okay.

20 JAY DEE DOWNS: What was that one?

21 BRITTANY HUFF: What was what one?

22 JAY DEE DOWNS: That you just read?

23 BRITTANY HUFF: I read the dispatch part
24 that was just added in April that the motion -- the
25 proposed possible motion is to take out that new

1 April language and move back to the January language.

2 JAY DEE DOWNS: Which is what?

3 BRITTANY HUFF: Which is this. So this is
4 what it was before. I'm pointing to the screen.
5 Before it was 1(a), (b), and (c). And then April
6 came through with some new language. The proposal is
7 to take out the new language and go back to the prior
8 language.

9 GUY DANSIE: I don't think there was
10 language. I think (d) was an add on.

11 DAVID MORTENSEN: Yeah, (d) was added.
12 What was happening was --

13 BRITTANY HUFF: It was added on, but added
14 on as (c) --

15 DAVID MORTENSEN: What happened was it was
16 put in the middle.

17 BRITTANY HUFF: I --

18 DAVID MORTENSEN: It made a new (c), and
19 then made what was (c) (d).

20 BRITTANY HUFF: Yeah.

21 DAVID MORTENSEN: So what we would be
22 removing is from the current rule as it exists, we
23 would be removing what's listed up there as (d) but
24 is really (c) in the current rule.

25 BRITTANY HUFF: Thank you. So everybody

1 is clear?

2 MARIA WINDHAM: Should we read into the
3 record what we're removing, just the text so it's
4 clear? So Jay is super clear because he's going to
5 make the motion.

6 JAY DEE DOWNS: No Jay is not.

7 DAVID MORTENSEN: Guy is going to make it
8 if anything.

9 JEAN LUNDQUIST: This is Jean Lundquist.

10 My question is who is voting on this? Is
11 it members of the committee or those that are there
12 as visitors? Who is voting on this?

13 JAY DEE DOWNS: It would be the task force
14 that votes on this.

15 JEAN LUNDQUIST: Okay.

16 DAVID MORTENSEN: And then to be clear,
17 the other part would be --

18 BRITTANY HUFF: Okay. Wait, wait, wait.

19 We just want to put this -- let's bury
20 this horse.

21 JAY DEE DOWNS: I guess what I'm asking
22 is, and I'm sure everybody else on the rules task
23 force is asking: What are we voting on? Please tell
24 us the language we're voting on because you guys have
25 bounced all over the place. And I think there's --

1 BRITTANY HUFF: You haven't followed us?

2 JAY DEE DOWNS: Oh, hell no.

3 So I guess to make it clear what we're
4 voting on is just the language that is being
5 proposed. I mean is that clear to the board or to
6 the task force?

7 BRITTANY HUFF: Do you guys want to hear
8 what language --

9 JAY DEE DOWNS: We probably ought to find
10 out who is still on the phone.

11 REGINA BRUNT: Well, I haven't heard a
12 motion yet. Do we have a motion?

13 JAY DEE DOWNS: Well, this is what she's
14 suggesting, and then one of you guys can put it into
15 a motion if you like it.

16 Does that sound good?

17 BRITTANY HUFF: So the summary of the last
18 few minutes is to move forward to the EMS state
19 committee the language from the old rule in January
20 that reads R-426-2-400 "Emergency medical service
21 dispatch center minimum designation requirements:
22 One, an emergency medical service dispatch center
23 shall meet the following minimum designation
24 requirements. One, have in effect a selective
25 medical dispatch system approved by an offline

1 medical director."

2 So that's -- just so you know, so I'm not
3 pulling the wool over your eyes, that's removing the
4 word "department" and putting back in the offline
5 medical director --

6 JAY DEE DOWNS: Okay.

7 BRITTANY HUFF: -- to finish that sentence
8 which includes now "(a), systemized caller
9 interrogation questions, (b), systemized pre-arrival
10 instructions, (c), protocols matching the
11 dispatcher's evaluation of injury or illness severity
12 with vehicle responsible mode and configuration."

13 That is the language that existed in
14 January, and that sounds like it's what the task
15 force wants to make as a motion to move forward to
16 the committee.

17 JAY DEE DOWNS: Okay. Who do we still
18 have on the phone?

19 DAVID QUEALY: So to keep it simple, could
20 the language of the motion simply be moved forward
21 consistent with the old language, meaning language
22 prior to April --

23 JOHN MORGAN: January.

24 DAVID QUEALY: In effect as of January
25 2018. So all that language doesn't need to be in the

1 motion. The motion would just be to forward --

2 JAY DEE DOWNS: Revert back to what it was
3 in January.

4 DAVID QUEALY: Correct. That would be a
5 simpler motion.

6 JAY DEE DOWNS: I would think that if
7 somebody wanted to make that motion that we revert
8 back to the language that was in the 2018 rules.

9 I'm not even sure -- who's on the phone
10 still? Jess, are you still there?

11 JEAN LUNDQUIST: This is Jean Lundquist.
12 I'm still here.

13 TERESA BRUNT: Teresa is still here.

14 BRITTANY HUFF: About what Regina?

15 REGINA NELSON: I'm still here.

16 JAY DEE DOWNS: Dean?

17 TERESA BRUNT: I feel like if Regina says
18 it's okay, it's okay.

19 JAY DEE DOWNS: Jess?

20 Okay. So does somebody on the task force
21 want to make the motion? I would entertain a motion.

22 JESS CAMPBELL: This is Jess. I'm sorry,
23 I was muted. I kept saying, "I'll make the motion,"
24 and nobody --

25 JAY DEE DOWNS: I felt it, Jess. I felt

1 it.

2 JESS CAMPBELL: So I'll make the motion.
3 But I want the group to know that for two years we
4 have been talking about this. And what we are going
5 to make a motion on is actually a recommendation that
6 we gave two years ago. And the language has yet been
7 changed again and back before us again. So I just
8 want you to clearly understand that in a lot of ways
9 we are a recommending body, but often we get used as
10 a checkbox for process.

11 So with that said, I will make the motion
12 that R-426-2-400 revert back to its previous language
13 as of January of 2018.

14 JAY DEE DOWNS: Okay.

15 REGINA NELSON: This is Regina. Before
16 anyone else can second, I will second that.

17 JAY DEE DOWNS: Thank you.

18 TERESA BRUNT: Go, Regina. I feel better
19 now.

20 JAY DEE DOWNS: Any further discussion of
21 the motion?

22 REGINA NELSON: I agree with everything he
23 said and more.

24 JAY DEE DOWNS: Hearing none and seeing
25 none, I ask for a vote. All in favor say aye.

1 COMMITTEE MEMBERS: Aye.

2 JAY DEE DOWNS: Any nays?

3 (Silent.)

4 JAY DEE DOWNS: Okay. Wow, that took a
5 long time.

6 JEAN LUNDQUIST: This is Jean, and I say
7 nay.

8 JAY DEE DOWNS: Jean says nay. So we have
9 one nay and the rest are ayes.

10 JARED TINGEY: So just to clarify, how
11 many voted?

12 JAY DEE DOWNS: So you had Jean nay.

13 Teresa yes; Regina yes; Jess yes; Mike
14 yes; I yes. So we have that many, right?

15 Okay.

16 BRITTANY HUFF: The last thing we are
17 now -- you are now moving on to R-426-3-500. So let
18 me lay the landscape really quickly. This is the
19 rule that said in areas served by more providers, so
20 two providers in one exclusive geographic area, you
21 all have to have an agreement that you have to give
22 the department that you'll get along. And that rule
23 was passed in April and then has been repealed. So
24 this rule is not in place right now.

25 So it's bringing it to this task force to

1 say: Do you want to do something different? Right
2 now this warning is not in rule.

3 JAY DEE DOWNS: To give some further
4 history on this: This went to the EMS committee, And
5 the EMS committee did this on the fly. Did they not?

6 BRITTANY HUFF: They did. They had great
7 brainstorm ideas, and they made the motion to move
8 forward. Yet this rule wasn't on the agenda, and
9 that may be a violation of open public meeting.

10 DAVID MORTENSEN: Well, we've agreed not
11 to dispute that it is.

12 BRITTANY HUFF: We're not disputing that.
13 But in the future make sure it's on the agenda.

14 JAY DEE DOWNS: Well, this was kind of --
15 the EMS committee kind of was having some discussions
16 and things. And then they kind of went "Well, do you
17 know what, let's just throw this in there and fix
18 this too." That's kind of how it went down.

19 So the rules committee never even seen
20 this rule, right?

21 BRITTANY HUFF: Right.

22 JAY DEE DOWNS: So now I guess it comes
23 before the rules committee to say do they like this
24 rule to forward it onto the committee, or don't they?
25 Is that what we're saying?

1 BRITTANY HUFF: Say that last sentence
2 again.

3 JAY DEE DOWNS: Does the rules task force
4 want to look at this and send it on to the committee,
5 or what are we doing with this I guess is the
6 question.

7 GUY DANSIE: Can I --

8 BRITTANY HUFF: Yeah.

9 GUY DANSIE: I would like to see two
10 things done. One of them is pass all the other
11 changes that are not disputed.

12 BRITTANY HUFF: In this rule?

13 GUY DANSIE: In this rule. And then we
14 can fight all day long if we want.

15 BRITTANY HUFF: Or we can save that fight
16 for a different day.

17 JEAN LUNDQUIST: This is Jean. I vote we
18 do it a different day.

19 BRITTANY HUFF: Okay. Does anybody want
20 to stay and fight this agreement rule today?

21 GUY DANSIE: Can I --

22 BRITTANY HUFF: Because right now it's not
23 in effect.

24 DAVID MORTENSEN: Right. And the only
25 question is so you would not be going to the

1 committee on the 11th; is that what you're saying?

2 BRITTANY HUFF: Wait. Guy is going to
3 talk.

4 GUY DANSIE: My hope is I can pass all the
5 other stuff to the committee, green light it. I'll
6 change everything except for that part in yellow.

7 BRITTANY HUFF: His hope is it doesn't --
8 that this language doesn't go to the committee.

9 GUY DANSIE: I don't care. Leave it.
10 Take it. Change it. The yellow part, I don't -- we
11 could just vote to not address the yellow part and
12 pass everything else.

13 BRITTANY HUFF: We could leave it until a
14 different day.

15 JOHN MORGAN: Yes.

16 GUY DANSIE: My concern is the 120 days.

17 BRITTANY HUFF: Okay. But as default the
18 department can say hey this is a big hot button
19 issue, let's leave -- am I right, Guy, the 100 --
20 before the 120 days is up, the department has to do
21 something? And the department can say we want to
22 leave what's current and make it in effect, and then
23 anyone out there can give it any feedback and it
24 could give in the future.

25 GUY DANSIE: You want to keep the old

1 rule?

2 BRITTANY HUFF: It doesn't matter what I
3 want. So right now the rule is 120 days. If an
4 agreement isn't reached by then, the department can
5 say, "We are going to make that in effect currently."

6 GUY DANSIE: Can I say something else?

7 BRITTANY HUFF: Yeah.

8 GUY DANSIE: Can I take the air ambulance
9 language out of this rule?

10 BRITTANY HUFF: That's step two. So step
11 one is: Does anyone want to fight about yellow
12 language right now? Or do we want to say emergency
13 rule take it out; you're free to change it all you
14 want in the future? It just doesn't have to be done
15 today? Does anybody want --

16 JAY DEE DOWNS: Is that number 15? Is
17 that what you're talking about?

18 BRITTANY HUFF: Yeah, 15. That was the
19 one in January that they came up with may have added
20 to it.

21 So that's step one. If you guys decide,
22 do you know what, that's a bigger issue and we don't
23 want to talk about it now, then Guy wants to say
24 let's move to step two and look at the rest of the
25 rule to see if the task force is okay moving forward

1 with that to state EMS committee.

2 JAY DEE DOWNS: What does the task force
3 think? Anybody want to really tackle 15?

4 JESS CAMPBELL: So I've gone through it
5 all. I don't have any problem with the other
6 changes, other than what is highlighted in yellow.
7 So I'm willing to make a motion to forward
8 everything, with the exception of the yellow
9 highlighted.

10 JAY DEE DOWNS: Okay. Do I hear a second
11 on the motion? It got quiet.

12 Is there a second on the motion?

13 MIKE WILLITS: So everything but --

14 GUY DANSIE: -- the yellow portion.

15 JAY DEE DOWNS: So all the stuff with air
16 ambulance, this you feel comfortable with.

17 DAVID MORTENSEN: I think to be clear
18 everything except the yellow and the other stuff
19 you've voted on.

20 BRITTANY HUFF: Right now we're just
21 talking about R-426-3.

22 DAVID MORTENSEN: I apologize.

23 MARIA WINDHAM: Subsection 500?

24 BRITTANY HUFF: No. Right now the EMS
25 task force is considering what to do as far as a

1 recommendation to the state EMS committee regarding
2 R-426-3.

3 JAY DEE DOWNS: Right.

4 MARIA WINDHAM: And I have a comment on
5 R-426-3, and it applies to several of the other
6 statutes as well. We're concerned by the removal of
7 some of the references to statutes. I know you said
8 at the beginning that you've been encouraged by the
9 legislature to removing statutory references where
10 it's not necessary. I think some of those references
11 have been taken out where they are necessary. And in
12 particular R-26 -- 426-3-500 removes references to
13 licensure requirements that exist in the rules and
14 just talks about requirements in a vague and
15 ambiguous manner.

16 GUY DANSIE: Are you talking about --

17 JAY DEE DOWNS: We've got a motion on the
18 table. Let me take care of this first.

19 Does anybody want to second that? If not,
20 it fails. I hear no second. So now it fails. So
21 continue on with your discussion.

22 MARIA WINDHAM: Sorry.

23 So I don't know if you want to go through
24 in detail where the statutory sections have been
25 taken out in our view inappropriately, if you want to

1 do that now or if that should be something that's
2 reserved as well.

3 DAVID MORTENSEN: Let me give you one
4 example, Guy. Just so that you'll understand, the
5 committee members -- or the task force members,
6 excuse me, look at R-426-3-100. In that one you
7 delete that the rule is established under chapter 8,
8 and you delete that. I have no problem with that.
9 That's fine.

10 It's under subsection 3 where you delete
11 "the definitions in Title 26 chapter 8(a) are adopted
12 and incorporated by reference into this rule."

13 That's -- that's not a citation to a rule
14 that the governor is asking you to get rid of.

15 GUY DANSIE: I'm not finding it.

16 DAVID MORTENSEN: R-426-3-100.

17 GUY DANSIE: Yeah, that one is good.

18 DAVID MORTENSEN: Look at subsection 1 and
19 find subsection 3.

20 GUY DANSIE: You want to leave that in.

21 DAVID MORTENSEN: Yeah. Because that's
22 not a situation where there's a citation to the
23 statute that the governor's office is saying, "Look,
24 every time we change the statute, we don't want you
25 to having to change the rules." I get that. But

1 this is where this is an adoption of the definitions
2 that are in statute. In other words, the rule is
3 using the definitions that are in the statute. And I
4 just think that that's one of those situations where
5 the baby is being thrown out with the bath water. I
6 would leave in subsection 3.

7 GUY DANSIE: Okay.

8 MARIA WINDHAM: And I would actually leave
9 in the language in subsection 1 as well because
10 426-3-100 is identified as, quote, authority and
11 purpose. By removing the reference to the statute,
12 you've removed the reference to the authority.

13 DAVID MORTENSEN: Yeah, yeah. Maria is
14 making a good point.

15 GUY DANSIE: Could we just for time sake
16 and argument's sake just make a proposal to leave all
17 references as existing references in the language.
18 And then if I get feedback from the governor's office
19 I'll say that this was voted this way. I'm not
20 arguing with you. I want to move the other pieces
21 through, and I don't want to haggle over references
22 if we need them or don't need them. We can just
23 leave them all in.

24 BRITTANY HUFF: Perfect.

25 GUY DANSIE: Really my goal was to get the

1 air ambulance wording struck.

2 JAY DEE DOWNS: Does anybody on the task
3 force have a problem with that?

4 JEAN LUNDQUIST: This is Jean. I do not.

5 JESS CAMPBELL: I'll make the motion that
6 we move forward R-426-3, leaving any references to --
7 or any citations of reference in R-426-3,
8 particularly removing any references to air ambulance
9 and the section highlighted in yellow.

10 JAY DEE DOWNS: Okay.

11 MARIA WINDHAM: Yeah. And just to
12 clarify, I think that issue goes through all of the
13 rules, 1 through -- R-426-1 through 4.

14 JAY DEE DOWNS: Okay.

15 Jess has made a motion. Do I have a
16 second on the motion?

17 TERESA BRUNT: So was the motion to not
18 removing the yellow portion, and we're going to talk
19 about that later? I couldn't understand --

20 JESS CAMPBELL: No. It was to remove that
21 and any references to air ambulance, leaving the rest
22 of it intact.

23 JAY DEE DOWNS: And also putting the --

24 GUY DANSIE: Strikeouts with reference to
25 leaving those in. Is that right, Jess?

1 JESS CAMPBELL: Yes. That's what I meant
2 by leaving it intact.

3 JAY DEE DOWNS: Thank you.

4 Do I hear a second?

5 MIKE WILLITS: I will second.

6 JAY DEE DOWNS: Okay, a second.

7 Any further discussion on the motion?

8 Okay. To make this simple, we'll just go
9 by roll call. Jess, yay or nay?

10 JESS CAMPBELL: Aye.

11 JAY DEE DOWNS: Regina?

12 REGINA NELSON: Yay.

13 JAY DEE DOWNS: Teresa?

14 She's off nursing.

15 Jean?

16 JEAN LUNDQUIST: Yay.

17 JAY DEE DOWNS: Okay. Yay.

18 MIKE WILLITS: Yay.

19 JAY DEE DOWNS: Okay. Teresa, I don't
20 know where she's at.

21 Okay. Now what?

22 GUY DANSIE: Just one quick one. I failed
23 to mention R-426-3-900. This is the provider aid
24 agreements. For the record, we have already approved
25 that lined-out and underlined language.

1 BRITTANY HUFF: Who is we?

2 GUY DANSIE: We, the rules task force, the
3 EMS committee. It's been sitting on the shelf for
4 the last year, waiting for the other parts of this
5 rule to get through.

6 So we're okay to leave it in there, right?
7 Is everybody okay? It's already been approved by the
8 committee and this rules task force.

9 JAY DEE DOWNS: Yeah. I don't think we
10 need to do anything.

11 GUY DANSIE: I didn't want you to think I
12 was trying to sneak something in. But it's just part
13 of that rule we were referring to.

14 BRITTANY HUFF: It just hasn't been
15 published for public comment.

16 JAY DEE DOWNS: What else?

17 GUY DANSIE: Operations rule, there's some
18 like wording changes. If you're not comfortable with
19 the reference, we can leave the references in.

20 MARIA WINDHAM: And I just wanted to speak
21 up on 426-3-900, we don't necessarily agree. But we
22 understand the task force wants to continue to move
23 on, and it sounds like you've already addressed it.

24 JAY DEE DOWNS: Yeah. It was approved.

25 GUY DANSIE: Well, a long time ago.

1 Probably a year ago.

2 JAY DEE DOWNS: Yeah. It's just it hasn't
3 gone out to comment because it's part of this
4 document?

5 GUY DANSIE: Yes.

6 JAY DEE DOWNS: That's the reason why it
7 hasn't gone out to comment.

8 MARIA WINDHAM: And we can reserve our
9 comment for the public comment period. But since I'm
10 in the room --

11 GUY DANSIE: You throw a harpoon, it might
12 throw us all off.

13 But if you'd rather not, we could just
14 leave it out and re-approach it. It doesn't matter
15 to me. The part I want to get out is the air
16 ambulance.

17 BRITTANY HUFF: And remember another bite
18 of the apple is coming up at the state EMS committee.
19 So here the task force moves forward. So if you want
20 it up then, you can.

21 GUY DANSIE: And we could even change the
22 wording at that point.

23 BRITTANY HUFF: Right. They can change
24 the wording, just like Guy said.

25 JAY DEE DOWNS: We're trying to get it

1 approved by them and everything. It can just go back
2 to them; that's my point.

3 GUY DANSIE: Okay. And then the rest of
4 the operation rule --

5 BRITTANY HUFF: Which is 4, 426-4.

6 GUY DANSIE: Okay. There is some language
7 right at the top R-426-4-100 part 2. This was added
8 concerning the NEST, the licensed designated van. So
9 we're not going to recommend that we put that in.
10 Right?

11 JAY DEE DOWNS: Yeah. I think at the
12 beginning we said everything that referenced the NEST
13 was cleared from the table.

14 GUY DANSIE: Right. I just wanted to be
15 clear that I understood that.

16 The permitting, the licensed terms and --
17 I tried to do some term clean up, throwing the word
18 "licensed" in that rule frequently to be consistent
19 with the other parts of the rule. I hope there's no
20 issue with that.

21 JAY DEE DOWNS: I assume you're trying to
22 get the air ambulance out of this as well?

23 GUY DANSIE: Air ambulance out of this as
24 well, yeah.

25 And then any time it refers to a

1 certified --

2 JESS CAMPBELL: Whenever is a good time to
3 make a comment.

4 GUY DANSIE: Go ahead.

5 JESS CAMPBELL: So in going through
6 this -- I mean obviously you've already touched on
7 this. There are several references to the NEST
8 acronym and those products of removing that from
9 this. But one of the things that creates a
10 tremendous amount of heartburn for me, and not just
11 me but for the Utah State Fire Chief's Association,
12 is under 426-4-500 number 5.

13 GUY DANSIE: Right.

14 JESS CAMPBELL: I understand what some law
15 enforcement agencies are attempting to do here.
16 However, I don't know -- I don't think the bureau
17 understands the limiting factors that are being
18 placed on agencies that have accepted those roles and
19 responsibilities. Not only have accepted them but
20 have taken them -- taken their organization to meet
21 national standards, not local standards but national
22 standards. Because the constituents they serve have
23 an expectation of a response. And what's attempting
24 to be done there is to basically say -- whether it's
25 off road or off land or on ice or up a cliff -- that

1 if I can't get an ambulance to it, then I'm going to
2 then wait for a law enforcement agency to become
3 involved.

4 The coordination has always existed, and
5 we have always gone to great lengths to coordinate
6 our efforts. However, my understanding of the last
7 EMS committee meeting a group of law enforcement
8 folks showed up. Again had the state chiefs known
9 they were going to show up and -- and attempt to
10 paint the picture that was greatly inaccurate as they
11 did, we would have been there in force to express our
12 disdain for their attempt to represent --
13 misrepresent something.

14 And I see number 5 as an attempt to
15 appease that group and capture what it is they were
16 wanting to do. It seems rather unambiguous, but it
17 is very weighty in what it actually does.

18 GUY DANSIE: Thanks for pointing that out,
19 Jess.

20 Yeah, I was going to get to that. All of
21 this scene in patient management, most of this was
22 because of the legislation. And part 5, there was a
23 bill -- I believe it was Paul Ray's bill that had
24 some language about EMS in the unincorporated areas.
25 And I agree that this is a lightning rod piece of

1 rule for sheriffs and fire chiefs. We had an
2 operations subcommittee meeting. We kicked it
3 around. I've talked to our EMS law enforcement rep.
4 This was his wording that he shared with the
5 sheriffs. And the reason I bring it up today is for
6 your consideration. We don't need to put it in
7 there. This is just -- this is what they threw out
8 on the table. If it's not good for EMS, let's
9 revisit it, pull it off. No problem at all.

10 JESS CAMPBELL: I mean there are agencies
11 in the room that have special response forces and
12 operations within their organization. And what this
13 basically says is that if they can't drive an
14 ambulance to it, they are not allowed to employ --
15 employ any of those resources. So it's problematic
16 to the core.

17 You know this is old Utah. This is old
18 rural, disconnected, unincorporated, nobody-is-around
19 Utah. That's not the case anymore. So, yes, it has
20 to go.

21 GUY DANSIE: Okay. So make a motion.

22 JAY DEE DOWNS: Well, you know, it seems
23 to me, Jess, you know, I've been looking through this
24 document, and a lot of this has to do with the NEST
25 stuff.

1 GUY DANSIE: It does. It weighs heavily
2 into the fatigue issue too at the hospitals and
3 waiting for a period of time to send a stable
4 patient. We -- that to me is something we -- I have
5 no issue to revisit this.

6 JAY DEE DOWNS: So 500-6 (a) and (b), is
7 that where you're looking at?

8 BRITTANY HUFF: And 7.

9 GUY DANSIE: 5 is about law enforce and
10 search and rescue. That's that battle we're having
11 in some areas.

12 BRITTANY HUFF: 6 and 7 talks about NEST.

13 GUY DANSIE: Yes. 6 (a), (b), (c), (d)
14 even, all of those pertain to ambulance and NEST.

15 BRITTANY HUFF: Yeah. So that has to be
16 re-looked at.

17 GUY DANSIE: So it's just we don't want
18 anybody on the road at night when they could avoid
19 it.

20 BRITTANY HUFF: Just like David from West
21 Jordan was saying -- this David over here was saying:
22 It doesn't seem right that this committee can move
23 forward language to the EMS committee because it
24 hasn't been rewritten. So --

25 GUY DANSIE: It hasn't what?

1 BRITTANY HUFF: The NEST language is in
2 there so the motion cannot be, "Hey, just take out
3 the NEST language, and move it to the state EMS."
4 You can't move forward.

5 JAY DEE DOWNS: That's what I was going to
6 say, it seems like a lot of this is NEST associated.
7 So maybe we should just have a motion that says we
8 take out all of the air transport stuff out of this
9 and leave it as is until we can --

10 GUY DANSIE: Are you okay with the --

11 JAY DEE DOWNS: -- work it further on it.

12 GUY DANSIE: Are you okay with the
13 licensed terms? Because we wanted to change
14 "certified personnel" to "licensed" because that's
15 what the statute says. So the term changes I'm okay
16 with?

17 JAY DEE DOWNS: I'm okay with that. What
18 does everybody else feel?

19 It seems to me like the terms can stay in
20 there and air licensed stuff needs to come out for
21 your other reasons. But all of this other stuff that
22 has to deal with NEST is --

23 GUY DANSIE: All the scene patient
24 management from -- basically 4 down, just pull it
25 out.

1 BRITTANY HUFF: So the motion would be
2 leave in the -- removing "certification" and add
3 "licensure" language, and leave in the changes that
4 remove air ambulance. And don't make any of the rest
5 of the changes; is that the motion I'm hearing?

6 JAY DEE DOWNS: That's what I'm kind of
7 suggesting because it looks like to me that's what
8 it's all involved with.

9 GUY DANSIE: Scene and patient management
10 section, wait on the new language.

11 JAY DEE DOWNS: Yeah. Wait until we find
12 out from that what they have here, and then come back
13 and have it in another meeting. What do you think?
14 Can somebody make that into a motion if you so
15 desire, or what's the -- what's the task force? So
16 say ye?

17 JESS CAMPBELL: I didn't hear what
18 Brittany's recommendation was.

19 BRITTANY HUFF: I was just suggesting -- I
20 just try and summarize what I hear you guys saying.
21 And I think I heard you say for Rule 426-4, a great
22 motion would be to move forward to the state EMS
23 committee changing the terms "certification" to
24 "licensure" and removing the air ambulance language,
25 and that's all.

1 JESS CAMPBELL: Okay. So made.

2 JAY DEE DOWNS: Jess has made a motion, so
3 made. Seconded?

4 TERESA BRUNT: This is Teresa; I'll second
5 it.

6 JAY DEE DOWNS: Teresa seconded it.

7 Any further discussion on the motion?

8 Seeing none, I call for a vote.

9 Let's do roll call again so we can get
10 everybody on the phone.

11 Jess?

12 JESS CAMPBELL: Yay.

13 JAY DEE DOWNS: Teresa?

14 TERESA BRUNT: Yay.

15 JAY DEE DOWNS: Jean?

16 JEAN LUNDQUIST: Yay.

17 JAY DEE DOWNS: Regina?

18 REGINA NELSON: Yay.

19 JAY DEE DOWNS: Dean? Are you still
20 there?

21 Yay.

22 Mike?

23 MIKE WILLITS: Yay.

24 JAY DEE DOWNS: The motion carries.

25 Okay. Now what?

1 MARIA WINDHAM: I have one request of the
2 task force. And that's that you also recommend, even
3 though it's not on the table --

4 BRITTANY HUFF: It's got to be on the
5 agenda.

6 MARIA WINDHAM: It relates to Rule 1-1
7 which is on the agenda, but it's not in your proposed
8 alterations to the definitions. Which is to revert
9 the inter-facility transfer definition back to the
10 January version as well.

11 GUY DANSIE: There was no definition.

12 BRITTANY HUFF: No, that's --

13 GUY DANSIE: Is that right?

14 BRITTANY HUFF: Okay. I think Maria just
15 said she is suggesting maybe the EMS rules task force
16 put forward to the EMS committee to reword the
17 inter-facility definition back to the January
18 definition and get rid of the April change.

19 Maria, is that what you said?

20 MARIA WINDHAM: It is.

21 BRITTANY HUFF: Okay. So, Guy, did you
22 understand that?

23 GUY DANSIE: I did. But I do not believe
24 we had a definition prior to the --

25 BRITTANY HUFF: You had inter-facility

1 definition.

2 DAVID MORTENSEN: There's what you
3 changed. That's what you changed.

4 GUY DANSIE: That's the one we changed and
5 voted on in January and put into the rule.

6 DAVID MORTENSEN: That was part of April.
7 That's what was initiated in April.

8 GUY DANSIE: Yeah, that's what I'm saying.
9 But before that we didn't have one. This is a new
10 definition.

11 BRITTANY HUFF: I totally disagree.

12 DAVID MORTENSEN: No, it was there. What
13 you changed was you took out this -- you made this
14 change here. So this existed. The yellow existed.
15 What they did in --

16 GUY DANSIE: Okay. I'm wrong.

17 DAVID MORTENSEN: -- April was they made
18 that change right there.

19 GUY DANSIE: I'm wrong.

20 BRITTANY HUFF: So you know that. So
21 inter-facility always existed.

22 GUY DANSIE: I hear you.

23 DAVID MORTENSEN: So it's rule 29. It
24 says "Inter-facility transfer means an ambulance
25 transfer of a patient who does not have an emergency

1 medical condition as defined in UCA-26-8-A102-6-A,
2 and the ambulance transfer of the patient originates
3 at" -- the originates at was added, and this was
4 deleted, "is arranged by a transferring physician for
5 the particular patient from."

6 So "originates at" replaced "is arranged
7 by transferring physician for the particular patient
8 from a hospital, nursing facility, patient receiving
9 facility, mental health facility or other licensed
10 medical facility."

11 BRITTANY HUFF: And as part of the
12 argument of -- not that I'm making, it's just out
13 there -- as part of the argument for reverting back
14 to what I'll call the old inter-facility definition
15 is because there are a lot of concerns out in the
16 industry with the new wording. So it sounds like the
17 people that are here today are saying, "We have
18 heartburn over this change. Please can we go back to
19 the prior language and then really duke it out and
20 come up with better language." That's what it sounds
21 like the argument and reason for suggesting this
22 motion.

23 MARIA WINDHAM: Yeah, that's exactly
24 right. The lawsuit that we've filed, you've
25 addressed the other sections or the other rules.

1 This is the one that is not addressed that is part of
2 that lawsuit. And so if you reverted it, then we're
3 starting back from square one.

4 GUY DANSIE: Okay.

5 JAY DEE DOWNS: Okay. Now we can discuss
6 this because it's on our agenda, right, Brittany?

7 DAVID MORTENSEN: It is on the agenda.

8 BRITTANY HUFF: Correct.

9 GUY DANSIE: We were discussing it earlier
10 I think.

11 JAY DEE DOWNS: Okay. Does everybody
12 understand that? Anybody want to make that into a
13 motion?

14 JESS CAMPBELL: Jean does.

15 JEAN LUNDQUIST: This is Jean. My
16 question is: So are we voting to put it back the way
17 it was and then review it again?

18 GUY DANSIE: Yes.

19 JEAN LUNDQUIST: Or are we voting to put
20 it back the way it was and leave it? What's the
21 proposal?

22 BRITTANY HUFF: Well, Jean, this is
23 Brittany, you can make whatever motion you want.

24 But you wouldn't be motioning yourself to
25 redo it in the future. So the motion would just be

1 limited to what are we doing today? Today we are
2 wanting to move forward to the EMS -- state EMS
3 committee that we want to revert it back to January.
4 What you do in the future is totally up to you. So
5 that wouldn't be included in the motion. It would
6 just be today's language or do you want to revert
7 back to January. You could redo it all you want at
8 any point in the future.

9 GUY DANSIE: Job security.

10 TAMI GOODIN: As long as it's on the
11 agenda.

12 JAY DEE DOWNS: What does the task force
13 feel?

14 JESS CAMPBELL: Well, again I think it's
15 just another record of been there, done that. And
16 somehow it gets changed. So --

17 REGINA NELSON: And that's how I feel,
18 Jess. I feel like I'm being bullied into changing it
19 back to something we've talked about for two years
20 now, and I mean --

21 JESS CAMPBELL: Well, no. What I'm saying
22 is what is being recommended and moving it back,
23 that's the language that we as a task force came up
24 with. What's being proposed is something that was
25 drafted or come up with that we had nothing to do

1 with.

2 GUY DANSIE: From January --

3 BRITTANY HUFF: So, Jess, I'm not
4 understanding the -- I'll call it the new language
5 that has more words and the old language has -- no,
6 the new language says "originates at" and the old
7 language said "a physician decided." Which one are
8 you saying you did, and which one are you saying --

9 JESS CAMPBELL: I'm saying that the old
10 language was something that we came up with, if
11 memory serves me correct, again sometime ago.

12 GUY DANSIE: Yeah.

13 BRITTANY HUFF: Okay. So the "originates
14 at" the new change, you didn't buy off on in the
15 first place?

16 JAY DEE DOWNS: Right. And the committee
17 came back and changed it.

18 JESS CAMPBELL: Yeah. I don't even know
19 where it came from.

20 BRITTANY HUFF: Okay. So it sounds like
21 the committee really wants to go back to the language
22 they have ownership in.

23 JAY DEE DOWNS: Is that what the task
24 force wants? Do they want to make that the motion?

25 JESS CAMPBELL: Yeah, I'll make the motion

1 that it reverts back to the older language, and that
2 opportunity be given to further discuss the heartburn
3 at hand.

4 JAY DEE DOWNS: Okay. We have a motion on
5 the table.

6 JEAN LUNDQUIST: I second it.

7 JAY DEE DOWNS: Okay. Any further
8 discussion? Call for a vote again.

9 Jess?

10 JESS CAMPBELL: Yay.

11 JAY DEE DOWNS: Jean?

12 JEAN LUNDQUIST: Yay.

13 JAY DEE DOWNS: Regina?

14 REGINA NELSON: Yay.

15 JAY DEE DOWNS: Teresa?

16 TERESA BRUNT: Yay.

17 JAY DEE DOWNS: Dean?

18 Yay.

19 Mike?

20 MIKE WILLITS: Yay.

21 JAY DEE DOWNS: The yays have it.

22 Okay. Is there anything else that you
23 want to discuss? Maybe the moon, the stars?

24 BRITTANY HUFF: We're all here for you.

25 DAVID MORTENSEN: It seems like a good

1 time to adjourn.

2 MARIA WINDHAM: And I just say thank you
3 for all of your time.

4 DAVID MORTENSEN: Let me add to that. In
5 all seriousness, Guy and Brittany and all of you, we
6 appreciate your time to come and meet with you and
7 talk about these rules.

8 I personally would love to be involved in
9 the future if they're having this committee get
10 together again and we're talking about these type of
11 issues because I think there's some -- this is good
12 work, and I really appreciate the ability to speak
13 with you guys about it. Thank you for your time.

14 BRITTANY HUFF: Good --

15 JAY DEE DOWNS: You're welcome.

16 So many times we have these rules and we
17 only have a few of us here. It's good to have all of
18 you here to give your input because it's tough to
19 make rules for the whole state and see how they
20 affect people. Sometimes they do, and sometimes they
21 don't. A lot of people only come when they affect
22 them, but I do appreciate your attendance.

23 Brittany, you had something?

24 BRITTANY HUFF: Good job.

25 Is there a next meeting scheduled, or not?

1 Do you wait for like an as-needed basis or --

2 GUY DANSIE: No, we used to do the month
3 before the committee meeting. And typically it was
4 the last Wednesday of the month. Sometimes it's been
5 the fourth if there's five.

6 BRITTANY HUFF: So I guess when --

7 GUY DANSIE: Quarterly if the month -- so
8 it's usually two or three weeks before so we can get
9 the rule polished and then into the committee.

10 JAY DEE DOWNS: You all planning on
11 attending the 11th, right? That's the second phase.

12 GUY DANSIE: Move to adjourn.

13 JAY DEE DOWNS: Move to adjourn. All in
14 favor, say aye.

15 MULTIPLE VOICES: Aye.

16 (Concluded at 4:10 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 June 27, 2018, 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 160;

WITNESS MY HAND AND OFFICIAL SEAL this 30th day of July, 2018.



Tamra J. Berry, RPR, CSR

	160:11	3:00 23:3,5
(120 82:10,12 134:16,20 135:3	4
(a) 98:23 112:25 128:8 148:6,13	15 60:21 84:25 86:13 135:16,18 136:3	4 140:13 144:5 149:24
(b) 98:23,25 99:2 125:5 128:9 148:6,13	19th 104:19,20 115:5	4(a) 123:6
(c) 123:11,12,18,20 124:9 125:5,14,18,19,24 128:10 148:13	1st 105:15	426-10 83:14
	2	426-2 105:14
(d) 111:18 112:25 115:8 119:1 120:5 122:20 123:5,18,22 124:4 125:10,11,19,23 148:13	2 29:1 82:8 144:7	426-2-200 45:6 68:14
(f) 49:13	2-4-1(d) 119:1	426-2-400 86:13 94:7 105:9
(g) 49:13	2-400 102:5	426-2-400-1(a) 111:1,15
(h) 49:13	2-400-1(a) 119:1	426-2-4200 86:4
(i) 49:13	2018 128:25 129:8 130:13	426-2-900 46:23
(j) 49:13,14	25th 77:25 78:2	426-2-900(1)(a) 60:25
1	26 4:21 9:22 138:11	426-3 81:23 82:24
1 138:18 139:9 140:13	26(8)(a) 28:6	426-3-100 139:10
1(a) 119:17 125:5	26-8(a)303 29:3,4,14	426-3-500 86:13 94:7 137:12
1(d) 119:18	26-8(a)303(1)(b) 29:14	426-3-900 142:21
1-1 152:6	26-8-(a)-102-6 98:22	426-4 144:5 150:21
10 60:21	29 153:23	426-4-200 79:21
10-digit 94:19 95:15 101:9 115:2 116:10	2:00 23:3,4	426-4-500 145:12
100 134:19	2:39 85:25	426.2 37:24
104 28:8 29:1	2:44 85:25	426.4 37:24
104(2) 28:13,14	3	4:00 23:3
105 28:6	3 105:6 138:10,19 139:6	4:10 160:16
11:30 10:21	3-500-15 120:5	5
11th 24:15,16 65:14 76:19 84:10 134:1	322 20:10	5 145:12 146:14,22 148:9
	33 108:17 117:19	500 136:23
	37 117:19	500-6 148:6

<hr/> 6 <hr/>	accepted 145:18,19	Administrative 81:21
6 148:12,13	access 14:12	Adobe 47:24 48:7 52:8 53:22 54:1
6:00 10:7	accident 45:25	adopt 89:3 118:12
<hr/> 7 <hr/>	accomplish 108:4	adopted 138:11
7 148:8,12	accurate 96:3	adoption 139:1
<hr/> 8 <hr/>	acronym 13:8 145:8	advance 103:16
8 138:7	act 14:7 27:15 45:13	advanced 110:14
8(a) 4:21 9:22 138:11	acting 98:15	advertised 3:5
<hr/> 9 <hr/>	action 74:4	advice 41:2
900 67:23	activity 45:24	advise 4:24 41:9
911 88:5,13,15,23 90:16 91:22 92:3,6,7,10,14,25 93:3,6,16 94:16,24 95:14,16,17 97:25 98:14, 19 99:6,19 100:12,18 101:14 102:22,24 103:2, 12,18,22 111:10,20,22, 24 112:1,2,13 113:10 114:1,8,16,22 115:1,9, 12,16 116:18 117:16 118:5,7,13,14 120:18	actual 74:22 78:22 111:4	adviser 32:2
<hr/> A <hr/>	acuity 90:13 91:8 96:17 97:21 107:16	advises 6:19
ability 14:11,12 31:15 39:22 57:7,9 159:12	ad 7:23 9:2,8 19:13	advising 5:1
absolutely 16:18 19:1 55:25 83:23 97:11 112:15 119:21	add 8:17 12:14 24:6 26:7 27:20 61:22 125:10 150:2 159:4	advisory 28:9 29:2
abuse 12:23	added 8:14 124:24 125:11,13 135:19 144:7 154:3	affect 159:20,21
academy 107:19	adding 8:19 27:8	affects 20:16
	additional 26:10 89:12	affirmative 19:16 123:10
	address 25:9 37:23 47:14 60:16 94:23 95:6 118:24 134:11	afforded 33:23
	addressed 10:15 67:15 110:25 111:8 142:23 154:25 155:1	agencies 50:19 84:3 114:2 145:15,18 147:10
	addresses 47:16 95:10	agency 23:15 57:13,14 58:9,10 59:1 121:25 146:2
	addressing 95:4 113:8	agenda 82:21 132:8,13 152:5,7 155:6,7 156:11
	adjourn 159:1 160:12,13	agree 30:20 40:1 58:19 61:5,16 73:8,9 74:1 84:18 90:6,7,9 91:10,14 102:10,11 112:7 114:13, 14 121:7 130:22 142:21 146:25
	administer 16:4	agreed 26:8 74:5 132:10
	administration 12:24 13:3	agreeing 74:7 100:7

agreement 46:7 56:18,21
57:1,15 82:3 96:22,24
97:12 131:21 133:20
135:4

agreements 84:1 141:24

ahead 3:3 15:17 24:18
39:4 48:19 58:16 62:13
71:25 72:5 73:3,16 89:1
103:6 105:21 145:4

aid 14:18 55:18 84:1,3
141:23

air 83:4,8,11 135:8
136:15 140:1,8,21
143:15 144:22,23 149:8,
20 150:4,24

airport 64:9

alarming 24:21

alert 89:16

allowable 13:17

allowed 12:17 13:15,19
14:16,17 15:8 16:5 45:25
147:14

allowing 15:14 43:23
58:15

alphabetical 8:17

alterations 152:8

altered 93:12

ambiguous 137:15

ambulance 6:6,8 9:22
13:5 14:23 22:5 27:6
39:17 46:4,8,11 47:2
50:4,14,17 54:9 55:7
56:18 57:10 58:2 59:11
83:4,8,11 88:13,16 91:22
92:3,7,25 93:13 95:17,24
102:23 103:23 107:6,10
110:14,21 117:16 118:7,
14 119:24 121:18 135:8

136:16 140:1,8,21
143:16 144:22,23 146:1
147:14 148:14 150:4,24
153:24 154:2

ambulances 23:4 37:14

amendments 37:23

amount 33:20 145:10

analysis 41:9,15

and/or 42:11

Andy 7:2

angle 80:15

anymore 117:1 147:19

apologize 3:14 112:7
113:20 115:21 123:24
136:22

apparatus 15:16 16:3
65:24

apparent 45:9

appeal 27:2

appease 146:15

apple 97:5 143:18

applicable 71:1

application 46:24 62:3,
20 65:10,23 70:22,25
74:9 78:22,23 99:25

applies 137:5

apply 26:21 48:25 68:2,4

applying 68:7

appointment 103:13

approach 113:15 114:6

approached 107:19

approaching 28:21

approval 4:25 50:3 67:10

approve 107:15 111:13

approved 12:21 16:15,19
60:18 127:25 141:24
142:7,24 144:1

approving 111:3

April 11:6 26:14 38:23
46:17 104:18,19 124:3,9,
24 125:1,5 128:22
131:23 152:18 153:6,7,
17

area 26:18,21 28:16 46:5
58:21 82:2 84:25 97:1
101:10 111:20 113:8,12
131:20

areas 12:12 107:7 131:19
146:24 148:11

arena 49:4 59:14,16

arguing 139:20

argument 90:1 154:12,
13,21

argument's 139:16

arguments 60:8

arm 12:25 110:23

arranged 117:9 154:4,6

arrive 61:1,7,17

arrived 46:11

arrives 52:24

arriving 55:17

artery 90:25

articulate 44:14

as-needed 160:1

aspect 117:18

assault 12:19

assessing 98:16

assessment 118:9
assist 124:13
assistance 57:10
assistant 6:19 90:24
assisted 110:13
assisting 90:25
association 5:12 20:6
26:1 145:11
assume 50:18 92:15
100:22 144:21
assuming 56:12 84:7
93:2
assumption 37:15
attack 90:21
attempt 37:23 46:2,21
50:15 108:9,15 146:9,12,
14
attempting 39:13 40:7
145:15,23
attend 5:24
attendance 159:22
attendants' 22:5
attending 160:11
attorney 6:19
Attorney's 6:14
attorneys 11:13
ATV 53:13,16
audience 17:21
authority 11:24 18:8
27:8,13,22 28:2,16,18,21
30:13,22 31:10 32:20
34:15,17 38:5,13,19
40:20,22 42:11 45:13
48:12 67:1,2 93:2
139:10,12

authorized 55:1
authorizes 27:5
automatically 38:20
avoid 33:1 148:18
aware 3:6 11:18
awkward 48:4
aye 130:25 131:1 141:10
160:14,15
ayes 131:9

B

baby 139:5
back 8:20 11:9 19:3 21:1,
5,12 23:21 25:1 31:5
32:14 36:22 38:3 39:1,3,
21,24 41:15,17 43:2,12,
14 46:14,16 55:19 62:9
66:16 68:13 69:13,23
74:18 76:17 77:8,18
82:22 88:12 93:4 97:4
101:15 104:18,20 105:9,
24 106:1 114:20 115:1
119:2 123:7 125:1,7
128:4 129:2,8 130:7,12
144:1 150:12 152:9,17
154:13,18 155:3,16,20
156:3,7,19,22 157:17,21
158:1
background 27:3 58:24
bad 92:21 102:2 111:24
114:17 115:18 119:18,19
120:4
bag 16:12
based 31:9 39:21 47:8
91:17 97:9 98:20 100:6
104:4
basic 14:20

basically 9:11 14:15
15:21 19:5 22:24 46:25
49:4,9,22,25 54:17 58:11
82:16 97:17 145:24
147:13 149:24
basis 87:12 102:16 160:1
bath 139:5
battle 148:10
beagle 43:8
beat 122:23
begging 60:7
beginning 18:17 22:7
36:24 74:10 85:13,17,19
137:8 144:12
behalf 87:2 88:7 91:13
103:18
behavioral 9:24 12:20
13:4 39:15
belongings 14:18
BEMS 27:5 93:12
benefit 4:20
bet 121:10,14,15
Beth 6:9 89:6,7,8 92:15,
23 106:25
big 20:15 21:7 22:6,14
30:5 57:3 64:15 87:22
93:14 134:18
bigger 94:18,21 118:23
135:22
biggest 54:11,23 86:25
88:2 102:7
bill 9:12 10:5,15,17,25
11:1,2 20:9,10 21:22
22:4,20 43:11 146:23
billing 39:10

biohazard 16:12

bit 4:17 9:12 21:23 28:24
40:11 43:21 46:16 54:12
65:21 66:8 72:15,19
107:2 117:12,14 121:13

bite 143:17

blah 108:23,24

blanket 96:9

blast 75:16

bleeding 89:15

blessing 11:7 54:20
57:23

blue 89:1

board 127:5

body 4:25 24:8 36:8
130:9

body's 33:19

bogged-down 60:12

bolts 89:15

bottom 45:6

bounced 126:25

Box 44:19

Bradley 107:14

brain 89:21

brainstorm 132:7

Bramble 9:14 23:7

break 85:25 120:6

breaks 19:7

breathing 16:3

Brian 6:16

Brickey 6:11

briefly 78:20

bring 9:10 15:23 33:7
147:5

bringing 98:6 131:25

Brittany 6:18 26:16 28:8,
13,17 29:13,25 31:5,7
38:11 40:21 41:3,5 42:13
63:13 65:12,15 66:10,11
68:6 69:6 71:4 75:12
76:14,24 77:3,12,15,19
79:3,21 80:3,16 81:2,6,
23 82:1,8,14,25 83:19
84:5 85:9 88:20,21
89:14,18 90:7 91:10 95:9
97:7,12 98:17 99:16
100:3,9,24 101:24 102:3,
10,21,25 103:6 104:3,9,
12,14 105:2,6,11,14
106:16 108:20,21 109:3,
11,14,20 110:16 112:4,
17 116:19,24 119:9,14
120:6,9,23 122:17 123:2,
8,11,14,17,23 124:2,8,
12,21,23 125:3,13,17,20,
25 126:18 127:1,7,17
128:7 129:14 131:16
132:6,12,21 133:1,8,12,
15,19,22 134:2,7,13,17
135:2,7,10,18 136:20,24
139:24 142:1,14 143:17,
23 144:5 148:8,12,15,20
149:1 150:1,19 152:4,12,
14,21,25 153:11,20
154:11 155:6,8,22,23
157:3,13,20 158:24
159:5,14,23,24 160:6

Brittany's 150:18

Brogdon 3:7,9,21 5:16
7:15 24:15 28:7 70:11

broken 110:23

brother 91:20

brought 39:6 71:5 96:19
122:4

Brunt 4:2,5 20:4,5,8,11,
17 21:17,21 23:8,13,17,
21 24:1 43:1,10 44:17
69:1,8 72:2 73:9 120:11,
15 121:12 127:11
129:13,17 130:18 140:17
151:4,14 158:16

building 100:20

bulk 33:17

bull 59:15

bullet 94:20

bullied 156:18

bunch 92:8

burdened 22:12

bureau 5:14,17,19 18:11,
12 32:1 36:12 37:13,18
39:14,22 43:19 44:9
59:19 62:18 69:3 95:21
106:4 108:7 112:11
145:16

burner 38:3

burns 63:2

bury 126:19

bus 17:13

businesses 48:1 52:16

Butler 7:2 25:3

button 134:18

buy 157:14

bypassing 107:3

C

Cache 5:9

call 3:5,12,14 22:1 40:19,
22 66:20 94:24 97:10,25
98:1,18 99:16,19 100:11,
12,18 101:5,8,14,15
103:18 106:23 110:7
111:24 112:1,13 114:7,8,
16 115:9,12,16,17
116:20,21 118:2,7
120:17,18 121:22,25
141:9 151:8,9 154:14
157:4 158:8

call-takers 103:8

called 4:16 12:10 88:22
92:2,6 93:3 94:15,16
108:13

caller 89:13 108:12 128:8

calling 3:6,9,10 7:15,17
45:20 93:3 103:16 110:5
112:25 116:10 122:2

calls 93:7,16 94:25 95:14
101:5 124:14

camp 67:8 72:12

Campbell 3:18,19 5:4
24:17,19 25:25 32:13,14
34:20 35:2,7,25 36:5
37:17 42:6 43:18 73:4
129:22 130:2 136:4
140:5,20 141:1,10 145:2,
5,14 147:10 150:17
151:1,12 155:14 156:14,
21 157:9,18,25 158:10

campus 53:13

cannula 15:18

capability 51:12

capacities 96:8

capture 16:10 17:18,23
44:6 77:15 146:15

captured 75:5

car 63:1

card 106:12 107:10
117:19 119:4

cards 106:9 107:14
108:17,18 110:13
112:16,18 113:1,5,8
114:9 117:9,15 118:20
119:3

care 9:18 10:23 33:8
45:10 48:7 52:20,23 55:9
57:9 59:21 62:16,19
81:19 87:25 91:16 93:19
94:15 113:19 116:10
121:22 124:16 134:9
137:18

carried 19:17,19

carries 151:24

cart 26:3 53:16 62:18

carve 37:25

case 34:18 121:7 147:19

categories 26:20 29:19
113:7

categorizing 124:14

category 27:20 46:3

center 6:10 45:19 49:5
55:18 56:20 57:2,6,17
69:21 70:1,8 79:18,19
90:11 91:3,4 92:5 96:15
106:5 117:23 119:12
121:9,23 127:21,22

centers 119:15,22

cents 33:25

cents' 44:25

certification 107:18
150:2,23

certified 106:12,21,22
145:1 149:14

certifying 36:9

Chad 7:8

chance 20:24 41:1 62:25

change 8:18 15:2 18:9
31:12 61:5 70:7 75:2,15
82:23 93:9 106:8,18
107:19,23 109:17,21
110:12 118:25 119:17
123:6 134:6,10 135:13
138:24,25 143:21,23
149:13 152:18 153:14,18
154:18 157:14

changed 8:23 18:9 40:13
74:20 111:15 117:13
130:7 153:3,4,13 156:16
157:17

changing 61:10 150:23
156:18

chapter 138:7,11

charge 17:10 78:4

chasing 98:8

check 88:20

checkbox 130:10

checklist 106:3 108:9

chest 90:18 110:22

Chevron 52:10

chief 6:16,21 25:3 37:2
103:19

Chief's 145:11

chiefs 26:1 146:8 147:1

children 67:7

CHIS 52:15

choose 58:2 63:7 68:12
114:23

Chris 6:5 7:6 15:10,11
16:7 47:23 52:7 66:24

chronically 13:18	comment 26:10 27:3 28:25 33:22 52:6 59:25 68:20,24 75:23,25 82:12 105:19,22 112:21 115:20 137:4 142:15 143:3,7,9 145:3	complex 110:11 117:12
circumvent 40:7		complications 117:10
citation 138:13,22		comply 31:2
citations 140:7		concept 34:19 48:16 71:22 73:24 74:22 78:12, 14 90:7 95:20
city 6:1,3,11,14,22 7:8 56:23 57:5 60:3 70:3 75:18 87:3 88:8	commenting 107:1	concepts 5:2
clarify 26:15 57:25 65:20 131:10 140:12	comments 12:7 13:21 17:23 18:21,25 26:8 75:10,17 76:16 99:11	concern 24:11 31:23 32:1 79:8 83:4 87:14,20 88:2 90:6 91:25 94:5 95:3,7 102:7 104:4 112:3 115:7 116:13,14 117:5 120:25 121:8 134:16
clarifying 68:11	committee 4:24 5:10 7:25 11:3,7,13,19,23 16:19,21,24 17:6 18:5,7, 8,13 19:12,14 20:24,25 21:2,12 24:12,14 27:16, 22 28:2,7,9,17,20,21 29:1,9,17,21 30:13 31:8 32:1,8,9 34:6 35:17,20 38:12 39:3 41:3,12,13 42:4 43:25 46:13,16 48:21 57:24 74:15 75:4, 5,6,12,14 76:18 78:16 79:13 81:17,18 82:19 83:8 84:9,11 96:21 106:1 126:11 127:19 128:16 131:1 132:4,5,15,19,23, 24 133:4 134:1,5,8 136:1 137:1 138:5 142:3,8 143:18 146:7 148:22,23 150:23 152:16 156:3 157:16,21 159:9 160:3,9	concerned 79:24 97:21 137:6
clarity 39:25 40:11		concerns 10:16 61:25 72:21 76:13,21 85:3 86:4,23 154:15
classification 25:16 30:3		concise 25:22
classifications 93:13		concluded 160:16
Clawson's 111:6		conclusion 103:3
clean 144:17		condition 45:25 91:18 98:21,23,25 99:22 154:1
cleaned 66:8		conditions 96:17
clear 5:3 25:15,22 32:17 42:10 44:1 61:18 66:9 67:14 68:5 74:5 86:21 100:16 102:3 126:1,4,16 127:3,5 136:17 144:15	committee's 71:17	conducts 3:25 4:11,15
cleared 144:13	communication 55:3	conference 3:5,12
cliff 145:25	Communications 6:10	configuration 128:12
Clint 6:21,23	companies 45:10	conflict 40:14,19 84:6, 13,17,23
close 120:24	company 25:4	confusing 55:14 63:12 107:21
closely 30:25	complete 70:25 106:4	connecting 3:12
closet 53:23	completely 90:8 114:1 115:20	Cons 48:12
CMS 39:7,9,19		consensus 11:16
co-- 21:25		consideration 80:12
Cobra 21:25 23:14		
code 28:4		
comfortable 25:10 74:21 78:12 136:16 142:18		

147:6	County 5:10,12 72:10 107:16 110:10	6 14:1,10,22,25 15:15,25 16:9,23,25 17:8,10,14 18:2 19:16,22 20:10,14, 18 21:8,14 23:19,23 24:4,16,18 27:14 28:10, 14,19 29:6,11,24 30:17, 23 31:4,17,19,23 32:4,11 34:1,9,13,23,25 35:5 37:22 38:6,22 40:12,18 41:22,25 42:3,18 45:5 47:6,10,18 48:16 49:2,6, 11,17,21 50:5,8,12,23 51:5,16 52:5 53:1,11 54:5,11,16 55:5,23 56:1, 5,9,14,24 57:22 58:6,17, 22 59:7,22 61:13,22 62:3,15,21,24 63:11 64:8,10,17 65:3 66:1,16, 23,25 67:13,19 68:2,10, 17 69:6,10,13,16,23 70:12,16 71:5,14,16,21 72:4,7,20 73:3,11,23 74:7 75:1,13,20 76:5 78:14 79:1,6,15,17,25 80:5,17,23 81:12,20,24 82:7,13,15 83:2 84:24 85:12,15,21,23 86:2,16 87:9 96:18,24 97:3,16 98:2,8 104:13,15,24 105:4,16,21 106:14,17 107:22 108:2,19 109:2 110:3 116:3 119:7 125:9 133:7,9,13,21 134:4,9, 16,25 135:6,8 136:14 137:16 138:15,17,20 139:7,15,25 140:24 141:22 142:2,11,17,25 143:5,11,21 144:3,6,14, 23 145:4,13 146:18 147:21 148:1,9,13,17,25 149:10,12,23 150:9 152:11,13,23 153:4,8,16, 19,22 155:4,9,18 156:9 157:2,12 160:2,7,12
considers 29:9,21	couple 47:22 108:6 117:15	
consistency 55:8	courses 15:5	
consistent 27:11,12 31:2 94:11 124:13 128:21 144:18	court 14:2 17:16 85:24	
constituents 145:22	covered 60:15,16	
constructive 26:17	crap 35:3 98:24 99:6	
contacted 10:25	create 11:24 25:9 27:22 28:2,11 39:13 46:2 94:8 122:15	
continue 41:16 42:2 45:3 121:2 137:21 142:22	created 32:24 94:11 107:12	
continued 11:5 46:10	creates 13:4 114:17 119:18 145:9	
contract 48:2	creating 30:2,10,11 33:11 38:10 58:15 100:20 118:23	
control 50:7	creation 32:16	
controversial 18:22	crew 116:7	
convene 4:22	criteria 11:24 16:24 28:12 40:6 47:20	
conversation 11:3 33:1 43:6 60:4 98:3 106:7	cross 6:6,7 39:6 56:15	
conversations 122:1	crowds 57:8	
Cool 7:11	culture 58:25	
coordinate 50:16 55:7 146:5	current 79:8 123:22 125:22,24 134:22	
coordination 146:4	cut 72:4	
copies 86:18 105:16	cutting 65:1	
copy 12:9 14:14 122:20		
core 147:16		
correct 16:9 20:13,14 33:13 43:7 50:1 53:1 58:23 82:6,13 87:21 89:14 112:20 116:13 129:4 155:8 157:11		
corrected 67:21		
correctly 32:23		
council 28:15		
	D	
	Dan 72:12,22,23	
	Dansie 3:3,8,11,13,17, 19,23 4:3,8 5:6,13 7:14, 16,20 8:12,24 9:2,9 12:4,	

dare 58:6
date 15:2 81:8
dates 82:23
Dave 29:25 60:2 74:3
David 6:2,11,13 29:8,25
30:18 31:13,18 51:18,22
53:4,25 58:14,18 59:6
60:2 61:9,15,24 62:16,22
64:5,9 65:9,17 66:2
68:22 70:14,17 71:10,15
74:3,17 75:9,15 76:2,12,
13 77:1,10,20 78:9,19
79:4,20,23 81:10 85:1,6
86:10,21 87:11 89:2 90:5
91:12 93:14 94:5 100:7,
16 101:2 102:1,5,12,19
103:1,14 104:8,17 105:1,
8,18 109:10,19 110:17
112:5 113:20 114:3,10,
13,25 115:21 116:14,19
117:4 118:18,19,21
119:13,16 120:8,13
121:5,14 122:8,11,13
123:3,10,12,15,21,24
125:11,15,18,21 126:7,
16 128:19,24 129:4
132:10 133:24 136:17,22
138:3,16,18,21 139:13
148:20,21 153:2,6,12,17,
23 155:7 158:25 159:4
David's 30:20 77:19
Dawson 7:6
day 10:21 82:12 133:14,
16,18 134:14
days 45:20 82:10 134:16,
20 135:3
dead 119:5
deal 39:8 46:1 81:8 84:22
94:23 95:1 149:22
dealing 39:9 90:14 96:12
103:20 113:22
deals 113:23
dealt 78:23
Dean 3:9 42:21 73:13,15,
17 129:16 151:19 158:17
death 100:15
debate 65:19
debated 93:11
decide 16:4 31:8,9 34:11
41:10 89:20 97:5 111:2
119:24 121:22,25 135:21
decided 93:5 157:7
decides 34:6,7 75:6
116:20
deciding 93:18,19 97:17
113:16 117:2
decision 34:7 88:4 92:12
93:20 121:18 122:25
decisions 34:8
declare 34:23
DEE 5:8 7:11,18 8:11,22
9:1,4 14:21 15:21 16:22
17:12,19 18:4 19:1,5,17
20:2,7,21 21:10,20 22:3
23:12,16,24 24:13 31:21,
25 32:6 34:2 35:15 38:4,
8,17,25 40:23 41:11,24
42:1,4,16,19,23 43:7,14
45:1 47:4,9,16 48:19
49:22 50:6,9,18 52:6,18
53:2 54:7,14 55:2,10,25
58:11 59:18,25 62:1,6
63:9,15 64:14,19 65:16
66:13 67:12,18,20 68:20,
24 69:12 71:19,23,25
73:7,15,22 74:1,13
78:11,18 79:14,16 80:21
81:4,15 85:14 86:1
124:20,22 125:2 126:6,
13,21 127:2,9,13 128:6,
17 129:2,6,16,19,25
130:14,17,20,24 131:2,4,
8,12 132:3,14,22 133:3
135:16 136:2,10,15
137:3,17 140:2,10,14,23
141:3,6,11,13,17,19
142:9,16,24 143:2,6,25
144:11,21 147:22 148:6
149:5,11,17 150:6,11
151:2,6,13,15,17,19,24
155:5,11 156:12 157:16,
23 158:4,7,11,13,15,17,
21 159:15 160:10,13
deemed 39:11
deep 79:10
deeper 117:14
default 134:17
defer 40:16
define 44:8 97:9 98:13
defined 12:13 124:18
154:1
definition 8:17,18 13:10
30:9 33:13 38:15 39:7,19
40:13 87:10,13,15 91:2
96:2 97:1 98:13 99:21
102:9 152:9,11,17,18,24
153:1,10 154:14
definitions 8:5,12,14,24
11:12,25 12:10,11,12
13:20 24:5,20,22 27:8
32:17 44:16 102:13,14
124:18 138:11 139:1,3
152:8
degree 117:11
Delamare 6:5 15:10,11
16:7 52:7,15 66:24

delay 10:13 23:1	39:18 45:7 46:22 47:8,13	dire 94:2,3
delete 102:13,14 120:5 123:5,12,15,25 138:7,8, 10	48:25 49:17 53:6 54:21 59:4,19 64:1 65:8 67:23, 25 68:9,15,16 69:20,22 70:9,19,20 74:10 78:21 79:14 81:6,16 86:5 104:24 105:2,7 108:6 127:21,23	direct 117:16
deleted 154:4		direction 44:2 60:20
deliberation 19:20		directly 20:20
deliberations 17:5		director 46:9 47:1 107:13 128:1,5
delineate 96:25	designations 27:23 30:4 62:15 63:23 93:13	directors 5:12 25:17
delineated 47:2 50:24		disagree 27:2 31:15 97:17 103:14,15 111:14, 16 153:11
dense 53:5	designee 99:1	disagreeing 89:25
department 4:22,24 5:14 6:4,19,22 12:22 27:17 28:6 30:13 31:8 34:6 39:13 40:9,17 41:9 51:2 52:4 67:2 68:16 70:10,21 82:3,4 94:13 111:2 112:8 118:15 128:4 131:22 134:18,20,21 135:4	desire 9:15 68:12 79:18 83:9 150:15	disagreement 30:7
departments 25:3	detail 25:13 137:24	disagreements 26:19
depends 116:21	detailed 72:17	disagrees 111:9
depth 81:1	determination 87:18,24 88:8 90:13 92:2,14 94:2 95:13,23 97:25 99:12,15, 18 100:1,5,8 101:16 110:20 112:1,13 115:4,6 116:15 118:15	disconnected 147:18
derail 24:24	determinations 88:19	discrete 101:5
describe 13:9 90:10	determine 63:14 114:16	discrimination 96:10
describes 61:2 94:20	determined 115:24	discuss 16:16 76:11 84:14 155:5 158:2,23
describing 65:23	develop 73:2	discussed 43:24 44:2 73:5 77:16 95:9
description 96:5,9	developed 11:1 67:3	discussing 33:17 100:25 102:17 155:9
designate 56:21 64:17 79:6 119:14	dial 101:9 115:1,2	discussion 25:2 30:7 34:14 41:1 44:5 74:19,24 130:20 137:21 141:7 151:7 158:8
designated 8:4 9:6,15,16 52:9 53:12 63:21 68:8 72:24 88:10 144:8	dials 94:19	discussions 132:15
designation 8:6 10:18 11:24,25 12:15 13:9 27:21 28:1,2,11,22,23 29:2,7,14,17 30:3,10,12 34:10,16 37:24 38:14	dialysis 103:11	disdain 146:12
	die 98:24	disinfecting 16:12
	difference 52:18 113:10 117:25	dispatch 59:23 69:21 70:1,8 79:9,19 81:5,9 88:21 89:25 90:2 92:5 95:12 99:20 101:17,20 105:7 106:5,10,19
	differently 74:9	
	difficult 33:1	
	diligence 34:19	

108:13 110:18 111:6,10
113:5 114:8 115:25
117:23 119:5,11,15,21
121:9 124:23 127:21,22,
25
dispatcher 72:5 88:14,22
89:20 94:9 95:25 111:22
112:2 115:9 116:5 117:6,
16 120:17 122:5 124:13,
14
dispatcher's 128:11
dispatchers 88:3 89:22
110:19 112:9,12 114:15
121:17,22
dispatching 70:2
dispute 132:11
disputed 80:6 84:25 85:2
133:11
disputing 132:12
disruptive 12:19 17:14
distance 10:8
distinction 93:6 117:25
distinguish 111:23
distinguishing 93:15
distributed 116:12
dive 79:10
Division 81:21
Doc 92:16
doc-in-a-box 91:4 97:14
doc-in-the-box 90:11
96:14
doctor 88:4,9,10,15,23,
24 89:10,21,23 90:15,25
92:1,13 94:9,16 95:13
100:5,8 101:12,17
102:22 103:21 106:24
107:11 114:19,22,24,25
115:4,6,8,11,12 116:15,
20 117:6 118:8 121:15
122:6
doctor's 93:1 103:3
doctors 88:18 95:23
112:12 119:20
document 12:10 80:11
143:4 147:24
documentation 36:18
documented 77:20
120:20
Dodge 6:25
dog 30:5,16
dollars 109:23
door 50:19 55:3 93:25
doors 13:24
dovetail 27:9
Downs 4:10 5:8 7:11,18
8:11,22 9:1,4 14:21
15:21 16:22 17:12,19
18:4 19:1,5,17 20:2,7,21
21:10,20 22:3 23:12,16,
24 24:13 31:21,25 32:6
34:2 35:15 38:4,8,17,25
40:23 41:11,24 42:1,4,
16,19,23 43:7,14 45:1
47:4,9,16 48:19 49:22
50:6,9,18 52:6,18 53:2
54:7,14 55:2,10,25 58:11
59:18,25 62:1,6 63:9,15
64:14,19 65:16 66:13
67:12,18,20 68:20,24
69:12 71:19,23,25 73:7,
15,22 74:1,13 78:11,18
79:14,16 80:21 81:4,15
85:14 86:1 124:20,22
125:2 126:6,13,21 127:2,
9,13 128:6,17 129:2,6,
16,19,25 130:14,17,20,
24 131:2,4,8,12 132:3,
14,22 133:3 135:16
136:2,10,15 137:3,17
140:2,10,14,23 141:3,6,
11,13,17,19 142:9,16,24
143:2,6,25 144:11,21
147:22 148:6 149:5,11,
17 150:6,11 151:2,6,13,
15,17,19,24 155:5,11
156:12 157:16,23 158:4,
7,11,13,15,17,21 159:15
160:10,13
draft 46:21 75:3
drafted 156:25
dragging 65:6
Draper 6:22 7:7
draw 99:5
drive 147:13
driver 14:12 63:4
drivers 10:11
drives 21:6
driving 14:8 63:1 66:4
due 34:18
duke 154:19
duties 28:9 29:2 45:21,
22
dying 89:20
dynamic 19:11

E

e-mail 75:16 77:21 78:1,
2,8
earlier 32:15 105:24
155:9

ears 122:13	39:14 43:25 44:20 46:13, 16 57:23 58:25 59:20	err 94:14,16
easy 101:8 116:7	63:19 67:11 69:3 72:13	erring 95:22
Eccles 49:4	73:20 74:10 75:12 77:6, 22 84:6,9 96:20 105:25	error 16:20
education 103:25	106:4 127:18 132:4,5,15	essence 104:17
effect 127:24 128:24 133:23 134:22 135:5	136:1,24 137:1 142:3	essentially 27:2
effective 80:6 82:10 104:19 124:9	143:18 146:7,24 147:3,8	establish 29:17
efforts 146:6	148:23 149:3 150:22	established 7:23 58:9 138:7
electronic 12:9	152:15,16 156:2	establishing 29:2
else.' 92:10	EMT 45:13 54:23	evaluate 107:10
EMD 107:8,9	EMTS 45:11 52:11 57:20, 21	evaluated 88:24 89:24 90:19
EMDS 106:21 110:9,12	en 16:4	evaluation 90:20 106:23 128:11
emergency 5:14 6:9 20:6 21:24 23:15 29:4,8,15, 16,18,20 30:4,10 38:14	enacted 87:5	Evans 7:1 51:1,6,14,17 52:14
52:3,20 56:13 59:20	encouraged 137:8	event 23:9 52:3
62:18 64:23 69:21 70:8	end 21:1,11,12 22:17 25:11 83:15	events 45:17 57:4,5,15 72:16
81:22 82:9,17 91:1	ended 10:18	evidence 108:7
93:21,23,24 95:21 98:1, 22 99:20,22 103:7 105:5	ends 11:8 22:2	EVO 63:5,20,22 64:22,24
115:2 120:18 124:16	enforce 148:9	exact 89:10 99:10
127:20,22 135:12 153:25	enforcement 145:15 146:2,7 147:3	examples 45:18
emergent 38:9 39:8 90:21 94:24 95:16	enjoy 35:4,5	exceed 27:12
emergent/non-emergent 39:18	ensure 29:16 46:9,25 66:2	exception 45:23 59:9 136:8
emotion 7:21	ensuring 112:8	exclusive 46:5 131:20
employ 147:14,15	entertain 17:21 129:21	excuse 115:5 138:6
employees 52:20	entity 59:20	exercise 38:7
employing 45:11	envision 53:14	exist 122:16 137:13
EMS 4:20 5:10,17,19 7:25 11:3,6,13 18:5,7,8	equestrian 57:2,6	existed 25:5 104:18 128:13 146:4 153:14,21
21:2,12 24:11,14 27:15, 22 28:2 32:1 33:19 34:5	equipment 15:13 47:11, 16 53:8	existing 83:12,15 139:17
35:16,20 36:18 38:12	equipped 15:12	
	ER 120:15 122:2	

exists 125:22
expect 102:23
expectation 145:23
expectations 67:14
expected 108:4
expedite 112:10
experiences 50:20
expertise 92:24
expires 82:12
explain 9:12 60:7 62:25
explained 26:6 36:7,25
37:9
explanation 25:15 61:8
explanations 60:9
explicit 20:22
Exposition 49:5
express 76:23 77:14
146:11
expressed 76:13 95:8
extinguisher 14:18 16:13
eyes 128:3

F

face 16:12 24:19,22
facilitate 43:22
facilities 9:18,19,20 10:9
16:2 23:10 45:12 50:22
96:7,8,25 113:9
facility 23:11 46:6 49:14
52:22 53:18 55:19 57:4,
12 67:17 88:23 91:16,21
96:16 97:10,23 100:19
101:1,6,7 102:22 113:16,
23 114:21 116:10 154:8,

9,10
fact 37:3 103:12
factors 145:17
failed 141:22
fails 137:20
fair 38:22 64:10
fall 83:10
falling 69:6
falls 25:21 66:14
fan 59:14,15
fast 62:23 97:20
fatigue 10:17 22:5 148:2
favor 42:25 45:2 130:25
160:14
fear 54:23
feedback 134:23 139:18
feel 11:22 16:17 24:9
32:11 33:4 34:3 36:4
38:2,23 39:22 42:5 55:11
84:11 97:25 129:17
130:18 136:16 149:18
156:13,17,18
feeling 10:10 11:2,19
22:22 24:6 34:13 35:15
65:12 84:6,17
fell 43:3
felt 10:23 11:8 12:12 13:8
21:2,3 35:18 129:25
fight 30:5,16 35:8 60:13
133:14,15,20 135:11
fighting 40:4
figure 22:12 26:16,17
60:4 87:6 98:11
filed 26:13 87:5 154:24

finally 76:7
find 38:1 122:18 127:9
138:19 150:11
finding 43:22 138:15
fine 23:23 42:3,9 69:8
77:17 107:22 123:12
138:9
finish 39:2 128:7
fire 3:11 6:4,17,21,22,24
7:3,7,10 14:18 16:13
25:25 37:2 47:11 52:4
103:19 145:11 147:1
firm 5:21
fit 17:25 29:23
five-minute 85:24
fix 71:3,8 98:9 99:8
132:17
fixed 48:23 49:9,14
flat 25:21
flip 93:9
floating 48:17 84:2
fluid 13:1 15:1
fly 132:5
fly-by-night 48:24
focused 44:7
folks 10:23 50:20 146:8
football 54:9,12
force 4:20,23 7:23 8:1
9:2 17:6,19 18:14 19:24
20:3 26:12 34:3 35:16
36:8 41:14,17 42:5 55:10
75:4,13 76:3 77:7,22
84:7,11,16 85:16 107:8
122:24 123:5 126:13,23
127:6 128:15 129:20
131:25 133:3 135:25

136:2,25 138:5 140:3 142:2,8,22 143:19 146:11 150:15 152:2,15 156:12,23 157:24		105:22,25 127:16 138:17 139:14 145:2 147:8 158:25 159:11,14,17,24
force's 4:23		Goodin 5:18 16:21 48:14 51:13,21 54:3 58:4 69:5 105:13,15 156:10
forces 118:17 147:11		gosh 109:22
Forget 98:21		govern 40:8 44:18
forgot 73:15		governance 44:10
formal 17:20		governing 32:20 36:8
format 8:20 35:10		governor 138:14
formation 83:7		governor's 10:25 83:21 138:23 139:18
forward 31:11 36:15 41:8 60:23 74:14 77:6 127:18 128:15,20 129:1 132:8, 24 135:25 136:7 140:6 143:19 148:23 149:4 150:22 152:16 156:2	<hr/> G <hr/>	grandma 99:2
four-wheeler 54:1 62:17 66:4	game 45:18 54:9	grateful 26:15
fourth 160:5	games 54:12	gray 48:9
frankly 30:12 94:18,22	gasoline 63:2	great 72:15,18 73:1 89:23 121:7 132:6 146:5 150:21
free 135:13	gathering 66:15,17,18,21 67:6,15	greatly 146:10
freeway 23:4	gave 130:6	green 134:5
frequently 75:2,6 76:2 144:18	Gay 3:7,9,21 5:16 7:15 13:7 24:15 28:7 70:11	grew 71:16
front 8:5 21:1 26:3 97:17 109:5 124:10	gear 63:3 65:7	grind 85:13,18
full 4:12 57:5	general 6:19 94:1 96:5,9 99:24	Ground 17:8
futility 38:7	generally 26:8 76:5	group 4:10 9:8,10 10:2 11:11 13:8 31:24 76:17 130:3 146:7,15
future 121:4,10 132:13 134:24 135:14 155:25 156:4,8 159:9	geographic 82:2 131:20	grumpy 121:13
fuzzy 45:16	get along 131:22	guarantee 103:1
	gist 23:6	guess 19:15 24:4 32:6,10 36:2 37:14 41:12 42:10 50:11 52:11 74:13 126:21 127:3 132:22 133:5 160:6
	give 7:20 19:8 27:21 36:13 41:2 45:8,18 51:8 53:11 58:24 62:13,24 69:24 113:2 131:21 132:3 134:23,24 138:3 159:18	guideline 67:13
	giving 36:10 110:14	
	glad 4:3 20:14 96:18	
	gloves 16:12	
	goal 50:23 139:25	
	goggles 16:13	
	Gold 6:5,7 39:5	
	golf 53:16 62:18	
	good 7:18 8:6 11:5 24:7 27:14 31:4 38:6,23 42:12 45:15 49:2 69:3 73:9,10, 11 74:2 78:10,14 85:15, 17 93:15 97:16 98:13,14	

guidelines 44:21 66:22,
23,25 67:4 97:19 98:12

gun 110:21

Guy 3:3,8,11,13,17,19,23
4:1,3,8 5:4,6,8,13 7:14,
16,20 8:11,12,24 9:2,9
12:4,6 14:1,10,22,25
15:10,15,25 16:9,23
17:8,10,14 18:2 19:7,16,
22 20:4,10,14,18 21:8,14
23:19,23 24:4,16,17,18
27:14 28:10,14,19 29:6,
11,24 30:17,23 31:4,17,
19,23 32:4,11 34:1,9,13,
23,25 35:5 37:22 38:6,22
40:12,18 41:21,22,25
42:3,18 45:5 47:6,10,18
48:16 49:2,6,11,17,21
50:5,8,12,23 51:1,5,16
52:5 53:1,11 54:5,11,16
55:5,23 56:1,5,9,14,24
57:22 58:6,17,22 59:7,22
61:9,13,22 62:3,15,21,24
63:11 64:8,10,17 65:3
66:1,16,23,25 67:13,19
68:2,10,17 69:6,10,12,
13,16,23 70:12,16 71:5,
14,16,21 72:4,7,20 73:3,
11,23 74:7 75:1,13,20
76:2,5 77:20 78:14 79:1,
6,15,17,25 80:5,17,23
81:12,20,24 82:7,13,15
83:2 84:24 85:12,15,21,
23 86:1,2,11,16 87:9
88:1 95:8 96:1,18,24
97:3,16 98:2,8 104:13,
15,24 105:4,16,19,21
106:14,17 107:22 108:2,
19 109:2 110:3,25 116:3
119:7 125:9 126:7 133:7,
9,13,21 134:2,4,9,16,19,
25 135:6,8,23 136:14
137:16 138:4,15,17,20

139:7,15,25 140:24
141:22 142:2,11,17,25
143:5,11,21,24 144:3,6,
14,23 145:4,13 146:18
147:21 148:1,9,13,17,25
149:10,12,23 150:9
152:11,13,21,23 153:4,8,
16,19,22 155:4,9,18
156:9 157:2,12 159:5
160:2,7,12

guys 19:25 24:9 35:22
39:16 41:6,10 42:20
47:22 71:17,22,23 79:8
80:9 82:18 83:13 84:18
86:7,19 91:10 98:10
108:16 109:21 113:12
126:24 127:7,14 135:21
150:20 159:13

H

haggle 139:21

hairs 65:1

half 76:10

hall 54:2,5

hand 44:7 158:3

hand-around 20:1

handed 35:3

handle 48:18

hanging 29:12

happen 26:2 57:18 120:3

happened 19:9 22:16,22
125:15

happening 32:23 72:16
74:25 122:5 125:12

happy 11:22 66:9,11

harass 4:7

hard 71:3 86:17 97:19

harpoon 143:11

hash 77:8

hat 29:12

hate 24:2 40:24 98:6
121:11

hauling 63:3

He'll 4:17

head 94:13 105:13

heads-up 83:6

health 6:20 9:19,25
12:20,21,22 13:4 39:13,
15 40:8 45:10,25 67:2,3,
4,16 94:14 154:9

hear 18:1 72:6 73:14
78:7 108:25 116:5 127:7
136:10 137:20 141:4
150:17,20 153:22

heard 18:23 19:13 43:24
80:14 89:19 98:17,21
109:4 120:25 127:11
150:21

hearing 33:22 35:21 44:5
123:2 130:24 150:5

heart 90:20 91:21

heartburn 36:23 145:10
154:18 158:2

heated 84:20

heavily 148:1

held 37:3

hell 127:2

helpful 17:6 54:2 76:20

helping 54:24

hey 12:5 19:6 35:17 48:2
76:17 77:5,22,25 79:12

82:2,16 90:2 97:13 99:6
134:18 149:2
high-end 48:1
highest 94:15
highlighted 136:6,9
140:9
highly 118:3
highway 22:13
hire 48:3
hired 52:2
history 19:9 45:8 132:4
hoc 7:23 9:2,8 19:13
hold 22:11 66:17 120:6
hole 94:20
Holmes 7:9
Holt 7:7
holy 98:24 99:5
honest 102:21
honestly 18:3 34:18
62:18
hook 15:23
hope 12:8 24:6 122:8
134:4,7 144:19
hoping 48:17 87:6
horrible 102:1
horse 26:4 122:23
126:20
hospital 10:23 20:20
88:11,23 90:23 93:18
114:19 154:8
hospitals 9:19 20:15,16
97:13 148:2
hot 72:23 134:18

hounding 83:21
hour 22:10 23:1,5 76:10
hours 76:7
House 20:10
Huff 6:18 26:16 28:8,13,
17 29:13 31:7 38:11
40:21 41:5 42:13 63:13
65:15 66:11 68:6 75:12
76:24 77:3,19 79:3,21
80:3,16 81:2,23 82:1,8,
14,25 84:5 88:20 89:18
91:10 97:7,12 98:17
100:3,9,24 101:24 102:3,
10,25 103:6 104:3,9,12,
14 105:2,6,11,14 106:16
108:20 109:3,11,14,20
110:16 112:4,17 116:19,
24 119:9,14 120:6,9,23
122:17 123:2,8,11,14,17,
23 124:2,8,12,21,23
125:3,13,17,20,25
126:18 127:1,7,17 128:7
129:14 131:16 132:6,12,
21 133:1,8,12,15,19,22
134:2,7,13,17 135:2,7,
10,18 136:20,24 139:24
142:1,14 143:17,23
144:5 148:8,12,15,20
149:1 150:1,19 152:4,12,
14,21,25 153:11,20
154:11 155:8,22 157:3,
13,20 158:24 159:14,24
160:6
huge 30:16
Huh-uh 101:22
human 12:22
hurry 49:7

I

ice 145:25
idea 22:23 35:10 54:17
72:24 98:17 102:2
ideas 132:7
identified 139:10
ignoring 39:2
illness 90:14 91:9 97:22
128:11
imagine 119:5
immediately 91:1 92:4
120:1
important 61:20
in-coming 124:14
inaccurate 146:10
inappropriately 137:25
Inch 6:15
incidences 120:20
include 11:20
included 10:18 156:5
includes 128:8
including 9:18
incorporated 138:12
incorporation 102:14
increased 119:21
independently 8:20
individual 61:10 95:14
119:24
individually 26:25
individuals 19:14
industry 154:16

informal 18:2	interacted 92:17	48:19,20 49:3,9,15,19
information 32:9 42:22 45:3	interest 10:24 31:11 75:18	56:16 57:1,13 58:8 66:22
infringement 50:13	interested 4:13 17:3 27:10 31:1 35:12	January 43:15 46:13 104:21 105:10 125:1 127:19 128:14,23,24 129:3 130:13 135:19 152:10,17 153:5 156:3,7 157:2
initial 36:13	interesting 19:11	
initiate 118:4 123:7	interests 27:10	Jared 5:25 66:24 99:13 105:17 131:10
initiated 46:10 153:7	interface 46:4	
injury 128:11	interfere 17:5	Jay 3:24 4:10,15 5:7,8,9 7:11,18 8:11,22 9:1,4 14:19,21 15:21 16:22 17:10,12,19 18:4 19:1,5, 17 20:2,4,7,21 21:10,20 22:3 23:12,16,24 24:13 31:21,25 32:6 34:2 35:15 38:4,8,17,25 40:23 41:11,24 42:1,4,16,19,23 43:7,14 45:1 47:4,9,16 48:19 49:22 50:6,9,18 52:6,18 53:2 54:7,14 55:2,10,25 58:11 59:18, 25 62:1,6 63:9,15 64:14, 19 65:16 66:13 67:12,18, 20 68:20,24 69:12 71:19, 23,25 73:7,15,22 74:1,13 78:11,18 79:14,16 80:21 81:4,15 85:14 86:1 124:20,22 125:2 126:4,6, 13,21 127:2,9,13 128:6, 17 129:2,6,16,19,25 130:14,17,20,24 131:2,4, 8,12 132:3,14,22 133:3 135:16 136:2,10,15 137:3,17 140:2,10,14,23 141:3,6,11,13,17,19 142:9,16,24 143:2,6,25 144:11,21 147:22 148:6 149:5,11,17 150:6,11 151:2,6,13,15,17,19,24 155:5,11 156:12 157:16, 23 158:4,7,11,13,15,17,
input 7:24 24:7 67:6 74:2 75:21 78:4 159:18	interphases 45:12	
inspection 36:14	interpret 118:17	
Instacare 90:3,18,23 100:21	interpretation 27:11 30:6,21 60:11	
instructed 107:1	interrogation 91:8 108:13 118:2 128:9	
instructions 113:3 128:10	introductions 5:7	
intact 140:22 141:2	introductory 26:11	
intend 65:10	invited 26:15	
intended 95:6	involved 11:14 21:11 108:1 146:3 150:8 159:8	
intense 56:25	involves 107:12	
intent 32:25 57:7 60:5 106:2 121:21	issue 10:5 17:16 25:12 44:4 45:9 48:13 67:9 79:10 81:6 87:22 94:18, 21,22,23 102:20 111:17, 19 118:17 134:19 135:22 140:12 144:20 148:2,5	
intention 33:3	issues 9:25 12:7,16 33:2 40:18 47:14 95:7,11 103:20 110:11 159:11	
intentional 25:7	issuing 67:7	
intentions 67:5	IV 12:17,24 13:3	
inter-facility 9:20 87:10, 12,14 88:17 90:10,22 91:3,17 92:19 94:25 96:3,15 97:9 98:14,19 100:23,25 101:7,10,14 102:9 103:5 106:7 111:21,23 112:3 113:10, 17 114:1,7,16,22 115:17 116:6 117:18 118:5 124:17 152:9,17,25 153:21,24 154:14	<hr/> J <hr/>	
	Jack 6:7 39:5 40:16	

21 159:15 160:10,13
Jazz 45:18 51:19
Jean 3:21 7:15,16 12:3,4,
5 13:22 14:1,9,24 34:3,4,
11 35:22 36:1 37:12,21
42:19,23,24 60:24 73:7,8
85:19,22 121:20 124:6,
11,19 126:9,15 129:11
131:6,8,12 133:17 140:4
141:15,16 151:15,16
155:14,15,19,22 158:6,
11,12
Jess 3:18,19 5:4 7:14
24:17,18,19 25:25 32:12,
13 34:1,20 35:2,6,7,24,
25 36:2,5 37:17 41:11
42:6 43:18 72:1 73:3,4
129:10,19,22,25 130:2
131:13 136:4 140:5,15,
20,25 141:1,9,10 145:2,
5,14 146:19 147:10,23
150:17 151:1,2,11,12
155:14 156:14,18,21
157:3,9,18,25 158:9,10
Jess's 44:17
job 120:14 156:9 159:24
John 6:15 7:1 51:1,6,14,
17 52:11,14 89:5,6 90:9
96:1,23 97:2,8,11,14,18
98:5,12 99:19,23 100:5,8
101:3 103:4,7,18 104:2,
21 117:11 119:5,11
120:2 123:1,25 124:4
128:23 134:15
John's 100:7
join 4:4
joining 12:4
Jordan 5:22 6:1,12,13,24
7:2,5,6,9 8:1 26:12 30:24
57:2,17 58:1 60:3 75:17

85:5 87:2 148:21
Jordan's 27:10
judge 60:9
July 11:10 24:14,15,16
31:22 43:11,13 65:14
76:19 84:10
jump 14:7 18:23
jumped 59:14
jumping 17:1
June 77:25 78:2
junk 53:23
jurisdiction 30:21
Justin 5:23

K

Kennecott 52:10
Kevin 7:7 107:25
kick 11:9 46:20 93:25
kicked 46:14,15 147:2
kid 14:18
kind 11:14 19:10,17,19,
20 21:14,22 22:16,23
25:4,15,21 32:14,21 42:7
45:5,24 46:15 48:4,9
49:6 50:9,22 62:8 64:20
65:24 76:8 82:21 85:17
98:5,8 116:4 118:17
132:14,15,16,18 150:6
kinds 103:9 122:14
knew 83:13 99:7
knowing 25:5

L

lack 30:21

Lagoon 51:21,22 53:15
64:6,23 66:4
land 23:10 145:25
landscape 131:18
language 4:13 5:2 11:6,
11,16 19:24 27:19 31:3,9
46:21 47:6 48:22 49:7
60:17 61:17 65:13,20
66:7 71:6 74:19 75:3,7
76:15 77:13 78:3,15
79:8,19 80:9 83:11,20
86:4,9,12,15,18,20 87:8
95:5 104:4,5,6,13,14
109:8,15,22 112:24
125:1,6,7,8,10 126:24
127:4,8,19 128:13,20,21,
25 129:8 130:6,12 134:8
135:9,12 139:9,17
141:25 144:6 146:24
148:23 149:1,3 150:3,10,
24 154:19,20 156:6,23
157:4,5,6,7,10,21 158:1

large 49:4 51:9 57:8
72:12
larger 57:19 113:12
late 4:17 71:19 73:16
Laughter 24:3 34:24
law 5:21 45:15 145:14
146:2,7 147:3 148:9
laws 23:14
lawsuit 26:13 60:8 87:14
104:23 122:19 123:9
154:24 155:2
lawsuits 87:5
lawyer 5:21 120:2
lawyers 122:13
lay 131:18

lead 32:2
leaning 82:22
leave 43:3 76:19 78:20
134:9,13,19,22 138:20
139:6,8,16,23 142:6,19
143:14 149:9 150:2,3
155:20
leaving 140:6,21,25
141:2
left 14:25 15:20 43:1
leg 100:12
legal 6:16 27:1 32:2
34:16 40:2,17 41:8 43:8
102:15
legally 39:22 41:2 46:3
80:22
legislation 19:18 21:1,5,
13 27:18 43:12,13
146:22
legislative 10:21 19:15
31:14 83:8
legislatively 33:10
legislators 11:4 28:15
34:14
legislature 7:24 93:5,11
94:12 137:9
lengths 146:5
letter 46:7
level 37:4 87:25 90:9
124:15
levels 36:20 107:16
liability 54:22 122:15
liar 4:18
license 27:18 50:4,19
51:2,25 54:9 58:15,18
63:22 81:14,24

licensed 9:18 45:21
51:10 52:24 55:4 58:10,
12,13 59:1,3 61:21 64:23
69:3 100:1 110:12
124:15 144:8,16,18
149:13,14,20 154:9
licensing 66:5 96:21
97:4,24 104:15,25 105:4,
5 108:5
licensure 83:12 137:13
150:3,24
life 22:19 100:15
light 134:5
lightning 146:25
lights 116:3
likes 65:16
limb 98:24
limit 22:7,9
limited 156:1
limiting 145:17
lined-out 141:25
list 15:4,5 70:21 78:8
111:13 115:10,15
listed 125:23
literally 101:20
litigation 87:1
live 110:10
lives 36:22 37:6
local 50:16 56:18 67:2
145:21
location 48:23 49:10,16,
20 50:10 61:13,15,17,20
88:12 98:22 117:2
locations 53:7 57:8
113:13

locked 13:24
long 10:8 81:13 120:16
122:23 131:5 133:14
142:25 156:10
long-distance 22:8
looked 24:8 112:16,19
loose 11:8 22:2
lose 98:24
lot 7:21 10:12 18:19,20
20:17 21:18 22:2 33:21
40:3 42:7,9 61:24 63:17
73:19 84:19 107:4 111:5
130:8 147:24 149:6
154:15 159:21
lots 79:7 99:8
love 34:23 159:8
low 57:4
lowest 94:15
Lundquist 3:21 12:3,5
13:22 14:9,24 34:4,11
36:1 37:12,21 42:24
60:24 73:8 85:19,22
121:20 124:6,11,19
126:9,15 129:11 131:6
133:17 140:4 141:16
151:16 155:15,19 158:6,
12

M

made 14:23 20:22 60:9
75:16,17,22 80:5 86:18
87:21 88:4 92:2,14 97:24
99:11 101:16 111:25
112:12 115:6 116:15
119:17 125:18,19 132:7
140:15 151:1,2,3 153:13,
17

main 21:6 22:6

maintain 36:19

maintained 32:19

maintaining 16:7

maintenance 36:16

make 5:2 10:12 17:17
18:5,11 20:2 24:24 25:19
26:11,23 32:8 38:25
41:14 50:20 51:18 57:16
65:21 66:8 67:19 68:5
72:25 81:4 83:13 88:19
93:13,25 95:22,25
110:19 112:21 115:3,4
116:2 118:15,25 122:25
123:6,18 126:5,7 127:3
128:15 129:7,21,23
130:2,5,11 132:13
134:22 135:5 136:7
139:16 140:5 141:8
145:3 147:21 150:4,14
155:12,23 157:24,25
159:19

makes 34:7 61:12,18
66:6 75:25 77:17 78:9
84:8 85:11 93:6 95:1,11
111:11,15 113:18

making 4:18 18:25 41:7
87:18,24 88:8 93:20
95:13,23 99:12,17 100:1
101:18 121:24 139:14
154:12

man 35:2

manage 51:24

management 12:18
146:21 149:24 150:9

manager 6:12

managing 92:15

mandate 54:18

mandated 63:19

mandating 44:21

manner 21:16 23:2
137:15

Maria 5:20 16:25 17:9
18:16,18 19:4 26:7 28:5,
9,25 30:20,24 57:25 58:5
67:22 68:13 69:15,16,19
70:6 71:11 85:5 87:2
93:4 94:10 99:10,14
101:3 102:8,18 103:24
104:5,10,22 112:14
114:24 118:24 122:9,12
126:2 136:23 137:4,22
139:8,13 140:11 142:20
143:8 152:1,6,14,19,20
154:23 159:2

mask 15:18

mass 66:14,17,18,20
67:6,15

massage 73:24 80:24

massaged 74:18

matches 106:18

matching 128:10

matrix 26:5

matter 5:24 11:17 33:6
42:16 100:17 103:25
104:1 135:2 143:14

Maverick 45:19

Maverik 56:20

meaning 59:2 128:21

means 14:3,10 16:16
39:11,12 48:24 59:4,19
60:7,20,22 61:3 80:5
116:6 153:24

meant 12:15 22:20 141:1

measures 32:22

meatloaf 35:4

mechanism 26:5 33:4
36:25 37:9,20 42:11
44:12

mediator 82:4

Medicaid 39:10

medical 5:14 9:21,23,25
14:16 16:15 25:17 29:4,
9,15,16,18,20 30:10
38:14 40:10 46:9 47:1
50:7 51:9 52:3,20,23
56:4,13 59:20 62:19
69:21 70:8 90:11 91:3,4,
16,20 93:2 95:21 96:7,15
97:23 98:20,23,25 99:1
100:10 101:6,7 106:9
107:9,12 111:10 114:15,
21 117:5 121:17,24
127:20,22,25 128:1,5
154:1,10

Medicare 39:9

Meersman 6:7 39:5
40:16 48:20 49:3,9,15,19
56:16 57:1,13 58:8 66:22

meet 40:6 47:20 67:24
68:7 73:19 81:7 108:15
127:23 145:20 159:6

meet all 63:8

meeting 3:4,25 4:11,15
17:20 26:16 31:22 43:17
74:16,24 76:3 77:7,15,
22,23 78:1,2,5 84:9 86:3,
6 96:21 132:9 146:7
147:2 150:13 159:25
160:3

meetings 44:1

meets 84:7

member 45:24	missing 33:10	122:8,11 123:3,10,12,15, 21,24 125:11,15,18,21 126:7,16 132:10 133:24 136:17,22 138:3,16,18, 21 139:13 153:2,6,12,17, 23 155:7 158:25 159:4
members 8:1 11:3,13 17:2 18:13 21:2 26:12,23 34:3 75:13 85:16 126:11 131:1 138:5	mixing 69:20	
memory 157:11	mobile 50:11	
mental 9:19 12:22 154:9	mode 53:6 56:3,5,16,22 60:5,25 128:12	motion 41:7,14 122:22, 24 124:24,25 126:5 127:12,15 128:15,20 129:1,5,7,21,23 130:2,5, 11,21 132:7 136:7,11,12 137:17 140:5,15,16,17 141:7 147:21 149:2,7 150:1,5,14,22 151:2,7,24 154:22 155:13,23,25 156:5 157:24,25 158:4
mention 21:8 61:10 141:23	model 72:18 83:9	
mentioned 88:1 105:24	modeled 47:6	
Meridian 57:17	Mom's 35:4	
messenger 31:20	monitor 101:15	
messes 8:19	monitored 32:18	
met 97:1	month 76:7 77:7 122:23 160:2,4,7	
method 108:23 109:6 124:12	moon 158:23	motioning 155:24
middle 10:6,11 22:8,14 90:20 125:16	moot 104:22	motions 84:8
midnight 10:7 120:10	Morgan 6:15 89:6 90:9 96:1,23 97:2,11,18 98:5, 12 99:23 103:4,7 104:2, 21 117:11 119:11 123:1, 25 124:4 128:23 134:15	Motor 72:11
Mike 5:11 7:4 55:12 56:3, 7,12 57:11 112:21 113:25 114:4,11 115:19, 22 116:8,17,23,25 117:8 118:20 131:13 136:13 141:5,18 151:22,23 158:19,20	morning 10:8 22:11 23:3, 5 80:11 86:17	MOU 57:11
mind 21:18 79:7	Mortensen 6:2 29:8,25 30:1,18 31:13,18 51:18, 22 53:4,25 58:14,18 59:6 61:9,15,24 62:16,22 64:5,9 65:9,17 66:2 68:22 70:14,17 71:10,15 76:2,12 77:1,10 78:9,19 79:4,20,23 81:10 85:1,6 86:10,21 87:11 89:2 90:5 91:12 94:5 100:7,16 101:2 102:1,5,12,19 103:1,14 104:8,17 105:1, 8,18 109:10,19 110:17 112:5 113:20 114:3,10, 13,25 115:21 116:14 117:4 118:19,21 119:13, 16 120:8,13 121:5,14	move 19:15 24:25 41:8 42:14 59:10,16,17 73:12 79:3,4 81:5,8 125:1 127:18 128:15 132:7 135:24 139:20 140:6 142:22 148:22 149:3,4 150:22 156:2 160:12,13
minimum 127:21,23		moved 128:20
minute 7:12 10:20 62:5, 12 66:17 82:19		moves 143:19
minutes 19:2 23:20 60:4, 21 71:4 127:18		moving 10:12 77:6 79:7 131:17 135:25 156:22
misrepresent 146:13		muddy 14:5
misrepresented 112:6		muddying 55:23
missed 24:10 68:21,25		multiple 110:11 160:15
		multitude 76:11
		municipality 56:18
		Murray 7:8

muster 37:11
muted 129:23
mutual 84:3

N

national 83:9 145:21
nay 131:7,8,9,12 141:9
nays 131:2
Nebeker 5:21
necessarily 9:16 18:22
24:21 70:9 89:3 90:15
142:21
necessity 13:5
neck 37:5
needed 9:23 13:16 15:1
52:9 76:5 81:11 83:22
88:12 96:22 107:5 122:1
124:17
needing 114:6
negative 101:22
NELSON 3:16 72:6,9
73:1 105:19,23 106:20
107:25 108:3,25 109:13,
18 110:1,8 112:15,20
129:15 130:15,22 141:12
151:18 156:17 158:14
NEST 13:6,8 27:4 31:11
34:9 41:24,25 42:2,17
45:2,3 80:19 144:8,12
145:7 147:24 148:12,14
149:1,3,6,22
nice 33:7
Nick 6:25
nicked 90:25
night 10:6,12 22:8,14
148:18

nobody-is-around
147:18
non-911 93:7,16 94:19
115:3 118:14 119:24
non-emergency 30:3,11,
14
non-emergent 36:21
37:6 38:10,16 39:7,11,
14,21,23 40:3,5,9 43:6
44:18,23 71:12 103:9
nonemergency 8:8 13:6,
10 22:17
nonemergent 25:4,16
nonmedically 88:3
nonurgent 107:15
normal 45:10
notice 72:16 110:15
notification 110:14
notify 124:15
number 3:22 20:9 21:22
82:6,8 94:19 95:15
100:18 101:8,9 115:2
116:10,20,21 135:16
145:12 146:14
nurse 43:2 88:10 89:9
106:24 120:12,15
121:11,15
Nurses 20:6
nursing 96:15 141:14
154:8
nuts 89:15

O

object 82:18
obligation 98:1

observation 9:21,23
99:1,7
obtain 68:15 69:18,22
70:9,20
occur 25:23
occurring 52:13 106:7
October 43:17
offend 91:5,6
offer 43:21
offering 33:12
office 6:14 10:25 83:21
90:12,24 91:6 93:19 94:1
138:23 139:18
officer 6:17 67:3,4
officers 67:16
offline 46:9 107:12
127:25 128:4
oftentimes 90:17
oil 52:10
older 158:1
one-and-done 36:12
online 9:7 44:15 118:6,
12
open 48:11 50:19 55:3
132:9
open-ended 15:7
opens 115:23
operation 144:4
operational 62:4 83:12
operations 23:19 37:24
46:14,17,19 48:21 66:18
70:22 78:24 142:17
147:2,12
operator 102:24 103:2

opinion 33:12 98:25
opportunities 33:22
opportunity 16:16 43:23
76:23 106:6 158:2
opposed 98:14
opposite 30:1 97:8,14
99:11
OPS 72:17
option 43:25 71:18
117:19
options 41:18 82:15
114:21
orange 97:6
order 10:16 17:24 24:25
68:8 108:5,11
organization 93:9 113:16
145:20 147:12
organize 93:8
original 20:9 22:20 104:6
originated 101:6
originates 154:2,3,6
157:6,13
outcome 17:3
outsider 77:5
override 89:25 99:21
107:11
oversee 37:10 51:24
oversees 44:22
oversight 25:16,22 26:5
34:12 37:1,25 44:12
106:9
ownership 157:22
oxygen 13:14,16,18,19
15:14,16,22,23,24 16:5
99:3

P

p.m. 85:25 160:16
paid 69:9
pain 37:4
pains 90:19
paint 146:10
Pandora's 44:19
paramedic 45:14
paramedics 10:10 45:11
51:23,25 52:2
paraphrasing 16:14
park 53:18 72:11
part 14:3,10 17:15 19:15,
24 22:5,15,16,19,20
29:12 34:12 35:12 45:7
49:12 53:18,19 61:2,20
62:4,19 70:22 74:15
75:11 78:22,24 80:18,25
82:24 83:8 84:6,24 85:2
86:9 87:1 94:6 95:20
96:21 97:4 108:3 109:6
113:4 124:2,3,23 126:17
134:6,10,11 142:12
143:3,15 144:7 146:22
153:6 154:11,13 155:1
partner 5:23
parts 22:4 79:7 142:4
144:19
Pascua 7:8
pass 37:11 83:9 89:7
133:10 134:4,12
passed 82:19 124:8
131:23
past 95:8 121:1

patient 9:19 13:1,4 14:4,
6,11 15:16,19,22 16:5
23:9 39:11 53:15 55:21
56:10 57:12 59:10,17
61:7,11,14,16,19 65:25
87:18,25 88:11 89:9
91:18 92:17,18 93:17,20,
22,25 97:20 103:2,11
114:20 115:1 122:3
124:17 146:21 148:4
149:23 150:9 153:25
154:2,5,7,8
patient's 14:17
patients 9:17,25 10:9,11,
12 22:24,25 56:23 96:11,
16
Paul 146:23
pay 68:17 109:23
pen 49:7
pending 87:1
people 4:12 8:2 12:23
18:12 19:23 22:13 35:11
37:7 45:20 48:3,8 51:10
57:18 61:25 76:16 77:13
78:8 80:13 82:2 84:13,19
86:14 88:8,19 103:17,19
120:19 154:17 159:20,21
people's 94:2
perfect 51:17 139:24
perform 9:17 45:21
58:16
performance 36:20
period 75:23 143:9 148:3
perk 122:13
permanent 49:10,16,20,
21 51:23
permit 53:20 54:4 63:4
67:7,10 73:18

permitted 63:14 68:8	23 92:16 102:12 113:11	121:11,16
permitting 144:16	126:25 131:24 157:15	pre 105:9
person 4:6 48:10 88:24 89:1,24 95:15 98:24 99:5 101:6,13,15,16,20,21 115:13,14 121:24	places 18:14 47:24 52:19 122:15	pre-april 104:10,11,20 115:5
personal 26:22	plan 65:10 72:17	pre-arrival 113:2 128:9
personally 31:18 65:18 79:11 91:19 159:8	planned 45:17	pre-instructions 124:1
personnel 149:14	planning 160:10	pre-made 99:15
perspective 33:19	play 43:2 79:17,18	pre-system 113:4
pertain 20:20 148:14	playing 120:12	prearrival 108:14
pertinent 19:2	point 24:24 26:2 27:14 38:6,16,24 44:17 49:2 54:14 65:21 70:6 72:10 81:14 96:19 101:3,18 119:17 139:14 143:22 144:2 156:8	Precisely 52:5
Petersen 6:23	pointing 125:4 146:18	predetermine 99:24
phase 160:11	points 31:4 73:5	prefer 18:22
phone 3:4,22 4:7,14 7:13 8:19 9:11 12:8 16:11 22:1 32:12 68:21,25 71:23 86:20 120:24 121:25 127:10 128:18 129:9 151:10	policy 14:13,14,15,25 15:5 16:10 66:19,21 92:12,21 93:14,15,24 94:12 102:2 111:25 115:18 119:18 120:4	premature 35:14
physician 48:3 87:15,17, 23 90:23 99:1,19 118:6, 12 154:4,7 157:7	polished 160:9	prepare 107:10
physician's 90:12 91:6	poor 92:12 94:12	Preparedness 5:15
pick 72:15 114:21,22	portion 123:20 136:14 140:18	preparing 107:6
picked 72:14	posing 91:12	prescheduled 103:13
picture 67:14 146:10	position 44:10 98:6 115:19	present 11:10 35:11 80:9 96:17
piece 20:15,19 28:11 62:4 104:25 116:11 146:25	pounding 21:15	presented 9:13 11:6
pieces 33:10 86:25 139:20	power 28:21	presenting 23:7
piped 20:15	powers 28:6,7	presumes 26:20
place 10:3 27:5 32:22 40:8 48:4 80:8 82:6,17,	powers/authority 27:16	pretty 11:15 18:2 68:23 79:10
	practical 99:25	prevent 49:1
	practitioner 97:24	previous 130:12
		previously 26:14 87:5 122:15
		primarily 9:24 31:1
		primary 72:21 93:19
		prior 70:14,18 74:11 82:5 104:18 125:7 128:22 152:24 154:19

priority 106:10 110:18 111:4,6	104:3 124:25 127:5 152:7 156:24	143:9
private 90:11,24 91:6	Proposition 16:22	publicly 34:23
Pro 108:18 117:22	Pros 48:12	published 77:23 142:15
problem 4:8 40:10 42:8 44:24 59:12 69:19 87:10 93:10 101:19 102:15,16 118:10,22,23 119:25 120:21 121:4 136:5 138:8 140:3 147:9	protection 57:22	pull 80:9 86:16 105:12 147:9 149:24
problematic 43:21 96:4, 10 147:15	protects 54:19	pulled 3:4 97:4
problems 17:22 37:3 54:22 60:23 91:22	protocol 17:1 89:8 91:8 106:25 107:12 110:13 117:17,21,22,24 118:13, 16 121:25	pulling 128:3
proceed 74:23 77:11	protocols 46:9 47:1 89:2 101:25 128:10	puppy 3:11
proceedings 17:4	provide 15:8 36:19 46:6 51:3,9 52:3,20,23 58:13 59:24 65:9 84:3 108:7	purely 98:20
process 11:17 12:1 18:20 19:25 36:11 37:15 62:20 87:16 88:2 92:5 93:8 98:1 103:12 112:10 113:2 115:25 130:10	provided 15:19 75:17,19	purple 100:13
produces 109:7 124:13	provider 46:4,8,11 47:3 52:24 55:4 58:3,12,13,21 59:1,3,5 68:15 74:10 90:4 94:20,25 101:10 110:4 111:20,21 114:5,7, 8 115:3,17 116:21 117:7 124:15 141:23	purpose 53:9 65:18,22 139:11
products 145:8	provider's 94:1	purposed 86:8
promulgated 26:14	providers 8:3 29:9,15,18, 21 36:18 45:11 61:21 63:20 70:19 93:14 103:25 110:5,6,11 111:19 114:3,4 116:2 131:19,20	push 21:7 22:6,14
proper 35:10 66:5 88:19 110:14 124:15	providing 53:6 55:8 70:14,18 74:11	pushed 10:19
properly 15:12 54:25 75:5	Provo 73:18	put 8:13,21 14:13 15:5 19:14,23 24:11 25:14 32:21 33:3 34:9 38:3 40:24 46:21 62:9 63:13 65:3 66:19 69:17 70:24 80:1,3,11 82:3,12,22 86:18 97:3 98:4 106:8 125:16 126:19 127:14 144:9 147:6 152:16 153:5 155:16,19
property 64:12	PSAP 116:18	putting 10:10 22:13 36:22 43:19 100:21 128:4 140:23
proposal 57:7 106:8 107:19 125:6 139:16 155:21	public 17:3 33:22 45:12, 24 48:8,10 52:22 75:21, 22 94:12 111:25 119:18 120:4 132:9 142:15	<hr/> Q <hr/>
propose 28:15 84:22 104:5		QA 108:14,18 117:22
proposed 8:14,25 26:9 27:20 38:15 46:12 86:8, 10,12 87:7 95:19 99:4		quality 29:16 42:14
		quarter 11:10 76:9
		quarterly 76:6 160:7
		Quealy 6:13 60:2 74:3,17

75:9,15 128:19,24 129:4
question 15:11 18:15
34:16 38:4 40:22 55:16
62:8 63:16 64:4,10 67:22
77:19 87:9 89:9,11 91:13
92:24 93:1 106:23,24
108:21 109:11 120:17,19
126:10 133:6,25 155:16

questioning 34:21
107:17

questions 17:2,4,21
18:20 21:18 35:19 37:1
89:12 92:8 96:2 107:2,4,
17,20 108:13,21 115:11,
15 118:1 128:9

quick 15:10 47:5,7,10,21
50:2 53:12 62:6,13 63:25
64:11,17,21 65:6,7
69:20,25 141:22

quicker 110:23

quickly 110:20 122:21
131:18

quiet 136:11

Quinney 5:21

quorum 11:13

quote 139:10

R

R-26 137:12

R-416-1 8:15

R-426-1 140:13

R-426-2 123:9

R-426-2-200 69:16

R-426-2-400 102:4
127:20 130:12

R-426-2-400(C) 124:10

R-426-2-499(C) 109:5

R-426-2-9(A)1(A) 55:13

R-426-2-900 53:5

R-426-3 83:1 85:21
136:21 137:2,5 140:6,7

R-426-3-100 138:6,16

R-426-3-500 102:6
131:17

R-426-3-900 84:1 141:23

R-426-4-100 144:7

race 64:8

raced 91:23

rainbow 67:7

raised 38:5

ran 59:15

Ray 5:21

Ray's 146:23

re-approach 143:14

re-designate 108:16

re-looked 148:16

reach 122:10

reached 135:4

reaching 122:7

read 124:22,23 126:2

reads 48:23 127:20

ready 42:14 60:10 71:18

real 15:10 37:4 44:1
87:22

realized 91:21

reason 37:13 63:22
64:21 76:22 85:9 93:3,15
102:17 111:21 143:6

147:5 154:21

reasons 149:21

receive 108:5

received 12:9

receiving 9:20 75:10
154:8

Recently 45:9 47:24

recipe 25:22

recognition 111:12

recognize 46:3 72:12

recognized 59:19

recognizing 111:3

recommend 33:17 38:2
144:9 152:2

recommendation 18:5
32:8 39:1,3 74:23 123:4
130:5 137:1 150:18

recommendations 18:11
25:20 32:22 86:7

recommended 18:10
48:22 60:19 156:22

recommending 33:18
130:9

reconsidered 20:13

reconvene 78:15

record 25:14 34:22,25
36:16 74:6 75:9,11,16
126:3 141:24 156:15

records 75:24

red 86:22

Redd 9:13 10:19,23
20:22 23:6

redesignate 106:4

redo 123:16 155:25

156:7	remember 4:21 49:6 66:20 89:10 107:25 143:17	67:24 68:7 83:17 122:14 127:21,24 137:13,14
reference 27:24 138:12 139:11,12 140:7,24 142:19	removal 137:6	requires 88:3 92:12,22 99:1
referenced 87:2 144:12	remove 140:20 150:4	requiring 12:19 92:1
references 14:14 83:22 137:7,9,10,12 139:17,21 140:6,8,21 142:19 145:7	removed 119:2 139:12	rescue 59:10 148:10
referring 75:24 142:13	removes 87:15 137:12	reserve 143:8
refers 144:25	removing 125:22,23 126:3 128:3 137:9 139:11 140:8,18 145:8 150:2,24	reserved 138:2
refined 76:8	rep 147:3	resolve 76:13 87:7
refineries 52:10	repealed 131:23	resources 147:15
reg-- 30:13	repeat 96:6	respect 26:4
Regina 3:16,17 7:14 72:2,5,6,9,20 73:1 105:19,21,23 106:20 107:25 108:3,20,25 109:12,13,18 110:1,8,17 112:6,7,15,17,19,20 113:3 127:11 129:14,15, 17 130:15,18,22 131:13 141:11,12 151:17,18 156:17 158:13,14	repeating 120:21	respond 50:21 62:7 65:11 76:1
regular 17:20	replace 81:22	responding 55:15 63:18, 20,24 65:4
regularly 91:24	replaced 154:6	responds 52:12 62:11
regulate 27:6	reporter 17:16 85:24	response 47:5,7,10,21 49:24 50:2,16 53:12 55:8,15 56:4,5 61:1 62:6, 13 64:1,11,18,22 65:6,7 69:20,25 124:16 145:23 147:11
regulated 104:1	reporter's 14:2	responsibilities 145:19
regulates 30:14	represent 146:12	responsible 119:11 128:12
regulating 111:3	representative 9:13 10:1,19 20:22	rest 131:9 135:24 140:21 144:3 150:4
regulation 60:6 74:22	represented 25:4	restraints 14:4
regulations 31:2	representing 5:10,12,13, 22,25 6:3 25:24,25 87:3	result 92:13 106:23 119:21
relates 152:6	request 27:17 152:1	results 119:19,20 124:13
relation 43:5	require 9:21 46:4 64:11 69:22,25 70:1 92:25 94:8 101:20 111:22 121:9	reverse 10:16
released 21:24	required 9:23 13:2 49:24 67:25 75:25 84:4 89:13 106:3	revert 129:2,7 130:12 152:8 156:3,6
relook 80:25	requirement 79:9 87:17	reverted 104:6 155:2
	requirements 29:3,17 49:11,23 63:6,8 66:5	

reverting 154:13	25 38:15 46:22 60:9,13,	rush 77:4 80:7
reverts 158:1	16,23 62:4,7 68:13 70:7,	
review 31:6 155:17	24 71:7 75:21,23 79:7,11	<hr/> S <hr/>
reviewed 18:6 89:4	80:18 81:10,14,20,21,22,	
revised 76:15 86:22	25 82:5,9,17,18,20,22	safe 12:18
revisit 147:9 148:5	83:1,5,9,12 84:1 86:22	sake 14:2 139:15,16
reword 152:16	90:6,8 91:25 92:1,11,22	Samaritan 45:15 69:4
rewritten 148:24	94:6,22 95:1 96:22 97:4	sanctions 32:22
Rice 49:4	101:19 104:1,7 105:5	sandwich 35:3
Richards 7:4	106:18 107:23 108:22	satisfy 66:6
rid 88:25 89:14 120:5	109:4,22 111:21 115:7	sausage 75:22
138:14 152:18	117:13 118:10,22,25	save 133:15
risk 10:11 119:21	119:7,9 121:9 122:11,12	scaffolding 33:14
Rives 6:3	123:4,22 124:8 125:22,	scene 47:12,14 52:24
road 19:3 100:17,20,21	24 127:19 131:19,22,24	55:17,18 56:4,6,10,12,13
145:25 148:18	132:2,8,20,24 133:12,13,	59:22 61:1,8,10,19 62:8,
roads 64:25	20 135:1,3,9,13,25	11 63:21 65:5 146:21
Roberts 6:16	138:7,12,13 139:2 142:5,	149:23 150:9
rod 146:25	13,17 144:4,18,19 147:1	schedule 77:6
rodeo 59:14	150:21 152:6 153:5,23	scheduled 159:25
role 4:23 47:2 59:23	160:9	scheme 26:19 87:16
roles 145:18	rulemaking 5:1	94:11
roll 78:5 141:9 151:9	rules 4:20,23 17:8 18:8,	screen 125:4
room 4:12 5:5 7:21 8:2	17,21 19:8,12,24 20:3,	scrutinized 32:19
21:24 23:15 30:19 35:11	24,25 25:9,19 26:9,13,18	scrutiny 37:4
60:22 84:13 93:23 96:10	27:11 32:7,16,17 33:11	seal 80:1,4
143:10 147:11	34:15 39:13 40:7 41:23	search 59:9 148:10
room's 4:19	44:15 59:2 60:18 71:1	second-guess 88:4 94:9
round 81:23 82:1	76:4 78:4 81:21 83:16	95:25 112:12 121:10
route 16:4	84:6,14,15,16 87:4 93:8	second-guessed 101:17
rule 5:1 7:12 8:7,14,16,	94:8 99:24 102:6 104:11	second-guessing 88:14,
21 10:2 11:6 12:13,14	105:25 106:21 107:8	18 102:24 103:2 119:20
14:13 20:19 23:20 27:4	122:20 126:22 129:8	121:8,18
28:1 30:8 33:8,12 37:24,	132:19,23 133:3 137:13	seconded 151:3,6
	138:25 140:13 142:2,8	
	152:15 154:25 159:7,16,	
	19	
	rump 36:13	
	run 53:13 115:10 117:23	
	running 3:24 4:16 62:23	
	rural 5:12 63:17 147:18	

section 4:21 8:9 28:3
29:1,3 39:15 111:1 140:9
150:10

sections 137:24 154:25

secure 12:15 13:23 14:3,
10,17 40:14

secured 7:24 8:9 9:3
13:6,10 16:2 71:12

security 156:9

segway 54:3,4,6 62:17

segways 55:20

select 23:15

selecting 110:4

selective 113:2 127:24

Self-administered 13:14

senate 9:14

senator 9:14 10:1

send 3:22 88:16 92:10
95:14,17 117:7,16,17
118:7,14 119:24 133:4
148:3

sending 95:23 101:22
115:17

sense 10:13 53:25 61:12
66:6 67:19 77:17 78:10
81:4 85:11 95:1,11
111:11,15 113:18 116:2

sentence 61:22 68:11
128:7 133:1

separate 58:15

separately 8:13

sequence 8:21

seriousness 159:5

serve 145:22

served 131:19

serves 157:11

service 8:3 9:6 22:18
27:1 29:9,15,21 30:10
36:19 39:17 46:6 48:24
51:3 56:19 57:10 58:2,13
59:1 67:11 69:21 70:8
74:11 96:25 99:20
127:20,22

serviced 13:12

services 5:15 12:22 29:5,
16,18 50:14,17 51:9 52:3
55:7 62:19 70:15,18
93:21,24 95:21

session 10:22

set 31:2 47:1 70:25 101:5
114:18,19 118:1

severe 30:6 118:3

severely 89:16

severity 128:11

Sevier 5:11

shakes 105:13

share 8:6 11:17 19:23
31:23,25 32:9 75:3

shared 80:10 147:4

shares 86:24

shelf 142:3

sheriffs 147:1,5

shields 16:13

shoot 24:10 76:17

shoots 76:14

shot 110:21

show 123:3,11 146:9

showed 146:8

shown 36:25

shows 101:10

side 39:10 40:9 94:14,17
95:2,4,22 100:17,19
102:21

sides 19:23

sidewalk 56:15

sight 90:9

signed 107:13

significant 26:18

silent 23:22 131:3

similar 45:6 50:9 92:16

simple 93:7 99:8 106:24
128:19 141:8

simpler 129:5

simply 128:20

single 95:11,12

sirens 63:22 116:4

sit 60:14 78:5

site 52:2 121:24

sitting 142:3

situation 44:11 60:15,16
90:21 94:8 95:16 101:13
110:3 114:17,18 119:19,
23 138:22

situations 30:15 37:7
91:15 95:24 113:19
139:4

skilled 105:12

skip 8:9

skips 89:1

slap 36:12

slated 24:13

sleeves 78:6

slow 3:14,24 17:15

small 71:16

smiling 72:7

Smith 6:21 101:21

sneak 142:12

society 93:24

solution 48:17

solve 20:24 21:3,5 33:24
61:24 95:2 118:22

solved 20:23,25

sort 43:20 51:24 85:18
89:16 100:14 110:18

sorted 38:21

sound 74:20 127:16

sounds 45:1 61:25
73:11,20 74:21 85:14
128:14 142:23 154:16,20
157:20

South 7:2,4,6 8:1 57:2

speak 4:17 17:17 19:19
142:20 159:12

speaking 107:8 110:9

special 147:11

specific 12:21 15:6 58:15
66:19

specifically 36:3,4
118:11

spending 42:12

spent 76:6

spite 33:19

Sports 72:11

spot 25:10 40:24

spring 21:7

square 155:3

stable 10:9 148:3

staff 18:13,14 45:20,22
51:23 52:17 57:6 72:13

staffing 47:17

stakeholders 11:14

stand 67:20

stand-by 48:24

standards 145:21,22

standing 120:24

standpoint 40:2,9

stands 115:5

stars 158:23

start 3:3 5:7 7:19 10:2
14:4,5 46:24 60:11 85:11

started 10:4,7,17 86:3

starting 85:17 100:25
155:3

starts 17:25

state 7:24 25:25 39:12
54:21 57:23 63:16 84:8,9
106:22 107:9 110:6,9
111:5 119:15 121:16
127:18 136:1 137:1
143:18 145:11 146:8
149:3 150:22 156:2
159:19

state's 40:17

statement 26:11 39:2

states 40:3 61:23

stating 18:17

station 49:10

stationary 64:3,6

stationing 53:8

statute 12:13 13:2,14
26:20 27:5,11,13,19
29:12 38:12,13 39:24
40:15 45:23 83:22 87:16
93:6 98:22 99:15 102:15
104:7 114:17 122:10
138:23,24 139:2,3,11
149:15

statutes 137:6,7

statutory 26:19 27:7 30:5
31:3,12 60:10 87:16
94:11 137:9,24

stay 14:22 133:20 149:19

step 135:10,21,24

Steve 7:9

sticky 37:7

Stoel 6:3

story 81:13

straits 94:2,4

street 56:15

strictly 44:7

strikeouts 8:7 140:24

strikes 60:3

striking 56:1

strong 24:6

strongly 93:11

struck 83:23 140:1

structure 44:20

struggle 62:1

struggling 62:9

stuff 7:22 14:16,20 19:8
22:25 41:19 42:9,17
64:23 65:1 66:15 71:15
73:17 79:5 81:5,10,16

84:16 134:5 136:15,18
147:25 149:8,20,21

subcommittee 46:14
147:2

subject 30:6 42:15 44:7
78:25

submit 56:5 60:25 65:22
81:20

submitting 53:7

subsection 29:1 86:13
115:8 123:5 136:23
138:10,18,19 139:6,9

substance 12:23

suddenly 91:20

sue 120:1

sued 54:25

suffers 119:25

suggest 11:22 43:18
56:1

suggested 41:11 76:15
95:10 98:21 99:19

suggesting 99:16 127:14
150:7,19 152:15 154:21

suggestion 40:15

suicidal 14:6

suing 26:24 120:2

summarize 40:12 150:20

summary 127:17

super 102:3 126:4

supplies 16:15 53:8,17
54:5

support 11:25 44:12 46:7
50:3 59:22,24

supported 9:14

supposed 7:16 12:18
64:2 67:10 83:18

surface 42:9

surprising 90:1

switched 113:7

system 50:16 54:20
100:15 106:12,19
108:15,18 109:6,23
110:18 111:5,11 112:9,
10,24 113:22 114:15
117:9 119:4 121:1
127:25

systematic 113:15 114:6

systemized 108:12,23
112:24 124:1,12 128:8,9

systems 88:22

T

table 35:16 40:25 41:12,
14 42:1,17,18,22 43:8,10
45:2 137:18 144:13
147:8 152:3 158:5

tabled 33:18 35:18
38:20,23 74:4

tabling 45:2 71:12

tacked 83:15

tackle 136:3

tails 98:9

takes 57:5

taking 54:10 113:18

talk 19:3 28:23 32:16
55:7 60:14 63:16 78:19
84:21 85:6,10 86:6
122:21 134:3 135:23
140:18 159:7

talked 15:12,13 25:17
36:7 77:24 147:3 156:19

talking 12:9 13:11 14:4
19:10 25:19 29:13 51:2
52:16,19,21 55:17,19,20
57:11 60:17,21 63:18
64:14,16 73:5 75:20
76:24 77:2 79:22 82:25
84:15 86:3 102:4 109:8
110:18,25 111:17 113:4,
25 114:12 116:1 118:18
130:4 135:17 136:21
137:16 159:10

talks 9:22 13:22 27:15
29:2,4 46:24 53:5 76:4
137:14 148:12

Tami 5:18 13:7 15:17
16:10,21 48:4,14 51:13,
21 54:3 58:4 69:5 86:16
105:11,13,15 108:10
156:10

tank 15:16 16:1,2

target 33:15

targeting 9:24

task 4:20,23 7:23 8:1 9:2
17:6,19 18:14 19:24 20:3
26:12 34:3 35:16 36:7
41:14,17 42:5 55:10
75:3,13 76:3 77:6,22
84:6,11,16 85:16 107:8
122:24 123:5 126:13,22
127:6 128:14 129:20
131:25 133:3 135:25
136:2,25 138:5 140:2
142:2,8,22 143:19
150:15 152:2,15 156:12,
23 157:23

technicality 82:20 83:17

technically 21:23

telling 4:10 65:25 68:3

tells 35:13 83:19

temporary 49:16

ten 10:7 19:2 60:4 71:4

Teres 69:1

Teresa 4:2,3,5 7:14 20:4,
5,7,8,10,11,17 21:10,17,
21 23:8,13,17,21,25 24:1
34:2,3 35:22 42:19 43:1,
10 44:17 66:17 69:1,8
71:25 72:2 73:9 120:11,
15,23 121:12 129:13,17
130:18 131:13 140:17
141:13,19 151:4,6,13,14
158:15,16

term 39:6,23 56:10 61:11
111:4 144:17 149:15

terminology 39:19

terms 17:1 83:19,20
144:16 149:13,19 150:23

text 126:3

thing 10:17 11:5 16:24
21:15 33:14 34:10 36:23
47:18 48:20 49:25 53:14
54:11 55:2 59:13 62:1
76:25 80:19 88:7 89:17
93:17 97:22 98:9,16
99:18 114:5 121:17
131:16

things 15:14 16:12 18:10
20:21 25:6,7,18 36:6,17
41:22 44:3 57:17 63:19
66:13 71:21 76:11 80:22
83:3,16,17 85:10 100:24
103:9 108:8,11,15
109:17,21 112:23 122:18
132:16 133:10 145:9

thinking 29:23 35:23
48:14 62:11 74:7 113:3

thinks 101:21

thought 16:18 55:6
62:21,24 69:11 72:22
81:3 88:21 90:2 123:14

thoughts 35:23

thousands 109:23

threw 91:22 96:20 147:7

throw 17:12 47:25 71:14
132:17 143:11,12

throwing 17:25 144:17

thrown 139:5

thumbs 36:10

tie 103:8

ties 42:7

time 8:17 17:17 19:12
27:17 42:12 43:15 44:5
59:8,18 76:20 77:12
87:19 103:21 105:22
109:3 113:19 120:16,20
131:5 138:24 139:15
142:25 144:25 145:2
148:3 159:1,3,6,13

timeliness 10:3

timely 21:15 23:2

times 37:4 51:10 88:1
159:16

Tingey 5:25 66:24 99:13
105:17 131:10

title 4:20 8:18 9:22 83:14
138:11

today 4:12 5:24 8:5
33:18 35:12 42:14 76:10
81:3 120:25 133:20
135:15 147:5 154:17
156:1

today's 156:6

Todd 6:9 89:8 92:23

told 35:3 40:4 115:12

tomorrow 99:3 103:10,
16

ton 76:20

Tooele 72:10 107:6,7,16
110:10

top 144:7

totally 40:1 102:10,11
153:11 156:4

Toth 5:23

touched 92:18 145:6

tough 99:23 159:18

town 67:8 71:17

track 18:25 21:22 64:8
73:21

train 18:24

trained 88:3 121:24

training 12:19,21 15:3,4
50:20 100:11

transfer 102:9 124:17
152:9 153:24,25 154:2

transferring 154:4,7

transfers 22:8 108:17

transparency 11:18

transpiring 25:8

transport 7:25 8:9 9:3
10:14 11:15 12:15,17
13:6,11 22:1,18 23:2,17
39:10,20 40:14 43:6
44:18,22 50:14 51:11
53:7 55:13,16,19 56:22
57:12 58:5,10,19 59:1,5,
8 61:6 71:12 88:5,6
90:16,22 91:1,15,17
92:20 98:14 99:2 100:23

103:10 111:23 115:2,3
116:6 119:25 122:3
149:8
transportation 56:17
60:5 100:2
transported 13:3 39:12
88:13 114:20
transporting 22:10,25
50:13 52:1 55:21 56:8
61:19
transports 9:17,21 10:6,
9 12:20 13:23 40:5 53:10
58:16 59:2
traveling 64:12
treat 94:3
treatment 46:10
tremendous 33:20
145:10
truck 47:11 63:1
true 37:16 122:7
turn 62:9 120:1
turns 95:15
type 28:22,23 68:14
70:19 90:16 91:7 99:15
100:1 117:24 121:18
159:10
types 15:4 29:7,8,20
70:12,13 96:11,25 98:18,
20
typically 57:4 76:9 160:3

U

UCA-26-8-A102-6-A
154:1

UFA 52:11

Uh-huh 19:16 123:10
ultimately 11:23 75:5
87:23
unambiguous 146:16
unanswered 35:19
unattended 43:4
unclear 74:25
uncomfortable 38:2 77:5
80:20 99:18
underlined 45:7 141:25
underlines 8:8
understand 9:5,7 36:21
43:20,24 44:9 51:19
53:3,9 59:6 60:21 65:18
66:7 95:7 106:15 110:24
113:21,24 115:19 116:8,
17,23 130:8 138:4
140:19 142:22 145:14
152:22 155:12
understanding 32:18
42:10 60:14 146:6 157:4
understands 145:17
understood 12:14 19:21
144:15
Unified 6:17
unincorporated 146:24
147:18
unit 47:5,7,21 49:15,18,
19,24 50:2,10 51:3 63:21
64:1,22 67:16 69:20,25
100:21

units 36:9 37:7,11 62:7
63:17

University 91:23

unlike 52:12

untoward 23:9

updates 7:12
upfront 97:9
upset 80:13,25
urgent 107:15
USANA 56:20
useless 60:6
Utah 25:25 63:16 72:11
91:23 106:22 107:9
110:9 121:16 145:11
147:17,19
UVU 53:12 64:15

V

vague 137:14
Valley 6:3,9,25 7:1 56:19,
21,23 80:10 85:4 86:8,
11,24 87:3
van 9:6,15,16 13:19
14:16 16:2 144:8
van's 15:23
variations 96:6
VECC 6:15 92:15
vehicle 9:16 10:18 13:11,
12 14:7 47:8,14,19,21
49:25 53:9,19,21,23 54:1
62:11,12 63:4,7,8,14,24
64:3,6,21 66:3 128:12
vehicles 15:13 44:19,22
53:8 54:15 61:3 62:7
vendor's 15:6
vendors 15:7
venue 35:10 43:23 45:7
47:13 51:3,9,19 52:2
53:6,20 54:24 56:11
58:1,2 62:10,14 63:24
64:3,12,20 65:5 66:14

67:16,23 68:8,16 69:20
71:21 72:9,12 76:25 77:2
78:21 80:23 81:6,8

venues 52:15 54:7,19
55:6 57:19 58:15 68:1

version 104:11 124:6
152:10

versus 56:23 57:5 118:5

vet 80:18

veto 10:24 11:1

vetoed 11:2 19:18 20:12

vetted 7:22 11:12 63:4

VHU 22:24

view 137:25

viewed 115:11

viewpoints 43:23

violated 18:17

violation 132:9

visitors 42:14 126:12

voice 80:14

VOICES 160:15

voluntary 54:18

volunteer 66:9

vote 130:25 133:17
134:11 151:8 158:8

voted 131:11 136:19
139:19 153:5

votes 126:14

voting 126:10,12,23,24
127:4 155:16,19

W

wait 17:7 18:24 62:12

80:17 82:19 126:18
134:2 146:2 150:10,11
160:1

waiting 72:8 142:4 148:3

waiver 16:15,19

walk 93:18,19

walked 4:18

walking 93:17

wanted 9:10 10:1 11:16
12:13 14:22 15:1,6,8
16:25 21:21 26:10,14
27:3 46:25 83:5,13
123:17 129:7 142:20
144:14 149:13

wanting 24:23 57:20
95:22 122:24 146:16
156:2

warning 132:2

watch 39:14

watched 87:19

water 55:23 72:23 139:5

waters 14:5

ways 130:8

Wednesday 160:4

week 77:7

weeks 77:8 160:8

weighs 148:1

weighty 146:17

well-rested 116:7

West 5:22 6:1,3,12,13,
23,25 7:1,9 26:12 27:9
30:24 56:19,21,23 57:17
58:1 60:3 75:17 80:10
85:3,5 86:8,11,24 87:2,3
148:20

whatnot 66:5

wheels 63:2

wife 35:1 90:23

Willits 5:11 55:12 56:3,7,
12 57:11 112:21 113:25
114:4,11 115:19,22
116:8,17,23,25 117:8
118:20 136:13 141:5,18
151:23 158:20

win-win 55:6

wind 93:22

Windham 5:20 16:25
17:9 18:16,18 19:4 26:7
28:5,9,25 30:20,24 57:25
58:5 67:22 68:13 69:15,
19 70:6 71:11 85:5 93:4
99:10,14 102:8,18
103:24 104:5,10,22
112:14 114:24 122:9,12
126:2 136:23 137:4,22
139:8 140:11 142:20
143:8 152:1,6,20 154:23
159:2

winter 21:13

withdrawn 82:5

wonderful 89:23

wondering 27:7 76:12

wool 128:3

word 8:18 61:6 69:17
74:8 80:24 128:4 144:17

wording 38:13 40:15
63:11 73:2,24 77:9 82:11
89:10 121:2,3 140:1
142:18 143:22,24 147:4
154:16

words 10:22 17:18 60:6,
12 139:2 157:5

work 11:5,9 17:22 20:3
33:19,21 43:15 50:20
51:11 57:20 58:25 66:9,
11 72:13,22 73:1 77:12
78:3,13 79:12 81:6 85:8
110:10 149:11 159:12

workable 21:4

worked 8:4 80:22 83:10
121:1,6

working 9:5,7 10:2,4
55:20 72:18 85:11 121:2

works 19:7 26:20

world 58:25 59:5 78:6

worried 10:8

worries 12:5

worth 44:25

wound 110:22

Wow 131:4

write 61:13 65:13 93:5

written 60:10,11 115:7
118:11

wrong 50:2 92:16 93:22
106:11 153:16,19

wrote 8:13

X

x-ray 99:3

XYZ 84:8

Y

yay 141:9,12,16,17,18
151:12,14,16,18,21,23
158:10,12,14,16,18,20

yays 158:21

ye 150:16

year 25:2 76:6,7 83:7
84:2 105:10 142:4 143:1

years 35:2 98:3 105:25
108:6 130:3,6 156:19

yellow 82:24 84:25
134:6,10,11 135:11
136:6,8,14,18 140:9,18
153:14

York 42:21 73:13,17