



EMS Rules Task Force Meeting

BUREAU OF EMS AND
PREPAREDNESS

January 25, 2017

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Bureau of EMS and Preparedness
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EMS Rules Task Force Meeting
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January 25, 2017 * 1:05 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

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- Guy Dansie
- Jay Dee Downs
- Jim Hansen
- Lauara Snyder
- Dan Camp
- Gay Brogdon
- Jean Lundquist
- Teresa Brunt
- Dean York
- APPEARING VIA TELEPHONE
- Jeffry Grunow
- Regina Nelson
- Don Marrelli
- Randy Wilden
- Jim Guynn

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

2
3 GUY DANSIE: We'll go ahead and start
4 then. On behalf of Jay, I'd like to welcome
5 everybody here and thank you guys. It's good to see
6 you guys. I haven't seen you guys for a while.

7 And maybe we need to just go around and
8 introduce ourselves quickly for the reporter so that
9 we have that on the record. Will you start, Dean?

10 DEAN YORK: Dean York, Provo City Fire
11 Department representing the paramedics.

12 TERESA BRUNT: I'm Teresa Brunt. I'm here
13 representing the Emergency Nurses Association.

14 JEAN LUNDQUIST: Jean Lundquist
15 representing the trauma centers.

16 GAY BROGDON: Gay Brogdon with the Bureau,
17 administrative.

18 DAN CAMP: Dan Camp with the Bureau.

19 LAUARA SNYDER: Lauara Snyder with Private
20 Ambulance Providers, Wendover Ambulance.

21 JIM HANSEN: Jim Hansen with the Bureau.

22 GUY DANSIE: And I'm Guy Dansie. I'm with
23 the Bureau as well.

24 And then on the phone we have -- maybe
25 we'll start with Regina.

1 REGINA NELSON: Yep. This is Regina from
2 the Tooele County Sheriff's Office representing
3 emergency medical dispatch.

4 GUY DANSIE: Okay. Thank you. And Jeff?

5 JEFFRY GRUNOW: Jeff Grunow up at Weber
6 State University representing the educators.

7 GUY DANSIE: I'm trying to remember who
8 the third party was on the phone. Anybody else on
9 the phone?

10 GAY BROGDON: Don and Jim Guynn are
11 supposed to be on.

12 GUY DANSIE: Okay. Yeah, we have two more
13 that we anticipate will call in. So when they do we
14 will --

15 Whoop, there's one of them. Who just
16 called in?

17 RANDY WILDEN: Randy Wilden.

18 GUY DANSIE: Okay, Randy. And we're just
19 doing introductions, so can you tell us who you are
20 and whom you represent?

21 RANDY WILDEN: Randy Wilden for the Tooele
22 Fire Department representing the rural EMS fire.

23 GUY DANSIE: So we were just talking, as
24 we were setting up the meeting, a little bit about
25 rule updates and legislation. We're kind of waiting

1 for Jay Downs. He's on his way. He texted me a
2 minute ago, and he said he's almost here.

3 So let me just go ahead and talk about
4 some of the things we're doing. With the rules, I
5 sent out three different documents over the Christmas
6 break that we forwarded to the EMS committee. One of
7 those was about the mutual aid, having that when you
8 do your licensure, that would automatically be
9 expected of you unless you opted out for some reason.
10 And that passed through the committee, and they were
11 good with that.

12 Also we talked a little bit about -- I'm
13 drawing blanks here. What were the other things?

14 JIM HANSEN: EPI.

15 GUY DANSIE: No, not the EPI. We talked
16 about -- I can't remember honestly.

17 JIM HANSEN: Blood draw.

18 GUY DANSIE: Blood draw, that was it.
19 Blood draw. Thanks, I'm getting too old for this.

20 We talked about blood draws and migrating
21 the language that the Utah Department of Health
22 Laboratory has for that, moving that into our
23 certification piece of Rule R426-5. And that
24 language was put in there.

25 And then there was some clean-up language

1 on the -- this is the part I was trying to
2 remember -- on the background, screening, peer-review
3 board and the complaint, the compliance complaint and
4 enforcement unit. Some of the language was -- for
5 the most part was described as "the department shall
6 do this and the department shall do that." And they
7 refined it so that it was the CCU or the Bureau,
8 depending on what the type of function it was. So
9 just some minor like refining of the language there.

10 Currently I'm waiting to -- they're going
11 to do a repeal of the blood draw permitting on the
12 lab rule at the same time we do our adoption of their
13 language. So it has to be done that same day. So
14 we'll do that one step. Once that takes place, then
15 I'll add the other language for the CCU, the
16 peer-review board and so forth.

17 JIM HANSEN: I do have a question on that.

18 GUY DANSIE: Jay Downs. Jay is in the
19 room, for those on the phone.

20 JIM HANSEN: Okay. Jim Hansen. My
21 question is are we going to be actually doing the
22 certify?

23 GUY DANSIE: The permitting?

24 JIM HANSEN: The permitting, yeah.

25 GUY DANSIE: That is to be determined.

1 Currently the lab has been doing that. I think that
2 was Paul's intention is having us do that. And what
3 it really does is -- what we do is look at training,
4 make sure they're trained properly. These are folks
5 that are not certified as paramedics or AEMTs who
6 would be doing blood draws. They might be like a
7 phlebotomist. And we issue a permit to them if
8 they're trained properly, and that permit allows the
9 highway patrol or law enforcement to use them for DUI
10 suspects and so forth. We've been doing that
11 already, but we're just -- that process is --

12 JEAN LUNDQUIST: Is there something in
13 there that defines it properly?

14 GUY DANSIE: Yeah, it's in the language.
15 I can't quote you. I can give you the language after
16 the meeting. And it's in the draft actually I
17 believe on there. The blood draw is in the packet
18 you have.

19 DEAN YORK: Yeah, it is.

20 LAUARA SNYDER: Does that say that law
21 enforcement can like hire other people to come in and
22 do their blood draws?

23 GUY DANSIE: Yes, or if they have an
24 officer, they can train an officer.

25 JEAN LUNDQUIST: And your forensic draws,

1 is that what you're talking about?

2 GUY DANSIE: Yes, yes. For instance, they
3 could train one of the troopers or a law enforcement
4 officer. They might not be certified as an EMT or a
5 paramedic, but they could be trained to do the blood
6 draw and permitted. And then that officer would be
7 legal and able to draw the blood.

8 LAUARA SNYDER: Isn't that something
9 that -- phlebotomy, isn't that under licensing, under
10 the Department of Health? Because there's a whole
11 different explanation for that.

12 GUY DANSIE: Yes. Yeah, there's another
13 title that refers to this. But it also allows our
14 certified individuals to do it as well. But we can
15 as a department issue a permit for that based on
16 criteria -- if they meet certain training criteria.

17 LAUARA SNYDER: Because in the past, as
18 you say, we did it through whom? I mean who --

19 GUY DANSIE: The lab.

20 LAUARA SNYDER: The labs. And it's just a
21 fee. And if you were an advanced EMT or intermediate
22 or whatever, they assumed that you had the training.

23 GUY DANSIE: Correct.

24 LAUARA SNYDER: And that's all the
25 training that's required is the IV stuff and blood

1 draws that we get in our EMS advanced classes.

2 GUY DANSIE: Right.

3 LAUARA SNYDER: But if you're starting to
4 train someone totally out of EMS, coming in off the
5 street, that's a whole different story.

6 GUY DANSIE: Correct.

7 LAUARA SNYDER: It's like you have to
8 create another type of everything to -- and I'm not
9 sure I'd even --

10 GUY DANSIE: Well, we wouldn't do the
11 training in-house. We would -- that would be
12 something they would have to get from a program or
13 somewhere else and then bring their credentials to us
14 and then we'd issue the permit. And the language is
15 in there. I honestly am not an expert on this part
16 of it.

17 LAUARA SNYDER: Does the lab not want to
18 do it any more?

19 GUY DANSIE: No, it was -- they had a
20 five-year rule review, which is a requirement under
21 the administrative rules, that we review the rules
22 every five years. And during that process, our
23 executive director and the rules people felt it would
24 be a better fit to move it into our rule, to renumber
25 it and put it in our rule. So it was a legal

1 decision on their end.

2 JIM HANSEN: Let it be said, let it be
3 done.

4 GUY DANSIE: Yeah. Honestly, we're not
5 trying to change the process. We're just moving the
6 language into our rule at this point. If the process
7 does change, we'll bring it back and bring it through
8 this process and the committee.

9 Okay. And then the other things
10 legislatively, there are a couple of bills right now
11 about air ambulance, just so you guys have a
12 heads-up. One of them was a declaration that the
13 State feels like the State needs more -- they would
14 like to see the Airline Deregulation Act amended by
15 the federal government, by Congress. And that's kind
16 of a big thing I think throughout the states. There
17 are several states that are pushing for federal
18 change in the Airline Deregulation Act. Currently
19 the states are not allowed to do anything with the
20 rates or routes or you know -- or anything to do with
21 the flight aspects. And that's one reason why
22 they're allowed to have a license for the whole
23 state, anybody that has one, because the states are
24 not allowed to determine where they can and can't
25 fly.

1 So that's a concern that many states have
2 had, and our state is included in that group. And
3 we're sending a declaration to Congress saying that
4 we feel like there ought to be a little more state
5 oversight in some of those areas, and they want them
6 to amend the Act. So there's that.

7 DEAN YORK: Guy, is that -- does that
8 include also pricing then? So not only licensing
9 for, but also --

10 GUY DANSIE: That brings me to the second
11 bill. There's another bill that's being proposed
12 that would make -- not controlling the pricing, but
13 requiring that we post the prices that different
14 carriers have charged and the numbers of flights,
15 transports that they have had. So there would be
16 more transparency in seeing who is doing what in the
17 state to help the consumer have a little more
18 education on who their provider may or may not be.
19 Does that make sense?

20 DEAN YORK: It does. But in emergency
21 situations, I don't know if anyone is going to
22 compare prices.

23 GUY DANSIE: Right. Well, that's the
24 problem they've had. And this is the issue, we
25 have -- in Utah we haven't had a large problem with

1 price gouging. But in other states, one carrier
2 might charge 20,000 and another might charge 80 for
3 the same flight. And as a consumer, the Airline
4 Deregulation Act allows you make the choice who your
5 carrier is. But that person really can't choose in
6 those situations. It's the responders who make the
7 decision. The intent of this bill is so that the
8 responders, dispatch, highway patrol, whoever, has an
9 understanding of kind of a general idea on who is
10 charging what. So if two carriers could serve the
11 same patient, they would pick maybe the cheaper
12 carrier or allow the patient to have more
13 choice/flexibility in knowing that the carriers have
14 different prices for the same thing.

15 JIM HANSEN: I think it's important to
16 also recognize that most of their flights are not
17 emergency.

18 GUY DANSIE: Yeah. These are -- a lot of
19 these are inner-facility. They're between hospitals.

20 JIM HANSEN: So there is time to --

21 JEAN LUNDQUIST: I don't know historically
22 that they ever, ever ask the patient.

23 GUY DANSIE: Probably not.

24 JEAN LUNDQUIST: Yeah.

25 GUY DANSIE: But actually a patient does

1 have the right to decide. But a lot of times the
2 patient is not conscious or not in the state of mind
3 to make that type of decision.

4 DEAN YORK: Then in the end it's because
5 it's the federal that gets to --

6 GUY DANSIE: The federal oversight is --
7 other states have been sued when they've pushed
8 legislation at the state level that conflicts with
9 the Airline Deregulation Act. And Wyoming, New
10 Mexico, Colorado, there's been numerous states around
11 here in the west that have been successfully sued
12 because they've tried to overstep their authority.
13 So --

14 JAY DEE DOWNS: For helicopter service out
15 there, you pay a premium. And it's like \$25 or
16 whatever and they will come and pick you up anywhere.

17 GUY DANSIE: It's like an insurance-type
18 policy.

19 JAY DEE DOWNS: Yeah.

20 GUY DANSIE: So anyway, those are a couple
21 of things on the horizon on the legislation side.

22 There's also with -- oh, one of the things
23 I forgot to mention in our bill that changes our
24 language from like "certified" to "licensed," there's
25 also -- we're putting in there an exemption for

1 medical dispatchers who are employed by law
2 enforcement. So Regina might be happy about that.
3 Basically we will -- anybody that has a DPS
4 background clearance will not have to have a
5 Department of Health or a Bureau EMS background
6 clearance. Because we feel that it's wasteful
7 redundancy. And currently in statute we are mandated
8 to do a background check on dispatchers who are
9 already receiving background checks on the public
10 safety side. So it's just a cost savings thing.

11 REGINA NELSON: This is Regina. Yes, we
12 will appreciate that cost savings per our licensure.
13 Thank you.

14 GUY DANSIE: Yeah. Regina, if they have
15 any testimony, I'm going to maybe drag you up there
16 on the Hill.

17 REGINA NELSON: I'm fine with that.

18 GUY DANSIE: Okay, thanks.

19 JEAN LUNDQUIST: Guy, can I ask a question
20 about -- back on the flight thing. Does the Bureau
21 now know what everybody charges in the state?

22 GUY DANSIE: No. We -- we did have an
23 executive directive from Dr. Miner. And Dr. Talliac,
24 our EMS director here, actually received the
25 insurance information from the database. But it's

1 protected information, and so we can't identify
2 what's going on because the information is sensitive.
3 But we do know that in Utah there's -- the price
4 ranges are usually -- they're fairly close. You know
5 maybe a few thousand dollars difference. We're not
6 seeing the wide, high -- real super high prices. You
7 know by and large, we haven't seen that in Utah.

8 JEAN LUNDQUIST: I just had one of the
9 carriers talk to me and tell me about the billing
10 practices, and they were significantly higher.

11 GUY DANSIE: Yeah. Well, some of them are
12 average.

13 JEAN LUNDQUIST: \$25,000 --

14 GUY DANSIE: \$25,000 higher?

15 JEAN LUNDQUIST: -- higher.

16 LAUARA SNYDER: From where to where?

17 JEAN LUNDQUIST: The base, instead of
18 5,000 it was 30,000.

19 GUY DANSIE: See, that's actually what
20 this legislation is designed to do.

21 Did somebody just join us? Yep.

22 DON MARRELLI: This is Don.

23 GUY DANSIE: Good, Don. Thank you for
24 calling in.

25 DEAN YORK: Jim Guynn just sent me a text,

1 and he doesn't know the number to call. Should I get
2 Gay to get it, or do you have it?

3 DON MARRELLI: Do you want the number?
4 I'll tell you.

5 GUY DANSIE: Okay.

6 DON MARRELLI: The phone number is
7 877.820.7831. The passcode is 107111.

8 DEAN YORK: 107111?

9 GUY DANSIE: Yeah. Three ones.

10 DON MARRELLI: Yep.

11 GUY DANSIE: Anyway, I can't think of
12 anything else real big on the legislative front. Is
13 anybody else aware of anything else?

14 I know they're looking at fall -- like
15 slipping-and-falling legislation for elderly. This
16 is the other one. And what that would do, it would
17 require responders going to a home where somebody had
18 slipped and fallen to report that within a week to
19 their personal provider, their like primary care
20 physician for the individual. So that one actually
21 might be a little bit clunkier or cumbersome than we
22 think. There might be a cost associated with it to
23 develop a reporting system and so forth. But that
24 bill may be pulled back. The senator -- or the
25 representative that's running it might be pulling it

1 back and reworking it.

2 But there is a -- I think we're all
3 probably in agreement that when somebody does fall --
4 falls are a big part of the elderly population's need
5 for 911 calls and so forth. And the local health
6 departments are working on programs to reduce the
7 falls. And so the intent really is to get the
8 elderly people aware that there is a program and to
9 get that help so that they can reduce the number of
10 falls. So that's on the horizon. I don't know where
11 it's at as far as --

12 JEAN LUNDQUIST: Do you know who's
13 sponsoring that by chance?

14 GUY DANSIE: Yeah. It's Iwamoto
15 [phonetic]. I'll get it to you.

16 JEAN LUNDQUIST: Bless you.

17 GUY DANSIE: Yeah. I'd have to look it
18 up. It starts with an "I."

19 JEAN LUNDQUIST: I can look it up.

20 GUY DANSIE: It's Iwa [phonetic].

21 TERESA BRUNT: And is that the ones you're
22 treating and releasing at the scene?

23 GUY DANSIE: Yes. That's what I -- at
24 least to my understanding.

25 TERESA BRUNT: So not being transported.

1 Just being treated and released.

2 GUY DANSIE: Yeah, the ones not being
3 transported.

4 TERESA BRUNT: Interesting. Big impact on
5 you guys.

6 GUY DANSIE: Yeah. And I don't know where
7 it's going. I think the intent is good, but the
8 mechanism to notify and report may be a little
9 difficult. And that was our opinion in the
10 legislation too. That's what we -- at least that's
11 what I offered toward the bill, and Jolene Whitney it
12 would impact her with the program.

13 LAUARA SNYDER: You know right now as EMS
14 ambulance, we don't necessarily have to even know who
15 our patient's primary care provider is --

16 GUY DANSIE: Right.

17 LAUARA SNYDER: -- so come on.

18 GUY DANSIE: Yeah, you'd have to be a
19 detective to figure that out.

20 LAUARA SNYDER: Sometimes elderly people
21 aren't sure. They see so many doctors they don't
22 know which one.

23 GUY DANSIE: I think the idea of having
24 them receive help is a good thing. But how we do it
25 or should probably do it, that's the part of the bill

1 that's being looked at. Okay.

2 Should we rule on this -- any other
3 questions?

4 Okay. So Jim, I -- bless his heart, he's
5 taken a stab at this. I don't know if you can all
6 see the language on the screen, but what we were
7 trying to do is change the terminology over from
8 "certification" to "licensure." And so we're
9 attempting to do that. And then also we're
10 attempting to look at the processes and some of the
11 things we do with our certification. We'll call it
12 certification for today. But as we change it to
13 licensure, we mean the same thing. But as the
14 processes occur, we're also looking at changing some
15 of those things. And maybe we can just scroll down
16 through. And if there's anything in the document
17 that you feel like maybe needs to be addressed. I
18 hate to read it all verbatim.

19 JIM HANSEN: A couple of notes. The
20 document that you have, I sent it out to you and I
21 sent out to members of the professional development
22 team. And they have a task force that's looking at
23 recertification and certification stuff, and so they
24 looked at it too. So what you're seeing up here is
25 going to have some of their comments on it as well.

1 But I did want to make, first of all, a
2 comment about licensure and the REPLICA bill because
3 according -- I mean we -- we're happy to have that
4 REPLICA bill come into play because it did have a
5 definition for licensing as meaning authorizing --
6 authorization by the State for an individual to
7 practice as an EMT, an AEMT and paramedic or a level
8 in between EMT and paramedic. The problem with that
9 language though is it doesn't include dispatchers or
10 EMRs. So I'm hoping that that's --

11 GUY DANSIE: The statute will be changed
12 so EMRs and dispatchers will be licensed.

13 JIM HANSEN: Recognizing the REPLICA was
14 done by somebody in the east somewhere, and EMR was
15 not at that time yet part of the National Registry.

16 LAUARA SNYDER: So will there be another
17 bill addressing the statute changes?

18 GUY DANSIE: No, no. REPLICA was passed,
19 and then we're changing our EMS Act language. And
20 one of the changes we will make, which is in the
21 draft, is that EMRs and EMDs "will be licensed" is
22 the term we use in the new language.

23 JIM HANSEN: Yep.

24 JEAN LUNDQUIST: Does that change any of
25 the qualifications, or we're just changing the

1 terminology?

2 JIM HANSEN: Terminology.

3 GUY DANSIE: Terminology.

4 JEAN LUNDQUIST: Okay.

5 GUY DANSIE: I think it will help
6 alleviate some of the confusion between -- currently
7 when you're in National Registry Certified or if
8 you're a dispatcher and you're certified by your
9 system, that means one thing. But being licensed is
10 something that the State does. Does that make sense?
11 So you're certified through your third-party, and
12 then you're licensed through the State.

13 So it looks like we -- on the first couple
14 parts of that, we just changed the terms.

15 JIM HANSEN: Now, so far as noting that --
16 citing the sections within this rule, you're going to
17 have to work on that because this one screws up the
18 numbering system.

19 GUY DANSIE: That's okay.

20 JIM HANSEN: And so you'll have to -- when
21 you cite you'll have to --

22 GUY DANSIE: We'll go back through and
23 change those.

24 Did somebody just join us on the phone?

25 JIM GUYNN: Jim Guynn.

1 GUY DANSIE: Oh, thanks Jim.

2 So as we read down through part 100 and
3 part 200, the only thing I did just before the
4 meeting is there was -- it's in there, it cites rule
5 438-12. And I found the citation actually under
6 Title 41-6-A-52 -- 523 in the State code. That rule
7 is the one that they're rescinding or repealing. But
8 the authority for that rule comes out of the statute
9 that's -- that I've added.

10 JIM HANSEN: Right.

11 DAN CAMP: So, Guy, I've got a question
12 for it. In that 500 -- or the 200 part, Scope of
13 Practice, do we have somewhere in the rule that
14 defines that EMT-IA? Because right now the way that
15 reads we can certify anyone in that. But aren't
16 we -- haven't we limited that to just those agencies
17 that are currently just certified with IAs?

18 GUY DANSIE: Yeah. I think it's -- I
19 don't know exactly where it's at. But it's only
20 allowed for existing services that have IAs.

21 DEAN YORK: Grandfathered in until they're
22 gone.

23 GUY DANSIE: Right. Until they're
24 extinct.

25 LAUARA SNYDER: That's probably the best

1 like it is because the term "IA" is going away. And
2 so there's nothing to relate if you say "IA." But if
3 you say in between, I mean that's still pretty
4 ambiguous. But at least we don't have to have
5 another definition, right?

6 JIM HANSEN: Right.

7 GUY DANSIE: True.

8 DAN CAMP: I just bring that up because
9 isn't that still at the national?

10 JIM HANSEN: They don't have IA, they have
11 I-99.

12 DAN CAMP: I-99.

13 JIM HANSEN: And they don't have that as a
14 certification, but they are willing to provide states
15 with testing --

16 DAN CAMP: Yeah, okay.

17 JIM HANSEN: -- for IA.

18 GUY DANSIE: And then we would license
19 them as IA.

20 JIM HANSEN: Or we would license them as
21 AEMT.

22 GUY DANSIE: Well, new ones. But the
23 existing ones we would continue on with IA, right?

24 JIM HANSEN: Yeah.

25 DAN CAMP: I just didn't want to see

1 somebody come back and say, well, look, I met all the
2 requirements and so now you have to do it. You see
3 what I'm saying, the way it's reading in there?

4 TERESA BRUNT: It's throughout the
5 document.

6 DAN CAMP: We all know it's just for
7 current IAs, but --

8 JEAN LUNDQUIST: It's throughout the
9 document.

10 GUY DANSIE: Yeah. And I think we have
11 that in there further down. Let's rule through it
12 and see.

13 Is everybody okay to go to 300?

14 JEAN LUNDQUIST: Number 1, is that
15 verbiage correct?

16 GUY DANSIE: "The Department may
17 license..."

18 JEAN LUNDQUIST: Oh, you changed it, okay.

19 GUY DANSIE: -- "an EMR, EMT or EMT-IA,
20 AEMT, paramedic or EMD..."

21 LAUARA SNYDER: Do the people on the phone
22 have this where they can look at what you've changed
23 from "certification" to --

24 DEAN YORK: It went out in the e-mail.

25 GUY DANSIE: Yeah. We sent it out in the

1 e-mail. So hopefully you guys on the phone have
2 that. Primarily the document before us right now,
3 the one we're looking at, we're just crossing out
4 wherever it says "certification" or "certify," and
5 we're changing it to "licensure" or "licensed" or
6 "license." "Licensing" I guess is the other one.

7 Now, if we go down into 426-5-300, part C.

8 JEAN LUNDQUIST: 2C?

9 GUY DANSIE: Jim added the word "any."

10 JIM HANSEN: And that was because of a
11 comment made that, what, there was no clinical
12 requirements for AEMT in the National Educative
13 Standards. So "any" just kind of rather than being
14 specific.

15 GUY DANSIE: Okay. It just leaves it
16 broad based.

17 JIM HANSEN: Uh-huh (affirmative).

18 GUY DANSIE: Any discussion on that?

19 It looks like on part E, he struck out --
20 this is the background part. It says, "Submit to and
21 pass a background investigation, including an FBI
22 background investigation." Then struck out "if the
23 applicant has not resided in Utah for the past 5
24 consecutive years."

25 JIM HANSEN: We should have done that

1 years ago.

2 GUY DANSIE: Yeah. We're doing it for
3 everybody across the board.

4 LAUARA SNYDER: Does that say you have to
5 have two background checks? You have to pass the
6 background investigation including a federal FBI --

7 GUY DANSIE: That's part of the package.
8 When we do a background check --

9 JIM HANSEN: -- it includes that.

10 GUY DANSIE: If you heard us talk about
11 the DACS system. And part of the interstate compact
12 actually allows states to communicate that back and
13 forth from state lines.

14 JEAN LUNDQUIST: If I go from an EMT to a
15 paramedic, do I have to pass another background
16 check?

17 GUY DANSIE: No.

18 GAY BROGDON: Once you're in the DACS,
19 you're done.

20 JAY DEE DOWNS: Once they have your
21 fingerprints on file, you've had it.

22 GUY DANSIE: Okay. If we go down to part
23 F, we changed some of the wording there. We took out
24 "the most current version of the American Heart
25 Association Guidelines" and just put "the most

1 current American Heart Professional Cardio Pulmonary
2 Resuscitation CPR and" --

3 JEAN LUNDQUIST: Where are you?

4 GAY BROGDON: F.

5 JIM HANSEN: The reason for that is simply
6 because American Heart Association no longer has a
7 Health Care Provider level. They call it Health Care
8 Professional.

9 GUY DANSIE: So just updating the term.

10 JEAN LUNDQUIST: Health Care Professional.

11 GUY DANSIE: And BLS, Basic Life Support.

12 JIM HANSEN: It's the name of their
13 course.

14 GUY DANSIE: Okay. If we go down to part
15 four of that same heading. We scratched 120 days,
16 and we put "two years after the official course and
17 date the applicant shall successfully complete the
18 department approved National Registry of Emergency
19 Medical Technicians written..." And then it goes on
20 to talk a little bit more. So we're allowing a
21 two-year window instead of 120 days.

22 JIM HANSEN: Yep.

23 JEFFRY GRUNOW: Jeff here. Why would you
24 do that?

25 JAY DEE DOWNS: That's the National

1 Registry requirement.

2 JIM HANSEN: Because that's -- National
3 Registry requires it. And when we talked to our
4 staff, they had no problem with -- since everything
5 is in the computer now, our concern back in the 120
6 days is the records would get lost before they
7 ever -- if they took longer than that. But now
8 that's not an issue. So they're happy to allow that
9 two-year thing that National Registry allows.

10 JEFFRY GRUNOW: Well, okay. They won't
11 pass if they wait two years, but...

12 JIM HANSEN: That's true. But that is
13 what National Registry will allow is that they can
14 test up to --

15 JAY DEE DOWNS: But keep in mind if it
16 goes more than one year, they have to do the
17 practical exam all over again.

18 JEFFRY GRUNOW: That's true.

19 JAY DEE DOWNS: So I mean they're not just
20 left out at two years. They have to do something in
21 the meantime.

22 JEFFRY GRUNOW: Okay. Consistency is
23 good. Thanks.

24 GUY DANSIE: Thanks, Jeff.

25 And then it talks a little bit about the

1 I-99 for the EMT-IA, and that's what Jim talked about
2 earlier. And then he scratched out "EMD" because EMD
3 is not part of the National Registry.

4 JIM HANSEN: National Academy, not
5 National Registry.

6 JAY DEE DOWNS: Why not?

7 JEAN LUNDQUIST: All this is crossed out.
8 Is that going to be for EMD --

9 GUY DANSIE: I think Jim brought up a
10 question that I think we probably ought to talk
11 about. We've talked a little bit about having the
12 dispatchers maybe get together and review part of the
13 rule that we require. We have a very short piece in
14 our designation rule and really not very much in this
15 rule that talks about what dispatchers should be
16 doing. So that's something I think we need to
17 address, a gap I would think in our rule. And I
18 haven't done that yet, but we would like to probably
19 set a date. And if you guys want, we can invite all
20 of you. I wanted to kind of get together some --
21 like a rough draft of some type of proposed changes
22 and then bring it back to this group and then have
23 you guys review it and modify or approve it or
24 whatever.

25 LAUARA SNYDER: That makes the most sense

1 because if you're going to be licensing these EMDs,
2 you have to have something in here.

3 GUY DANSIE: Right.

4 LAUARA SNYDER: But the best people to
5 develop it is the EMD people.

6 GUY DANSIE: The dispatchers, yes. And I
7 didn't want you to think I was trying to cut you guys
8 off at the knee, but I thought I probably ought to get
9 the dispatchers to hash it out. And Regina would fit
10 in that category, but the rest of you, you know,
11 aren't dispatchers. And try to come up with some
12 decent language and then come back to this group so
13 we follow our rule-making process.

14 REGINA NELSON: This is Regina. If I
15 could interject. I think that's a really good idea.
16 And a couple of years ago when Erick Perry was
17 director or program manager for the 911 advisory
18 committee, we had put together a Standards and
19 Training Subcommittee, and all of us are still on the
20 911 committee. So we could quickly get that back up
21 and going and get you guys some language.

22 GUY DANSIE: Hey, and the other thing, I
23 knew you had changes. So Sean is no longer there as
24 well. And I know we were trying to kind of go down
25 that path. Do you guys have a draft, like some ideas

1 already or are you kind of starting from scratch?

2 REGINA NELSON: Nothing in draft. But we
3 did have a packet that we were going to send out to
4 all of the agencies.

5 GUY DANSIE: Okay.

6 REGINA NELSON: Then we also had a
7 checklist of what they needed to do in order to get
8 to achieve the licensure for the dispatchers as well
9 as the center. So we can quickly turn that into some
10 verbiage for you.

11 GUY DANSIE: Okay. Well, let me get
12 together offline with you, and we'll take it from
13 there. I'm not sure where the 911 advisory committee
14 is at this point. I know there's been a lot of
15 changes there with the administrative side of it.

16 REGINA NELSON: Yeah.

17 GUY DANSIE: So we'll get together off
18 line and work on putting that group together. And
19 then we'll bring it back to this group once we get
20 the language drafted, okay?

21 REGINA NELSON: Great. Thank you.

22 GUY DANSIE: Thanks, Regina.

23 Okay. So just to let you know, we're
24 working on the EMD piece.

25 JIM HANSEN: This strike-through section

1 is the test development that the Bureau used to have
2 to do. Because of the wording we felt comfortable in
3 just saying National Registry is our testing body.
4 And so we didn't ever really look directly at
5 changing it, but we are to the point now where we are
6 looking at it. We probably ought to --

7 GUY DANSIE: Drop it out.

8 JIM HANSEN: -- drop it out and put
9 language in there about the process of National
10 Registry.

11 GUY DANSIE: So maybe we need to draft
12 something.

13 JIM HANSEN: Yeah.

14 GUY DANSIE: Maybe we need to readdress
15 this when we meet again. Come up with something and
16 then bring it --

17 LAUARA SNYDER: So then when National
18 Registry changes anything, we would have to go back
19 and change our rules.

20 JIM HANSEN: Or language in here.

21 GUY DANSIE: If we reference it. Yeah,
22 pre-reference.

23 LAUARA SNYDER: That would be the easiest.
24 Because we're already referencing the American Heart
25 Association, so why would we need to specifically

1 state those.

2 GUY DANSIE: Yeah, do the same thing on
3 those.

4 JIM HANSEN: Yeah. But I wasn't about to
5 try and...

6 GUY DANSIE: Well, we could -- we could
7 develop the language and then send it out. And I
8 don't think we're in a huge hurry on this part of the
9 rule. I mean I don't think anybody is losing sleep
10 over changing the rule right now. So if you want we
11 could bring it. I think our next meeting was
12 scheduled in March, on the 29th. Maybe we could put
13 that part in there.

14 And then also if we have some dispatch
15 language for their licensure, we could put that in
16 there and visit this again if that's okay.

17 And then down through nine, it looks like
18 it's mostly just changing "certification" to
19 "license."

20 "An individual," spelled out, "shall
21 maintain a valid license until the new license is
22 obtained."

23 And then we struck out part 10 that says
24 the department may extend the time limits.

25 JIM HANSEN: The 120-day thing.

1 GUY DANSIE: That's the 120 days.

2 JEAN LUNDQUIST: On number 9 where it
3 says -- the last sentence, "This license shall remain
4 current until new certification level is obtained."

5 DAN CAMP: That should be changed to
6 "license."

7 JIM HANSEN: It has been changed to
8 "license," yeah.

9 JEAN LUNDQUIST: It has been?

10 JIM HANSEN: Yeah.

11 GUY DANSIE: Is it not? Maybe on your
12 draft.

13 GAY BROGDON: But Jim, is that deceiving
14 because that license might expire before they obtain
15 a new one if they have to renew it.

16 JIM HANSEN: That's right. That's what
17 it's saying, they have to maintain it.

18 JEAN LUNDQUIST: So they have to do it
19 before theirs expires.

20 JIM HANSEN: Right.

21 GUY DANSIE: Okay. Anything on the rule?
22 Everybody okay with the language so far?

23 Okay. Let's look at R426-5-500. It looks
24 like they just changed the license -- "certification"
25 to "license." And then on the part 1, part B says,

1 "The individual successfully completes all other
2 application and testing requirements for an AEMT
3 license." Do you see that?

4 JIM HANSEN: That's the paramedics' goal
5 that isn't cutting the mustard but they want to cut
6 him out, but he's taken enough to do the AEMT.

7 GUY DANSIE: Okay. Part R426-5-500, it
8 looks like under one we changed the term "certify" to
9 "license." Subpart A says -- deleted out "of all
10 cognitive, affective and psychomotor skills listed in
11 the National EMS Education Standards."

12 JIM HANSEN: That was just too wordy.

13 LAUARA SNYDER: Can you go up back up a
14 little bit? On the 400 did you change that to
15 "license" instead of -- oh, yeah, you did. Okay.

16 JIM HANSEN: Yeah.

17 Like I say, we've had guys go through this
18 since --

19 GUY DANSIE: Since we sent it out two days
20 ago?

21 JIM HANSEN: Yeah.

22 GUY DANSIE: Probably just missed a word
23 too. We can word search it again when we do the
24 final draft to make sure we didn't miss any
25 "certification" terms.

1 Okay. So you're okay with that strike-out
2 on 1A. Okay. Under 1C it says to change the word
3 "healthcare provider." We struck that out and put
4 "professional." CPR and ECC BLS.

5 JIM HANSEN: Yeah, again that's the
6 reference.

7 GUY DANSIE: 18 years of age or older.
8 Everybody still okay with that?

9 LAUARA SNYDER: Does the American Red
10 Cross have any heartache over -- that we've -- we are
11 referencing the American Red Cross.

12 JIM HANSEN: It says -- even the American
13 Red Cross will say they follow the AHA guidelines.

14 LAUARA SNYDER: Oh, they do?

15 JIM HANSEN: Yeah. So that's the
16 standard.

17 GUY DANSIE: Okay. Here's one I noticed.
18 "To become certified," is that supposed to be --
19 under 2. Is that "certified" there?

20 JEAN LUNDQUIST: Should be "to become
21 licensed."

22 GUY DANSIE: That needs to be struck out
23 right there.

24 JIM HANSEN: Yeah.

25 LAUARA SNYDER: Tell the people on the

1 phone what number as it's hard to follow.

2 GUY DANSIE: 500, part 2, the term
3 "certified" is in there, and we didn't catch it. We
4 are striking that out and adding "licensed."

5 JIM HANSEN: Again, a good word search
6 will catch those.

7 GUY DANSIE: And then down under 2B.

8 JIM HANSEN: I did have a comment on E up
9 there, that as it reads right now, if a doctor or a
10 nurse wanted to challenge the test, which we
11 certainly allow and encourage, it says there that
12 they would have to challenge the EMT first before
13 they could challenge the AEMT. I always felt like a
14 nurse already knows.

15 GUY DANSIE: Yeah, I don't --

16 JIM HANSEN: They're at AEMT level anyway.
17 So it's silly to say they've got to be an EMT before
18 they can challenge the AEMT.

19 GUY DANSIE: So if they're at a higher
20 level, they don't have to go back and do all the --

21 JIM HANSEN: But that is a rule change
22 that you guys are looking at.

23 GUY DANSIE: Any discussion on that?

24 JEAN LUNDQUIST: This is just if they
25 challenge it?

1 JIM HANSEN: Yeah.

2 JEAN LUNDQUIST: They don't take the
3 course itself.

4 JIM HANSEN: Right. They have to do
5 everything but take the course.

6 LAUARA SNYDER: Does it say somewhere in
7 there that they have to be already licensed at a
8 higher level? Because could anybody just come in off
9 the street and challenge --

10 JIM HANSEN: No, it says it has to be a
11 licensed nurse or practitioner. And they have to be
12 licensed in the State of Utah. 2C.

13 GUY DANSIE: Yeah, this whole section.

14 JIM HANSEN: The respiratory therapist
15 doesn't get to do it.

16 GUY DANSIE: Yeah, part one says who can
17 do it. That's that nurse to paramedic thing.

18 JIM HANSEN: Yeah. They don't get to
19 challenge the paramedic.

20 JEAN LUNDQUIST: What did you say?

21 JIM HANSEN: They don't get to challenge
22 the paramedic.

23 LAUARA SNYDER: Why not?

24 JIM HANSEN: Because it's never been done
25 before.

1 LAUARA SNYDER: Why can't we be the first?

2 GUY DANSIE: They could challenge it, but
3 they might not succeed.

4 JEAN LUNDQUIST: You're saying you're not
5 giving them an option.

6 JIM HANSEN: Right now there is a process,
7 and this is something that the EMS committee has
8 looked at several times. But the process right now
9 is if a nurse takes a paramedic course, they can even
10 participate in teaching the course and doing all
11 those other things and it's up to the course
12 coordinator to determine what they would need to
13 complete. And so the course coordinator is the one
14 that can determine they are able to test for
15 paramedic.

16 JEAN LUNDQUIST: I thought you'd have to
17 sign up for the course.

18 JIM HANSEN: Yeah, and then that's been
19 since -- Val Poncelet did it in 1983.

20 JAY DEE DOWNS: To give understanding, so
21 what happens is you leave it up to the course
22 coordinator. So if the nurse comes in and enrolls in
23 the paramedic class, the nurse coordinator determines
24 what classes or what modules they would need; is that
25 right?

1 JIM HANSEN: Right.

2 JAY DEE DOWNS: Is that what you're
3 saying?

4 JIM HANSEN: Right. That's our process
5 now.

6 JAY DEE DOWNS: Which makes sense.

7 JIM HANSEN: Because every time we get
8 into that discussion, we hear the paramedics say,
9 well, why can't we challenge a nurse?

10 GUY DANSIE: The nurses are smiling for
11 the record.

12 JEAN LUNDQUIST: Go for it.

13 TERESA BRUNT: I'll put you to work.

14 JEAN LUNDQUIST: I'm fine with that.

15 JAY DEE DOWNS: You know what, I don't
16 have a problem with that. Because I mean I think
17 there's just enough differences in both worlds that
18 you know there is some things they have to dance
19 through on both sides of the fence.

20 JIM HANSEN: Yeah.

21 GUY DANSIE: Yeah.

22 JAY DEE DOWNS: So I don't know. Anybody
23 else?

24 LAUARA SNYDER: No, I think it's good.

25 And I was just thinking in some of the rural areas

1 where they have a shortage of EMS personnel to make a
2 legal crew, if some of those nurses or nurse
3 practitioners who are operating in the clinic could
4 do the -- you know challenge the paramedic or the
5 AEMT depending on the licensure of the service, that
6 would be helpful to staff that ambulance for some of
7 the transports at night. And if they're willing to
8 do it, I think we should try and accommodate that.

9 JEAN LUNDQUIST: From a nurse's
10 perspective who took an EMT course, nurses don't
11 learn anything about that. We don't learn anything
12 about the field. We don't learn anything about how
13 to transport the patients. You don't learn anything
14 about how to package them for transport. There's a
15 big gap there. I mean it could be learned obviously
16 on the job, but there is a big gap there.

17 LAUARA SNYDER: I think that's probably
18 true, but I'm thinking that probably where this will
19 be used the most is in these rural areas. Like in
20 Green River a couple of years ago, they didn't even
21 have staff to respond to anything. So if they had a
22 cardiac arrest, they couldn't send an ambulance. And
23 so the Bureau said, no, because you don't have a
24 licensed staffed ambulance. And so if those nurses
25 could, quote, become a paramedic and be willing to go

1 because in those rural areas a lot of times the
2 clinic staff will carry pagers and respond in an
3 emergency. And they could go with them in town until
4 they could get more training and more people. But
5 some of these places you just can't get people. And
6 if the local clinic folks are willing to help --

7 GUY DANSIE: We actually have some that
8 are doing that, have nurses that respond as EMTs
9 on --

10 JEAN LUNDQUIST: Can you run as a nurse?

11 JAY DEE DOWNS: Let me clarify something.
12 It used to be that the coordinator used to -- still
13 if a nurse could come in and challenge a test, the
14 coordinator could be -- you still could have the
15 coordinator sign off on the skills. Is that still in
16 place, Jim?

17 JIM HANSEN: That's more or less the
18 coordinator and the medical director of the course.

19 JAY DEE DOWNS: Yeah. So the thing is
20 that you're talking about learning how to package
21 patients, they can come in and challenge the written
22 test, be it the advanced or the basic. And the
23 coordinator will sign off for teaching them the
24 skills. That's what I understood before.

25 Now let's talk about the advanced. The

1 advanced, the way curriculum is now, it would be
2 nothing for the nurse to challenge the advanced EMT
3 because there's only six drugs and the defibrillator.
4 There's not anything else. So that again goes back
5 to the course coordinator and medical director to
6 sign off on those skills, and then the nurse or
7 whatever can go and challenge the test. That's the
8 way I understand it. I might be wrong.

9 JIM HANSEN: Right, right.

10 JEAN LUNDQUIST: That makes sense.

11 JIM HANSEN: We don't see a reason why the
12 nurse would need to pay an additional application fee
13 for EMT.

14 JEAN LUNDQUIST: Yeah, that's nice.

15 JIM HANSEN: So that was kind of our
16 thoughts.

17 JEAN LUNDQUIST: Just out of curiosity,
18 can nurses run on an ambulance?

19 JIM HANSEN: Not as -- they can run an on
20 ambulance, but they can't be counted as part of the
21 staff. They require two EMS providers and the nurse
22 is not.

23 So they can have two EMTs and a nurse.
24 That's okay.

25 JEAN LUNDQUIST: You have to have at least

1 two EMTs?

2 GUY DANSIE: Yeah.

3 JAY DEE DOWNS: That's also for billing
4 purposes because you have to have a roster for that.

5 JIM HANSEN: But if the nurse is a
6 certified AEMT then they could certainly be counted
7 as --

8 JEAN LUNDQUIST: Yeah.

9 GUY DANSIE: Just for instance Wasatch is
10 doing that right now. They have a nurse that wants
11 to be certified so that they can meet their staffing
12 requirement using the nurse as a certified person.

13 JEAN LUNDQUIST: But they're -- they're
14 going to be AEMT? Is that the one they're
15 challenging?

16 JAY DEE DOWNS: When you really look at
17 what you're saying with the paramedic program.
18 They're almost doing the same thing. The course
19 coordinator is doing the same thing. I need to teach
20 this person this, this, and this. You know that they
21 qualified in that. So it's the same thing as EMT and
22 AEMT, which is more in-depth level. That's the way I
23 look at it.

24 JEAN LUNDQUIST: Which is needed.

25 JAY DEE DOWNS: Yeah, absolutely.

1 GUY DANSIE: Okay. Are we good with that
2 section then? Good?

3 It looks like we put a cross-reference for
4 the TB portion down at the bottom, the very last part
5 of 500, part F, with the renumbered. Just
6 cross-referencing it.

7 I had a question on the TB thing, and this
8 is maybe a Dr. Talliac question. For EMD, we require
9 TB testing. And I was reading through that for
10 certified individuals. And then for an EMD, would
11 that be a requirement that we need? Just thinking
12 outside -- out loud. Because they're not being in
13 contact with patients or anything.

14 JIM HANSEN: Right. So TB what --

15 GUY DANSIE: Maybe I'll talk to
16 Dr. Talliac. Because it seems to me like the TB test
17 may not be applicable as a dispatcher.

18 JIM HANSEN: I don't think it is at 700.

19 GUY DANSIE: It is not? Okay. I don't
20 know if it's -- does it say anything in there?

21 GAY BROGDON: Guy, before you go on, on
22 that 600, that number 1 at the bottom of the sentence
23 it says, "recertification cycle." Do you want to
24 change that to the "licensing"?

25 GUY DANSIE: Oh, the word "certification"?

1 Yeah, good catch.

2 REGINA NELSON: Guy, this is Regina.

3 Just a thought, some of the EMDs are also
4 working in the jails. Does that have anything -- a
5 need?

6 GUY DANSIE: Well, that would be a jail
7 issue, not an EMS issue.

8 REGINA NELSON: Okay.

9 GUY DANSIE: But I'm not saying we should
10 take it out. I'm just saying I don't know if it's
11 needed in there. Maybe we should -- maybe we'll
12 leave it in. Maybe we don't need it. I don't know.

13 LAUARA SNYDER: It's an extra expense for
14 the agencies if you don't need it. If all they're
15 doing is working in a dispatch center, then they
16 don't have to pay for them to go get that test.

17 GUY DANSIE: That's kind of what I'm
18 thinking.

19 REGINA NELSON: Yeah. Like Guy said if
20 it's on their side -- on the corrections side of it,
21 then they can get it through there. Agreed. Okay.

22 GUY DANSIE: Yeah. We wouldn't mandate
23 it, but the jail would.

24 Okay. As we look down through 600, I
25 noticed in the very first one we used

1 "recertification." We probably ought to put
2 "relicensure."

3 JIM HANSEN: Or renewal.

4 GUY DANSIE: Renewal. Let's do "renewal."

5 JEAN LUNDQUIST: It sounds like you're
6 renewing them.

7 GAY BROGDON: On C it says "certification"
8 too.

9 GUY DANSIE: Gay has got the eye today.
10 Where?

11 GAY BROGDON: The bottom sentence, last
12 word.

13 GUY DANSIE: Oh, I see it. 600.

14 GAY BROGDON: C.

15 GUY DANSIE: Number 2, part C. Do a
16 strike out there.

17 JIM HANSEN: The sentence probably ought
18 to be reworded. CPR shall be kept current during --

19 GUY DANSIE: -- license period or license.
20 Do you have an alternative way of saying
21 it?

22 JIM HANSEN: I can't think of it.

23 I like the word "must." But they hate it,
24 the word "must." So shall --

25 GUY DANSIE: Well, we went through and

1 "shalled" everything. That was on our last year or
2 two when we were working on it.

3 JIM HANSEN: Yeah.

4 GUY DANSIE: Okay. We struck out part E,
5 "successfully complete the department application,
6 written and practical recertification exams or
7 reexaminations if necessary within one year prior to
8 expiration."

9 We're not doing that part anymore, right?

10 JIM HANSEN: We stopped doing that in
11 2012.

12 GUY DANSIE: Okay. So we're striking
13 that.

14 JIM HANSEN: But we also have to remind
15 everybody with the caveat if they lapse, they have to
16 test.

17 GUY DANSIE: Okay.

18 JIM HANSEN: But that's in the lapsed
19 section, so we're okay.

20 GUY DANSIE: So my 3 is highlighted.

21 LAUARA SNYDER: Did you make a note on D
22 about the TB tests?

23 JIM HANSEN: Well, actually on 700 it's
24 there.

25 GUY DANSIE: So it says, "submit TB test

1 results." So in 700, it sounds like that's where
2 we'll look at it, right?

3 JIM HANSEN: Yeah.

4 LAUARA SNYDER: Yeah. But up above it you
5 have listed here. And then down there you have it
6 listed out as TB testing. So it's in two places. So
7 back on page 4.

8 GUY DANSIE: I'm just saying we --

9 LAUARA SNYDER: Above the 600 it would be
10 the new E?

11 GUY DANSIE: Yeah. "Submit a statement
12 from a physician, confirming the applicant's results
13 of the TB examination conducted." So then we say it
14 again later. So probably strike the word --

15 JIM HANSEN: That's why we're really
16 saying the EMD needs their own section because that's
17 referring to all of them and yet?

18 GUY DANSIE: Yeah. That's what I'm
19 thinking, we probably --

20 JIM HANSEN: In 700, the first thing it
21 says is it doesn't include EMDs.

22 LAUARA SNYDER: Yeah, I was looking at 2E
23 right there, "to submit a passed background screening
24 clearance as per R426-5-2700."

25 JIM HANSEN: Right.

1 LAUARA SNYDER: So we've got different
2 kind of references throughout this. We need to clean
3 it up some.

4 JIM HANSEN: Oh, yeah. That's what he's
5 talking about, about the number changes.

6 GUY DANSIE: So this whole section -- I'm
7 just going to back up -- pertains to the challenges,
8 right?

9 JIM HANSEN: Yeah, that's just
10 challenging.

11 GUY DANSIE: So they're not challenging
12 for EMDs. So this doesn't pertain to EMD. Then 600
13 is for all licenses.

14 JEAN LUNDQUIST: Renewal.

15 GUY DANSIE: So that's where, if we're
16 going to exempt EMDs, we would need to make a note
17 there. See, and then, yeah, we have EMD has their
18 own 48 hours of CME.

19 The TB thing up here, we need to -- I'll
20 put a note in here to exempt EMD.

21 JIM HANSEN: But then again where it says
22 as per R426-5-700, that is the first time 700 EMDs
23 are included. So it really is saying it anyway.

24 GUY DANSIE: Oh, does it?

25 JIM HANSEN: Yeah.

1 GUY DANSIE: So are we okay to not say
2 anything there?

3 JIM HANSEN: Like I said when you refer to
4 this -- and then the reference says not EMDs.

5 GUY DANSIE: So not EMDs on 700. I'm just
6 going to go down and look at it real quick.

7 JEAN LUNDQUIST: Where are you looking?

8 JIM HANSEN: 700.

9 GUY DANSIE: So on 426-5-700 it says, "TB
10 test requirements. All levels of licensure, of
11 license renewal except EMDs." So we've got it in
12 here. So it's not in there.

13 JEAN LUNDQUIST: Okay.

14 GUY DANSIE: So we are already allowing
15 them not to have TB tests.

16 JIM HANSEN: Yeah.

17 GUY DANSIE: Okay. That was my question
18 from earlier. Where did we leave off?

19 JIM HANSEN: Somewhere in 600.

20 DEAN YORK: Three.

21 GUY DANSIE: Three. And we had it
22 highlighted.

23 JEAN LUNDQUIST: Are you taking that out
24 or --

25 JIM HANSEN: Yeah, this is some of the

1 comments that we're getting is National Registry has
2 a recertification process. I don't know what NCCP
3 stands for. But the NCCP is competency provided CME
4 or something like that. And they -- and their
5 program is designed where there is a national --
6 50 percent of their required CME is based on a
7 national program that they can change. And as times
8 change, that national registry establishes. And then
9 25 percent will be topics that the State would
10 establish. And then 25 percent of the required would
11 be a local that the medical director or somebody
12 would determine that they specifically needed. And
13 so -- and it's -- there's a setup obviously in a
14 two-year certification period. And so they would
15 require like 40 hours of CME rather than the -- or 80
16 if you double it. But whereas ours are -- these
17 numbers are 52, 98, 108, 108 and 144 hours.

18 And the guys that have worked on this
19 really would like to see us just eliminate those
20 hours and refer back to the recertification guide
21 that -- so we don't have to change it in the rule
22 every time.

23 GUY DANSIE: So the National Registry
24 guide --

25 JIM HANSEN: Yes.

1 GUY DANSIE -- or requirement?

2 JIM HANSEN: No, our recertification
3 guide.

4 GUY DANSIE: Oh.

5 JIM HANSEN: And then we would make those
6 State certifications.

7 GUY DANSIE: So take it out of the rule
8 and put it in policy?

9 JIM HANSEN: Right. We have already done
10 that. The only thing we didn't take out was the
11 actual hours required.

12 GUY DANSIE: So at part four, would we
13 want to strike the numbers of hours in there? Is
14 that what you're suggesting?

15 JIM HANSEN: Perhaps even strike number
16 four.

17 JEAN LUNDQUIST: Is that -- how did the
18 hours come? I mean there's no like conferences and
19 stuff they have the CMEs.

20 JIM HANSEN: Right.

21 JEAN LUNDQUIST: Is it written as CMEs
22 under these other requirements, like specific hours
23 of CME? Do you see what I'm asking?

24 JIM HANSEN: Right.

25 JEAN LUNDQUIST: It is written the same.

1 JIM HANSEN: Yeah.

2 JEAN LUNDQUIST: So those two cross.

3 JIM HANSEN: Yeah, yeah.

4 GUY DANSIE: While I'm trying to wrap my
5 head around this, you're saying we should probably
6 have three in the rule that's highlighted and then
7 delete four in the subparts A, B, C, D, E, F, just
8 take those out. And then maybe we could put a new
9 four in there for EMD.

10 JIM HANSEN: Uh-huh (affirmative).

11 GUY DANSIE: Is that what you're thinking?

12 JIM HANSEN: Yeah. I'm not quite sure
13 with EMDs.

14 GUY DANSIE: Or we could have a different
15 number, a whole different number for EMD.

16 JIM HANSEN: Yeah. Like I said, that can
17 be part of the discussion of what EMD requires.

18 GUY DANSIE: So in Jim's document that we
19 handed out, he edited part 4. But do we want to
20 strike the whole thing out; is that what you're
21 saying?

22 JIM HANSEN: That's -- yeah.

23 GUY DANSIE: Is there any problem with
24 that?

25 JIM HANSEN: Or just look at and --

1 DAN CAMP: On --

2 LAUARA SNYDER: On the number 3 where it
3 says, "Outlined in the department's recertification,"
4 that's probably relicensure protocol. Where is that
5 relicensure protocol?

6 JIM HANSEN: It's on the website.

7 LAUARA SNYDER: Okay. That doesn't have
8 to be in the rule.

9 JIM HANSEN: Right. That's why the word
10 "recertification" is left there is because that is
11 the document's name. But the document's name is that
12 because the rule has that name.

13 GUY DANSIE: So we'll --

14 JIM HANSEN: So if we change that to a
15 certification, then that --

16 GUY DANSIE: Chicken-and-egg thing.

17 JIM HANSEN: Yeah, it really is.

18 JAY DEE DOWNS: Correct me if I'm wrong,
19 Jim, isn't it the National Registry that did that,
20 that did establish the National Standard and kind of
21 had those recertification requirements?

22 JIM HANSEN: Yes. We --

23 JAY DEE DOWNS: So for us to put those in
24 the rules, we just better reference the document
25 rather than change the rule. Is that what we're

1 trying to do?

2 JIM HANSEN: It could work out well that
3 way. But if we reference -- we reference this
4 document, the recertification manual, then that
5 manual can --

6 JAY DEE DOWNS: Can change accordingly.

7 JIM HANSEN: Can change accordingly. So
8 that's kind of the thought behind that. So really 3
9 is the key, and 4, 5 and 6 could probably be struck.

10 GUY DANSIE: Struck. So is everybody okay
11 recommending that? Strike 5? We're going to strike
12 5 and 6; is that what you said?

13 LAUARA SNYDER: Four through 6.

14 DEAN YORK: So Jim, I have a question.

15 JIM HANSEN: Uh-huh (affirmative).

16 DEAN YORK: And that is there's a handful
17 of my paramedics that have kept their national.
18 Because once national certified, they're just going
19 to grandfather in the state and drop their national.
20 So in tracking that training, the ones that are
21 national I'm their course coordinator, and I can see
22 where they are in training. Those who are not, I
23 track their training through the firehouse. Am I
24 still telling them it's still 144 hours?

25 JIM HANSEN: Well, see that -- and that's

1 part of what our task force, the Professional
2 Development Task Force on recertification is looking
3 at, is they would like to see it as National
4 Registry.

5 There's basically three ways to recertify
6 with national registry. One is test. If you want to
7 take the test, you can take the test and recertify.
8 Or number two, you can follow the old system of
9 meeting the CME hours, signed by the medical director
10 for that. Or now they've got this NCCP, which is
11 less hours, but you have to be very specific on the
12 topics. And I think that they will probably soon go
13 to the NCCP.

14 DEAN YORK: Which then will be adopted by
15 the State.

16 JIM HANSEN: That's our plan, yeah.

17 GUY DANSIE: Okay. So it probably makes
18 sense to strike out the specific hours in the rule
19 and just reference theirs, right?

20 JIM HANSEN: Leave it to the reference,
21 yep.

22 GUY DANSIE: Everybody okay with that?
23 Everybody is nodding. Anybody on the phone have any
24 comments?

25 It seems like a radical move, but all

1 right. I think it's good. I think it's good.

2 JEAN LUNDQUIST: Is it on 5, where it
3 says, "30 percent shall be practical hands on"?

4 JIM HANSEN: Right, we strike all of that
5 off.

6 JEAN LUNDQUIST: That will be addressed in
7 the NCCP as well.

8 JIM HANSEN: Right.

9 GUY DANSIE: Okay. Question before we
10 move on. Part 3. Is that new language, Jim, or is
11 that --

12 JIM HANSEN: Nope, that's --

13 GUY DANSIE: That's already in the rule?

14 JIM HANSEN: That's in the rule.

15 GUY DANSIE: Okay. So I won't underline
16 that.

17 TERESA BRUNT: Do you spell it out at
18 least one time that it's the national whatever so I
19 don't have to guess what NCCP is?

20 JIM HANSEN: Well, it won't have that in
21 the rule. That will be in the manual.

22 TERESA BRUNT: Okay.

23 GUY DANSIE: Then I need to change the
24 term "recertification."

25 JIM HANSEN: It might be like National

1 Competency CME.

2 TERESA BRUNT: National Continued
3 Competency Program, I don't know, or something like
4 that. I'll have to look it up.

5 JIM HANSEN: Something like that, yeah.

6 GUY DANSIE: So I'm taking the word
7 "recertification," and since this is just draft,
8 should we put "renewal" or --

9 JIM HANSEN: License renewal --

10 GUY DANSIE: License renewal.

11 JIM HANSEN: -- protocol. That way you
12 can change that name on the document.

13 GUY DANSIE: I'm putting it in caps
14 because it's a proper noun, right?

15 JIM HANSEN: Yeah.

16 GUY DANSIE: My Nebo School District
17 education is paying off.

18 JIM HANSEN: I fight with Carla all the
19 time on that. We don't capitalize all of it.

20 JEAN LUNDQUIST: It stands for National
21 Continued Competency Program for EMS.

22 JIM HANSEN: Right.

23 GUY DANSIE: But we're just going to
24 reference that in the policy, right?

25 LAUARA SNYDER: Is it National Registry

1 that is in charge of that?

2 JIM HANSEN: Yes.

3 JEAN LUNDQUIST: NREMT.

4 JIM HANSEN: Yes. But we as a State have
5 to adopt and establish the 25 percent.

6 JEAN LUNDQUIST: National Continued
7 Competency Program.

8 GUY DANSIE: Okay. If we go down in the
9 document with 6, it looks like we didn't do anything
10 there other than change "license" from
11 "certification."

12 Seven, you struck out, "The CME
13 instructors need not be certified EMS instructors,
14 but shall be knowledgeable in the subject matter."

15 JIM HANSEN: I've always hated that.

16 JEAN LUNDQUIST: Me too. Isn't that a
17 given?

18 JIM HANSEN: It should be, but it's always
19 been a source of contention.

20 GUY DANSIE: It's fine. I don't mind. I
21 think it's good.

22 Okay. Then 7, it looks like he changed
23 "licensure" -- or "license" and got rid of the "of
24 certification."

25 If you go down to the old 9, the new 8,

1 changed "recertification" to the word "renewal,"
2 which I think is a good change. And then -- in two
3 places.

4 Ten, the same thing there,
5 "recertification" to "renewal."

6 "EMS education standards at their license
7 level," which is a more direct way of saying it,
8 addressing certification.

9 Scrolling down through part 11, it looks
10 like we changed the terminology there again.

11 Part 12, "renewal" again substituted for
12 "recertification." "Individual EMR, EMT AEMT."

13 JIM HANSEN: I'd just say it's redundant.

14 GUY DANSIE: Okay. And then we just kind
15 of cleaned up the wording so that it's a little
16 easier to read probably, huh?

17 JIM HANSEN: Yeah.

18 GUY DANSIE: 13 -- stop me if anybody has
19 any comments.

20 On 13 it says, "The department may shorten
21 an individual's license expiration periods, or EMD
22 whose" -- is that supposed to be expiration?

23 JIM HANSEN: Yes, it is.

24 JAY DEE DOWNS: Some agencies out there
25 like us to recertify their people all at the same

1 time. Isn't that about right?

2 JIM HANSEN: Yes, that is the reason.

3 JAY DEE DOWNS: Excuse me, re-license
4 their people all at the same time.

5 LAUARA SNYDER: But you can't leave them.
6 You can't make the one to be five.

7 GUY DANSIE: We can shorten it, but we
8 can't lengthen it. That's what the next one says.

9 JIM HANSEN: Yeah.

10 GUY DANSIE: So are we good to go to 700?

11 DEAN YORK: The bottom of 14, is it renew
12 or shall "recertify" in accordance with Utah, or is
13 it "renew" in accordance to?

14 LAUARA SNYDER: It should be renew.

15 GUY DANSIE: Where are you at, 14?

16 DEAN YORK: Yeah.

17 GUY DANSIE: "If this happens, the
18 individual may recertify..." It should be renew,
19 huh?

20 JIM HANSEN: Yes.

21 GUY DANSIE: Good.

22 JIM HANSEN: Good catch.

23 GUY DANSIE: Nice.

24 JIM HANSEN: That's why we pay you guys
25 the big bucks.

1 JAY DEE DOWNS: Really.

2 GUY DANSIE: Just for the record I saw
3 that we -- I'll spell "expiration" the proper way. I
4 think that's the right way. I crossed out the "E"
5 and put an "I" in there. Is that how you spell it?
6 Anybody educated? Okay. Duly noted we will change
7 that. Okay.

8 So we're getting to the TB test
9 requirement.

10 JIM HANSEN: And that's Peter's.

11 GUY DANSIE: Okay. We've already exempted
12 the EMT, and that's what I was worried about -- the
13 EMD, excuse me. And that's what I was concerned
14 about. It looks like it's already in there that
15 they're exempt. So we're not changing anything other
16 than the terminology.

17 JIM HANSEN: Part 4 of --

18 GUY DANSIE: This is under 700 part 4?

19 JIM HANSEN: Yeah, I think it's part 4.

20 "May deny," is that the one?

21 GUY DANSIE: May deny or revoke?

22 JIM HANSEN: Yeah. But that was thrown in
23 there because they may contract -- they may have a
24 negative TB test after they've been licensed and
25 therefore --

1 GUY DANSIE: Then they become active.

2 JIM HANSEN: -- then become active and the
3 license would have to be revoked.

4 GUY DANSIE: Okay. It just means we would
5 take the license back if they're causing a health
6 problem for other people.

7 JIM HANSEN: Not just denied but revoked.

8 GUY DANSIE: How about suspended?

9 JIM HANSEN: It could be suspended, but...

10 GUY DANSIE: That's fine.

11 JIM HANSEN: I don't know if "revoked" is
12 the word we use in the rest of the rule.

13 GUY DANSIE: I'll look into that because I
14 think -- I thought in the disciplinary when we're not
15 sure about a person, we suspend it or restrict it.
16 So I'll find out which legal term we should use.
17 Revoke means that you can't have it anymore. And if
18 we restrict it, it means you're not allowed to do
19 certain things.

20 JIM HANSEN: Yeah.

21 GUY DANSIE: Okay. Do we want to go down
22 to reciprocity? Anything I'm missing?

23 JIM GUYNN: The clarification of health
24 care provider, who can actually administer and read
25 the TB test?

1 LAUARA SNYDER: That's a good question.

2 JIM HANSEN: A very good question.

3 JEAN LUNDQUIST: I can't comment.

4 JIM HANSEN: I don't have an answer.

5 LAUARA SNYDER: Right now I don't think
6 that it says paramedics or whatever. It's supposed
7 to be the nurses.

8 JIM GUYNN: It just says physician or
9 health care provider. We have EMTs doing our own
10 testing in-house, and it's decidedly less money. I
11 know that some other agencies down here have done the
12 same, and the Bureau has not had a problem with that.
13 I just want to make sure that we are okay to continue
14 with that process.

15 JIM HANSEN: I think that's why we left 9,
16 health care provider.

17 GUY DANSIE: Just left the vanilla.

18 JIM GUYNN: Okay. Done.

19 DEAN YORK: Yeah.

20 GUY DANSIE: Okay.

21 JIM GUYNN: And my recommendation would be
22 to leave it at that. Because it's less money than
23 sending them to like WorkMed or the county health
24 department.

25 GUY DANSIE: Okay. And I think Peter is

1 okay with the way it currently is. I don't --

2 JIM GUYNN: Okay. Perfect. Thank you.

3 GUY DANSIE: So we'll just let it ride.

4 JEAN LUNDQUIST: "Need only be maintained
5 by the department only to be provided once" -- oh,
6 that's prior treatment, okay. Sorry.

7 JIM HANSEN: Yeah, that's after that.

8 GUY DANSIE: There's the word "revoked."
9 Is that where I saw it earlier?

10 JIM HANSEN: Yeah, that's the same place.

11 GUY DANSIE: Okay. I think we're probably
12 going to say "restrict" honestly, but I'll look into
13 that.

14 JIM HANSEN: Feel free to change it. That
15 was just a suggestion.

16 GUY DANSIE: Revoke is usually when
17 they've done something bad and we have to take
18 punitive action against them or corrective action.

19 JIM HANSEN: Yeah. And I'm sure their
20 reason for wanting a word there was because it may
21 not be denied, it may be after they've been granted
22 and now it's being taken away.

23 GUY DANSIE: Right, suspended. Suspended
24 might be good until their conditions are met and then
25 give it back.

1 JIM HANSEN: Yep.

2 GUY DANSIE: Okay. Reciprocity. Is this
3 a good place for a break?

4 DEAN YORK: Sure.

5 GUY DANSIE: Let's take a break for five
6 to 10 minutes.

7 (Short break taken.)

8 GUY DANSIE: We left off on reciprocity,
9 that's R426-5-800. Part 1 changed the terms
10 "certify" to "license. "Who is licensed by another
11 state or certifying body."

12 JAY DEE DOWNS: Can I ask a question? So
13 if the part of the compact states, right, that's what
14 we're calling them, do they have reciprocity?

15 JIM HANSEN: For now, yes.

16 JAY DEE DOWNS: I thought that was the
17 whole reason we were going that way.

18 JIM HANSEN: Well, when we finally have a
19 compact then that may change.

20 JAY DEE DOWNS: Okay.

21 GUY DANSIE: But not all the states are
22 part of the compact. So if it's Arizona -- Colorado
23 is -- Arizona, which is not a compact state but
24 somebody moves here, then --

25 JAY DEE DOWNS: You'd have to do it.

1 GUY DANSIE: Then we'd have to look at it
2 and then evaluate and reissue.

3 JIM HANSEN: Basically it says in this if
4 they're nationally registered and that's part of the
5 compact process, then they could be certified in Utah
6 or licensed in Utah.

7 GUY DANSIE: So this is just a question to
8 help me: So if somebody in Arizona, who is not
9 nationally registered/certified, came to Utah but
10 they have training in other things, how would we do
11 that?

12 JIM HANSEN: Right now the requirement
13 would be they would take the National Registry
14 Assessment.

15 GUY DANSIE: Take the test?

16 JIM HANSEN: Take the test.

17 JAY DEE DOWNS: The assessment exam, there
18 we go.

19 GUY DANSIE: There we go.

20 JAY DEE DOWNS: I've got it.

21 JIM HANSEN: And a couple of these changes
22 are just reflecting the fact that, like forest
23 rangers or park rangers, will just have National
24 Registry. And now they want reciprocity in Utah, so
25 we can -- with that National Registry we can go ahead

1 and do that. So that's when it talks about a
2 government body.

3 JAY DEE DOWNS: Thanks for clarifying
4 that.

5 GUY DANSIE: Thanks, Jim, we're all being
6 educated today.

7 JIM HANSEN: Well, so much of this comes
8 from -- everybody has somebody's name on it.

9 GUY DANSIE: Okay. We've looked down
10 through 1. Looking at 2 we change the certification
11 license. 2A, we took away the signature.

12 JIM HANSEN: Because it's all done on
13 electronic.

14 GUY DANSIE: It's electronic now.

15 JIM HANSEN: So we can't capture the
16 signature.

17 GUY DANSIE: And we deleted the within the
18 120 days of submitting the application. We already
19 said it's two years earlier, right?

20 JIM HANSEN: Well, reciprocity could be
21 120 days. But because you know again who cares if
22 they're -- if they applied for reciprocity but
23 haven't finished the process two years later. You
24 know, who cares.

25 GUY DANSIE: Okay. I'm adding a

1 strike-out to 2700 on part B, 2B.

2 JIM HANSEN: Because it isn't?

3 GUY DANSIE: Because it's changed in the
4 draft. And I can't remember what it is. It's
5 probably like 30 or 3100 or something at this point.

6 JIM HANSEN: Yeah.

7 JEAN LUNDQUIST: Which one is that?

8 LAUARA SNYDER: 2B.

9 GUY DANSIE: The cross reference in B,
10 it's the background screening clearance. And I know
11 that that's being -- that number has changed.
12 Because of the blood draw actually, it took them all
13 down.

14 Okay. C, we'll read through C. It says
15 "Health care provider" will be changed to
16 "professional CPR," and out of the BLS. That's the
17 same as it was earlier.

18 JIM HANSEN: Yep.

19 GUY DANSIE: "A paramedic candidate must,"
20 I want to change that to "shall." "...also provide
21 documentation" --

22 JIM HANSEN: Yes.

23 GUY DANSIE: -- "successfully
24 completions" -- how about "successful completion."

25 JIM HANSEN: That's good.

1 GUY DANSIE: Of ACLS and PEPP or PALS
2 courses (or the equivalent of each) within the prior
3 two years."

4 JAY DEE DOWNS: How do you verify the
5 equivalent?

6 JEAN LUNDQUIST: Yeah, what's the
7 equivalent?

8 JIM HANSEN: Well, for reciprocity it is a
9 little more difficult. But the thing is, it's not
10 just -- I mean there are ACLS courses that the
11 National Safety Council puts on or Red Cross or other
12 agencies. So that's where the equivalent comes in,
13 that they could come in with a card from somebody
14 else.

15 LAUARA SNYDER: Didn't we say sometime ago
16 that we would allow this "or equivalent" because some
17 of the agencies could teach that in their CMEs but
18 not provide a card.

19 JIM HANSEN: Right.

20 LAUARA SNYDER: They'd have to become a
21 PEPP instructor and pay the fees to whoever the PEPP
22 is to get their cards to give to the people. And for
23 big agencies, they may want to just use their
24 instructors to teach the same content but not get a
25 PEPP card.

1 JEAN LUNDQUIST: Okay.

2 LAUARA SNYDER: That's the "or
3 equivalent."

4 JIM HANSEN: Yeah.

5 GUY DANSIE: And that's what.

6 JIM HANSEN: In this case because it's
7 reciprocity, they would have to have some
8 documentation that we could accept as an equivalent.

9 DEAN YORK: Jim, like our department where
10 we'll certify 20 paramedics this year, we send a
11 letter saying they have completed all of these things
12 instead of sending individual BLS, ACLS. That's
13 still --

14 JIM HANSEN: Yeah. And in fact, all we
15 really need is the training officer letter that says
16 that.

17 DEAN YORK: Okay.

18 JIM HANSEN: And then you have to have the
19 records so that if you're audited --

20 DEAN YORK: Correct.

21 JIM HANSEN: -- then we're good with that.

22 GUY DANSIE: Okay. Are we good to move
23 down?

24 JIM HANSEN: Yeah.

25 GUY DANSIE: Okay. If we look under D, no

1 change there. E, "submit documentation of having
2 successfully complete" -- I probably need to add a
3 "D" there, don't we?

4 JIM HANSEN: Yeah.

5 GUY DANSIE: "A national registry of
6 emergency medical technician's written and practical
7 EMR, EMT, AEMT or paramedics examinations..."

8 We scratched EMD because that's not part
9 of it. "...corresponding with the license the
10 individual is seeking."

11 Make sense?

12 F says, "Submit a current license or
13 certification from one of the states of the United
14 States, its possessions or from a U.S. government
15 agency." That's to allow the federal piece, right?

16 JIM HANSEN: Yeah, the federal piece.
17 However, I'm wondering if there needs to be
18 parentheses on that last little statement. If with
19 the national registry -- yeah. How does that work?

20 Okay. From a government agency, if
21 certified with the National Registry of the emergency
22 medical technicians. So from the government agency
23 they would need National Registry because we have no
24 other.

25 GUY DANSIE: Okay. So we're okay with the

1 wording then?

2 JIM HANSEN: I'm just wondering because
3 then it says "and," on to G, if that needs to be in
4 parentheses because it's referring strictly to the --
5 from the government, U.S. government agency.

6 JAY DEE DOWNS: From what I understand
7 too, that's the military. They only use the National
8 Registry.

9 JIM HANSEN: Yeah. And that's -- but that
10 means we would accept.

11 JAY DEE DOWNS: Correct.

12 JIM HANSEN: We have to accept state
13 license or certification. But from a government
14 agency we could only accept National Registry.

15 JAY DEE DOWNS: Yeah, I see what you're
16 saying.

17 GUY DANSIE: You want me to put
18 parentheses starting with the word, "if"?

19 JIM HANSEN: Yeah. And then before -- or
20 after the word "technicians."

21 GUY DANSIE: Okay.

22 JIM HANSEN: I don't know if it goes
23 inside or outside the semicolon. I think it goes
24 here.

25 GUY DANSIE: That's a Brittany question.

1 GAY BROGDON: Jim, the person doesn't have
2 to be nationally registered? For reciprocity, don't
3 they have to be nationally registered?

4 JIM HANSEN: No. They could come from
5 Arizona without National Registry and take the
6 reciprocity or take a test.

7 GUY DANSIE: Take the test.

8 GAY BROGDON: Will they have to get the
9 National Registry and then take the test?

10 GUY DANSIE: They don't have to.

11 JIM HANSEN: Yeah. They could take the
12 assessment exam, not the certification.

13 GAY BROGDON: Got you.

14 GUY DANSIE: Okay. As we move down
15 through, here's the dispatch language. "EMD, an
16 individual certified..." We need to change
17 certified. No, never mind, we keep certified there
18 actually because it's referring to the National
19 Academy --

20 JIM HANSEN: Yeah.

21 GUY DANSIE: -- Certification.

22 JIM HANSEN: Right.

23 GUY DANSIE: All that language I think we
24 need to work through with the dispatch --

25 JIM HANSEN: Uh-huh (affirmative).

1 GUY DANSIE: -- representatives, okay.

2 And then if we go down to 4.

3 GAY BROGDON: Wouldn't it be a person's --
4 an individual seeking reciprocity for certification
5 in Utah? Wouldn't that be "license"?

6 GUY DANSIE: Well, we're not certifying in
7 Utah. We're going to be licensing. But the National
8 Academy certifies their people that they've been
9 trained.

10 GAY BROGDON: But if they're seeking
11 license in Utah, it's based on the certification. So
12 shouldn't that say "licensed" here?

13 GUY DANSIE: Yeah, right here? On part 3?

14 GAY BROGDON: Right below it.

15 GUY DANSIE: That word actually we need to
16 change.

17 GAY BROGDON: But then further in the
18 sentence it says, "An individual seeking reciprocity
19 or certification in Utah."

20 GUY DANSIE: Right. We need to change the
21 word "certification" there. I'm just catching up to
22 you, Gay. Okay. We'll change those to "license."
23 And --

24 JIM HANSEN: Actually go down. You
25 deleted it there.

1 GUY DANSIE: Yeah, you're right. Thanks,
2 Jim. Okay. So just like that. Whoops.

3 "Equivalent certification," all right.
4 I'll go through all of this. This is all pertaining
5 to EMD.

6 JIM HANSEN: "Certification will be
7 equivalent to Utah," just above your cursor.

8 GUY DANSIE: Yeah, that needs to be
9 "licensed" there.

10 JIM HANSEN: Yeah.

11 DON MARRELLI: Guys, this is Don Marrelli.

12 GUY DANSIE: Okay, Don. Go ahead.

13 DON MARRELLI: I have a budget hearing I
14 have to get to. So I'm going to be off the phone.
15 So I can't help do anything.

16 GUY DANSIE: Okay. And this is going to
17 be something we're going to have to carryover into
18 the next meeting at the end of March. So if that
19 date works for you. Does it work for everybody else?
20 Maybe we can just talk about that really quickly.
21 And we'll bring this back. I'm going to try to get
22 some dispatch language thrown in it and get with
23 them. And then we'll bring it back to this group at
24 the end of March, on the 29th.

25 DON MARRELLI: Okay.

1 GUY DANSIE: That's our plan for now,
2 okay?

3 DON MARRELLI: Sounds good.

4 GUY DANSIE: Thanks, Don.

5 DON MARRELLI: Thanks.

6 GUY DANSIE: So down to part 4 and 5, you
7 struck all of that out.

8 JIM HANSEN: Yeah. That was Jamie
9 Rossborough on that.

10 GUY DANSIE: Okay. So it's no longer
11 needed.

12 JIM HANSEN: Okay, 900. Whoops, correct?
13 Okay. So you added the "less than one
14 year."

15 "Whose licensed has expired for less than
16 one year may within one year after expiration
17 complete all the recertification."

18 GAY BROGDON: That should be "license."

19 JIM HANSEN: That's not been added.

20 JEAN LUNDQUIST: Well, on there you said
21 that --

22 GUY DANSIE: If it lapsed you were kind
23 of --

24 JEAN LUNDQUIST: You had EMD in there, but
25 you changed it to license. You said EMD is going to

1 be certified.

2 GUY DANSIE: No, no, no.

3 JEAN LUNDQUIST: They're going to be
4 licensed as well?

5 GUY DANSIE: They're going to be licensed
6 as well. They're certified in their system they use,
7 but they're licensed by us.

8 JIM HANSEN: Much like these guys can be
9 certified as National Registry.

10 GUY DANSIE: Yeah.

11 JIM HANSEN: But they're licensed in Utah.

12 GUY DANSIE: Okay. So what's the one
13 you're thinking about? What's the one you were --

14 JIM HANSEN: That was a comment that I
15 disagree with, that we should go to two years since
16 that's what national registry does. But, no, this
17 is -- these are Paul's words.

18 GUY DANSIE: These are what Paul wants?

19 JIM HANSEN: This is what Paul insisted
20 on.

21 The real thing is here it's saying if they
22 expire for less than one year, then they have to take
23 the written test. If they expire for more than one
24 year, then there's a -- they have to come back in
25 almost as if they had taken a course but not

1 actually. Much like the challenge of the nurses.

2 GUY DANSIE: So it's a mercy paramedic
3 thing; is that what you're saying?

4 JIM HANSEN: Well, paramedics because of
5 their thing, they've always been able to come back in
6 because they spent so much time and money to become a
7 paramedic. But EMTs and AEMTS and stuff finally when
8 we got into the rules this last time was like, well,
9 why do they get special privilege? Why can't we come
10 back after three, four or five or 10 years or 20
11 years after. So that's what that was about. If it's
12 more than two years they have to come back in as if
13 they --

14 GUY DANSIE: Had never done it.

15 JIM HANSEN: Well, as if they had taken
16 the course but they'd never finished the course. So
17 they'd have to test and --

18 JEAN LUNDQUIST: Test out.

19 JIM HANSEN: The course coordinator and
20 all of that stuff, yeah.

21 GAY BROGDON: Shouldn't that one sentence
22 say "within one year after expiration, complete all
23 licensing requirements"?

24 GUY DANSIE: Yeah.

25 GAY BROGDON: "Pay a late lapsed fee,"

1 What would you say, a license fee? What do you want?

2 It's got "recertification."

3 JIM HANSEN: Yeah, you're right.

4 JEAN LUNDQUIST: So --

5 JIM HANSEN: Go ahead and type --

6 DEAN YORK: So --

7 JEAN LUNDQUIST: You don't want them to do
8 a practical, just a written?

9 GAY BROGDON: After two years -- After a
10 full year, they have to do both.

11 JIM HANSEN: Strike out "recertification."
12 Just strike that out completely. It can be just a
13 late fee.

14 GUY DANSIE: Okay. You've got to go.

15 LAUARA SNYDER: Yeah, I've got to go.

16 (Side discussion.)

17 JIM HANSEN: Good luck, Lauara.

18 TERESA BRUNT: So you're okay to walk away
19 from your registry where it said one year. It just
20 used to be kept with the National Registry and now
21 you're not?

22 JIM HANSEN: No, we never have.

23 TERESA BRUNT: Back to what you've taken
24 out, you've taken out a bunch of stuff referring
25 back. That's going to be gone. So I guess that's

1 just my question if you're not keeping to the
2 two-year standards of National.

3 JIM HANSEN: No. Because actually what
4 that comment was out of -- out of whack because
5 National Registry -- National Registry will -- does
6 have a two-year thing. But like I say if you expire
7 for -- even with National Registry if you expire you
8 have to retest to get back into the system.

9 TERESA BRUNT: Okay. So it didn't go
10 away?

11 JIM HANSEN: It didn't change that. I
12 don't know what that comment was even about. It
13 wasn't mine.

14 TERESA BRUNT: Okay.

15 GUY DANSIE: Okay. So are we good with
16 the language then?

17 JIM HANSEN: Yeah. If you fixed what Gay
18 said.

19 GUY DANSIE: I tried. I think I did.

20 JIM HANSEN: Yeah.

21 GUY DANSIE: Okay. So we get down to 2A,
22 and we just changed a term. 2B says, "approved
23 National Registry of Emergency Medical Technicians,"
24 and that's to be consistent with the other language,
25 right?

1 JIM HANSEN: Yes.

2 GUY DANSIE: So we left that language
3 there.

4 C is just license renewal. Changed it
5 from recertification. The same with D. Got that
6 rolling "R" there.

7 "Lapsed license renewal process."

8 Okay. Section R425-5-1000, this is all
9 about transitioning. And it's no longer applicable
10 because we have transition.

11 JIM HANSEN: Deadlines have all been met.

12 GUY DANSIE: We're just going to strike it
13 out of the rule.

14 JIM HANSEN: Strike it out of the system.

15 GUY DANSIE: Yeah. It's all come and gone
16 and passed. So if we look down to 11000. We just
17 have one place to change, "certification." I'll go
18 back through and do a word search on certification to
19 make sure we didn't miss any of these, and then we'll
20 bring it back. We'll clean it up and bring it back
21 and try to renumber it for our next meeting.

22 Okay. Here's one that I need help with.
23 As we get into medical directors and EMS instructors,
24 I think what we wanted is to still call them
25 certified.

1 JIM HANSEN: Just want to certify that.

2 GUY DANSIE: And we're just saying that
3 they have this licensing from us. Not a license to
4 go out and do some stuff, but we're just licensing
5 them and keep the word "certified" --

6 JIM HANSEN: Uh-huh (affirmative).

7 GUY DANSIE: -- to be a course coordinator
8 or instructor or a medical director, right?

9 JIM HANSEN: Right.

10 GUY DANSIE: Okay. So we still have
11 instructor certification. I'm sure that's what
12 you're talking there.

13 JIM HANSEN: Right.

14 GUY DANSIE: Because it's not a licensed
15 level in the National Registry or anything else.

16 JIM HANSEN: Right.

17 GUY DANSIE: Okay. If we go down into
18 that section, you added a part 5, "Submit biannually
19 a completed and signed EMS instructor contract."

20 JEAN LUNDQUIST: Where are you reading
21 that?

22 GUY DANSIE: This is 1300, instructor
23 certification. Yeah, I'm sorry, I'm jumping ahead.

24 JEAN LUNDQUIST: What is that word,
25 "submitted biannually"?

1 GUY DANSIE: I think he means every two
2 years. So every two years?

3 JIM HANSEN: It's spelled --

4 JAY DEE DOWNS: B-i-a, not
5 B-i-e-n-n-i-a-l-l-y.

6 JEAN LUNDQUIST: B-i-a, not "biennially."

7 GUY DANSIE: We don't want it twice a
8 year. We want it once every two years, right? I'll
9 check the spelling and make sure we're good there.

10 Brittany won't let us get past that one.

11 JIM HANSEN: Just say every two years.

12 GUY DANSIE: We'll do the same there,
13 maybe, okay.

14 If we go down through 1400, he actually
15 said the same thing. So you need to submit every two
16 years for recertification, a completed and signed
17 instructor contract.

18 1500, lapsed certification -- instructor
19 lapsed certification. You just added that last part
20 in part 2. It says, "However, the department may
21 waive portions of the initial EMS instructor training
22 course."

23 JIM HANSEN: Yeah. And that's basically
24 if they've already taken an instructor course, we do
25 provide a one day -- from fire instructor to EMS

1 instructor course. And if they've already taken the
2 full course, we can let them just take the shortened
3 course. So that's what that's about.

4 GUY DANSIE: Cut them a little slack.

5 JIM HANSEN: Cut them a little slack.

6 GUY DANSIE: Okay. Training officer
7 certification, still leaving the term "certified" in
8 here, right?

9 DEAN YORK: Right.

10 GUY DANSIE: Two-year period.

11 Training officer certification, 1700. It
12 looks like no changes there.

13 1800 no changes.

14 GAY BROGDON: I have a problem with it.

15 GUY DANSIE: You do?

16 GAY BROGDON: I do.

17 GUY DANSIE: Where is it?

18 GAY BROGDON: The sentence says, "The
19 individual's new expiration date will be two years
20 from the old expiration date." So they've expired
21 for two years and they take the class, they are
22 already expired. The date would be at expiration.
23 Right?

24 JIM HANSEN: Well, then word it right.

25 GAY BROGDON: So if they now expired

1 again, then they have to turn around and --

2 JEAN LUNDQUIST: Two years from the
3 passing date or whatever -- what number are you on?

4 GAY BROGDON: 1800. So they've lapsed for
5 two years. So it's telling them that they can
6 recertify but their date goes from two years from
7 that date, so that they would still be lapsed.

8 GUY DANSIE: Should we strike that last
9 sentence?

10 GAY BROGDON: Is that right? Am I
11 thinking wrong?

12 JEAN LUNDQUIST: Individual's new
13 expiration date will be two years from that --

14 LAUARA SNYDER: We're talking about these
15 people who already expired for two years.

16 JEAN LUNDQUIST: They have to become
17 certified by reinstating the recertification
18 requirements. The certification will last for two
19 years or something like that.

20 GUY DANSIE: It will be for two years.

21 JIM HANSEN: Wordsmith it.

22 GUY DANSIE: How about we put for two
23 years, and then strike the "old expiration date"
24 part.

25 If I can get my cursor to go where it's

1 supposed to.

2 How is that? "The individual's new
3 expiration date will be for two years." Will that
4 work? Because it should be from whenever it starts
5 again, right?

6 GAY BROGDON: Right.

7 GUY DANSIE: Right. I don't think the old
8 part should be on there.

9 Are you ready to go down to 1900, course
10 coordinator. Nothing has changed there. Kind of the
11 same thing.

12 Now down to part 3, it looks like we
13 changed a little bit. "Course coordinator may only
14 coordinate courses up to the" -- do we need to put
15 "license" in there?

16 GAY BROGDON: Yes. Because it's if
17 they're a paramedic, they can teach a paramedic.

18 JEAN LUNDQUIST: It's not are they a
19 licensed course coordinator?

20 GAY BROGDON: No. They're a certified
21 course coordinator, but they're --

22 GUY DANSIE: But they're licensed as a
23 paramedic.

24 GAY BROGDON: Their level is their
25 license, the paramedic or EMT.

1 JIM HANSEN: Scratch out "certification."
2 GUY DANSIE: I actually agree, I think the
3 way it's worded now looks good.
4 JEAN LUNDQUIST: Yeah.
5 GUY DANSIE: Okay.
6 GAY BROGDON: You've got the same wording
7 going on in the lapsed one, 2100.
8 GUY DANSIE: 2100, okay. Looking down
9 through, changed the word "license." Take
10 "certification" out, put "license" in again.
11 2000, we changed "EMD" to "license," on
12 1A.
13 2100, is this where we're talking about?
14 GAY BROGDON: Yeah, the last section and
15 in the first section is the saying "two years from
16 the old date."
17 GUY DANSIE: Okay. "The individual's new
18 expiration date will be for two years." Is that
19 okay?
20 GAY BROGDON: Yep.
21 GUY DANSIE: Okay.
22 JEAN LUNDQUIST: It says, "The
23 individual's new expiration date will be two years
24 from the recertification date."
25 GAY BROGDON: So that one actually is

1 written right.

2 GUY DANSIE: That one is written
3 correctly.

4 GAY BROGDON: Yeah.

5 JEAN LUNDQUIST: Two years from when they
6 recertify, which is how the other one should read.

7 GUY DANSIE: Okay, 2, it looks like we
8 added language there. "However, the department may
9 waive portions of the initial course coordinator
10 direct requirements such as a" -- "co-coordinator,"
11 right? A hyphen there I think.

12 GAY BROGDON: Yeah.

13 GUY DANSIE: "If the candidate has
14 coordinated or co-coordinated a course within the
15 past three years." Are you good with that?

16 JEAN LUNDQUIST: What is that? Why is
17 that?

18 JIM HANSEN: Because they -- they're
19 relatively current.

20 TERESA BRUNT: Relatively.

21 JIM HANSEN: So we wouldn't require them
22 to retake the whole course.

23 GUY DANSIE: Okay. So are we good to go
24 down to 2200?

25 JIM HANSEN: Yep.

1 GAY BROGDON: Yep.

2 GUY DANSIE: It looks like in 1B there was
3 a strike out. It says, "The applicant has sufficient
4 equipment available for the training..."

5 "Or if the equipment is available for
6 rental from the department," we're not doing that
7 anymore.

8 JIM HANSEN: Right.

9 GUY DANSIE: Part E says "The department,"
10 and we changed that to "course coordinator has the
11 capacity to offer the applicable examinations in a
12 timely manner after the conclusion of the course."

13 So we're not doing the exams anymore. The
14 course coordinator does those. Okay.

15 426-5-2300, Paramedic Training
16 Institutions Standards Compliance. So we've changed,
17 in part 1, changed the terminology again, from
18 "certification" to "licensing."

19 JEAN LUNDQUIST: Wait. "A person shall be
20 authorized by the department to provide training
21 leading to the licensing." Oh, okay, I was stuck on
22 training and leading. Okay.

23 JAY DEE DOWNS: It's been a long day.

24 GUY DANSIE: Yeah. Part 2B, we've added
25 "obtain a letter of review from the committee on

1 accreditation of educational programs for the EMS
2 professions CAAHAP and then acquire and maintain the
3 Commission of Accreditation of Allied Health
4 Education Programs accreditation."

5 So basically that falls in line with our
6 National Registry. They want our training to be from
7 credited institutions.

8 JIM HANSEN: And the process is that a
9 program that wants to start doing paramedics has to
10 get this letter of review from CAAHAPs to -- to be
11 able to do it. And the National Registry will accept
12 graduates from a course that has that letter of
13 review. And then after two or three programs and
14 they've proven that they are capable of doing the
15 courses, then they seek the actual accreditation.

16 TERESA BRUNT: And I still go back to
17 Brittany's recommendation on whether we spell that
18 accreditation -- accrediting organization out. That
19 acronym to me means nothing. I mean it does to you
20 probably but --

21 GUY DANSIE: The CAAHAPs?

22 TERESA BRUNT: If it's rule, do you not
23 want to spell it out at least once so it's clear?

24 GUY DANSIE: Oh, you're talking
25 about the --

1 TERESA BRUNT: The CAAHAP. I mean it's
2 familiar to you, but I'm just saying I don't know.

3 JIM HANSEN: That is spelled out.

4 GUY DANSIE: That's the commission, the
5 CAAHAP, the Commission of Accredited --

6 TERESA BRUNT: Oh, it is spelled out.
7 That's a long acronym.

8 JEAN LUNDQUIST: Committee on
9 Accreditation.

10 TERESA BRUNT: Okay. I rest my case.

11 GUY DANSIE: You have the right thing, but
12 that's how it is in there.

13 DEAN YORK: You verified it.

14 JIM HANSEN: Yes. Thank you.

15 GUY DANSIE: Validated by you.

16 TERESA BRUNT: Thank you. I'm a nurse,
17 not a paramedic.

18 GUY DANSIE: Okay. 2400, Off-Line Medical
19 Director Requirements. That's the certify thing
20 again that we're still doing that for medical
21 directors.

22 JAY DEE DOWNS: That's sure a small
23 paragraph.

24 GUY DANSIE: 2500.

25 GAY BROGDON: Background check.

1 GUY DANSIE: This is a change. Medical
2 directors actually have to do a background clearance.

3 JIM HANSEN: As per 3100.

4 GUY DANSIE: That 2700 needs to be deleted
5 and changed to the new reference. I'll go back and
6 make sure I get the right one. Okay. So no other
7 changes for medical directors?

8 And then we're done in the epinephrine
9 auto-injector use, which is not -- other than looks
10 like you've changed "licensed" in there. And then we
11 just went through and changed the terms "certify" to
12 "license" and "renewal" and "recertify."

13 We probably need to go through the whole
14 rest of that document and clean out the language. I
15 don't think there was any substantive changes.

16 JIM HANSEN: Substantive, is that the
17 word?

18 GUY DANSIE: Yes, important changes.

19 JEAN LUNDQUIST: There sure are a lot of
20 crosses out on there. Where are you at now?

21 GUY DANSIE: And actually --

22 JIM HANSEN: The rest of it.

23 GUY DANSIE: The rest of the document.

24 Jim just went through and everywhere it said

25 "certified," he changed it to "licensed."

1 JIM HANSEN: It's basically this document
2 here.

3 GUY DANSIE: Yeah. And all of this, this
4 part was -- below the epinephrine use, 2700 down,
5 that's where we added the blood draw permits. So the
6 numbers will all change. We'll throw that blood draw
7 permit thing in there first, and then we'll do all of
8 these changes as a second step. So that's why I'm
9 not worried about -- we'll come back to this at our
10 next meeting in March, and I'll do clean-up on it in
11 the meantime.

12 JEAN LUNDQUIST: Okay.

13 GUY DANSIE: And then we'll go through it
14 and we'll mark with the dispatchers to get their
15 language correct. And then we'll come back to it for
16 a final review before it goes to the committee, if
17 that's okay with everybody.

18 JEAN LUNDQUIST: Okay.

19 JAY DEE DOWNS: I don't know, I have to
20 think about it for a while. I'll let you know.

21 GUY DANSIE: I think that's it. Is there
22 anything else? That's all we had, that Jim and I had
23 for us. Any other discussion or are we good?

24 JIM HANSEN: Yeah, you're in charge. Jay
25 you're --

1 GUY DANSIE: Jay, you're conducting.

2 JAY DEE DOWNS: I was late. If that was
3 the case, we would have adjourned an hour ago.

4 JEAN LUNDQUIST: I second the motion.

5 GUY DANSIE: Does the date look okay for
6 everybody still?

7 JAY DEE DOWNS: Are we okay with the date?

8 GUY DANSIE: It's for the 29th. We were
9 going to meet quarterly, but I think we've decided to
10 stagger the month. If I remember it was some reason
11 there was a room issue or something.

12 GAY BROGDON: It was after the EMS
13 Committee Meeting so if there was anything we needed
14 to address. That's what I believe you told me.

15 GUY DANSIE: Okay. Yeah, I can't
16 remember.

17 JEAN LUNDQUIST: I still remember that,
18 too.

19 GUY DANSIE: We wanted to have it --

20 JEAN LUNDQUIST: -- around that meeting,
21 either before or after.

22 GUY DANSIE: Prior to. That's what we
23 wanted to do is have it the month before the EMS
24 committee so it can go to the committee. We're going
25 to go short. We're going to go two months this time,

1 and then from here on out we'll still go quarterly.

2 I think that's what we did, right?

3 JAY DEE DOWNS: Yeah, we did. Because the
4 next meeting is in April.

5 GUY DANSIE: The committee meeting.

6 JAY DEE DOWNS: Right. So we want to have
7 it ready to go in April.

8 GUY DANSIE: So we will meet in March,
9 polish it up. And then we will have it ready for the
10 committee in April. And then we'll try to do that
11 every time after that, to have the meeting the month
12 before the committee.

13 JAY DEE DOWNS: Unless there's anything
14 else more pressing that comes down through.

15 JIM HANSEN: Right. Which is part of your
16 bylaws.

17 GUY DANSIE: I guess we're adjourned.

18 JAY DEE DOWNS: If you want to stay here,
19 you can.

20 GUY DANSIE: We're good. Thanks everyone.

21 (Concluded at 3:18 p.m.)

22

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