EMS Rules Task Force Meeting

HEARING

March 27, 2019
EMS Rules Task Force Meeting
Bureau of EMS and Preparedness

March 27, 2019 * 1:05 p.m.

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

Reporter: Tamra J. Berry, CSR, RPR
APPEARANCES

Guy Dansie
Jay Dee Downs
Gay Brogdon
Teresa Brunt
Dean York

Alton Giles
Dave Quealy
Derek Maxfield
Kristy Kimball

APPEARING VIA TELEPHONE
Jean Lundquist
Regina Nelson
Jess Campbell
Steve Barrett
GUY DANSIE: In the interest of time, we will go ahead. We will go around the room and have you introduce yourselves.

I'm Guy with the bureau.

GAY BROGDON: Gay Brogdon with the bureau.

ALTON GILES: Alton Giles with Guardian.

MIKE WILLITS: Mike Willits, Sevier County EMS.

DEAN YORK: Dean York, Provo County sheriff.

TERESA BRUNT: I am Teresa Brunt with -- what am I? I am the new intervention trauma outreach coordinator at Mountain Medical Center in Nevada, but I represent ENA.

DAVE QUEALY: I'm Dave Quealy. I work for the West Jordan City Attorney's office.

GUY DANSIE: And Alton is here today as a stakeholder and guest, and a lot of what we're talking about today affects him directly. So we want to make sure we have his input on everything that we do and a good buy-in on these two pieces of rule.

So should we go ahead and start looking through it? I think Jay will -- he's supposed to
conduct, but he's not here. So by default I think I'll go ahead and we'll start.

REGINA NELSON: Guy, this is Regina, Tooele County Sheriff's Office. I'm on the line representing emergency medical dispatch. And with me today I have Steve Barrett, operations manager for Tooele Valley Behavioral Health as well.

GUY DANSIE: Oh, good. Good. Because this is a behavioral health issue.

REGINA NELSON: You're welcome. So I'm going to put you guys on speaker so he can hear our conversation as well.

GUY DANSIE: Perfect. Thank you. So for those of you who are on the phone, hopefully you got the handouts. There were two pieces of rule: R426-2, the designation rule, which is one that we've been working on for the last couple years off and on. But this is the latest effective version with the new amendments for behavioral health transport. And then we have 426-4, and that's the operations rule. And there are some little places in there where we've added language to reflect that --

(Derek Maxfield enters the room.)

GUY DANSIE: -- the effects of Senate Bill 85.
One thing just to preface this meeting, too, I wanted to let you know, this new statute change for behavioral health transport won't be effective until I believe July 1. Is that right?

ALTON GILES: I don't know. Did we get a date in there? I didn't view that one.

GUY DANSIE: Typically they're July 1st is when they're made effective. I'll have to find out. We're way ahead of the curve. Usually administrative rule does not need to be in place until I think it's 120 days after or maybe 90 -- I'll have to look into that -- but after the statute takes effect. But I wanted to bring it to this group to kick it around a little bit. And then we do -- we have other stakeholders that were involved in the bill, and I wanted to make sure they had a chance to review it a little bit.

And so I'm not trying to push this through the EMS committee in two weeks when we have that meeting because the statute isn't in effect yet. So I need to wait on the rule until it's in effect. So we've got the cart before the horse a little bit. But I figured this would be a good meeting and good time to kind of knock this out and at least get to where we're kind of on the same page.
And then as soon as the bill goes through, then we can make the rule effective as well. Does that make sense?

ALTON GILES: So it wouldn't be until the July meeting when the council --

GUY DANSIE: When they adopt it, yeah.

JEAN LUNDQUIST: Guy, this is Jean. Can you just give a quick overview of the statute and what passed.

GUY DANSIE: Yes. If you want to look for it, it's online. And if you go to the legislative website, it's under bills 2019 session. And then you can look up Senate Bill 85. And it was sponsored by Senator Vickers.

And the general description on the bill itself says, "The bill adds a designation category for non-emergency secured behavioral health transport providers and vehicles."

And if you go through the bill, it was some definitions that were added.

(Mr. Jay-Dee Downs enters the room.)

GUY DANSIE: It primarily talks about -- on the fourth page of the bill, it talks about part -- it's like line 102. It gives a definition of the non-emergency secured behavioral health
transport, and it talks about what it is.

And then if you look at the department powers at line 157, it talks about -- it just adds that we also permit non-emergency secured behavioral health transport vehicles. And there's a couple of other under the -- if you keep going through the bill, it talks about it. It adds it into the statute as one of the categories of a designated EMS provider.

JEAN LUNDQUIST: Okay. Thank you.

GUY DANSIE: Okay.

GAY BROGDON: You e-mailed it out to them on the 14th.

GUY DANSIE: Okay. Yeah, I mailed it out on the 14th. Gay just pulled up the e-mail.

And so let's just go down through the language a little bit. Are there any questions about the concept? This is the same thing that we worked on last year extensively. We had an ad hoc group and worked on it. Alton was part of that. There were several of the inter-facility transport license-holders, South Jordan, Gold Cross, Ogden Fire, behavioral health folks from the Division of Substance Abuse and Mental Health were involved. We came up with a lot of good ideas. But then when we
made the rule, we prepared the rule and sent it to
the committee, and the committee approved it.

And then as we went to put it out, our
general attorney counsel felt we didn't have clear
authority in the statute. So it was proposed by
Senator Vickers that we -- you know, he sponsored the
bill. It was at the request of some of the
inter-facility providers actually that we go ahead
and get that authority in our statute, and this bill
allows us to do that now.

They did change the name of it. We called
it -- before it was non-emergency secured transport.
And there was some heartburn over that a little bit,
but we ended up with the non-emergency secured
behavioral health transport -- or not health,
behavioral transport is what it's called. I'll get
myself tongue-tied.

Anyway as we look through, I tried to go
back and paste that old language that we all agreed
upon last year into those sections of the rule.

(Kristy Kimball enters the room.)

GUY DANSIE: So we go down through
R426-2-200. We just added that category as part C.
Then as we go down through the rule, after
we get through the dispatch center requirements, I
put in the non-emergency secured behavioral health transport minimum designation requirements. So that it would follow suit as a new type of designation. And I guess you want to look through that language to make sure it reads okay? I hate to bore you with reading it all, but I don't think we -- we don't have a lot today, so I think we can just read it all.

"The vehicles, equipment, supplies that meet the current requirements of the department for designated non-emergency secured behavioral health transport providers, as found on the bureau of EMS and preparedness's website to carry out its responsibilities under its designation."

ALTON GILES: Okay. So I guess clarify for me. Under this dispatch thing, does the designation -- what are they required to have?

GUY DANSIE: Dispatch?

ALTON GILES: Do they need this 400? Is that going to be --

GUY DANSIE: 400 is actually current effective language.

ALTON GILES: Yes. But is the designation going to have to have -- I mean you know whoever is designated, are they going to have to go contract with somebody with like VECC or set something up like
that?

GUY DANSIE: We'll get into that. We'll get into that. This first part is just -- it's basically saying that we wanted to put the vehicle requirements and the staffing requirements in policy on the website.

ALTON GILES: Okay.

GUY DANSIE: That was my thinking. Because we felt like we do that for the ambulances. We have an equipment list, drug and equipment list on the website. That way it's more fluid. We don't have to go through the rulemaking process every time it needs to be amended. So that was my intent. Now whether I captured that or not, let me know. If it doesn't read correctly or...

We've got these good legal brains in here that could probably wordsmith it better than I did.

KRISTY KIMBALL: I would probably just make a few changes in the flow, just to make it flow.

GUY DANSIE: I figured you might.

DEAN YORK: We're not offended.

GUY DANSIE: No, no, no. This affects you primarily anyway, so let's go over it.

KRISTY KIMBALL: When I'm reading it, when you get to "behavioral health transport providers," I
would put "in order to carry out" --

GUY DANSIE: "In order to carry out"

instead of "as found"?

KRISTY KIMBALL: Yeah. "In order to carry out their responsibilities under their designation."

And then I would say, you know, where they would be found. Because it's just kind of -- it's really long run-on sentences that's a little confusing to me.

GUY DANSIE: "Were to carry out."

KRISTY KIMBALL: Just to take out "to carry out its responsibilities under its designation." Because you're referring I think to the providers themselves, but you don't need that. That's kind of superfluous. I would just put "vehicles, equipment, and supplies that meet the current requirements of the department for designated non-emergency secured behavioral health transport providers" -- and then just keep it how it is -- "as found on the Bureau of EMS's preparedness website."

MIKE WILLITS: That's true.

TERESA BRUNT: And I second that.

GUY DANSIE: And then take out the last part of that sentence?

KRISTY KIMBALL: Yeah. Because it wasn't really clear if it was talking about the bureau's
responsibilities or the transporter's. It's just not necessary I don't think.

GUY DANSIE: Good.

JAY-DEE DOWNS: Well, it's implied if you're going to do it, you're going to carry them out anyway.

GUY DANSIE: Sure. That makes for a nice, easier read. Staff, number who, should we talk about this one?

KRISTY KIMBALL: This is a little thing, but website, I don't know that there's supposed to be a hyphen between web and site.

GUY DANSIE: You won't offend me.


GUY DANSIE: Not today.

Okay. How about the second part? "Staff who meet required training as approved by the department policy for mental health patients de-escalation and the American Heart" -- this is old wording, but I don't know if it reads real clean.

TERESA BRUNT: Is there actually training for that mental health part?

ALTON GILES: Yeah, there's companies out there that --
TERESA BRUNT: Okay. They have to be certified in it.

ALTON GILES: The one that we use is CPI. Intermountain has their own term for what they teach. University of Utah, I can't remember which brand they're using.

GUY DANSIE: We have a list of the different programs that we all agreed that were okay --

ALTON GILES: Acceptable.

GUY DANSIE: -- or acceptable.

ALTON GILES: And if I remember correctly, Butler, when he was here, he was talking about making that mandatory for EMTs --

GUY DANSIE: So did Moffitt.

ALTON GILES: -- across the board having that type of training.

GUY DANSIE: In fact they did vote on doing that. They added the hours as one of the state required hours for --

ALTON GILES: Part of our hours we have to get for continuing education?

GUY DANSIE: Yeah.

KRISTY KIMBALL: Okay. So 2, to me, is like one I think that is written kind of confusingly.
So maybe maybe I'm just confused, or I could just be confused.

GUY DANSIE: No, tell me.

KRISTY KIMBALL: And it may not. Be when you say "staff" that's ambiguous too. I would think you would -- are you going to require that let's say for any behavioral health transports that they have at least one, you know, person on that transport that meets "X"?

I mean when you say staff, like I think you just have to be specific about --

GUY DANSIE: Instead of -- how about "non-emergency secured behavioral health transport providers shall have" --

MIKE WILLITS: Personnel?

GUY DANSIE: -- "a person," or something like that. I think maybe we reword the -- re-organize the sentence. It seems like we're talking -- do we want to list it as a requirement for the provider that they have the staff that's trained?

ALTON GILES: That's what we talked about that the staff was going to have to meet these requirements.

KRISTY KIMBALL: But do all staff members have to? My point is like when you're on a
transport, right, you may have two or three people on that transport. Sometimes you'll have somebody that's there for security purposes. Like somebody who's been part of law enforcement. Then you'll have somebody in the back maybe that is trained in de-escalation techniques for behavioral health patients. And you might have a driver who maybe doesn't have to be trained. So I'm just wondering. That's so ambiguous. It's like who has to be trained and which staff members?

MIKE WILLITS: Is there a minimum staff or --

TERESA BRUNT: It's usually two.

GUY DANSIE: Do you want to say an attendant, or something like that?

ALTON GILES: That's what we call it. We call them an attendant, the one in the back. And for us they are EMS, and they do have that training. But sometimes we have a person who is just a driver.

GUY DANSIE: How about we say we provide an attendant who is trained in X, Y and Z?

ALTON GILES: I don't know about provide. Required or something.

KRISTY KIMBALL: Let me ask you this: Just like you did in the prior one where you kind of
pushed it to, you know, whatever the current, you
know, requirements are that you're going to update I
assume from time to time.

        GUY DANSIE: Yeah.

        KRISTY KIMBALL: Can you just say
something about, you know, meet the staff training
requirements as set forth, whatever, you know, by the
bureau at the time. Because then I think -- but if
you want to be specific, then let's get specific
right now. But otherwise I think you have to
delineate like --

        GUY DANSIE: Let's call it a staffing
requirement. Is that okay? "Meet staffing
requirements"?

        KRISTY KIMBALL: "Requirements,
including -- including."

        GUY DANSIE: Training?

        KRISTY KIMBALL: Training, uh-huh
(affirmative).

        GUY DANSIE: Would that be okay?

        KRISTY KIMBALL: Uh-huh (affirmative).

        "Including training."

        And then I would just put a comma after
training, "as required."

        GUY DANSIE: As required.
KRISTY KIMBALL: "As required by the bureau."

GUY DANSIE: Well, I'm going to call it the department.

KRISTY KIMBALL: Oh, sorry, yes.

GUY DANSIE: Because that's how we call it throughout the rules.

KRISTY KIMBALL: And then you can -- I think maybe that will allow for more nuances, and as you guys kind of figure out how you want that to look for different attendants and people like you said.

GUY DANSIE: And the intent originally was to have the de-escalation and CPR, right?

ALTON GILES: Yes.

GUY DANSIE: So do we need to list both of those? Do you think that's a good thing?

ALTON GILES: I mean we do it already. So it's not like it's going to hurt anything.

GUY DANSIE: Yeah, it's not going to change anything. Just know if it needs to be in the rule or just leave it as the policy.

JEAN LUNDQUIST: If you put that in there, do you limit to those? That means do you only need those two?

GUY DANSIE: Yeah, I think so. And that's
I guess what the question is. Do you want to pin it down in rule as two are required --

ALTON GILES: Yes.

GUY DANSIE: -- and only the two, or do you want to leave it in policy that --

ALTON GILES: Well, we can go more than two. Because, for instance, I'm doing one right now that's a potentially violent person, and the client asked for more than one person in the back.

GUY DANSIE: Yeah. But I'm talking about training requirements.

ALTON GILES: Training, those two.

KRISTY KIMBALL: Does everyone that works for you, are they trained in de-escalation techniques and --

ALTON GILES: Everyone is trained in de-escalation but not CPR.

JAY-DEE DOWNS: You could put something in that there's a minimum of two people, and one must be trained in this that's next to the patient or --

DEAN YORK: The attendant.

JAY-DEE DOWNS: -- the patient attendant.

You could put a minimum of two, which of one is trained in this da, da, da, and is next to -- or is the attendant to the patient.
TERESA BRUNT: How do you categorize the level of -- like there's some patients that I think, yeah, they're good. They're not -- you know, they'd be fine, versus ones who you know might act out and give you problems in transport.

ALTON GILES: There is no categorization right now currently for this. We take all of them, you know. And if they're more higher acuity kind of a thing, they let us know. And we will send the appropriate -- we can send a police officer if we need to. We can do things like that.

TERESA BRUNT: I have a hard time agreeing with just two, just --

ALTON GILES: Two what?

TERESA BRUNT: To just have a single attendant in the back with --

ALTON GILES: Well, so the majority of transports are being done with that. Whether it's an ambulance or whether it's us, you're putting a single attendant in the back anyway.

TERESA BRUNT: Anyway, yeah. It's a single attendant for a non-combative patient though. I'm just saying --

ALTON GILES: If they're combative, then you know as the department or an employer we have to
make sure our people are safe. And if that's -- we put another person to give them a total of two or three or four. I mean, I've transported in an ambulance before with five people in the back.

KRISTY KIMBALL: Sometimes you can't anticipate --

ALTON GILES: But that's the acute ones.

TERESA BRUNT: You can't anticipate because they might be just fine for me and then they'll --

KRISTY KIMBALL: How about this --

GUY DANSIE: So I don't want to tie it to rule maybe, the number.

ALTON GILES: No, I don't.

KRISTY KIMBALL: So I would say, you know, with at least, you know, one staff -- with at least one staff member on each transport that is trained in --

ALTON GILES: The de-escalation and the CPR.

KRISTY KIMBALL: -- de-escalation.

ALTON GILES: Now for the most part, both of our people are but --

JAY-DEE DOWNS: That's why I say if you put in there a minimum of two, one of which is
trained in this, saying that you've got to have at least a driver and one guy in the back. That's a minimum. However, it's up to the agency if they need more people.

GUY DANSIE: Yeah. Scale it up or --

JAY-DEE DOWNS: You have to have at least a minimum.

GUY DANSIE: So this is what I'm thinking, "Meet staffing requirements to include at least one attendant during transport."

ALTON GILES: Yes.

GUY DANSIE: And --

KRISTY KIMBALL: You could put, to your point, "Meet staffing requirements" -- maybe -- "as set forth by the department."

And then "Including."

GUY DANSIE: Including.

KRISTY KIMBALL: "Including having at least one attendant on each transport."

ALTON GILES: Well, Guy, I just happened to glance down. So if you go over to here, it talks about it again too under 426-4-200.

GUY DANSIE: Yeah, in the application.

ALTON GILES: Number 7.

KRISTY KIMBALL: We're being duplicative.
ALTON GILES: Yeah, we're stating it again.

GUY DANSIE: All right.

JESS CAMPBELL: Hey, Guy, this is Jess.

In part of the conversation we've termed department as being in that. I just want to be sure that it's being used in reference to the bureau or the department of health and not the agency.

GUY DANSIE: Okay. I'm not sure I understand what you're talking about, Jess.

JESS CAMPBELL: So in the discussion we've been having here, there's been a reference to it being, you know, left up to the department policy. And I just want to make sure that as we talk about department -- we went through this a couple years back where we cleaned up definitions, and department doesn't mean fire or EMS department. It means the bureau of EMS, so...

GUY DANSIE: Right. And we used that term in the rule because in the definitions in the statute, it defines department, meaning the department of health.

ALTON GILES: Okay.

JESS CAMPBELL: Yeah. I just wanted to make sure that was how it was being used.
KRISTY KIMBALL: So, Guy, it seems to me that you should take whatever is in this R426-4-200 and 7 and basically cut off the latter part and insert it into that 502 and just make it consistent.

GUY DANSIE: So you're looking at -- what was the reference again, 900?

KRISTY KIMBALL: You've got two sets of the rules, right? So right here it says --

GUY DANSIE: Part 7. So whatever you do, you've got to make it consistent with what's here.

GUY DANSIE: It's in the operations rule is what you're saying?

KRISTY KIMBALL: Uh-huh (affirmative). So you can't have it be --

GUY DANSIE: In both.

KRISTY KIMBALL: Well, no, you can have it be in both; it just has to be congruent.

GUY DANSIE: Consistent. Let me just copy it out of there.

KRISTY KIMBALL: I think you could -- you could certainly cite to this other provision. I was just pointing out that what we're doing right now would be consistent with what's already in this other section. And whatever we do, we've got to make sure we're consistent.
GUY DANSIE: Yeah. And I was going to ask you this, in the operational rule, this is R426-4, so for everybody that's trying to read along. We're jumping over to the operational rule. There is a requirement in there, and I put "Two personnel," and I couldn't remember. I thought that's what we had agreed to last year. But is that still valid? Do you still want to do that? And then --

DEREK MAXFIELD: I don't see a scenario where you're going to do this with one person.

TERESA BRUNT: Yeah.

GUY DANSIE: I don't either.

KRISTY KIMBALL: And let me clarify, and both people would be trained on both things?

ALTON GILES: Well, that's not -- I think it's appropriate to make it so the person in the back is trained to this. The person who is driving doesn't need to be. I think it's no different than when we switched from paramedics -- both paramedics. The one in the front driving, what's he doing? The one in the back has to be. The one in the front --

GUY DANSIE: So in this operational rule it says "two personnel who obtain" -- we should say "with at least one person" --

ALTON GILES: Yes.
GUY DANSIE: -- "of two."

ALTON GILES: I agree with that. I don't know what everybody else's feeling is, but I think that's appropriate.

MIKE WILLITS: If you run into an emergent situation and you need that driver in the front, you pull over and stop. Then you would need to do that true CPR probably.

GUY DANSIE: So do you want to leave it as two?

MIKE WILLITS: I'm just pointing it out.

DEAN YORK: Well, what you're pointing out becomes a 911 call anyway.

KRISTY KIMBALL: It's supposed to be a 911 call.

MIKE WILLITS: Stop, call 911.

ALTON GILES: And we talked that if it becomes a 911, then you stop, you take the appropriate action.

MIKE WILLITS: It still takes some time to reach you.

TERESA BRUNT: That was my question too. They don't recontact the sending facility. That's a 911 call, right?

ALTON GILES: That's a 911 period. Yeah.
KRISTY KIMBALL: You would have to put "has" there.

GUY DANSIE: You're right.

KRISTY KIMBALL: I would take out the comma in there. I would put a comma after personnel. So "personnel, with at least one."

And then I would just cut -- you could kind of cut and paste that into your other rule that you're working on so it's just...

TERESA BRUNT: Can I ask a question that might come up anyway? But from my standpoint from the EMTALA aside, when I'm sending out that patient, am I relinquishing all issues? Am I discharging them or am I transferring them?

ALTON GILES: You're transferring them. Well, no, it depends. Because if they're pink slipped or blue slipped, you're transferring them. Some patients that go out are being discharged. Like say a detox patient that might be -- so this rule and everything, if they're discharged, none of these rules apply. So this only applies to transfers, yeah.

TERESA BRUNT: And they go with the EMTALA forms and all that?

ALTON GILES: Yes, EMTALA form, pink slip.
Correct, Guy? Once they're discharged, none of these things apply?

GUY DANSIE: They're not regulated anymore.

JAY-DEE DOWNS: It's more of a taxi ride, right?

GUY DANSIE: A private vehicle, a taxi whatever. They could still move the person, but it wouldn't be considered a -- the designation would not be required at that point.

TERESA BRUNT: But do you have guidelines on if I'm transferring, can they go out with an IV?

ALTON GILES: No, they can't. That's already in rule.

TERESA BRUNT: Okay.

ALTON GILES: They can have an IV, but it can't have anything flowing.

TERESA BRUNT: Flowing, yeah. Okay.

ALTON GILES: There's a lot of rules that apply already, and what we had to follow before even this was around, so yes.

TERESA BRUNT: Okay. So that stays in place, okay.

ALTON GILES: Yes. And then to clarify, so if you have a behavioral patient who's voluntarily
going, they don't pink or blue them typically because they don't want to do that. They're being discharged if they're voluntarily going somewhere.

TERESA BRUNT: Pretty darn rare we send those. But, yeah, okay.

Thank you for that clarification.

ALTON GILES: Uh-huh (affirmative).

MIKE WILLITS: So back to my question. If we're not having them both done -- it doesn't mean as much up here as it does down in my area -- if ever it ever becomes a larger state issue, would you only want one person trained when you're out in the middle of the Levan desert? I'm just saying.

GUY DANSIE: I think what we talked about last year was having both people trained and at least two people -- like two staff members. And one is an attendant; one is a driver. Isn't that --

ALTON GILES: Well --

GUY DANSIE: I can't see that it would hurt to have the driver trained.

ALTON GILES: No. That's fine.

GUY DANSIE: I don't think it's a barrier to entry.

ALTON GILES: If we're talking CPR and the de-escalation, that's not a huge --
MIKE WILLITS: It's not a big deal, but it's worth having.

GUY DANSIE: As we go back down through, we get into 426-2-900. It says, "A designated non-emergency secured behavioral health transport provider shall provide to the department" -- and then we have a list of things. And these are from -- these are the things we agreed upon last year.

"A, name of the organization and its principals; B, name of the person or organization financially responsible for the service and documentation from that entity accepting responsibility."

And these are the exact same requirements we have for the other providers, like the quick response and the medical dispatch center.

"If the applicant is privately owned, they shall submit certified copies of the document creating the entity and a description of the geographical service area, including specific hospitals, emergency patient receiving facilities, and licensed mental health facilities."

That was something I added to mirror the other language that we had previously. Is there a problem with that? Can you see anything else --
ALTON GILES: So remind me, description of the geographical service area. So let's just -- let's just say if I was going to say Salt Lake County. So if I say Salt Lake County, then I'm required to talk to every hospital in this county?

GUY DANSIE: No. And this is the reason I added it, because maybe you didn't want to do part of the county or a particular hospital.

ALTON GILES: Okay.

GUY DANSIE: So maybe you could say -- and I'm not saying that you're required to do all the hospitals. I'm just saying that --

ALTON GILES: The potential.

GUY DANSIE: -- you would include the hospitals that you might be providing the service for.

ALTON GILES: Okay.

TERESA BRUNT: And how do I know at the hospital that you're certified, that you follow those rules? Do you --

KRISTY KIMBALL: That you follow what rules?

TERESA BRUNT: How do I know you're certified? How do I know you've complied with EMS?

KRISTY KIMBALL: They will have a
designation from the bureau.

TERESA BRUNT: Do you send that out to me as the provider or the hospitals?

GUY DANSIE: We can. It will be listed in our information. I think the burden is actually probably on the providers to say, "Hey, I'm designated." And if you don't believe it, then we can provide that designation information.

DEAN YORK: You do that now on the website.

GUY DANSIE: Yeah, so we have them listed on the website. Just like if you were going to call an ambulance provider, you know who is licensed to do an ambulance transport.

DEAN YORK: Or if you want to know, you can go to the website and it's a simple search.

GUY DANSIE: Right.

TERESA BRUNT: Well, like I know I'd say with Guardian I know that, but there are other ones out there.

GUY DANSIE: Right.

ALTON GILES: Well, there isn't.

GUY DANSIE: Not yet. But we have to think of it as an open market.

ALTON GILES: There wasn't to begin with.
But you're right, there's nothing saying there won't be some in the future.

GUY DANSIE: This is my other thinking if you had a particular hospital with a particular contract for a particular provider -- so Alton might want to serve all of Salt Lake County. But maybe one of the hospitals has a different designated transport -- behavioral health transport provider. So he would not include that on his list of hospitals. Would that make sense?

ALTON GILES: Okay. Just so I'm clear, do I need to go out and tell the hospital, "Hey, you know, I'm including you in this thing," or no? How does that work?

TERESA BRUNT: Or is that my accountability to know he is a provider?

GUY DANSIE: This is what I was thinking. I'm just trying more with the language we use for ambulances that says geographical service area, right? And we all wanted to know what area you were planting your footprint, okay. And then in that footprint you might have exclusions or you might have holes. Like you might have -- maybe you'll do three of the hospitals but not all of them.

ALTON GILES: Okay.
GUY DANSIE: Or maybe you'll do one on one end of the valley and one on the other.

ALTON GILES: Shouldn't we leave it up to whatever designated agency?

GUY DANSIE: Yes. We're --

ALTON GILES: Like if somebody comes in new and you're hospital A and I want to have your business, I'm going to communicate with you, right?

GUY DANSIE: Correct, correct. But this is the application part of it. So when you apply, you would just let us know.

ALTON GILES: We're hoping -- when you apply, we're hoping to do business in this area.

GUY DANSIE: Yeah, I don't know. Maybe it's too sticky.

KRISTY KIMBALL: And hospitals also they'll change. So Alta has a contract with Guardian with most of the hospitals. But then depending upon sometimes, too, administration changing or the emergency physicians, they'll be like, "Yeah, but we don't want to use you guys. We're just going to use the ambulance." So it ebbs and flows.

GUY DANSIE: So maybe we don't want facilities listed.

KRISTY KIMBALL: I wouldn't.
ALTON GILES: I wouldn't.

GUY DANSIE: If it doesn't add value, we won't do it.

KRISTY KIMBALL: And it would change so often. If you wanted a list of that, it would change so often based upon who is currently using you that --

JAY-DEE DOWNS: Now, Guy, are we planning on -- we go out and sticker ambulances. We sticker designated first responder units and stuff. Are we going to sticker these guys too and their trucks?

GUY DANSIE: Yeah, there's a permitting piece that goes into it.

JAY-DEE DOWNS: So that's another thing that you can tell if they're permitted by the state.

TERESA BRUNT: The sticker, that's how you'll know.

GUY DANSIE: Yeah, they'll have a sticker.

ALTON GILES: I'm going to stick that right on the side too, big certified bureau.

GUY DANSIE: And how about just a description of the geographical service area?

ALTON GILES: I think that's fine. I mean if you want to do Salt Lake County, you can just put Salt Lake County. If you were going to do Weber,
Davis, and Salt Lake County, then --

GUY DANSIE: I guess my only concern --
and this isn't a problem, it's just a concern -- is
that we communicate with the ambulance provider and
the hospital so that they all know that you're part
of that mix. You know what I'm saying?

DEAN YORK: Yes. It's not exclusive.

TERESA BRUNT: But it's available.

GUY DANSIE: But that communication
happens so that people know you're doing business at
hospital X.

ALTON GILES: Now, we talked about this
last time, how do you want us to go about doing that?
Sending a letter out is what was decided before.

GUY DANSIE: Yeah. And I think that was
part of it on the application is we have a letter
acknowledging that they understood that you were
doing business in that area.

ALTON GILES: And who is it we send the
said letters to? The agencies that have an ambulance
license in that area or --

GUY DANSIE: I would think any of the
facilities that you're moving patients between, and
then I would think the ambulance provider.

JAY-DEE DOWNS: Well, that's a good idea
too because if you're -- if you're transporting patients between hospital A and hospital B and they get in trouble, now you're calling out a 911 service, they know what's going on. It's not just happening upon the van and saying, "Oh, what's your service?"

GUY DANSIE: Yeah. It's just that awareness. It's not that they're going to...

JAY-DEE DOWNS: So the question is, is when you send that letter out to notify them or he sends the letter out does he have to have a letter come back saying "I acknowledge, and I've been notified"?

GUY DANSIE: I don't think we decided on that last year. I think what we said was as long as we can prove they sent the letter.

ALTON GILES: Send it out certified is what it would have to be.

GUY DANSIE: Certified and cc ten people on it or ten agencies and hospitals and then give us a copy, knowing that you sent that out.

DEAN YORK: Is there a burden of a business license for every town he ends up in?

GUY DANSIE: That's a city thing that we -- it's not in our rule.

ALTON GILES: What's the requirements for
the helicopters, because they're state, right? So what does a helicopter have to do?

GUY DANSIE: The helicopters are different because they're under the Federal Aviation Act.

TERESA BRUNT: Yeah, a different rule.

GUY DANSIE: So the federal government has the jurisdiction over their flight.

ALTON GILES: Their flight. But you are certifying them in the state, right?

GUY DANSIE: We are only authorized to set the medical -- like the medical care part of the service --

ALTON GILES: Okay.

GUY DANSIE: -- and the staffing.

JAY-DEE DOWNS: I guess what --

GUY DANSIE: We can say -- we can say what skills they use and how they do the patient care part.

JAY-DEE DOWNS: Right. I think what Alton is alluding to though is, is this going to be an exclusive designated area?

GUY DANSIE: No.

JAY-DEE DOWNS: Okay. So if it's not, then basically all he really needs to do is notify the area that he's working in, notify those ambulance
agencies and the hospitals that he's working in that area.

GUY DANSIE: Right.

JAY-DEE DOWNS: If it's not an exclusive license to say this is your pad or your footprint, then he doesn't really need to put a footprint out. Because all he has to do is send a letter saying, "I plan on working in these areas and these hospitals because I've already contacted them. I think that's what you're alluding to.

ALTON GILES: Yeah. Let's say the Four Corners down there, maybe we get a call from the hospital, "Hey, can you come pick up a patient?"

JAY-DEE DOWNS: Right.

ALTON GILES: Okay, yeah, we can come. It will take us four hours to get there, but --

JAY-DEE DOWNS: I think that's what he's alluding to is since we're not going to go to a geographical designated area, then what rules would apply to that to do that. And if it's just a matter of contacting the hospitals and --

GUY DANSIE: Notification.

JAY-DEE DOWNS: I think it's kind of what we deal with when we deal with standbys. You know, if you -- the agency is there, they have to notify
the agency they're coming in to do a standby for like
a filming crew or something else like that. You know
how we did that?

        GUY DANSIE: Yeah.

        JAY-DEE DOWNS: To me it's got kind of
that same flavor. I think that's what he's --

        ALTON GILES: And this is a one time --
like at the beginning of our application, we do this, we notify. And then like if I run to the Four
Corners, I don't need to call -- you know, I don't
need to call them, "Hey, I'm coming down there to
pick up a patient."

        I don't need to do that, right?

        GUY DANSIE: No.

        ALTON GILES: It's just a one time thing
that we let them know, and we're done with that.

        GUY DANSIE: I'm thinking of the best
process to do this.

        JAY-DEE DOWNS: Although if you have an
ambulance that comes in and picks up another patient, they're supposed to contact those people. If he's
going down to pick up a Four Corners, it might not
hurt --

        ALTON GILES: That's because it's an
exclusive geographical --
JAY-DEE DOWNS: I'm saying it might not hurt though if you do go to the Four Corners to say "I'm coming down to pick up a patient" so they're aware that you're in their area. That's just common courtesy.

TERESA BRUNT: As long as you have a sticker, I don't care. If you're certified, that's what I care about.

ALTON GILES: When you say if there's an emergency out on the road, you know, just so the agency knows, well, me who works on an ambulance as a paramedic, tell me where I'm dispatched to, where I've got to go and what the problem is and I'll be there. We're trained to handle those problems. You know, is it going to make a difference? Oh, well, you know, there's a mental health transport, and they're calling it. Tell me what the problem is, they're in full arrest and they're on the side of I-15. Okay. I'll get there and I'll take care of it, right?

GUY DANSIE: So looking back at this language, part D, do we want to use a different term than geographical service area? Because that might get into that -- it looks kind of like an ambulance thing, and maybe we take that out.
TERESA BRUNT: If they have the certification, they should be able to --

GUY DANSIE: State-wide.

TERESA BRUNT: I would think.

ALTON GILES: As far as notifications, I have a contract with Intermountain Hospital. What do they have, 29 hospitals in the state? Technically Intermountain Hospital knows I'm going to be dealing with them. The same thing with the university, I have a contract with them. They have X amount of hospitals; they know.

GUY DANSIE: Do we want to eliminate that requirement, the description of the geographical service area?

JAY-DEE DOWNS: I don't know what the flavor was in the senate with whoever passed law. But the flavor was if they're saying there was no geographical area --

GUY DANSIE: Yeah, this confuses it.

JAY-DEE DOWNS: Yeah, it does.

GUY DANSIE: I'm --

ALTON GILES: I'm fine taking it out.

GUY DANSIE: So the rule that we tried to do last year, the point of doing this was just so that communication took place.
JAY-DEE DOWNS: Uh-huh (affirmative).

GUY DANSIE: So we could do it a different way.

JAY-DEE DOWNS: I think that's what everybody was kind of concerned about, they just wanted communication so that they knew what was going on.

GUY DANSIE: Yeah.

JAY-DEE DOWNS: Which like I said is almost common courtesy to say, "Hey, you know, this is what's going on."

GUY DANSIE: And this is my thinking as a bureaucrat, let's start simple. And if we have problems, we can modify the rules later.

ALTON GILES: Well, okay, so I'm going to ask West Jordan here. We do business in West Jordan. Do you want me to come tell you, "Hey, I'm going to be doing some transports out of Jordan Valley"? Is that going to change anything to you?

DEREK MAXFIELD: (Witness shakes head.)

No, I wouldn't think. I mean --

ALTON GILES: Right. Because we've been doing that for seven years there now. I mean they --

JAY-DEE DOWNS: Well, that's the key though, Alton, you've been doing it for seven years.
ALTON GILES: From the initial start I think that would be the right thing to do. But --

JAY-DEE DOWNS: I think that's the key is the initial shock would be, "What are those guys doing in our area?"

GUY DANSIE: So on the application when you apply to be designated, should I just put --

ALTON GILES: "Intended geographical service area." Because what you hope to do and what you actually end up doing is going to be --

GUY DANSIE: Well, the whole point of that was just to communicate. Maybe I should just describe it that way and say "proof of communication with" --

JAY-DEE DOWNS: All parties involved?

GUY DANSIE: With EMS and --

JAY-DEE DOWNS: I don't know. It's kind of tricky.

GUY DANSIE: -- facilities involved.

JAY-DEE DOWNS: Dean, what do you think being in Utah County and stuff? How would you want it?

DEAN YORK: I don't need a call on a behavioral transport. I mean --

JAY-DEE DOWNS: Just the initial that
they're going to be working in your area, I think that's all you're really looking for, isn't it?

TERESA BRUNT: If they arrest, then you're going to come help them.

DEAN YORK: Yeah.

JAY-DEE DOWNS: I mean Alton is in your area.

GUY DANSIE: I think right now our vendor pool is very small. So maybe we don't need to have a requirement unless the vendor pool changed and we had, you know --

ALTON GILES: Well, I think you're going to have to -- if you're going to put in there, you're going to have to put it in now as opposed to, oh, well, if something else. I mean granted, me personally, I hope it doesn't change and it's just me.

GUY DANSIE: Right, right.

ALTON GILES: Because if you're going to put it in there, you're going to have to put it in there.

JAY-DEE DOWNS: Let's talk about this for a second. So I'm just thinking this is an application process. So with an application process it's going to be hard to do an initial contact
because you don't know your work in that area. So basically if it's initial contact, then really you don't need to have a geographical area because they're not working. But however that -- so I'm kind of going if that's the case, then you could probably pull that whole thing and put in the operations that they would have to contact.

GUY DANSIE: Yeah. And I'd rather almost -- that might make more sense. Because at the beginning of a four-year cycle, it might morph into something completely different by the end of the four years.

JAY-DEE DOWNS: Well, I mean if you're saying a geographical area and now they're starting to branch out, now they're being restricted so to speak. So that's my point is that you can't really go with the geographical area if the intent was to the state to say that they could do go anywhere in the state at any given time, then how could you do a geographical area? Do you see what I'm saying?

GUY DANSIE: So let's take it out of the permitting -- or the application process and put it as a --

JAY-DEE DOWNS: You could put it in the operations that basically says -- in the operations
portion that says they agree to --

GUY DANSIE: They should contact local?

JAY-DEE DOWNS: Yeah, do an initial

contact with any transport that's coming out of a new

area or something like that.

GUY DANSIE: Maybe we will say "should" or

something to kind of give a little flexibility.

JAY-DEE DOWNS: I know some of these areas

would really get wound up about it if they found they

came in their area and took a transport out and

didn't say anything to them. Because you're talking

state-wide. We're not talking just local; we're

talking state-wide.

GUY DANSIE: Okay. I'm going to propose

that we remove the description of the geographical

service area.

ALTON GILES: Okay.

GUY DANSIE: And we will put something in

the operations.

JAY-DEE DOWNS: This is the application

process. This is the process for them to get their

designation, right?

GUY DANSIE: Come in, say they have a
couple weeks, get those permitted, make sure their

staff is trained.
JAY-DEE DOWNS: We're almost boxing the provider and the bureau into a corner to say -- it's almost something they can't obtain. So it would deny their application because they can't obtain it.

GUY DANSIE: Good point.

DEAN YORK: If it needs a seconding, I second that you change it.

TERESA BRUNT: I third it.

GUY DANSIE: Okay. So I took off that requirement for geographical service area.

Okay. Now, 2 -- and a lot of this admittedly is mirrored from the quick response units that are in an ambulance service area and that they need to work closely together all the time. So 2 is kind of in that same thing. It says "Provide the locations for stationing its vehicles, equipment, and supplies." Do we want to do that or is that a problem, or do we want to just eliminate it?

JAY-DEE DOWNS: I would just put in there their office -- you have to have some sort of office area to be contacted at. They have to have a home base somewhere or something like that.

GUY DANSIE: Provide business?

JAY-DEE DOWNS: Location. I don't know.

ALTON GILES: I mean we have an office. I
would think anybody who is going to do anything like this is going to have an office.

JAY-DEE DOWNS: Right.

GUY DANSIE: Well, in the earlier part of the permitting, we already said we want your contact and your principals and other stuff, remember?

ALTON GILES: Yeah.

GUY DANSIE: So can I just eliminate this out?

ALTON GILES: Sure.

GUY DANSIE: I can't see that it -- and granted we stole it from the quick response unit.

KRISTY KIMBALL: Yeah. I would think that would be critical for emergency response, but...

GUY DANSIE: Yeah. For somebody that's being dispatched out, yeah. Okay. I'm going to eliminate 2.

JAY-DEE DOWNS: Well, somewhat you don't require it on inter-facility transport on licenses.

GUY DANSIE: Okay. Here's another one -- two, I'm just changing 3 to 2. The one that says 3 on your copy says, "For emergency coordination provide a current dispatch acknowledgement with designated emergency medical service dispatch center in areas where transports are located."
ALTON GILES: Okay. So explain that one to me. What's that about?

JAY-DEE DOWNS: Take it out.

GUY DANSIE: This was the thing last year, and it came up in that ad hoc group that we have some way to notify the dispatch that you're in the -- that you're doing business in the area.

ALTON GILES: So you want -- because didn't we decide there were 23 dispatch centers in the state of Utah?

GUY DANSIE: Yeah, or something more than that actually.

ALTON GILES: So you want me to send a certified letter to each dispatch center?

GUY DANSIE: Well, I'm asking does it add value? Do you think it adds value? We had it in there last year, but I'm just saying I don't know if it adds a lot of value in my opinion. But --

ALTON GILES: I don't think it adds a lot of value, but that's my opinion.

MIKE WILLITS: You're not going to contact any of them.

ALTON GILES: No. The only time I would, 911, I have --

JAY-DEE DOWNS: I take this more as like
when the designated units now contact dispatch and say they're in route and arrive on scene, I take that more as a requirement there because that's what it is in the designation of the emergency.

GUY DANSIE: Right.

JAY-DEE DOWNS: It's almost ambiguous, do you know what I'm saying?

GUY DANSIE: It is. And the only thing I would think it would be valuable for is if a hospital called a dispatch center and it was one of these type of patients and then the dispatch center said, "Hey, maybe you could send it by Guardian instead of the ambulance." But that to me is probably --

MIKE WILLITS: But they should follow that anyway.

GUY DANSIE: Yeah. That's the hospital education piece. And maybe we ought to just take this part --

JAY-DEE DOWNS: I don't think we should show that on dispatch because that's not their responsibility.

GUY DANSIE: I agree with that.

JAY-DEE DOWNS: That's a hospital decision.

GUY DANSIE: I agree with that.
TERESA BRUNT: I don't know about Jean, but I don't call 911 when I do a transport.

JEAN LUNDQUIST: That's true.

REGINA NELSON: This is Regina from Tooele County, and we appreciate that being removed.

TERESA BRUNT: I don't think that needs to be there.

GUY DANSIE: As long as you're happy, Regina, we're happy.

REGINA NELSON: Thank you, Guy.

JEAN LUNDQUIST: This is Jean Lundquist. So are the hospitals -- is there going to be a contract that the hospitals will be required to call these certain agencies, or they can still call whoever, just whoever?

ALTON GILES: They can call whoever.

GUY DANSIE: And it's a medical decision. If that patient needs to be transported and they have a medical condition that needs observation, then they're still required to use an ambulance. These are for -- these are for patients who have no medical issue and they need to be transported strictly for behavioral health reasons, for emotional issues.

ALTON GILES: And to move behavioral, the accepting facility will not accept a
medically-compromised patient. They have to have a
stable patient to go to UNI or to go to LDS's
behavioral floor. They have to be.

GUY DANSIE: They have to be stable medically.

ALTON GILES: Yes. They have to be stable.

GUY DANSIE: So, yeah, one of the things we did last year, South Jordan put together a very
good algorithm and some educational information for the hospitals, and I've been asked to share that with the hospitals. As we move forward on this, that educational piece for the hospitals is crucial so they understand what it is and when it's appropriate. Right? You smile.

But Alton educates the hospitals that he deals with.

ALTON GILES: Yeah, it should be up to me. I go out, I educate them, I talk to them, you know, and talk to the physicians. Because ultimately it's a physician's voice because they're the one on the hook for the transfer.

GUY DANSIE: Right. So there are those little tools out there is what I'm trying to say. And if the hospital needs information, we can provide
that to him.

TERESA BRUNT: So if I do deem a patient un -- not necessarily unstable but not -- outside of your capabilities, if I really feel that patient needs to go by ambulance, can dispatch refuse that?

GUY DANSIE: No. Dispatch can't override you.

TERESA BRUNT: They have to send a medical -- I mean a higher level?

GUY DANSIE: Right. An ambulance.

JAY-DEE DOWNS: I think that's why we're saying in the dispatch portion of it that the hospital decides what kind of transport they take.

TERESA BRUNT: Yeah. So if I call dispatch, I'm going that way.

JAY-DEE DOWNS: Yeah. Your dispatch is doing dispatch, so that's another reason why to keep it as is.

TERESA BRUNT: Yeah, just keep it out of there.

JAY-DEE DOWNS: So we're not muddying the waters.

GUY DANSIE: We don't want to have them be a --

ALTON GILES: You've got two separate
JAY-DEE DOWNS: But when it's all said and done it's still up to the doc to make that.

TERESA BRUNT: To make permanent transportation, right.

JAY-DEE DOWNS: Because this falls under the inter-facility transports, and that's what it says.

TERESA BRUNT: Right. Okay.

JAY-DEE DOWNS: It's same thing if you have a combative patient and they've warped him, right, they've sedated him. Well, they say, "Hey, you know what, this has got to go by an ambulance because this guy is medicated.

GUY DANSIE: If they're medicated, they have to go by --

TERESA BRUNT: Yeah.

JAY-DEE DOWNS: Exactly. Who decides that? The doc does when he warps them. That's a bad word. When they sedate them. Sorry.

ALTON GILES: Yeah. Angry ones they'll take. They won't take medically compromised ones.

TERESA BRUNT: Right, right, right.

GUY DANSIE: So moving down through our
list, I renumbered. So I'm on the part that says, "Provide a current plan of operations which shall include" -- and then we have a list of A, B, C. A starts out as "A list of staff who have been trained as approved by the department policy for mental health patient de-escalation and America Heart Association, cardiopulmonary" -- did I say all that right -- "cardiopulmonary resuscitation or equivalent for all personnel. Operational procedures be" --

JAY-DEE DOWNS: What do you mean by that?

TERESA BRUNT: I was going to say I don't think that needs to be in there, but that's just me.

JAY-DEE DOWNS: Well, what do you mean? What's your intention there? Are you saying how they get called out or --

GUY DANSIE: The intent was making sure the staff, whoever the staff is, are trained and they apply. And maybe --

JAY-DEE DOWNS: That's what I'm asking.

GUY DANSIE: We're not certifying anybody or we're not licensing anybody to be a behavioral health transport attendee.

JAY-DEE DOWNS: The reason why I ask that if I was applying for that, I would call you up and say, "What do you mean by this?"
TERESA BRUNT: Right. And you already said prior that it would --

JAY-DEE DOWNS: And Tammy is going to say, "Well, I don't know, I'll have to ask Guy."

Do you see my point?

GUY DANSIE: Yeah.

JAY-DEE DOWNS: So either we put it in and spell it out or we take it out, one or the other.

TERESA BRUNT: And you already have said they had to be CPR de-escalation prior.

GUY DANSIE: How about we just say a list of current -- do we even want to have employees or current staff members?

ALTON GILES: The question I was going to ask, how often do you want that updated? I mean --

GUY DANSIE: Yeah, four years isn't going to give us a very good picture, is it?

ALTON GILES: No. I mean --

GUY DANSIE: Should we eliminate it?

JAY-DEE DOWNS: Right now you update it through the grants process.

GUY DANSIE: Well, they're not part of that, so that won't matter. And so we don't -- currently we have to have the rosters for an EMS provider to give them grant money, but that's not
part of your world.

ALTON GILES: You could give me money, is that what you're saying?

JAY-DEE DOWNS: But your operations procedures could include though how they operate. Meaning we get contacted by the hospital; the hospital tells us to come pick up a patient. We go pick them up. This is how we transport that patient, da, da, da. So it's a brief summary you could have like that, so you know exactly what they're doing. And I think that's kind of like -- that's how I would interpret that if that was me.

GUY DANSIE: So operational procedures, part B, means that, right?

JAY-DEE DOWNS: Yeah. You can just put "Operation: Please include a brief description of how you operate or how you intend to operate."

That way when you do give them a permit you can say, yep -- if somebody questions you, you can say, "Yep, this is what they identified in their designations as to how they're going to operate."

TERESA BRUNT: I mean you already defined it.

GUY DANSIE: So, Jay, you're talking about their function.
JAY-DEE DOWNS: Uh-huh (affirmative).

GUY DANSIE: So should we just get rid of the staff list?

JAY-DEE DOWNS: No, the staff list -- I don't know. It doesn't really -- to be honest with you, to me a staff list doesn't really matter. Because if I'm going to be a provider and this is what I'm supposed to provide, I have to provide those qualities. What do you care who they are.

GUY DANSIE: Yeah, I don't care the John Doe or Jane Doe, or whoever.

JAY-DEE DOWNS: Do you see what I'm saying, I'm the one that's on the hook to provide those people. Even in the ambulance end of it or the paramedic end of it, the only thing you want to know is if they're certified. But I'm still taking the liability by putting those people on the bot. Do you see what I'm saying?

GUY DANSIE: Okay.

JAY-DEE DOWNS: That's how I feel. I don't know how you guys feel, but that's kind of the way I look at it.

MIKE WILLITS: In an emergency situation, the bureau is licensing those EMTs. In this situation, they are not.
JAY-DEE DOWNS: They are not. But still when it's all said and done, if I'm the licensed provider and I agree to put those people on there, I better have licensed people on there. Right?

MIKE WILLITS: Yes.

TERESA BRUNT: And you've already identified them.

GUY DANSIE: It becomes a liability if you don't.

JAY-DEE DOWNS: And then if that happens and they find out those people aren't licensed, state goes like this and you're on your own and I'm liable by myself.

GUY DANSIE: Right, in terms of liability.

JAY-DEE DOWNS: And to be honest with you, if they are licensed they'll still say you're on your own. So with the --

GUY DANSIE: I'm eliminating the staff, the list of staff, if that's okay.

ALTON GILES: Okay.

GUY DANSIE: And then we'll just start with operational procedures.

JAY-DEE DOWNS: A brief description of how you operate or something like that. That's how I look at it. How are you planning on operating?
What's your plan?

I mean, Alton has told us how he goes to the hospital and picks them up. So put that in writing. We'll be contacted by the hospital to respond, da, da, da, do this, this, and this.

GUY DANSIE: Okay. How about that, a description of operational procedures?

JAY-DEE DOWNS: A description, yeah. I'm speaking here, and I don't know what everybody else thinks.

ALTON GILES: I agree. That's fine. Those are easy things to do.

MIKE WILLITS: Does the state have any responsibility to audit or do like any kind of an inspection of any kind like we do on the ambulances or --

GUY DANSIE: If they're designated we would have authority to investigate complaints and --

JAY-DEE DOWNS: They'll still be inspected.

GUY DANSIE: And then they'll be inspected, the vehicles once a year. And during the vehicle inspection they could ask for things to -- for compliance.

JAY-DEE DOWNS: That's where they get
stickers, through the inspection process or the
requirements, you know.

GUY DANSIE: I guess here's my thing as a
regulator too. If you have an inspector out there,
every inspector has their own personality and what
they think is important and what's not. And so if I
don't spell it out, then they make up their own minds
about what they have and what they don't have or what
they ask to see or don't see.

JAY-DEE DOWNS: Exactly. Because then
they start going off their experience and they start
either exceeding or minimizing it.

GUY DANSIE: So if I don't say anything in
here they go out and do an inspection, you know,
it -- they need to have some kind of structure to
follow.

JAY-DEE DOWNS: It's just like if you get
pulled over speeding and there's no speed limit. And
then it's up to the officer to say how you're
speeding. That's what you're saying.

GUY DANSIE: Right. So I'm just saying
when it comes to plans or when it comes to any of
these things, going back to what Mike asked is how do
we keep an eye on them? So when we do the inspection
process, we'll need to have that spelled out clearly.
JAY-DEE DOWNS: It's basically what's right here.

GUY DANSIE: Yeah. It's the permit stuff that's going to be -- or not the permit stuff, but the application stuff.

JAY-DEE DOWNS: Basically when you do an inspection, you're doing it according to the application. When you do an inspection you're doing if equipment is on there, that's all part of the application process. That's why I say that it's good to have their summary in there because now you can go in there and say, "This is what you said you're going to do. Are you doing it?" And if you're not -- if you're exceeding it, then you need to update your summary in your application. If you're not, you need to update it either way. But you need to do what you say you're going to do. It's same thing in the ambulance licensing and also anything else.

KRISTY KIMBALL: So are we hammering out like -- are we talking about C and D combined right now or --

JAY-DEE DOWNS: No. We're saying get rid of A -- excuse me 4A and just go to operational. And then --

ALTON GILES: Description of what we're
GUY DANSIE: How you interface.

JAY-DEE DOWNS: That's all part of the operation procedure. So probably B and C would be combined. And even D. So B, C, and D, yeah.

KRISTY KIMBALL: But D is not -- is nonsensical how it's written now. I know what its intent was. Because it says, "A written policy that describes how patients who require a non-emergency secured behavioral health transport will be refused for transport..." It should be emergency, right?

Those people who require emergency transport refused --

TERESA BRUNT: Because half the population refuses it.

KRISTY KIMBALL: Yeah. I'm just saying that --

TERESA BRUNT: I'm just saying.

ALTON GILES: You're absolutely right.

KRISTY KIMBALL: That is written incorrectly altogether, so just scrap D. What I think you should say is something up above when you saying operational procedures that include whatever and something about procedures to -- procedures to verify that each patient, you know, can properly be
transported.

JAY-DEE DOWNS: I'm trying to think, on D, that was brought up by -- who was that brought up by?

GUY DANSIE: Are you talking about the payment issue?

JAY-DEE DOWNS: No. "A written policy describes how a patient who require a non-emergency secured behavioral transport will be refused by the designated provider."

KRISTY KIMBALL: Isn't the designated provider the ambulance?

JAY-DEE DOWNS: No, the --

GUY DANSIE: When the ad hoc group got together, they said that -- and this is something inter-facility providers are very concerned about -- is they didn't want to get the patients that a -- were refused by a company for nonpayment.

JAY-DEE DOWNS: Yes. But I think if you look at that, doesn't that say that down here in F? It says something about nonpayment in F.

ALTON GILES: Uh-huh (affirmative).

GUY DANSIE: Yeah.

TERESA BRUNT: But do you as the private agency have to take that one that's unfunded? No. So...
GUY DANSIE: Yeah. And basically they just wanted a description of how they would deal with that, so...

JAY-DEE DOWNS: Well, they felt like -- and I remember the discussion on that part -- they felt like, you know, an ambulance agency, they can't turn down the patient. They can't turn down and say: Do you know what, this patient not going to pay; so I have to turn it down. They felt like that if they're going to be a provider, they are going to be a person who is transporting, they shouldn't have the ability to turn down for nonpayment. That's what the discussion was.

ALTON GILES: But then the discussion also led into the part of an ambulance, they can take and bill every insurance provider out. They don't need a contract. I have to have a contract with Select Health with Blue Cross. And this bill is very specific also on the very big one when you're dealing with mental health, Medicaid. This does not include Medicaid at all. So it's not really a level playing field as far as, okay, hey, guys, take all these unfunded, but then I can't take -- I can't do a Blue Cross because I don't have a contract with them. I can't take Humana; I can't take Medicaid.
JAY-DEE DOWNS: And maybe that should be spelled out. I don't know.

KRISTY KIMBALL: Well, I think that gets into the weeds a little bit.

GUY DANSIE: It is actually in the statute that they're not eligible for Medicaid. We don't need to have it in this part.

JAY-DEE DOWNS: Right. I'm just saying that's what the discussion was that I remember back in the group. And I remember some very clear opinions on it.

KRISTY KIMBALL: So if I can just make this clear, like the hospitals are calling them and they know who is basically eligible to go via this transport and they know who they're contracted with. So it's not that Guardian is somehow showing up and being, "See you, we're out." The hospitals are contacting Guardian when its patient meets the criteria and they know that the patient's insurance is contracted with them to take them or the other facility is.

TERESA BRUNT: Right.

KRISTY KIMBALL: So some of that is really out of our hands. But it's -- again I would still just argue the ambulances, their pricing and
structured based upon knowing that there's some
patients they will not get reimbursed for, and they
know that. And their fee structure is so much less
in part because they're expecting everybody to pay.

JAY-DEE DOWNS: Well, you know what, let's
put it in policy that says that. Say, "Hey, do you
know what, we're not able to -- due to the fact we
won't be able to discharge these patients like
Medicare and Medicaid patients they won't be
transported," and that's just submitted in the
application process. It doesn't hurt anything. It
just spells out what you're going to do and not going
to do.

KRISTY KIMBALL: What about something that
just says at the time you submit your application, a
list of insurance plans or facilities for which
you're currently contracted and a policy regarding,
you know, when you'll refuse patients either for
medical or insurance purposes.

JAY-DEE DOWNS: That's probably a good way
to put it. Because it's basically what you're
saying.

TERESA BRUNT: I hate the word "refuse,"
it should be decline. A refusal is --

KRISTY KIMBALL: Right, decline.
ALTON GILES: I like that.

TERESA BRUNT: But I --

JAY-DEE DOWNS: Just remember this is an application process. This is declaring what you're going to do or not going to do. Once this happens, it would be up to the bureau to say approved or not. This is the application process to say this is what you're doing. And I think the biggest thing is the more you spell it out, the more you're taking out the questioning part.

KRISTY KIMBALL: So there's no way that I could repeat that again, but something that --

DEAN YORK: It's recorded.

KRISTY KIMBALL: Oh, sorry.

A list of, you know, current insurance carriers and facilities with which you're licensed -- or with which you're contracted.

TERESA BRUNT: Contracted insurance agencies.

KRISTY KIMBALL: And a policy outlining when -- what are you calling these guys? When they'll refuse -- sorry.

TERESA BRUNT: Decline.

KRISTY KIMBALL: Decline service whether for payment --
GUY DANSIE: You better write this down. I'm not that fast.

KRISTY KIMBALL: Whether for payment or medical reasons. And it shouldn't be you, but what are you calling this?

GUY DANSIE: Yeah, critique me.

KRISTY KIMBALL: What do we call it now?

GUY DANSIE: A list of current insurance carriers and facilities in which you contract?

TERESA BRUNT: Contract.

GUY DANSIE: I like that better than do business.

TERESA BRUNT: Have current contracts or something like that.

GUY DANSIE: Have a current contract.

KRISTY KIMBALL: Just provider.

JAY-DEE DOWNS: Yeah, you can put provider.

ALTON GILES: Because essentially the hospital is not going to go with anybody if they don't have a contract.

JAY-DEE DOWNS: Yeah, because they wouldn't want the liability.

ALTON GILES: Exactly.

KRISTY KIMBALL: If you go up it says
"carries," and it should be "carriers."

GUY DANSIE: Oh.

KRISTY KIMBALL: And maybe I'd put "and health facilities" so that it's clear we're not talking about insurance facilities. In which -- and you need to say -- after which, yeah.

GUY DANSIE: The designated?

KRISTY KIMBALL: Yeah.

GUY DANSIE: Does that seem okay?

KRISTY KIMBALL: So now I would go down to where it says -- where you've got D, and I would say just say "written policies." So I would take out "a" and I would say "written policies that address." I would just say "under what circumstances a transport will be declined, whether for medical or payment reasons."

GAY BROGDON: Medical or payment purposes.

JAY-DEE DOWNS: Are you trying to have this rule ready for the EMS committee?

GUY DANSIE: No.

ALTON GILES: Apparently we can't.

GUY DANSIE: Well, the problem I have is the code hasn't been -- it won't be effective in statute, so I don't have the authority to implement the rule until after July.
Jay-Dee Downs: So it will go into law at the first of July, but --

Guy Dansie: Yeah, so the rule can't be -- it has no validity until the statute takes effect.

Jay-Dee Downs: So we'll review it at the July meeting is what you're saying?

Guy Dansie: Yeah.

Alton Giles: Why can't this stuff be proposed to them in April, they vote on it, yes, and it doesn't go into effect until July 1?

Guy Dansie: I could do that.

Alton Giles: Do you know what I mean? I'll be honest, my intent was to have my application to you --

Guy Dansie: -- July 2nd?

Alton Giles: There you go.

Teresa Brunt: Guy, can you take out "other" on EMS providers on B. Why can't it just be "EMS providers" up above in B. Does that "other" have to be there?

Jay-Dee Downs: I don't think so. They're not EMS providers, so it doesn't refer to that.

Teresa Brunt: They're not. So it doesn't refer to that.

Thank you. Picky little things, you know.
GUY DANSIE: No, that's good.

TERESA BRUNT: Stop, I was reading.

GUY DANSIE: I'm going to take it all out because we said it in a different way. Is everybody losing interest?

So are the other parts of that, the other letters -- E is a written protocol to activate 911 if an emergency situation arises.

TERESA BRUNT: Right.

GUY DANSIE: F is documentation that the operations plan was shared with the local EMS council, if one exists.

ALTON GILES: Okay. So what's the intent of H?

GUY DANSIE: That was something that the others felt like we needed, but...

JAY-DEE DOWNS: That's almost a leftover from the language before.

TERESA BRUNT: From before.

GUY DANSIE: It is. Do you want me to eliminate it?

TERESA BRUNT: Yep.

JAY-DEE DOWNS: Yeah, it doesn't really apply.

GUY DANSIE: Okay.
GAY BROGDON: And you don't need it because you have patients.

ALTON GILES: And I guess 5, other than the fact that we have to do it, do we need a policy that says we have to do it? I don't know how that works. I think we discussed I need to give you my data now.

GUY DANSIE: It could be as simple as just how many you do a year or those things --

ALTON GILES: What does the bureau require?

GUY DANSIE: We have no requirement.

ALTON GILES: Just the fact we give it to you?

GUY DANSIE: Last time the people thought it was important that we have a picture of what's going on with behavioral health transports.

ALTON GILES: I'm okay with that. But my question to you is: Do I need to do it once a month?

JAY-DEE DOWNS: No. I think once a year when we do the ambulance reporting, we do that once a year. You guys sent an e-mail out last month -- or last week saying we need to do a report on that. So it could be basically the same thing.

DEAN YORK: Part of licensing?
JAY-DEE DOWNS: Yeah.

GUY DANSIE: And currently we don't have any criteria for behavioral health transports.

JAY-DEE DOWNS: So that needs to be created then.

ALTON GILES: I'm using -- I use ImageTrend also probably because my fire department did and I knew how to work it. But then ImageTrend told me, as we were working through it, I had bastardized mine because I took out a lot of things I don't need. I don't need vitals. I don't need all that stuff, so I don't capture it. What I want to make sure is when I send it to them, it's not this big, oh, it didn't work.

JAY-DEE DOWNS: Right now their data is being captured in the behavior health portion of ImageTrend for the ambulance providers. But if this takes that out of that, you still need to capture that. So maybe the database needs to create a database. You know how you have your database sets for the ambulance, so maybe you ought to have one for a non-emergent transport.

GUY DANSIE: Yeah, that was our thought last year.

ALTON GILES: Yeah, because otherwise I'm
going to screw up your thing or I'm going to have to
capture a lot of stuff that just doesn't matter to
us.

JAY-DEE DOWNS: The point is I think it
needs to stay in there. But however the department
needs to come up with that, and we need to get that
set in ImageTrend.

GUY DANSIE: Yeah.

JAY-DEE DOWNS: Do you see what I'm
saying? The datasets for behavioral transport.

GUY DANSIE: Yeah.

JAY-DEE DOWNS: Which might be
basically -- it might be really simplified. It might
just be like name, date, address, blah, blah, blah,
and that's it. Because you wouldn't have to worry
about vital signs.

ALTON GILES: Pick up/drop off,
signatures, possibly.

JAY-DEE DOWNS: I'm sure that you want to
capture that. Because what you're going to see in
your database if these calls start going up on this
side, they should go down on this or do they equal
out. Do you see my point? If that's the case you're
going to see that you're doing more behavioral health
transports than you did before. If you're doing the
same, this one should go down and this one should go up. And in my opinion it should be tracked. I don't know how you feel about that.

GUY DANSIE: I do, I feel good about it.

But do you think that's okay in there, the policy?

ALTON GILES: I guess just my question to you is how often? That's all I want to know. If it's once a year, great.

GUY DANSIE: Two things, we don't have any criteria. The criteria has to be set by the EMS committee.

ALTON GILES: Okay.

GUY DANSIE: So I don't have --

JAY-DEE DOWNS: That probably should be put into rule right there. That would be one of the questions you'd ask them, the EMS committee.

GUY DANSIE: Right. But I don't want to hold back the whole process just because of the data side of it.

JAY-DEE DOWNS: Absolutely. Do you know what, I think that's good in the rule right there. But he's asking how much to collect. So if he does an ImageTrend report on these patients, it's going to be provided right then. Right?

ALTON GILES: Does it push to you guys
right away?

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

            GUY DANSIE: This is what I'm thinking, we have the same basically for the ambulance in our Rule 7, R426-7. We put a paragraph or two in there, and we say that you guys need to do -- this category of designation needs to provide this data. And then say this data is these elements. So, you know, have a list of elements.

            ALTON GILES: Okay.

            GUY DANSIE: But we can hammer that out --

            ALTON GILES: Later.

            GUY DANSIE: -- not in this group but with the data people.

            JAY-DEE DOWNS: That's where you're going to go back to ImageTrend to do it.

            GUY DANSIE: In fact, I will offer up, Alton, maybe you and I can sit down with Felicia and look at a patient care report, weed out all the stuff we don't want, and then see if we can build a simple template that captures the things we need. And then we'll propose that to the committee.

            JAY-DEE DOWNS: You may be able to contact ImageTrend and see if they're doing that for somebody else.
GUY DANSIE: That's a good point.

DEAN YORK: Not re-invent the wheel.

GUY DANSIE: Moving through the rule, since we're all excited, 6 is all about insurance, and that all mirrors the ambulance provider insurance language, so...

JAY-DEE DOWNS: Is that from the increase we did on that? It is, right?

GUY DANSIE: Yeah, it's got a million dollars.

Is there anything else that anybody can see that we need to -- there's part 9 at the end basically saying that if you get in trouble, if you're doing something wrong we can take discipline against you.

JAY-DEE DOWNS: You can have the EMS PD come after you.

GUY DANSIE: That's basically all standard language for the other designated providers. Does anybody need a break or are we good?

ALTON GILES: I'm good.

TERESA BRUNT: I'm good.

GUY DANSIE: Anything else?

Would anybody like a break as I hop down to the bottom part of this rule?
DEAN YORK: Let's finish this rule.

GUY DANSIE: Okay. I'm going to shift gears on you, and then we'll come back to behavioral health.

I gave you a -- I apologize to those of you on the phone, I did not think of this until this morning. Last year in the legislative session there was a House Bill 13. Representative Perry passed this, or he was the legislator that proposed this. Basically what it does is it allows for agencies to have a peer-support team. Meaning that if an agency has -- if an agency has the desire, they can train some of their staff to help each other cope with emotional trauma or bad stuff at home or whatever the issues are between co-workers.

The purpose of the bill was to give protections to those people when they communicate so that it's not something admissible in court, okay? And there are some criteria that has to be in place before that can happen. The peer-support members have to be trained appropriately, and they have to belong to an agency who has a policy and a program in place. So we were charged as a department of health to approve training. UFRA with the fire and -- well, actually it says the fire marshal in the statute.
The fire marshal will delegate it to UFRA and POST for the law enforcement officers and the department of health for anybody else, basically the EMS side of things. So Gay and I have been working this last year with our CISM team, who does debriefings and has extensive psychology and mental health understanding. A third of the team are mental health professionals. So we have developed a simple one-day training course that just was piloted this last weekend, and we'll be offering that to our CISM people. And then we will possibly in the future have that as a resource for people that may want to create a peer-support team.

But since that bill took effect and we are getting into that area, I put a little bit of language under CISM team section talking about peer support. And that's what is 426-2 dash -- it's going to be probably 1300.

I took out a reference to statute, as we've been doing throughout the year to clean up some of those cross-references that are not necessary. If you go down, number 3, just says "The CISM team may assist the department in approving peer-support training for licensed EMS personnel."

It's just saying that the CISM team, that they're advising us to help approve those trainings.
There are I think five trainings that we have approved that are privately provided. But most of those cost over a thousand dollars for people, and there's only one in Utah. The rest of them are scattered around the country.

So when you read down the rule, 7 says "The department will maintain a list of individuals who have successfully completed and provide documentation" -- oh, hold on, I don't like that.

JAY-DEE DOWNS: Okay. Real quick, Guy.

GUY DANSIE: Yeah.

JAY-DEE DOWNS: CISM team. The Bureau of EMS CISM team, who is that?

GUY DANSIE: You don't know anything about that?

JAY-DEE DOWNS: I do. But I'm just asking --

GUY DANSIE: For the audience?

JAY-DEE DOWNS: Yeah.

GUY DANSIE: Okay. In Utah back in the '80s, late '80s, they found that many people were traumatized on the job. So the bureau back then, Jan Buttrey, met with the department chair at Weber State University over psychology, and they created a concept. And I think that other states were involved
in some of this at the same time. I was still in high school, just getting out of high school back then.

JAY-DEE DOWNS: Yeah, right.

GUY DANSIE: Actually, I was married that year, '87.

JAY-DEE DOWNS: Yeah, right.

GUY DANSIE: Well, I got married in '88. So this team was created back then. And at that time several of the mental health professionals were recruited to create a team that included peers. And the peers are first responders. It's law enforcement, fire, EMS, dispatch, and even hospital emergency department personnel.

And the team is actually -- now what's happened over the years is they are called when there's a bad incident. They go to meet -- and meet with the people who responded, and it's like a group therapy for a couple of hours. They talk about what they went through and coping strategies. So that's a debriefing, and that's what CISM primarily does at this point.

JAY-DEE DOWNS: So who sponsors the CISM people?

GUY DANSIE: We do.
JAY-DEE DOWNS: The bureau?

GUY DANSIE: Yes.

JAY-DEE DOWNS: Okay. My point is you have other places out there that they call their thing as CISM team. So I was just saying the Bureau of Utah CISM team or the department's CISM team. Do you see what I'm saying? To just identify who it is.

GUY DANSIE: On 3?

JAY-DEE DOWNS: Yeah. Because there's agencies out there who have their own CISM team. Do you see what I'm saying? So you take out and clarify it.

TERESA BRUNT: I have participated in CISM though. It's good stuff.

JAY-DEE DOWNS: I have too. I'm just saying just to clarify it. Who it is, who is sponsoring, where it comes from.

GUY DANSIE: Okay. So I put that in 3. Do I need to put it in the header?

TERESA BRUNT: It's already there, isn't it? Unless you add that bureau part there.

GUY DANSIE: Yeah. Number 1 says "The department may establish it."

JAY-DEE DOWNS: Yeah.

GUY DANSIE: Should I put "the
departments" in here?

MIKE WILLITS: Agencies.

JAY-DEE DOWN: Just put department CISM teams as established above, but I'm just saying it ought to be identified.

GUY DANSIE: Okay. Well, I'm going to identify it in other language too then.

JAY-DEE DOWN: Absolutely.

GUY DANSIE: And I'll go through it and see if there's any place I might have missed.

TERESA BRUNT: "Diffusing" is not a word?

GUY DANSIE: That's how we've always used it, but it doesn't like it on the spell check.

TERESA BRUNT: Yeah.

GUY DANSIE: And the point, as I go down into the new language down 7, 8 and 9, the first concept was that the department would maintain a list of people that have been trained through our channels, okay. That way if a -- an agency or somebody needs a record, we can verify that they were properly trained.

8 basically says "Individuals who perform peer support functions may only receive legal protections as described," and I put a reference in there to 78. I know I'm not supposed to be putting
more code references in, but I wanted to make sure everybody understood this tied back into that part of statute, that's nothing to do with the Title 268-A that we normally use.

And then 9 is basically, "Individuals who perform peer-support functions for a licensed or designated EMS provider should" -- and I left should in there, just being kind of soft language -- "be familiar with peer-support policies for the licensed or designated EMS provider with whom they are employed or otherwise serving."

I just want to make sure that they understand that that's something that they need to do. And that's it for this rule.

Any suggestions or anything on those, that last part on peer support?

Should we take a five-minute break?

JAY-DEE DOWNS: What do we have left?

GUY DANSIE: The operational rule.

JAY-DEE DOWNS: Yeah, take five.

GUY DANSIE: This will be -- it will be a lot shorter.

JAY-DEE DOWNS: Promise?

GUY DANSIE: Okay. We're on break.

(Break taken from 2:34 to 2:40 p.m.)
GUY DANSIE: We are looking at 426-4. And starting with part 200, we added the designated non-emergency secured behavioral health transport as one of the things that we're considering when we do operations now.

As we scroll down through that rule, at the bottom of that first section, section 200, there's part 7. And this is the one that Kristy talked about earlier in the meeting today.

It just says, "When responding to a call each designated non-emergency secured behavioral health transport vehicle shall be staffed with two personnel."

Do you want me to put "at least" in there or leave it?

ALTON GILES: It's fine.

GUY DANSIE: Because what if there are three, is that going to make --

KRISTY KIMBALL: At least.

ALTON GILES: Yeah, at least. Because sometimes we do more than that.

JAY-DEE DOWNS: A minimum?

ALTON GILES: Yeah, minimum. That's fine too.

GUY DANSIE: With a minimum?
ALTON GILES: Yeah. Because I'd hate to get in trouble because I put three in there instead of two.

GUY DANSIE: Yeah. That's not the intent. "With at least one who has obtained required training as approved by the department policy for mental health patient de-escalation and American Heart Association Cardiopulmonary Resuscitation or equivalent."

Does anybody have any problem with it. Quiet is good.

Do we want to go to the next section?

ALTON GILES: Uh-huh (affirmative).

GUY DANSIE: The next change we have is 426-4-400. We added the -- I forgot a "D" at the end of that. We added the designated non-emergency secured behavioral health transport term to that title. And then we added it in the text on part 2. Down on 5 I added "QRU" because I wanted to specify that it was just for that designation, not for the others. "Each licensed ambulance provider or designated QRU." Okay, so those -- that only applies to that type of designation.

Then we go down to 426-4-500, scene and patient management. This is the place where we put
information about having policies for -- a weather
assessment policy and a fatigue policy. Last year
when we had the bill from Representative Redd, that
was one of the things he had in his bill. I think
our EMS committee people all like this idea. They
actually approved language last meeting, and then I
had some critique and some of the language wasn't
very clear.

DEAN YORK: Constructive criticism.

GUY DANSIE: So I took it back to the
operations subcommittee and went through it with
them. And it was one of Jay's friends up in Logan.

JAY-DEE DOWNS: So you got to talk to him?

GUY DANSIE: Yeah. He gave me some edits,
and I thought they were very good edits. And I
didn't want to put the rule out there unless we
clarified some of the issues.

The biggest issue was who notifies which
hospital. And so just in order to be transparent, I
wanted that language to go back to the committee.
And it's the same section of the rule that we're
dealing with on the designated behavioral health
secured emergency, whatever, transport. So I'm just
putting it back out there as this is the new
language, and it has been changed since it was
approved last time by this group and by the
committee.

JAY-DEE DOWNS: So basically under 5(a),
you're saying that for severe weather, that each
agency out there who transports patients needs a
policy as to how they'll operate, right?

GUY DANSIE: Right. And they share it
with the receiving facilities in the geographical
service area. Should I put something about business
area or something like that?

JAY-DEE DOWNS: No. I'm just wondering if
that policy should be part of their licensing
application. Just a thought. You don't have to do
it right now, but just a thought.

GUY DANSIE: Maybe. We'd have to do it
for all of the provider types.

JAY-DEE DOWNS: Just a thought because you
know if you're going to have a policy in place that
you can be held against, you can't just have them go
roll with it.

MIKE WILLITS: You should have it in the
beginning, start with it.

GUY DANSIE: Yeah. And this was primarily
for ambulances.

JAY-DEE DOWNS: Right.
KRISTY KIMBALL: Yeah. I was going to say it's really -- in my opinion, that's why it was created. Because when hospitals, and by definition if you've got an emergency patient that you need to get them someplace else, it's like how do we balance this? I think for these non-emergent transfers it's not as critical, right, because if there's really bad weather it's not like these are emergent patients. It's not like you're EMTALA where there might be a reason to get them somewhere immediately. But I think it was more created for the ambulances because they've got to figure out how to do those responsibilities of responding on an emergency basis versus putting more people at risk by --

GUY DANSIE: Yeah. Because they're depleting their resources to some extent by sending somebody down the road for a five-hour trip. So it becomes a balancing act for them.

TERESA BRUNT: The impact was just the staffing for the hospitals. But if you're telling me you can't transport this patient and that patient is a one on one, requiring one-on-one care --

GUY DANSIE: Right.

TERESA BRUNT: -- because so that does impact --
GUY DANSIE: It does. And that's why, you know, we don't have authority to do anything, to dictate anything to the hospitals.

TERESA BRUNT: Right, right.

GUY DANSIE: Unless it's like resources.

TERESA BRUNT: But I don't want them dying out on the road either.

GUY DANSIE: Right. And I think the whole idea was that they have a policy and they share it with the hospital so the hospital understands --

TERESA BRUNT: Understands them.

GUY DANSIE: -- what limitations they may have with bad weather or staffing when they're very tired from other things.

TERESA BRUNT: But sometimes I just feel like that needs to be reflected on the hospital's side too. That it's not always -- you know, that there's a staffing issue on the hospital side as well.

GUY DANSIE: Right, right, right. But we don't --

TERESA BRUNT: You don't care.

GUY DANSIE: Well, I do care. But it's not part of our statute or our rules.

TERESA BRUNT: Right. As long as they're
talking with each other and we understand that, so...

GUY DANSIE: How do you feel about that, Alton and Kristy?

ALTON GILES: I guess the thing I have with -- and it came up last time when we started talking about people being tired and stuff. I mean that really comes down to a department or as a private agency as a business, I need to make sure that the people that I'm sending out to respond on a 911 or on a transport are capable of doing that.

GUY DANSIE: Right.

ALTON GILES: It seems like that should be a business thing, and here the state is -- well, don't send somebody tired. I get that. Don't do that. I mean we probably do do that. But we need to monitor our people. But now you want to put it into some type of -- I don't know. I think it's a gray area the bureau is going into.

TERESA BRUNT: Because who determines that.

ALTON GILES: Yeah.

KRISTY KIMBALL: And also I think Alton's point is that if you're going to provide emergency services and be expected to respond, then you should be staffed appropriately so that you can respond on
an emergency basis. Because otherwise you're putting
these hospitals and patients at risk. And so I think
he's saying staff appropriately. And you shouldn't
be making accommodations for staffing issues; you
shouldn't have to have staffing issues.

ALTON GILES: You know if you have a
department that's running three ambulances between
this time but then after this time they're not
running three but they have a lot more called, you
know, you need to staff appropriately. I get from a
city's point of view that's a lot of challenges that
come in the budgets, but still you've got to staff
appropriately no matter what type of business you're
in.

GUY DANSIE: So that staffing
appropriately would be done by having a policy that
you need to increase your staff or reduce staff or --

ALTON GILES: I don't know.

GUY DANSIE: I kind of looked at this
issue kind of like we do with our emergency vehicle
operator training. It's a good idea and we're saying
you need to do it, but we're not telling you how to
do it. The department, we don't -- I don't know how
to do it. We don't expect to --

ALTON GILES: But if the bureau is not
going to tell you how to do it, then why have it in there in the first place? Unless you just put it for a thought, maybe as a thought you should think about these things.

GUY DANSIE: Well, part of it is actually there is a national movement right now specifically on fatigue. They came out with some national guidance on fatigue management. And the air ambulance providers all have fatigue policies as part of their rules. So I think it's just an extension of the ground ambulance service. And that was kind of the gist of House Bill 13 a year ago was to try to alleviate some of the issues on the EMS providers related to fatigue and weather. Right, Jay? Maybe? You're pulling funny faces over there.

I agree that --

JAY-DEE DOWNS: I'm having a stroke.

GUY DANSIE: This one is kind of one of those things I don't know how far into the weeds. It basically says that you should communicate with the hospital and have a policy as a service.

MIKE WILLITS: What kind of weight does this have with the hospital? In other words if you're refusing a transport, can they say, "Well, okay, I'll call somebody else"?
GUY DANSIE: No. And that's part of what --

MIKE WILLITS: And is that in here in --

GUY DANSIE: Yeah, read through it. There's part of it that talks about if there is need for delay, then it's on the licensed ambulance provider to get either a mutual aid partner -- and that burden actually is required in this rule to be on the ambulance provider to find another ambulance.

MIKE WILLITS: Except for a situation of weather, it's like --

GUY DANSIE: Weather should be just as dangerous for your mutual aid partner as it is for you. So you wouldn't want to have -- if you call the hospital and said, "Hey, you know, there's a blizzard, we've got to wait an hour; it's too dangerous," you shouldn't be putting your other county's people out there either.

ALTON GILES: Yeah.

JAY-DEE DOWNS: The discussion, I was involved with this, and I remember this was also brought up by the -- some of the union stuff and everything. But it was kind of like the whole thing is we'll risk a lot to save a lot. But we're not going to risk a lot to save a -- you know a BHU
patient, we're not going to risk anything. But if it's a cardiac patient and this is the only way they can go and they've got a -- like for example up in Cache County they've got to go to a higher-level of care, then sure we'll call out a plow driver and we'll risk a lot to save a lot. That was the discussion.

However, also it was like it needs to be -- the ambulance licensed provider needs to accept the responsibility that if they can't do it, they need to find somebody to do it.

GUY DANSIE: Right.

JAY-DEE DOWNS: Because that's their responsibility as a licensed provider, you can't dump them back on the hospital.

GUY DANSIE: Right. And I'm looking at one part that says, "Communications shall provide an estimated response time." Basically what this is doing is the policy is driving that communication to the hospital, "Hey, we have a problem, this is our situation. We can either get somebody else to come or we're going to have to wait an hour because of the weather, or whatever."

ALTON GILES: Well, you would hope nobody would ever argue on weather.
JAY-DEE DOWNS: And I think the flavor of this whole thing was to get the hospitals and the ambulance providers communicating.

GUY DANSIE: Right.

JAY-DEE DOWNS: So that the ambulance providers -- the hospitals aren't saying, "You know what, we need to deplete all of your 911 resources because we've got this transfer."

And they're saying, "Wait a minute we don't have enough resources to handle the 911 calls now."

So the whole thing was to get everybody communicating and saying, okay, can you work with us a little bit because this is what we're facing. And vice-versa, the hospital is being inundated by patients. "Okay, yep, we're getting inundated also. Okay, we'll get a mutual aid partner up there to you."

But my circumstance up in Cache, our closest one is going to be 40 minutes away. "So can you wait 40 minutes?" Because usually our emergencies are done by then and we can facilitate it. So it just basically was initiating for everybody to started communicating is what this whole piece was about.
GUY DANSIE: Right. And it was focused on the ambulance. And I guess the big question I guess is do we want to throw the behavioral health stuff into this mix?

JAY-DEE DOWNS: I'm thinking on B, what would be an unusual demand on a -- on -- you know, it's the one where it says "EMS personnel unusual demand." You're kind of going, well, what would be an unusual demand on a van service?

ALTON GILES: Yeah, non-emergent.

GUY DANSIE: Do you feel like it's okay to take out the designated when we put the rule?

JAY-DEE DOWNS: Yeah, I'm just asking you what would be an unusual demand? They've got two transports to do. So to me it's kind of like that, and it could probably be taken out because that's more dealing with an ambulance service.

GUY DANSIE: Okay. So do you want me to just pull it out of that section for --

ALTON GILES: (Witness nods head.)

GUY DANSIE: Okay. That's really what I'm after. Because it was approved, and we -- but I did modify the language slightly for clarity's sake, and then I threw the behavioral in there. But we can pull it back out.
JAY-DEE DOWNS: Alton, you'll have to correct me if I'm wrong. This is some education on my part. If a hospital calls you and you say you're contracted to provide this van service, right, and your van is already out on another call or another transport and you don't have time to do it, do you have the right to reject it?

ALTON GILES: Well, what I try to do, and I think the communication goes both ways because I've worked in the ER where you call for an ambulance and said ambulance doesn't show up and you're over here doing this. I think for me it's good business and good customer relationship to communicate back and forth, like, "Hey, I'm just finishing up one, do you mind if we -- you know, normally we're there in 30 minutes. Do you mind if we're there in an hour and 15 because we're busy?"

And I feel for us for a business point of view that works better as opposed to, "Yeah, I'll take it," and then I just don't show up for an hour and 15.

JAY-DEE DOWNS: That's my point though is if you're contracted with an agency to do it and they call you up and you don't have the ability to take it, now you're in breach of your contract. So
somehow you're going to have to facilitate that. So that's my point. My point is I guess to me it's not needed in there.

ALTON GILES: I don't think it's needed in there.

GUY DANSIE: Okay. I took U out of that.

JAY-DEE DOWNS: This was also designed for the long transports like coming out of Cache or coming out of Sevier. I mean when you're talking an hour or two-hour transports.

ALTON GILES: St. George, four hours.

JAY-DEE DOWNS: Yeah, it wasn't meant for -- even the fatigue was not meant for Utah County or Salt Lake County or whatever. It was more these ones that take more than an hour.

GUY DANSIE: Yeah, the bill actually had a mile --

JAY-DEE DOWNS: It was 55 minutes, wasn't it?

GUY DANSIE: I thought it was a certain amount of miles.

ALTON GILES: It ended up being just past where you could go from Logan to McKay-Dee. And it was just bigger than that. So your Logan to McKay-Dee would still fall within --
JAY-DEE DOWNS: And Dr. Redd did that on purpose because he felt like you should be able to handle that. But when you start getting further than that, that's when it kind of got gooey.

GUY DANSIE: Okay. I will remove the designated transport provider out of that. And that is it.

JAY-DEE DOWNS: You guys have information about who's to contact you, right?

GUY DANSIE: Yeah. And I took it to the ops subcommittee and vetted it there, and they thought that it read okay with adding some of the edits from Chief Hannig up in Logan. So I did -- because we're putting the rule up again, I just wanted to bring it through this group. And I didn't know if we should put designated behavioral health people in there or just leave it out. I'll leave it out.

DAVE QUEALY: Guy, Dave Quealy with West Jordan. I just have one question with paragraph 1.

GUY DANSIE: Sure.

DAVE QUEALY: When I looked through it compared to what was deleted, the only change is the current language you have says "geographical EMS service" instead of licensed ambulance.
GUY DANSIE: I'm not sure where you're at.

Where are you at?

DAVE QUEALY: Paragraph 1 of the section we were just looking at, 500.

GUY DANSIE: 500.

DAVE QUEALY: So it looked to me like 1 through 4 were largely the same as what you have currently now, with a few minor changes to each.

With paragraph 1, the original instead of "geographic EMS service."

GUY DANSIE: It needs to be ambulance.

DAVE QUEALY: It said licensed ambulance.

GUY DANSIE: Yeah, you're right.

DAVE QUEALY: And my thought is why are we changing that if emergency dispatch doesn't have anything to do with what we're talking about?

GUY DANSIE: You're right.

DAVE QUEALY: That was it.

GUY DANSIE: Okay. Good catch.

And I'll confess, part of the problem is when I pulled -- when I got this document, I took down the RTF file from rules which has the effective language in it, and then I pasted the old piece of rule from last year when we were working on this part. And I know Brittany already caught me on a
couple things like the word deletions and insertions
and things like that. So good catch.

DAVE QUEALY: There was also I think, "us," and it's supposed to be "used" in --

GUY DANSIE: Yeah, yeah. I think I got that. Was it 1? I think it said --

DAVE QUEALY: Yeah, it's in 1.

GUY DANSIE: Yeah, she actually caught that one. And then the term "designated," it got left off. Because when I copied this whole piece, the term designated wasn't on it. I added that back in. So if there's anything else -- so you guys want me to go ahead and put it to the -- it sounds like we probably ought to go ahead and put it to the EMS committee in April.

ALTON GILES: I think so. I mean just because they vote on it and they vote, okay, this would go into effect July 1, right?

GUY DANSIE: Yeah. Okay. And that's fine. My biggest issue is making sure the other stakeholders who pushed the bill through are -- understand the language a little bit before the EMS committee meeting. Does that make sense? It's just a political thing.

ALTON GILES: I'm surprised those
individuals aren't here right now.

GUY DANSIE: I kind of am too. But it was short notice, and they're not routinely -- they don't routinely come to this meeting. But what I'll do is send it out to South Jordan and to all of the other suspects.

ALTON GILES: Okay.

GUY DANSIE: And then they can look at it, and they can argue one or the other in front of the EMS committee. Because they are the binding vote, the EMS committee.

Kristy, do you have something?

KRISTY KIMBALL: I was going to say to make to run this past -- this process and what you're planning on doing, past Brittany. Because I know you're saying you're kind of circulating this and getting this going, but obviously with rulemaking you have to follow state law for how that process goes. And I want to make sure that --

GUY DANSIE: Yeah, the process itself, the notice and everything like public notification.

KRISTY KIMBALL: Right. And I'm just wondering if -- legally there's probably an argument that you have to wait until the statute goes into effect to even publish the rule.
GUY DANSIE: That's kind of -- yeah, and that's kind of my --

KRISTY KIMBALL: So run it past Brittany, and she'll tell you what we have to do prior to that or --

GUY DANSIE: Right. We'll have to do some research on our end.

KRISTY KIMBALL: I just don't want it to circle back on you to --

GUY DANSIE: No. And the danger of having the cart before the horse is the process is not -- we're not following our normal process.

KRISTY KIMBALL: Yeah.

GUY DANSIE: So we've got to make --

ALTON GILES: And I get that.

GUY DANSIE: -- sure that the rule can't take effect before the statute's taking effect. And then the notice and everything may or may not -- we may or may not be able to notice it until the statute takes effect. I don't know.

ALTON GILES: Okay.

GUY DANSIE: But I'll try to expedite it to the extent that I can. I'll find out. I'll figure that out.

Anything else? You guys good?
(Concluded at 3:02 p.m.)
REPORTER'S CERTIFICATE

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

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

That on March 27, 2019, the foregoing proceeding was reported by me in stenotype and thereafter transcribed, and that a full, true, and correct transcription of said proceeding is set forth in the preceding pages numbered 3 through 106;

WITNESS MY HAND AND OFFICIAL SEAL this 29th day of April, 2019.

Tamra J. Berry, RPR, CSR
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