

# EMERGENCY MEDICAL SERVICES (EMS) ADVISORY COMMITTEE

MEETING MINUTES  
December 14, 2022, at 1:00 PM

MEETING LOCATION:  
Division of Public and Behavioral Health  
4150 Technology Way, Conference Room 301  
Carson City, Nevada 89706

Attendees were also able to participate by Videoconference and Teleconference

## 1. Roll call.

### Core Members

Dr. Dale Carrison – Chair  
Carl Bottorf  
James Wohlers  
Sean Burke

Bodie Golla  
Dennis Nolan  
Markus Hirt  
Steve Towne

### Ex-officio Members

Bobbie Sullivan  
Dr. Fermin Leguen  
Michel Bologlu

Dr. Douglas Fraser  
Andrea Esp  
Douglas Oxborrow

### In Attendance

Bobbie Sullivan, EMS Program Manager  
Douglas Oxborrow  
Bodie Golla  
Sean Burke  
Steve Towne  
James Wohlers  
Terry Mendez  
Dennis Nolan  
James Johnston

Markus Hirt  
Steve Towne  
Sabrina Brasuell  
Michael Bologlu  
Richard Fenalson  
Janice Hadlock  
Joe Lannann  
Sandy Wartgow

Committee Meeting commenced at 1:00 pm, location 4150 Technology Way, Suite 301, Carson City, NV, 89706 and via Teams meeting.

**Michael Bologlu:** We Have a quorum, and I am going to hand the meeting back over to the chair.

**Dr. Dale Carrison:** Thank you, Mike. I appreciate that first item is the public comment before and after. I just need to read this public comment maybe presented in person by computer phone or written comment. Due to time considerations, each individual offering public comment will be

limited to not more than 5 minutes. A person may also have comments added to the minutes of the meeting by submitting that I'm in writing either in addition to or testifying in lieu of defying written comments may be submitted electronically, before, during or after the meeting by emailing Bobbie Sullivan and it has her.

minutes. A person may also have comments added to the minutes of the meeting by submitting that I'm in writing either in addition to or testifying in lieu of defying written comments may be submitted electronically, before, during or after the meeting by emailing Bobbie Sullivan, and it has our email address there. You may also mail written documents to the Division of Public and Behavioral Health, 4150 Technology Way, third floor. Carson City, NV. Is there anyone for public comment at the beginning of the meeting? OK, hearing no one will go on for possible action. I'm sorry. Something.

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan, for the record, I received communication from Marcus with Care Flight in regard to a presentation that was inadvertently left off of the agenda from the Nevada Ambulance Association. Marcus has provided that information to me earlier today, and I will be sending that out to the committee members and will also send it out to the listserv. The information pertains to possible licensure compact and, as I said, well, get that sent out shortly after the meeting.

**Dr. Dale Carrison:** Sounds good.

**Markus Hirt:** Umm, and there is a presentation to the Nevada Ambulance Association tomorrow and it's a Zoom link that whoever is interested can join.

**Michael Bologlu:** Marcus, do you have that link? Did you send it to anybody?

**Markus Hirt:** I sent it to Bobbie.

**Michael Bologlu:** Okay, Bobbie, if you don't mind me, if you can send me that link for the meeting tomorrow that Marcus just mentioned, and I'll send it out to the committee members after this meeting.

**Bobbie Sullivan:** Absolutely. I'll get that sent because he sent that earlier with that link and some additional information.

**Michael Bologlu:** Okay, thank you.

**Dr. Dale Carrison:** Okay so for possible action. We have the Minutes. I think all the committee members are aware we've had significant difficulty with the personnel that would normally handle the Minutes. Other people stepped up to the plate and the Minutes were completed, but unfortunately, we were unable to get them out until today, shortly before the meeting. So, I would defer that I until the January meeting if we have the meeting in January. But the first meeting of 2023. So, if everyone would please read the minutes from the last meeting was it September 14th. In the previous meeting before that of July 6th. If you'd read those minutes and if you have any significant changes, if you could submit those changes to the EMS office, I appreciate that and then we will go through the approval of the Minutes at the next meeting. Are there any objections

to that from any committee members? Okay, so item number 3 for possible action will be deferred until the next meeting of the EMS Advisory Committee.

Number 4 informational only update on the activities we've within the state regarding EMS update on the activities of the state EMS program, Bobbie Sullivan, EMS program manager. Bobbie.

**Bobbie Sullivan:** Thank you, Mr. Chairman, Bobbie Sullivan for the record. Just a few items under this this line item for the agenda. We're well into the renewal season for providers whose credentials expire March 31st to 2023. According to our database, there are over 3500 providers expiring in March of 2023. We are accepting renewals which we have been in the process of receiving and getting sent back out.

For this year's process, we have staff working, three staff, that will be working the applications in conjunction with other duties. I checked the application queue for submitted applications this morning and found we have currently only 25 applications in the queue. This is one of the reasons we recommend applicants get their applications submitted as early as possible. We can get them turned around and effectively, what we do is we get them processed and they're post-dated to become effective on April 1st.

The EMS Office has three vacant positions, although interviews were conducted and offers of employment were presented to the selected candidates, unfortunately, all offers of employment were turned down, so we continue to post the positions and work will work to reschedule interviews.

The EMS Office has received feedback on provisional attendant licenses for students who are entering training programs. The programs are asked to have the students submit the provisional attendant license during the first week of the program and not wait till just before they program releases the candidate to do the ride shift. If a student is dropped from the course, is removed or otherwise ineligible for the field contacts. We asked the program to contact the EMS Office so we can invalidate the provisional license.

Since the provisional license attaches to the agency where the student applied to do the ride shift, I want to remind everybody that there is a bulk action that the agency can do at the end of the training program, or at the end of the course where you can go in and you can bulk remove all of those students and get them off of your roster, and clean your roster up. If you're unfamiliar with the steps to do this, please reach out to the EMS Office or there's an additional tool of the tutorial that's located on our website for the Image trend program. Also, a reminder to the education programs ImageTrend has the feature that allows for the training programs to issue certificates from within the system, which automatically sends a copy of the certificate to the student if they are in the ImageTrend system. For those are not in the system, the programs will need to generate a paper certificate.

We're still experiencing a slight delay in turn-around time for a background results. However, I learned earlier this week that the Department of Public Safety has enlisted additional support to clear some of their backlog.

When having providers complete fingerprinting process, we recommend and encourage applicants to do the live scan either through their local law enforcement agency or available third-party vendor. Doing traditional fingerprint cards causes a delay and they're harder to track once they're submitted to DPS. With Live Scan, when applicants present the fingerprint form that's located in the application, the printing location provides a tracking number for the submitted prints. This is not the same. It's not the same as with the regular prints.

As a reminder to all providers, remember that the cards that we typically call the alphabet soup cards, BLS, ACLS, PALS, and ITLS/PHTLS as appropriate to their level of certification. Those cards must be maintained current. So, if your ACLS card expires and you're a paramedic, your certification is considered invalid at that point. So as a reminder to get your classes scheduled early so you can get those uploaded back into your file. Umm, I believe that's all I have for this part of the agenda, Mr. Chairman, if anybody has any questions.

**Dr. Dale Carrison:** Any questions for Ms. Sullivan? Okay, we're going to address some of this on item number 10 on our agenda and we'll comment, Gee, 25 people in the queue, that means there's only 2,975 others to go, so. Thank you.

Item number 4. c., update on the activities of emergency medical services for children EMSC Advisory Committee Doug Oxbow, EMSC program Manager.

**Doug Oxborrow:** Thank you, Mr. Chairman, Doug Oxborrow, for the record, our last EMSC meeting was held in Las Vegas, and it was nice to be able to get face to face with a lot of the active board members down there. We have refiled for the EMSC grant and are awaiting word on acceptance for that.

We have ordered child restraint for the child restraint program. That is going through finance right now, so we look forward to shortly being able to disperse those throughout the state and we are looking at doing electronic flyers bimonthly, or at least quarterly, out to the different providers and transportation people, just to keep them advised of good EMSC practices. And that's all I have.

**Dr. Dale Carrison:** Any questions for Mr. Oxborrow? Okay, hearing none, we'll go to item number 4, d. We know Mr. Hammond is not on. There's no one from Southern Nevada Health District, which I might add, is disappointing again and item number e., Washoe County Health history. I know Andrea is not there, but someone sitting in for her.

**Sabrina Brasuell:** Hi, everyone. Sabrina Braswell, for the record, I am the Washoe County Health District EMS program coordinator, and I'd like to provide some brief updates. Can everyone hear me, Okay?

**Dr. Dale Carrison:** Yes.

**Sabrina Brasuell:** Excellent. Thank you. I'd like to begin by saying that the EMS oversight program 2022 annual report was presented and approved by the EMS Advisory Board in

November. It has since been published to the program's website and accessible to all if interested. The program continues to conduct data analysis on response and jurisdictional performance, and we've completed several data requests just in this last quarter. The program also researched jurisdictional partners processes to better understand the role of the program in the review and inspection of special events within our region. This effort has been paused in regards to the regionalization discussions, to allow those to complete and better understand the impact that outcome will have on our internal processes.

In regards to a couple of our plans in the area, specifically the mass casualty incident plan and the mutual aid evacuation plans. There have been some changes that have already occurred and then upcoming ones. The mass casualty incident plan Alpha Kit Annex, or Alpha Annex, has been updated to reflect the movement of two Alpha Kits. One was moved from the Truckee Meadows, Sun Valley location to the Truckee Meadows, Stead location, as well as the Truckee Meadows Foothill Alpha Kit was moved to the Truckee Meadows East Lake Station. This allows for coverage in North and South Reno. North specifically to the warehouses that have been developed along 395, and then coverage in the South of Reno in the Washoe Valley area.

The kits further South at the hospitals would be supplemented by the mass mutual aid evacuation agreement is due for revision in the calendar year of 2023, so work groups will be forming shortly into the new year. There is a data sharing agreement which is proposed for final review by legal counsel. A little bit of background is that the intent of the data sharing agreement will allow the parties that have signed on to share information and data, but also provide visibility and awareness to all the partners on what data is being requested and what data is being utilized. Hoping to complete that process within January of 2023. It is with legal counsel for review currently.

The program continues to support the activities of the Joint Advisory Committee with monthly meetings, current focuses on strategic planning and consideration of cold responses in regard to specific calls. The program also continues to support the EMS Protocols Task Force.

They have moved to biannual meetings instead of quarterly, with the current focus on the upcoming biannual update, effective January 1<sup>st</sup>, 2023, and the final note for the program is that we are beginning to work on the trauma data report for 2021. I'm happy to take any questions for the program at this time.

**Dr. Dale Carrison:** Any questions from any members? I just have a comment, a couple of comments. One is on the mutual aid and the importance of the mutual aid is in there now. Not only do we have a new hospital, that is open and functioning with emergency department. Now they've broken ground on a free-standing emergency department. Also, in the Southwest Reno area and those folks are all gonna have a role or must be involved in this. So, I appreciate your update on that when we're going to find out as the population increases, mutual aid is going to become more and more important because as the population increases, the calls for service also increase and we all we're all painfully aware of that from our past experiences. So, thank you for that update and I don't know, I'm always concerned when we have the, "I don't want too many meetings", but we have fewer meetings, then you wonder what gets done because will the upcoming legislation session the communication from EMS agencies throughout the state, but

particularly in the North because of some of our communities that have such a lack of medical care. So, this continues to be important, and I appreciate your update on that. And please keep us informed or keep this committee informed.

**Sabrina Brasuell:** By all means, I'd like to offer some clarification on that mutual aid. In the context I'm understanding from your response, it would be specifically to the EMS and fire calls. This is the mutual aid evacuation agreement, so it speaks to the growing population and the need for facilities to evacuate and transport to other locations for holding and treatment. So, I just wanted to make sure that that was clear for the specificity of the plan and then to speak specifically to the EMS Protocols Task Force and the change to biannual meetings.

The initial quarterly schedule was because of the creation of the regional protocols and a lack of regional protocols. So now that those are well established, it becomes more troubleshooting if you will, and vetting out what needs to be changed on a biannual basis as compared to the larger lift that it had originally. But it always has the opportunity for additional meetings as the culture and the concerns change.

**Dr. Dale Carrison:** Yes, and that we don't know. Dennis Nolan and I have had conversations and there is a transitional medical committee now with our new governor that has been formed and hopefully they won't try to reinvent the wheel and we can just improve the wheel and not try to reinvent it while with a new governor and new administration. But there are some significant people on the committee, although I was a bit disappointed to see the smaller representation of Northern Nevada as compared to Southern Nevada, which we all know is not unusual. And I can say that because I was in Southern Nevada for 30 years, so anyway, thank you so much for that. Now any further questions?

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan.

**Dr. Dale Carrison:** Bobbie.

**Bobbie Sullivan:** Sabrina, I just want to offer that as you get into those meetings, when you do any revisions or updates, when you work on those protocols, remember that if it's anything that is outside of the national scope of practice, that potentially there is a need for a variance request to go before the Board of Health. And if you encounter that or if you have any questions on that, you can reach out to any of the staff, and we can help you with that process. The board meets quarterly and there is a time frame for cutoff before that meeting occurs, so just something to keep in mind and we're happy to help guide you through that process if it's something that would need to be addressed with those protocols.

**Sabrina Brasuell:** Again, this is Sabrina. Thank you. Not only for that context, but also for the scheduling, I really appreciate that info.

**Dr. Dale Carrison:** Yeah, and that's extremely important because you know, the house divided cannot stand the old quote, but it is true, we really all need to be on the same page and helping each other in the EMS system in Northern Nevada, there's a lot of areas of opportunity. Hearing nothing further, we'll go on to item f. update on the activities local EMS agencies, Steve Town

and I talked this morning. Steve, I would have you ask you to start the updates if you would please.

**Steven Towne:** Yes, as I am assuming most everybody else, they're dealing with the flu and maybe a little uptick with COVID, we're experiencing that our flu volumes have doubled so far of what we've seen in November, small uptick in COVID as well. Staffing is fine. The hospital is full here in Fallon. We're having some difficulties with acquiring beds for transfers from the facility, especially PEDs, we're full of PEDs.

Our traditional trauma type calls are decreasing since summer's kind of gone away a little bit, but the flu and COVID. Patient sick calls are on the rise, so everybody stay healthy and stay safe.

**Michael Bologlu:** Were you able to hear that Dr. Carrison? I'm sorry, were you able to hear that?

**Dr. Dale Carrison:** Yeah, I heard the update, but I didn't hear the last part.

**Michael Bologlu:** Everybody stays safe and healthy.

**Dr. Dale Carrison:** Yeah, that's always true. Any other updates? Marcus, you're sitting here, so we'll take you now.

**Markus Hirt:** Sure, on the REMSA ground side call volume is at record high. I think the day before yesterday they had 325 responses and 218 transports. So that's the highest it's ever been. Of course, you know mutual aid is also important of Reno Fire has been supporting at times and other neighboring agencies. So, it is it is crazy and it's unclear what is causing the increased call volume, you can't really put your finger on it.

In general, of course, the flu and RSV cases are up there, and we have surge meetings with the hospitals at times. I know Renown is full. They are having overflow and holding RSV kits in the ERs and as well as putting some kids in the adult ICUs, of course with Saint Mary's closing their PEDs ICU and their neonatal ICU that precipitated everything even more. I think Northern Nevada Medical Center is going to open their PEDs for beginning of the year, so that may give us some relief there.

On the Care Flight side, you just have seen an increase in a high flow nasal cannula transports and that's associated with the RSV cases as well. It's worse than it's ever been and that's all, I think that's it for me.

**Dr. Dale Carrison:** Okay, thank you for that. Bodie, I tried to get you today. Do you have any updates from out there, over there?

**Bodie Golla:** Things have been pretty mellow.

**Dr. Dale Carrison:** I'm sorry, Bodie?

**Bodie Golla:** No, no updates. Things have been pretty mellow out here lately, knock on wood.

**Dr. Dale Carrison:** I'm moving out there, Bodie. Any updates from Sean or James?

**Sean Burke:** Nothing from Sean here, thank you.

**James Wohlers:** Yeah, from James Wohlers, I'm out at the test site. We are short staffed and trying to find out a place to advertise. I don't know where people are, everybody's looking for people. So, we're looking for people too, we got paramedic openings coming up. Other than that, we're just busy doing our thing up in our little part world.

**Dr. Dale Carrison:** Seems to be a universal problem. I have a little update for where we are in Gardnerville, most of the cases we're seeing are influenza A, dramatically higher. I'm working and I've seen, if I see 30 patients, I see 12 to 15 influenza A. I've only had one RSV and in three months I've only seen one COVID patient. Our COVID is significantly down, but the influenza A in the schools that are just through the roof, but most of them, fortunately are not being admitted. They're just symptomatic. I don't know if anybody seen the update on the flu vaccine this year, but apparently, it's right on the money.

**Markus Hirt:** It's really effective.

**Dr. Dale Carrison:** Yeah, it's very, very effective and most of the people who are, I can't say this for a fact, but a significant number of the people that have not been vaccinated are the ones that are being admitted to the hospital. Any further updates?

Hearing none, we'll move on to item number 5., discussion and possible action to elect a vice chair of the committee. I think it's important to have a vice chair simply because you know who knows? I'm an old guy who could fall dead tomorrow and somebody needs to do this or whatever, but it's just that's just another safety net that we have for this committee. Hopefully we're going to be considered one of the key committees when this new Medical Advisory Committee to the governor goes because, you know, we do have a lot of expertise in this committee has been standing for a significant period and there's a good fund of knowledge among the Members that are on this committee. I hope they will reach out to us and ask us what the problems are, which we're gonna discuss further as we go down this agenda. So, Bobbie, would it be appropriate to take nominations for Vice chair at this time?

**Michael Bologlu:** The chair if I may, Carl, where were you nominated for Vice Chair in July? I believe you were.

**Dr. Dale Carrison:** He's not here. That's the problem, and I would make that comment, it's not directed at Carl and it's not personal, but you know when we have this committee and we have meetings, we need people to show up. It's only four times a year. So, you know when we know ahead of time when it's gonna be now this one is delayed because of a posting requirement, so I think Carl was, yeah, everybody heard that so. I guess what we'll have to do since Carl isn't here is just put this off until the January meeting, so with that said, we will, with the advice and



consent of the committee members, we will put this number 5 off until the next EMS Advisory Committee meeting. Any objections?

Okay. We'll move on to agenda, item number 6, of data on the recommend amendments to the Nevada Administrative Code 450B to allow EMT's to be eligible to enter a paramedic training program. I think we resolved that and Bobbie, would you bring us up to date on that? I think that's done right?

**Bobbie Sullivan:** I'm still waiting for the final process to go through from the LCB, but I believe we're almost there. As soon as I get the formal notification and I'll follow up this week, I was out of the office for a couple of weeks, and I'll follow up with the LCB and then what we can do is send out a notification through the listserv to let everyone know.

**Dr. Dale Carrison:** Okay, thank you for that, Bobbie.

**Dennis Nolan:** Dale

**Dr. Dale Carrison:** Yes, Dennis.

**Dennis Nolan:** Just for clarification, Bobbie, doesn't it still have to go before the legislative Commission?

**Markus Hirt:** Administrative code.

**Dennis Nolan:** Yeah, but I think they still have to approve NAC changes.

**Bobbie Sullivan:** Yeah, and I think that that's where it's at, Dennis, is it still has to go through that other step. The variances that were requested by the one student was approved, but the legislative chain still has to go through that other step.

**Dennis Nolan:** Thank you.

**Dr. Dale Carrison:** Yeah, that's what I thought also.

**Bobbie Sullivan:** So, we're almost there. We're just waiting for the final approval.

**Dennis Nolan:** And I think that the Legislative Commission meets once before the legislature convenes in January, or shortly within the first two week.

**Dr. Dale Carrison:** It shouldn't be a problem. We've had no objections from anyone regarding this.

**Bobbie Sullivan:** We've had no objections and I think it's going through the legal process and we're almost there.

**Dr. Dale Carrison:** The next three items are mine that I put on there as the chair, so #7 possible

action discussion and possible recommendations regarding current requirements for ambulance attendant licensees. We have several people who would like to speak to regard to that so we can start with Dennis or Terry. Go ahead.

**Dennis Nolan:** Yeah, I'd be glad too and this is something that I've voiced a concern about before. I've talked to Dale and Bobbie about it and that's with regards to the requirement for provisional licenses for the EMS students, and my request is that we no longer require it. After some help on it on a legislative read that the NRS doesn't necessarily require it for students who are not going to be providing patient care or have the opportunity to have to drive a vehicle and probably a larger percentage of the EMS students are riding along with fire departments in a, you know, in an engine type vehicle or a truck type vehicle and probably if the event ever happened that they had to get behind the wheel of that, then things have gone really bad so.

In any case, so that that was one consideration. The other is that the process for the students, unlike licensed professionals who are seeking a license to go to, go to work. The process is the same, so those individuals are students who are only going to be doing a onetime ride. Usually, it is a 9-hour ride from 8:00 AM to 5:00 PM.

I've been on both sides of this process, where I'm now having students apply for provisionals, there is a, no matter how much you try to keep the kittens in the box, there is a myriad of issues that that arise with them, so some of them are denied the ability to do the ride along simply because they don't have a driver's license and they have a because they're 18 years old and haven't acquired a driver's license yet. They have a learner's permit. In some cases we have students who are taking courses, who are enrolled legally but are either have dual citizenship or citizenship in another country and don't have a driver's license in the United States. So those are a few of them. The other thing of course are child support issues, which in my estimation, if we're not employing them and the fire agencies aren't employing the students, then I don't know that there's a statutory requirement.

The statutory requirement for provisions with regards to child support and the payment of child support is specific to employers, and since none of the agencies are employing these individuals for the purpose of training, I don't understand why there would be a need for us to question their child support, as education institutions, so from that aspect of it, I would again appeal that we are request that we maybe repeal this provision. Finally on the other side of it, from the provider side, although it sounds like there's been an update in being able to extract all those provisionals out of the, out of the SOAP program. When they're in there, they populate in the employee database on the program, and you know it's not completely difficult to weed out who's your employees and who are not.

Maybe when I was with Reno Fire had 225 firefighters. I'm sure the numbers are greater now, but I didn't know all of them. And so, when I was looking through, unless you look at the expiration date, go in a little further, look at the expiration date of the license or the provisional permit, sometimes it's not easy to extract who are your employees and who are your ride-alongs during the time that they're riding with you and there is no substantive benefit to the employers or to the education institutions to go through the process.

**Dr. Dale Carrison:** Terry, Mr. Mendez, you would like to speak?

**Terry Mendez:** Sure. So, to kind of reiterate and go on top of what Dennis was stating. They're like you said, there's not really an NRS for these. There really doesn't need to be. There really isn't a tracking issue with these because all internships at any level are tracked by the educational institution of the facility running the course and these aren't tracked by the state on who's doing their internship.

From my knowledge, correct me if I'm wrong. We're the only state in the country that does anything like this. I don't know any other state that has anything like this for their students. There isn't a cost to it, so the state sees no benefit in it. The agencies see no benefit in it. The educational institution sees no benefit into it.

There's a lot of time consuming as Dennis stated. It doesn't matter if you sit there and do this with students, they're still gonna get it wrong. They're still issues with it. It becomes time consuming for the state, for the educational institution and for the agencies trying to get these people into limited spots whatever level it is.

Also, kind of, to go with what Bobbie stated earlier as it is, it is literally impossible for educational institutions to get these completed the first week of class because we have to contact all of our agencies and everybody is on multiple timelines. Sometimes we don't even know until a month into the course, what agency can take, how many students and so we can't enter those provisional licenses until we have an agency for them to run with. So, that's why we cannot get them in the first week of class. The other thing that I wanted to stay too, is this kind of hurts students for their NREMT.

With the guidelines there, the NREMT states they have 24 months from the end of the class to finish everything, including their clinical field and testing. So, sometimes we have students that have issues. They have family things come up, they get sick, and we must put them into another course, into another semester because we can't get the variance to extend the provisional licenses, and sometimes those students don't come back because they just don't want to deal with it. So, we're losing students and possible future EMS providers because of things like that. So, that's what I understand.

**Markus Hirt:** Quick question. Are talking internships or ride-alongs?

**Terry Mendez:** It doesn't matter, either of them, both. Any student entering any internship.

**Markus Hirt:** Okay.

**Bobbie Sullivan:** Mr. Chairman.

**Dr. Dale Carrison:** Bobbie, do you have any comments regarding this?

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan, for the record, I'd like to, as soon as I can look at my notes and make sure that I wrote them all down correctly, to Dennis's point about driver's

licenses for out of country students, our office has actually processed applications in the last couple weeks, and an application for a provider who has a driver identification which we received validation from our DAG that allows for that student meeting the requirements of having a driver's license within the United States, so there is a mechanism for those out of country students to receive documentation from the state of Nevada that will allow them to have equivalent of a driver's license without it being identified as a driver's license and is accepted in lieu of.

I'd like to remind the committee that when we do these provisionals, that the provisional is valid anywhere within the state and we have students that are attending programs within the urban areas. Some of them go back out to the rural areas and they participate within their own communities on their ride shifts, this provisional is valid anywhere, so if you have a student who say, would want to run with Reno fire but then would you know go to Lincoln County, they have the option of setting up ride-alongs with Lincoln County and having that driver's license is key to that. With the internships, and far as that, Terry we can look to some of those because of your extending those programs, we can look to some of those dates on extending the provisionals for those internships, and if those students are having to take another semester, we can review it from that angle. I think that's part of the puzzle that we either missed or were not aware of. So, that's a conversation we can continue to try to help your students.

If we look to the national education standards, remember that there are patient contacts that are part of the standards. The period of when they had to be in the back of the ambulance is not necessarily part of that requirement, so it provides the programs a little bit more flexibility. I'm not set either way but wanted to remind this committee that those provisionals are valid anywhere within the state and that's why we need to follow those other guidelines. I understand where Dennis is coming from on the child support issue. I tend to probably agree with that with the addition into the rosters for the ImageTrend for the agencies.

I believe that Mike and a couple of our other staff have gone out to some of the agencies or participated in a team's meeting to help walk staff through getting those students removed off your roster so that you can clean those up. Part of that tracking when those students are on those ambulances goes back into the patient charting, because when you list them as a student, they can auto populate into that patient care chart and have it in them to show that they were on those calls. So, I'd like to continue the conversation. I just wanted to provide those bits from this perspective.

**Dr. Dale Carrison:** Thank you, Bobbie. My primary curiosity in this is. If we are the only state that does this, how do other states do this? I think it would be valuable to get some input with regard to how other states do this. It's not of me-too thing, but if we're the only state in the United States that does it this way, then there must be a reason and I, and I think it would be valuable to have that background information.

**Bobbie Sullivan:** I agree with you, and we will try to reach out to other states. Clark County does not issue Provisionals except to the Paramedic level. EMT's and AEMT's are not authorized to do those ride-a-long's so I'll reach out to other jurisdictions and see what I can find out.

**Dr. Dale Carrison:** Please identify yourself when you call out.

**Terry Mendez:** Terry Mendez for the record. I have a question for you Bobbie. When you said that those Provisionals were valid anywhere in the state, currently Southern Nevada Health District will not accept Provisionals from the north.

**Bobbie Sullivan:** By “The State” I meant everywhere except Clark County.

**Terry Mendez:** The other question I had is that you stated that those Provisionals are valid anywhere, so why is it that there is a requirement for a student to have to get an agencies signature and permit ID number in order to have a valid application for provisional?

**Bobbie Sullivan:** That is done to show that there is an agency that is accepting that student for those ride shifts and typically what we see is when a student gets into that agency and the schedules are full either they reach out or their program reaches out to other agencies and additional agencies can be added so you can have a student going to multiple jurisdictions. We just simply go in there and attach those other jurisdictions to that provisional attendant license. It’s a keystroke issue once we receive verification that the student is in fact welcome to participate in other jurisdictions.

**Terry Mendez:** I can tell you that Washington, Oregon, and California internships are all taken care of by the educational institutions. We set those up with the agencies and they go ride. Especially like in Oregon there are some agencies that use the state’s EPCR format and anytime that they’re documented – they are documented as a student. If that was to go to court none of that is tracked by any of those state EMS agencies.

**Bobbie Sullivan:** I think this is a conversation that we can have once I have some more information. In conversations with Oregon and Washington I know that they have been revamping their requirements for their students and out of state programs because they are running into issues of documenting the participation of those students. Some of the information is not getting to the state offices and when the state offices are being informed of a student who committed a violation, be it patient care or something else, there is no way to go back and effectively track from the county or the city or whomever ultimately has the jurisdiction to track and investigate that problem. I will reach out to other jurisdictions and get their take on that and we can discuss it and place it on the next Agenda if you’d like to Mr. Chairman.

**Dennis Nolan:** Thank you Bobbie, I appreciate that and just want to give you a quick overview of what we experienced this last semester and maybe share some of the frustrations. We try at the very beginning of the semester, once we have the students in, to create a SOAP account. You can stand in front of a group of 20 students – a lot of them have just come out of high school, and try to talk them through piece by piece of opening and entering an application – and inevitably two or three of them are going to have made mistakes or locked themselves out by trying to re-enter a password – and then sit there and not share with you – even if you threaten them with corporal punishment – because they will not let you know if they are having any problems at all. This last semester I know the state was having some challenges with staffing and our course codes were provided late in the semester. We had already blocked out time with Truckee Meadows but by the

time we got the approval and had sent the Provisionals in, we had over-run the time that was initially blocked out for us. I caught holy hell from the chief for tying up a few weeks of his people's shifts for our kids. He was gracious enough to give us even more time. If there is someone that can tell us what the substantive benefit of providing these provisional licenses is – I don't see the benefit to the education institution, the students, or the providers. I am happy to help come up with an alternative way.

**Dr. Dale Carrison:** In the interest of time on item number seven (7) thank you for the good discussion and we will keep this on the agenda for the next meeting. At this time I would like to ask Terry and Dennis to communicate with Bobbie and for the interested parties to continue discussion with Bobbie. We need to look at other parts of the State and of the Country and see how they do it and gather more information so that we can have a more efficient system. I recommend we close the discussion on item number seven (7) and proceed to item number eight (8). Does anyone have any objections?

**Dr. Dale Carrison:** Hearing none, we will go on to item number eight (8) which is a discussion of current fees for permits and possible recommendations for fee changes. I put this on the agenda because this office has the least financial support from the fire agencies that it is responsible for which is everyone in the state apart from Clark County. We have the least fees of any state within the United States of America, and they haven't changed in years. I am not trying to put the arm on the fire departments, but the fees definitely need to be increased. We have input from the Chief's Association because they are the direct beneficiaries of the training programs, we have outside of Clark County that provide the EMT's and Paramedics for these agencies. We need their help in funding this office in addition to increasing the budget of this office but we can have a discussion later. Does anyone have any input in regard to that or do we have the ability to show with some discussions we've had show there are no major objections to this as long as the increases would be reasonable. Questions or comments?

**Markus Hirt:** This is Markus Hirt for the record. I can see the difference. In California just the fee is like \$5,000.00 and the paramedic recertification fees are a lot more too.

**Dr. Dale Carrison:** And Dennis, what is it for the fire department, Reno Fire?

**Dennis Nolan:** I know that in 2017 we had approved a graduated increase. It's almost like what NDOT does. The problem is formal and then by the time the project is finished the problem is formal again. I think that is what we experienced too. We did it and I think at the time it was a moderate fee increase and it was very reasonable. I don't know if the cart is before the horse on item 9 and item 8, but it is a huge need and I think we all experience that both on the education and the EMS provider side. This agency needs to be better funded.

**Dr. Dale Carrison:** I guess what I would like to know is that it is the will of the Advisory Committee that I'd be happy to go meet and be on the agenda of the Fire Chief's meeting for Northern Nevada and bring this up. I just want to make sure that as a committee and with Bobbie's chairmanship because we are an advisory committee that it would be alright with everyone.

**Markus Hirt:** This is Markus Hirt for the record. I think poling other states and getting some lows and upper limits of fees would be a good idea. If somebody can do a bit of a study and maybe present that.

**Douglas Oxborrow:** Doug Oxborrow for the record. About 14 months ago there was a sister state survey done within the state EMS department. While it was not 100% complete it did survey every state surrounding the states and got what their average fees were for licensing. I would have to look at it as naturally I don't have it in front of me. I believe it had most provider licensing and it showed that we were severely below the curve. It was not just a little bit. I do believe we are probably the lowest in the country. The difference was pretty major.

**Bobbie Sullivan:** Mr. Chairman, the information that we have in that report that Doug refers to I can provide to you, and we can see if we can get some of that additional information to entertain an idea to raise those fees.

**Dr. Dale Carrison:** Good. I would like to have that and will plan to be at the next Fire Chief's meeting.

**Terry Mendez:** Terry Mendez for the record. Oregon's initial paramedic application is \$290.00, and the recertification is \$170.00 every two years for paramedic level. That's what I pay.

**Dr. Dale Carrison:** Then I will get that information from Bobbie, and I will present it at the next Chief's Meeting and see if we can get a resolution from them. So, that was item number eight (8). We will now go on to item number nine (9), and like someone said, items 8 and 9 are very close together. I brought up the budget because this is a new administration and the inflation, we all know about. No matter how you look at it nobody says it is less than 7%. We are all behind and I can use Douglas County Sheriff's Department as an example. They are paying \$35,000.00 starting for a deputy which is \$20,000.00 less than every other agency surrounding them. If we look at what's going on there is a significant disconnect here. If we are going to have EMS and to have this office and have a budget and have them responsible for all the licensing and we have the Children's Advisory Committee and the Adult Advisory Committee while trying to make this office more functional, and as many of you were informed before this meeting, jobs have been offered and turned down. I know people that make \$60,000.00 waiting tables in a restaurant. And that's why this is not just bad it's a travesty. It's worse than bad. It needs to be addressed and we need to have the input of the legislative committee. Dennis Nolan is working with the governor's Medical Advisory Committee, and it looks like the governor could have a significant impact on EMS in Northern Nevada if he would make these recommendations. This is without regard to politics for Democrats and Republicans. It has nothing to do with that. It has to do with us providing medical care for the citizens of Nevada outside of Clark County which is its own little entity. We need to do something to improve the medical care and you can't do it without a budget. You can't do it without personnel to run the office. And we can't get personnel because they can go work at McDonalds for the same wage and have zero responsibility and not have to think about anything. As an Advisory Committee we really need to have a strong recommendation to the governor's committee and also to the Legislature when it meets, and we have to increase the budget. Without asking other people first I would like to ask Bobbie for some comments. This is my item, I put it on there. Bobbie did not put it on there. But I need her

input regarding this so that we can go on the record to show how woefully inadequate we are paying the employees of the division.

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan for the record. We do currently have a staff of three with three open positions. One of the steps the division has done to try to help our budget is under NRS450b, 1505 I believe, there is a clause in there that says money unspent was not supposed to revert back to the General Fund. That money has consistently been going back to the General Fund. A BDR is being introduced to keep that money within the division that will help fund our License Management System which truly is the core of how we process education, permits, trauma designations, etc. The division has taken that step in order to try to increase the budget to some degree.

**Dr. Dale Carrison:** You know it's a political process ladies and gentlemen and as citizens, forget us being members of a committee, you definitely should contact your state senator, your state assembly person, and tell them what the problem is and ask for their support on this. We can all do that. And you need to tell your friends and neighbors. We need your help on this. Contact them and make it an issue. If you don't make it an issue – nothing will happen. It'll be business as usual and the office won't be funded and we'll just go on talking about this and that's not what we do. Something needs to change. And if it doesn't change then there are several you sitting in this room, and I compliment all of you that are employees here for your perseverance and being here because it is extremely important and all of you could have a job somewhere else for a lot more money. I appreciate your commitment to this and to this office and we need to do something to improve your finances and we need to do something to be able to hire people to assist us. We need someone that can do meeting minutes that are not doing five other jobs. It doesn't mean the minutes aren't getting done but at some point, when you give someone that works for you too many jobs they'll finally get to the point where they'll just walk away. And that's just human beings and I understand it and that is what I would do if I were in the same position. Bobbie will get me the information and I want to speak with the person that must approve her budget and I am going to contact my state senator and representatives. I've had conversations with Jackie Robinson regarding EMS. We need to do something otherwise what? We sit in here and pontificate once every quarter. And nothing happens. If we are going to do that then we all need to resign and find something to go do. So that's the opinion of the chair. Any other comments on this?

**Dennis Nolan:** So, the committee is Governor Lombardo's Healthcare Transition Committee. There are approximately 30 individuals on it. Most of those individuals are representatives of Southern Nevada Healthcare which includes the higher education medical systems, the schools and public and private medical schools and representatives from different hospital systems. One of the Governor's appointed cabinet elects is Dr. Tony Alamo who Dale and I have both worked very closely with and have a good friendship with and he was charged with constructing this committee and has also been placed over boards and commissions. Tony is a strong advocate for EMS. He's a physician in Southern Nevada. He appointed Cathryn as the chairman for this committee. She's an HCA attorney. She's the government affairs person for HCA and Southern Nevada. I was asked to be on the committee representing Northern Nevada EMS and then Damond Schilling who is the executive director for AMR in Southern Nevada was representing Southern Nevada. So out of 28 people we have 2 voices. Kevin Dick is on the committee, and he



has been pretty vocal advocate for EMS, so we consider him one of our champions. And Dr. Titus who is also a state senator is representing rural healthcare. He is very vocal in supporting EMS as was Carla Perez who is the regional vice-president for the valley hospital system. They have held 2 meetings and the governor's agenda, the direction we were given was to address the governor's agenda in regards to developing plans for dealing with mental and behavioral health, access to healthcare, and the lack of healthcare workers. We were very vocal about how EMS plays into having access to the healthcare system and the roles that EMS is beginning to expand into. We were actually able to get quite a bit of discussion with people that otherwise were unfamiliar with our shortage of healthcare workers. We did also bring up the need to better fund the state EMS agency. They made a comparison between Northern Nevada who manages the entire state other than Clark County and what Clark County people with identical positions are being paid. We also suggested that the committee consider a sub-committee for EMS professionals so that we can have a stronger voice and more input I think this committee and the chairman will be an asset to this. The proposal was made and is being taken into consideration. Unless there are any questions, I think that's the best update I can give you.

**Dr. Dale Carrison:** Any comments or questions for Mr. Nolan?

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan. Dennis I just wanted to mention that although we know how we mention Northern Nevada and Southern Nevada, this office does still have a large involvement with those organizations down in Las Vegas so in some respects you could say it's inclusive of that. I don't know if that effects any outcomes, but everything from permitting to patient care reporting, grants, there is still a large component that we address from our state office so I would like to add that into there.

**Dennis Nolan:** I think as we develop an agenda for the rest of the state that update will be important. How do you account for the widely varied salaries between two identical agencies? There should be similarity in salaries at least and I think that is a good analogy if you're part of an agency or overseeing an agency and there is that much of a discrepancy in salaries, we do need to use that. And I'll be talking to you more on this Bobbie.

**Dr. Dale Carrison:** Any other questions or comments regarding item number nine? OK, thank you everyone. Item number 10, For possible action, discussion, and possible recommendations for moving the expiration date of certification and licenses to a two-year cycle from issuance date moving away from the March 31<sup>st</sup> date currently in use.

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan for the record. I've wanted to bring this to the committee because it is something we have been looking into. To make the burden upon not only this office but the providers in general, a smoother process in processing applications and credentialing. Getting a glut of 3500 applications between January 31 and March 31 simply buries the office when we are also working on inspections, other credentialing, and other projects. If we were to move to the 2-year cycle we could do it 2 years from the issuance. I know there are programs out there that do it two years from the issuance, however our regulations say 48 months and I think our hands are a little bit tied. It's just something that we're looking into. We would be able to potentially turn around applications more quickly instead of having that huge dump into the system that we currently have. I just wanted to mention to the committee that

this is something that we are exploring to try to smooth the system out a little bit.

**Markus Hirt:** Miss Sullivan, this is Marcus Herd for the record. I know the nursing board has it tied to the date of birth that will spread it out more because right now you have everyone renewing on March 31<sup>st</sup>.

**Bobbie Sullivan:** Bobbie Sullivan again for the record. We have considered tying it to the date of birth. Then you have to keep an eye on your driver's license and such, but I think that it is something that although we do the conferences and the trainings ImageTrend is now capable of storing those courses and creating the certificates which helps in the upload of renewed credentials. I think it is time to get away from that volume that except for National Registry, but they have other means in which to address it. Spreading out the renewal process would make it simpler, and it would actually make it easier on staff issuing new credentials.

**Dr. Dale Carrison:** The other part of this, it seems to me like there are two issues here. One is two-year cycle, and the other would be the renewal date. I would be happy to take a motion, if it is the will of the committee for the two-year cycle. Then if we make that recommendation then we can move forward and figure out how you want to do it all at once, two years from their issue date, or with birthdates or another criteria so if we did two issues like that I would give support to Bobbie and her office that we recommend for the two year cycle. Does that make sense to you Bobbie?

**Bobbie Sullivan:** It would make sense Mr. Chairman. We just want to ensure that we are not creating any problems downstream with the way our licensing system is set up. We've learned through trial and error that if we make certain changes and we haven't fully vetted it that we create problems that are unanticipated. So we want to make sure before we take that leap that we have our ducks in a row. But yes, support from this committee would be appreciated.

**Dr. Dale Carrison:** OK, then I think the first step is just to ask for a motion to move the expiration dates of the licenses to a two-year cycle. Do I have a member of the committee that would make that motion?

**Markus Hirt:** I'll make that motion. Markus Hirt for the record.

**Sean Burke:** Second by me.

**Dr. Dale Carrison:** Any further discussion by members of the committee? All in favor signify by saying "I". All opposed? OK, the motion is carried, and we won't discuss the other part of this right now but the motion is that we move the certification date of the licenses within a two year cycle and that is the recommendation of the EMS committee. Item number 11 for possible action – introduction of possible recommendations to the board of health for additional committee members.

**Bobbie Sullivan:** Mike, do you have that list?

**Mike Bologlu:** I do. I sent them out earlier with the announcement of the meeting, but I don't see

any of them in here present at this time. They are on the website, and I have also emailed them to every committee member, so I don't know if anybody has had time to review those. We can pull up the resumes of those that are interested, but like I said, I don't see any of these folks in the meeting. There are only a couple of folks that aren't members in this meeting. We had about seven resumes and I don't see those people.

**Bobbie Sullivan:** James Johnston is one of the external applicants and I see him on this call.

**Dr. Dale Carrison:** There was definitely a scheduling problem because we rescheduled the meeting based on the fact that we were not able to have the meeting because of the inability to get notices posted in areas we did not know they needed to be posted to so I think we should put it off until we have a meeting where we haven't changed that because people need more notice ahead of time. Bobbie what would be your recommendation on that?

**Bobbie Sullivan:** Mr. Chairman, I am in favor of that if you want to table that and reschedule it for another meeting, we can get that information out as soon as we make a determination of the next meeting.

**Dr. Dale Carrison:** Do any of the committee members have an objection to that?

**Bodie Golla:** I have an objection to that. Historically if people didn't show up to these – we know who a lot of people are – you know we're still able to vote on them and read their resumes and go through that so I'm not in support of holding this over. I think we need to have those positions filled and I think we need to move forward with the resumes and evaluate it.

**Dr. Dale Carrison:** The only problem I have is that I don't have a copy of any of the resumes.

**Michael Bologlu:** We can have them on the screen. We can pull them up.

**Dr. Dale Carrison:** Do you have all the resumes Bodie?

**Bodie Golla:** Yea I do. I had them sent to me before the last meeting, so I still have a copy of them.

**Dr. Dale Carrison:** Steve?

**Steve Towne:** Mr. Chairman, I think that we should table this. Just in the interest of fairness with having had to have the meeting change. I would like the opportunity for them to be able to present themselves to this committee before we move forward with any nominations.

**Dr. Dale Carrison:** OK, Bodie wants to wait but Steve wants to go ahead. So I guess – Did we get response from the applications showing they still have an interest after we changed the dates or what exactly happened Mike?

**Mike Bologlu:** A lot of the people said they weren't going to make it because of the Holidays. It was bad timing to have to reschedule in December. Several of the folks who said they were going

to be here are not. I know James is here but I'm going to leave that up to the committee. I'm not a member.

**Dr. Dale Carrison:** Committee members we'll have to have a vote and I'll have to hear from all committee members. The chairman will not be in on this so committee members only. Marcus?

**Markus Hirt:** Let's hold off.

**Dr. Dale Carrison:** Bodie we know your vote. Sean wants to delay. Steve? Oh, Steve voted. James? So we have three to delay, one positive, and one we can't contact. So that would be 3 -1 Bodie so I guess we will delay. OK. Item next? Discussion and setting of next EMS Advisory Committee Meetings. I would like to have Bobbie comment on this first and then we can have a discussion with committee members. Bobbie what is best for the office?

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan for the record. Currently either a Wednesday or a Thursday is easier for staff to schedule. And traditionally this committee has always met on Wednesday, or Thursdays I believe. Afternoons.

**Dr. Dale Carrison:** Does anyone have a preference?

**Bobbie Sullivan:** That would make February 8th, 2023, the next meeting.

**Dr. Dale Carrison:** So quarterly meetings on the second Wednesday of the month. First meeting would be February the 8<sup>th</sup> at 1300 hours at One P.M. Do we want to schedule the whole year or try to do it after that meeting?

**Mike Bologlu:** We can schedule the whole year. The meeting dates would be February 8<sup>th</sup>, May 10<sup>th</sup>, August 9<sup>th</sup>, and November 8<sup>th</sup>.

**Dr. Dale Carrison:** OK, we will make that the tentative schedule at this time. Item number 13, public comment.

**Terry Mendez:** Terry Mendez for the record. If I could make a recommendation to the EMS Office? Regarding the new NAC change from EMT to Paramedic. If any update information could be sent out, not on the listserv, to all agencies and educational institutions of exactly where we are at and a possible timeframe. There is significant rumor and confusion going around about this. I'm getting calls from students all around the state and from out of the state saying, "Hey, I talked to this institution and they'll accept me as an EMT in January". If that could go out. I'm not pointing at you Dennis. There's a lot of confusion amongst agencies, educational institutions and students about what will be coming up in the next year.

**Bobbie Sullivan:** Mr. Chairman, Bobbie Sullivan for the record. I'll follow up on that. I'll get with the Legislative committee and see where that stands and then we can send out the information. We can gear it to the training programs and to the agencies for full disclosure so that we are not keeping any information from the students. We can post that notification to our website as well.

**Dr. Dale Carrison:** Any other public comment? Hearing no other public comment, we will go to item number 14 and entertain a motion for adjournment.

**Markus Hirt:** I put in a motion to adjourn.

**Steven Towne:** I second it.

**Dr. Dale Carrison:** Thank you everyone for your participation. Hopefully we got a lot done. We are adjourned.