

**NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH)
Committee on Emergency Medical Services (EMS)**

**MINUTES
July 22, 2020
2:00 P.M.**

MEMBERS PRESENT

Dr. Dale Carrison	Sean Burke	Bodie Golla
Markus Dorsey-Hirt	Steven Towne	James Wholers

MEMBERS ABSENT

Jon Stevenson II	Carl Bottorf
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EX-OFFICIO MEMBERS PRESENT

Bobbie Sullivan	Dr. Douglas Fraser	John Hammond
Andrea Esp	Vicky Olsen	Stephanie Mead

EX-OFFICIO MEMBERS ABSENT

IN ATTENDANCE

Jenna Burton	Dr. Myron Gomez	Marc Pinkas
Brandon Brady	Melanie Spencer	Sandra Wartgow
Karen Beckley	Michael Bologlu	Christina Turner
Chris Bosse	Kacy Dunckhorst	Margot Chappel
Chad Kingsley	Kenny Sanders	

1. Roll call and approval of minutes from meeting on June 4, 2020.

MOTION: Markus Dorsey-Hirt motioned to approve the minutes from June 4, 2020.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

Public Comment – no public comment.

2. Update on activities within the state regarding EMS.

a. Update on the activities of the State Emergency Medical Systems (EMS) Program.

Bobbie Sullivan provided the update on the activities of the State EMS Program and informed the committee that as of July 10, 2020, Donald Watson, former program manager, has resigned. The State will be posting a job opening for his replacement coming up soon. She said the program has finished permit renewals for all the

agencies that are in Nevada and are working with out-of-state agencies to complete those renewals which are nearly done as well.

Michael Bologlu told the committee that as of July 1, 2020 the Emergency Medical Services for Children (EMSC) Program Manager, Darlene Amarie-Hahn was released due to conflicts with COVID-19 and the time it takes to process a contract renewal through the Governor's Finance Office (GFO). He explained he will be representing the EMSC Advisory Committee for the State of Nevada and will be providing updates at the quarterly Committee on EMS until Darlene's contract can be renewed or until another EMSC Program Manager is hired. Steven Towne asked Michael if he could speak about the skills verification form and the changes that the EMSC Advisory committee has been discussing regarding the addition of pediatric skills. Michael told them, yes, the EMSC Advisory Committee has been discussing adding pediatric skills to the skills verification form required for providers bi-annual renewals to align with the performance measures required by the Health Resources and Services Administration (HRSA). Unfortunately the revised form was approved by the committee last week after the agenda for this meeting was already approved and posted, so the form will be presented at the next Committee on EMS scheduled for October.

Before moving on to the next update, Steven commended the State EMS Program and staff for all their challenging work during these trying times with COVID-19 and provider and permit renewal cycles.

- **Discuss the option of being able to use yearly fire physicals for EMS yearly physicals.**

Bobbie said this is something that is currently being accepted and asked if a specific agency asked about using fire physicals so their questions can be addressed individually. Bodie Golla said this had been brought up in the past by City of Reno Fire Department and since it is already being practiced this item in his opinion is not needed. Bobbie and Steven agreed saying as long as the fire physical is signed of by a Physician, Physician's Assistant (PA), or an Advanced Practice Registered Nurse (APRN) the form is being accepted currently in place of an EMS yearly physical.

- b. **Update on the activities of the EMS Committee Members.**

Bodie provided an update on Ely Fire Department and White Pine County EMS and informed the committee that starting August 1, 2020 they will be using regional protocols. He said for their educational courses they are still practicing social distancing to reduce the risk of COVID-19. He told the committee they will be hosting an Advanced Emergency Medical Technician (AEMT) course in the next couple of months.

c. Update on the activities of the Southern Nevada Health District (SNHD).

John Hammond informed the committee that SNHD has changed their regulations and is now currently working on a procedure manual. He said they are including a model from the State Board of Nursing for alternative discipline for those addicted to alcohol or drugs to get them the help they need to keep their job tenable. He told the committee that during the COVID-19 pandemic their office has been open for appointments only for processing applications and other requests. He said they did have to close the office for three days due to an applicant testing positive, but they were not otherwise affected by that. He informed the committee that they have housing for twenty-nine COVID-19 positive people who don't have any other underlying medical complaints, but he said they need to retrofit the building for sprinklers before that can be permitted.

Dennis Nolan wanted to acknowledge SNHD and Bobbie for helping provide testing for the National Registry of Emergency Medical Technicians (NREMT) so they can get certified and start working in the field as quickly as possible. Steven agreed saying these have been trying times and thanked everyone that has stepped up to provide the required testing under these circumstances.

Markus Dorsey-Hirt asked John if he has heard anything about transferring patients up North in the event that there is a surge of patients that could potentially overwhelm the medical system in Clark County. John said hospitals are very busy, but they are not currently using their surge plans as of yet. He is hoping they have hit their peak and they will start to see those numbers go down. They have a stand-by protocol for treat and release on scene for certain patients so it does not require hospitalization since the hospitals are so full but that has not been activated yet but has been drafted. He said the Intensive Care Units (ICU) are also very full and do have a considerable number of COVID-19 patients as well. John said as for transports up North he has not heard anything on that as of yet. He said there has been talk of using the convention center for additional patients but that hasn't been done yet either.

d. Update on the activities of the Washoe County Health District (WCHD).

Vicky Olsen informed the committee that the WCHD recently updated their mass multi-incident plan as well as their alpha plan which is their large mass-casualty incident plan and their family service center annex. They had an opportunity to put these into practice on Monday, July 20, 2020 when they had a mass multi-incident and they were able to learn a few valuable things from that. She said they also have a new freestanding Emergency Room (ER) which is the first in the region and will be opening shortly and they have been working on developing protocols for that. She said regarding COVID-19 they have recently hired one hundred and twenty new staff to assist with testing that they provide five days a week and they continue to plan for any surge they experience.

Dr. Dale Carrison asked both health districts since another flu season is coming up soon will COVID-19 be the only thing tracked or will they be tracking numbers for the flu as well. John said he feels this would be more of a question for epidemiology and said he would assume they will treat it just like other flu seasons in the past, but he is not privy to that information at this time. Dr. Carrison said his concern is that EMS providers will be transferring a lot of sick people and he wants to know how they will determine whether the patient has influenza a or b or if they patient is positive for COVID-19. He believes this is a very complex situation and he is concerned with how it is going to affect the EMS system. Vicky said epidemiology and their EMS partners are working very closely to ensure that when that surge does happen, they are prepared for it but in terms of specific plans she is not privy to that information either.

Dennis said that Reno Fire Department is working closely with WCHD to deploy their Point of Distribution (POD), if needed, which was designed for a pandemic to provide vaccinations and inoculations to a much larger population then they typically see each year but he still agrees that they need to work on other ways to increase the number of flu vaccinations.

e. Update on the activities of the local EMS agencies.

No updates were provided.

3. Update and discussion on Legislative Counsel Bureau (LCB) file R102-18, specifically revising the criteria for determining the medical facility to which an injured patient will be transported, and whether it can be enforced before it is codified to Nevada Admirative Code (NAC).

Bobbie informed the committee that she has done some research on this item and received some guidance on if it can be enforced. She said once LCB file R102-18 was passed during the legislative session it is enforceable even if it takes a while to be codified. James Wholers asked how it will be enforced. Bobbie said it will be enforced using a policy and procedure that needs to be drafted.

4. Update and discuss the recent legislation codified during the 2019 session regarding Assembly Bills (AB) 129, requiring certain first responders to receive certain training concerning persons with developmental disabilities; AB 317, revisions to provisions governing the licensing and operation of certain medical facilities; and AB 319, revisions to provisions governing professional licensing.

Dr. Carrison said he is not sure what the revisions were to these items. Markus suggested tabling this item for the next meeting so those revisions can be sent to the committee members so they can become familiar with the revisions. Bobbie said she can provide some information on AB 129. She said this is in regard to training for pre-hospital providers concerning dealing with people with developmental disabilities. She said they have been

looking for training that could be provided to provides at no cost but were unable to find one. She said there was a question about the date that the training was supposed to be completed by which is October 1, 2020. She explained what the EMS program is going to do since they couldn't provide that training at no cost is, they will create an outline that can be used for agencies to develop their own training for their providers that they can submit to the State EMS program for review and approval. She said Michael is also currently working on a way to track those trainings in ImageTrend.

Dr. Gomez told AB 317 also includes a needs assessment for additional trauma centers and he thinks the proximity of new trauma centers needs to be followed closely because you want to improve the access to care for trauma patients. He said when opening new trauma centers, you don't want to allow it to be too close to the old one. Steven agreed, saying there have been several discussions and it is very important not to oversaturate the regions with trauma centers because it dilutes the ability for a better system. Dr. Gomez said another criterion that is being considered is the number of major trauma patients that are being admitted to non-trauma centers within a given region. He said that information is not available on the state trauma report and he thinks that information is only available from the state registry. He thinks it would be optimal for them to have access to this information.

Dr. Douglas Fraser agreed with Dr. Gomez's assessment and said if there are too many trauma centers in an area it will dilute the level of training upcoming doctors are able to receive which would jeopardize the whole health care system. He said there are a lot of components to take into consideration when adding new trauma centers and at this time he doesn't think Southern Nevada has a need for any additional trauma centers, stating they are well within capacity and have the ability to take on more.

Dr. Gomez also mentioned that trauma patients that end up in a non-trauma center may also be the result of field triage issues and he thinks the committee should consider having the stat assist them in the over-and-under triage that is happening from the field to the trauma centers because triage becomes the key in getting patients to the right trauma hospital. Steven agreed saying there have been a lot of great points brought up and he would like this item tabled for the next meeting for further discussion and asked that the AB be made available to the committee members for review so they are all up to speed on the revisions before the meeting.

5. Discuss and make recommendation on the appointment of a committee member as Chair.

MOTION: Markus Dorsey-Hirt motioned to appoint Steven Towne as Chair.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

Public Comment – no public comment.

6. Discuss the makeup of the committee and make recommendations on how to address gaps in membership, including an education position, third services position and tribal position.

Bodie said he thinks these positions should be combined into a current role, especially for education and tribal. He said third services position is already defined in the Nevada Revised Statutes (NRS), NRS 450B.151 section 3h. He said he is also concerned with the addition of these roles making the committee too large. Steven said these were great points to consider and agreed that adding too many positions would dilute the committee and increases the risk of not being able to meet a quorum, stating that wouldn't be very effective or efficient.

Lee Cabaniss said he agrees with some of the points Bodie brought up, however, a third service is not a private service under the regulation. He said he had attempted to apply for that role a couple years ago and was told that because he represents a third service it does not meet the criteria for a private service. He explained third services are county run or city run where the employees are county or city paid. He said he understands there are not many services like this but there is no representation for a true third service agency. He thinks combining the firefighter positions or nursing positions and allowing a position for third services would be something to consider. Combining those roles would keep the same amount of positions available but third services would then be represented as well. Bodie said as he reads the NRS he believes third services should be included for that position and asked Bobbie what the state interpretation is on that position. Bobbie said she will reach out for guidance on this item and get back to the committee with an explanation at the next meeting. Steven agreed, saying without someone currently in the leadership role in the EMS office they should table this item until Bobbie can research what the next steps would be to add a position as well as get guidance on a third service agency being able to fill the privately owned position and get back to them.

MOTION: Bodie Golla motioned to table agenda item 6 for the next meeting to allow Bobbie Sullivan time to research the item.

SECOND: Markus Dorsey-Hirt

PASSED: Unanimously

Public Comment – no public comment.

7. Discuss skills verification for providers who are non-working providers, or not affiliated with a permitted service and recommend that these providers are listed as inactive and therefore not required to submit skills verification.

Bodie said this is a continuation of how Carson City Fire Department is helping non-affiliated providers complete their skills review and the burden it is placing on the department trying to fulfill the needs for so many people that were previously not required

to complete the skills review for renewal. He said he would like to see the state create an inactive status like NREMT which he said he understands would require an update during the legislative session. He said he would also like to see a policy and procedure created to allow willing entities to provide skills review in the interim. Steven said he is not aware of anything in the NRS that would allow an inactive status. He said if you are not affiliated with a service then it is left up to the provider to go to an agency to get a skills verification. He said he is aware of many agencies that do those skills verifications, his included, for non-affiliated providers.

Sandy Wartgow told the committee that many of these providers don't want to be in an inactive status because their job requires them to have a current certification. She said she thinks the issue is where can they get their skills verification so they can submit that to the state for their recertification process. She said that is where Carson City Fire Department ran into people contacting them over and over again and they were not prepared to provide that verification to providers outside of their department. She said another issue is figuring out what to charge and the time it takes to complete those skills especially with people they are not well acquainted with because it takes a lot of time to determine where they are at with their skills. She thinks this is more of an opportunity for interested agencies to provide skills review for people who are not affiliated with an agency.

Dennis said Reno Fire Department runs into the same thing and has been contacted on a regular basis by non-affiliated providers to have their skills reviewed. He said he believes Western Nevada College (WNC) has tried to fill this void by offering EMS classes and skills verification and he said that was a costly endeavor and the cost was passed on directly to the students and is approximately \$250.00. He is hoping a less expensive solution can be found for providers not affiliated with an agency.

Dr. Carrison explained he was the medical director for casinos in Las Vegas for a period of time and the security guards were all certified as Emergency Medical Technicians (EMTs) or AEMTs, so they don't want to be listed as inactive because it is a requirement for their position. He said most of the casinos have a substantial number of employees that are EMS. He also mentioned for education institutions the instructors are required to maintain their certification but are not affiliated with a permitted agency, so they don't want to have an inactive status either.

Stephanie Mead said at Truckee Meadows Community College (TMCC) they have this issue where they are getting calls requesting skills verification but due to COVID-19 they are not allowed to have anyone outside of their courses that have been approved enter the building, so they are unable to provide skills verification due to their policies and procedures for the college. Steven said this situation sounds like a perfect opportunity for a private enterprise to step in and offer skills verification to non-affiliated providers.

MOTION: Bodie Golla motioned to investigate the possibility of adding an inactive status mirroring NREMT.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

MOTION: Bodie Golla motioned to work with the state to develop a list of agencies that are willing to provide skills verifications.

SECOND: James Wholers

PASSED: Unanimously

Public Comment – no public comment.

8. Discuss the continuing education hours required for renewal of state certification and recommend said hours should align with the number of required hours for renewal of NREMT. (EMT 40 hours, AEMT 50 hours and Paramedic 60 hours.)

Bodie said he would like to see the state training hours aligned with NREMT hours to start pushing towards a state requirement to maintain NREMT certification. He said there should be an option for those that are not NREMT certified but are state certified to be grandfathered in and not required to meet the new requirement once in place. He thinks making these changes will help encourage people to maintain their NREMT certification. He also pointed out that a lot of jobs already require a NREMT certification for hire. He also said he believes SNHD requires more hours than what is currently in the NAC. He said if this item passes the committee should work with the state to develop a plan for follow through and to create a policy and procedure. Dr. Carrison said he agrees with Bodie and he thinks it is necessary because more agencies are requiring NREMT certification. Bobbie told the committee that the last time this NAC was changed it was done before NREMT made changes to the hour requirements, so there was a push to mirror NREMT at that time. Steven asked, moving forward, how can they make changes now to mirror NREMT. Bobbie said that would require a change to the NAC. Markus asked if the new language could say that the hours mirror NREMT that way it won't have to be taken back to the legislature if NREMT changes the hours again. Bobbie said she believes this could be a suggestion that the committee could put forward to include in the wording that the hours are based off current guidelines.

MOTION: Bodie Golla motioned for legislative change regarding the number of hours required for renewal of state recertification to mirror the NREMT's most current number of required hours to for renewal.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

Public Comment – no public comment.

9. Discuss field experience for AEMT and EMT and recommend that a minimum of 2080 field hours are required prior to attending Paramedic school.

Dr. Carrison said his concern with this item is there is such a difference in hours depending on where you work. If you are in a rural area you could work over one-hundred-seventy days if you are working twelve-hour shifts. He said some rural areas are very busy and some are not very busy at all. The quality of the hours earned in a very slow setting and a very busy setting are not the same in every area. He is concerned because the hours will not be equal in all areas. He said the currently requirement is you must be an AEMT to attend Paramedic school. He also said it is his understanding that with the new guidelines there will be significant changes to the pathophysiology requirements for an AEMT that are actually going to mirror the pathophysiology requirements as a Paramedic. Bodie said he agrees with what Dr. Carrison had to say. He explained this item was brought up at a previous meeting and he wanted to continue with it because if there are set hours for an EMT that would be a way for them to go around this requirement and be able to attend Paramedic school. He said he is not opposed to leaving this item as is he just wanted to get a final say on this item since it had not been previously decided.

Lee Cabaniss said an individual working in the more rural areas may miss out on gaining experience in certain areas based on the type and volume of calls they run. He said someone could be on the schedule for ten hours, twelve hours or twenty-four hours and those hours will hold no value because they didn't have any calls. Lee proposed an alternate recommendation that a provider must be affiliated with a licensed agency within the state and you must receive a letter of recommendation from the chief of that agency as part of the Paramedic application. The education institution could then determine based on the letter of recommendation and knowledge of what the providers successes and failures have been in the past, whether they qualify to attend the Paramedic program. He said that would allow Paramedic programs to accept EMTs for example that work at Regional Emergency Medical Services Authority (REMSA) who have an acceptable number of hours with enough valuable clinical experience, whereas an EMT working in a more rural area may not.

Kenny Sanders agreed with Lee, stating Eureka County EMS has had several providers over many years that start as a volunteer and they become enthused to progress in their skills to become paramedic and even into nursing. He said there have been several providers that end up at larger hospitals around the state and country that started from their little volunteer service in Eureka County. He said if they put a cap at 2080 hours before they could get into a service or Paramedic school it may take a provider multiple years to obtain those hours.

Steven agreed saying at Banner Churchill they have a partnership with WNC, and they hire a lot of EMTs that are going through an AEMT program and moving on through Paramedic. He said they hire providers in a part time per diem role, so for them to get 2080

hours would be prohibitive and they would lose interest. He said providers wouldn't be able to continue on to Paramedic school because it would take two to three years for them to get those hours. Bodie clarified that 2080 hours would be a requirement for an EMT to skip an AEMT course and go straight to Paramedic school. You could still go from EMT to AEMT and then to Paramedic school without having 2080 hours.

Steven said he would like to see EMTs be able to go right to Paramedic school but the way the NAC is written it specifically says that you have to go to have experience for EMT and AEMT and recommend a minimum of 2080 hours are required prior to attending Paramedic school.

MOTION: Bodie Golla made a motion to leave the NAC as is with no changes to the minimum number of required hours.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

10. Discuss EMS certification and licensure duration laws of 24 months with recommendation to align duration of certification and licensure NREMT.

Bodie explained NRS 450B.180 prohibits the state from allowing the issue of a license for more than twenty-four months. He explained NREMT sometimes allow people a couple of months on either side of twenty-four months, so this ends up misaligning their state certification. Providers end up having their state certification due to renew one year and then their NREMT due to renewal the next year. Bodie thinks this is an item that needs to be taken to legislation and changed in the NRS. Bodie asked Melanie Spencer if she could elaborate on this item and any points he may have missed.

Melanie said the statute prohibits the state from issuing certifications beyond that twenty-four-month timeframe. The EMS program has set the expiration date of 3/31 of a given year. Since they are not able to extend beyond that, when NREMT adds six months to a certification the EMS program can only issue the state certification for one year and that leaves the provider short one year and having to scramble to get continuing education units (CEUs) to renew with the state. Melanie asked if that answered his question. Bodie said yes, and that he would like to motion to amend NRS 450B.180 to align with NREMT so there aren't off cycles occurring.

Bobbie said this item is under NAC 450B.380 and she explained a provider could complete training in December but not apply until a year later which offsets those dates. She said there are multiple variables that occur when we are approached by providers who have those dates that are offset. She explained what they ask providers to do is to agree to a one-year renewal within their credentials so that at the end of the year it comes back an alignment with the NREMT. She said they have streamlined the process to get it to match 3/31. She said the other thing to take into consideration is with providers that have come to us from

other states, the entry process is taking the NREMT assessment examination. So that is also dependent upon those dates because those dates aren't necessarily reflective of the 3/31 date. That is why they allow those providers to opt for a one-year renewal and at the end of that one year it should align with their NREMT and take some of that burden of constantly renewing credentials away from them.

Dr. Carrison said it seems the state has solved the problem because you are going to have different people at various times, and he doesn't see any other way to mandate it by legislation. By giving a provider a one-year certification, it realigns them the next year. He said it's kind of a work around, but it seems to be effective and it's working. Steven agreed, stating several of their providers have been in that situation and the state has worked with them to give them that one year to get them back on track. He so as far as moving forward with legislative changes he doesn't think there is a benefit to that because the state already has a fix for this situation.

Lee said he thinks it may be in their best interest to have the EMS program research how to bring the regulations more in line with the NREMT in general because there has been a lot of discussion on how to match things up. For initial certification with NREMT they can give up to one day shy of thirty months, and then your follow up certifications are always two years after that. He also mentioned possibly changing parameters of hours and changing parameters of the clinical skills checkoff. He said he'd like to bring our total amount of regulation more in line with the NREMT in general.

MOTION: Bodie Golla made a motion to amend NRS 450B.180 to remove the twenty-four-month requirement and have the state EMS program develop a policy and procedure to include the one-year renewal and the removal of the twenty-four months.

SECOND: None

PASSED: The motion did not pass.

11. Discuss certificates of completion for continuing education and recommend that course coordinator's entry of attendees in ImageTrend suffice for verification of completion in place of physical certificates.

Bodie explained he is hoping to make this process more streamlined so when the course coordinators sign off on a providers CEUs in ImageTrend that would be suffice for verification of completion in place of physical certificates and eliminate the need to upload certificates. He said this is similar to the way the Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) system works on the back end. The certificates aren't being uploaded but they're being transmitted and put on peoples NREMT record. He said when a course coordinator is signing off saying the students have passed that should be sufficient to transfer to their educational records with out creating double the work by

printing certificates that aren't required under the NAC currently for candidates to renew their certifications.

Dennis said he supports this motion because the uploading of certificates does become problematic. He said Reno Fire Department utilize Target Solutions that creates a certificate for all of the in-house classes. So, any distributed hours or online classes that they take through that particular program they have to download the certificate and then reupload that particular certificate to ImageTrend, which they've already entered the CAPCE number and attendance, so it an additional step that in some cases they have to repeat eight to twelve times depending on their certification. Dennis said he doesn't think the proposal includes the alphabet classes where you have to upload an Advanced cardiac life support (ACLS), Pediatric Advanced Life Support (PALS), International Trauma Life Support (ITLS), or Prehospital Trauma Life Support (PHTLS) card but with those routine classes, if the provider is taking these classes through a recognized training center he also supports that as well. He also explained some CEU opportunities that you don't actually receive a physical certificate, or if you are an active instructor you wouldn't be issuing yourself a certificate for teaching that class. He would like to see the CAPCE number or state number recognized for the class to receive CEU hours or instructor hours.

Bobbie told the committee staff is still fine tuning the ImageTrend system that was put into place last year. She explained this is the last group of renewals that they are merging from the old database. She said there's also been a learning curve, and there has been some documentation issues with some of the CAPCE programs. One of the things that staff has to do is go back into cross verify if CAPCE will revoke accreditation one a company, and we do not necessarily receive that information downstream. So, staff uses those certificates as cross reference tools, but she understands the need to streamline some of the processes and staff is working on those as they come across them.

MOTION: Bodie Golla made a motion to have the EMS program create a policy and procedure on state approved or CAPCE courses being uploaded to providers educational record with no certificate upload required, with the exception of initial courses such as ACLS, PALS, ITLS, or PHTLS and instructors who are renewing their certification could provide the CAPCE or state approved course number in lieu of a certificate.

SECOND: Dr. Dale Carrison

PASSED: Unanimously

12. Discuss and make recommendation to import CAPCE courses into Image Trend.

Bodie explained CAPCE courses taken through places like Target Solutions auto upload into the NREMT system. He was told the Image Trend system has this ability as well. He told the committee that he would like to see the Image Trend system updated to allow CAPCE courses to auto upload into Image Trend so it's easier for providers to get their

courses into their educational record without having to manually enter that information. He said he thinks this will streamline the process. Bobbie asked Bodie if he has reached out to CAPCE to find out what the cost would be for a project like this. Bodie answered no, he has not. Steven asked Bobbie if the expense would be a consideration for the state. Bobbie replied cost would certainly be a consideration at this time. She said every state department, that she is aware of, has taken budgetary restrictions and deductions due to COVID-19. Steven asked Bodie if this is something he can investigate a little further to see what the costs associated would be so the committee can readdress this at a later time. Bodie replied yes, he would research this item and get more details for the committee.

MOTION: Bodie Golla motioned to table this item until he can research and learn more on this item and the costs associated with it.

SECOND: Markus Dorsey-Hirt

PASSED: Unanimously

13. Public Comment - No action may be taken on a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken.

Stephanie Mead said that TMCC is the only CAPCE approved organization in Northern Nevada and would be more than happy to help Bodie research item twelve since they deal with CAPCE on a regular basis in terms of providing certification and credit for that.

Dennis said once the cost has been determined, he believes the Washoe County Oversight Committee may be able to assist with that. He said he knows that committee has been very helpful in funding a number of community wide efforts including training and materials.

14. Adjournment.