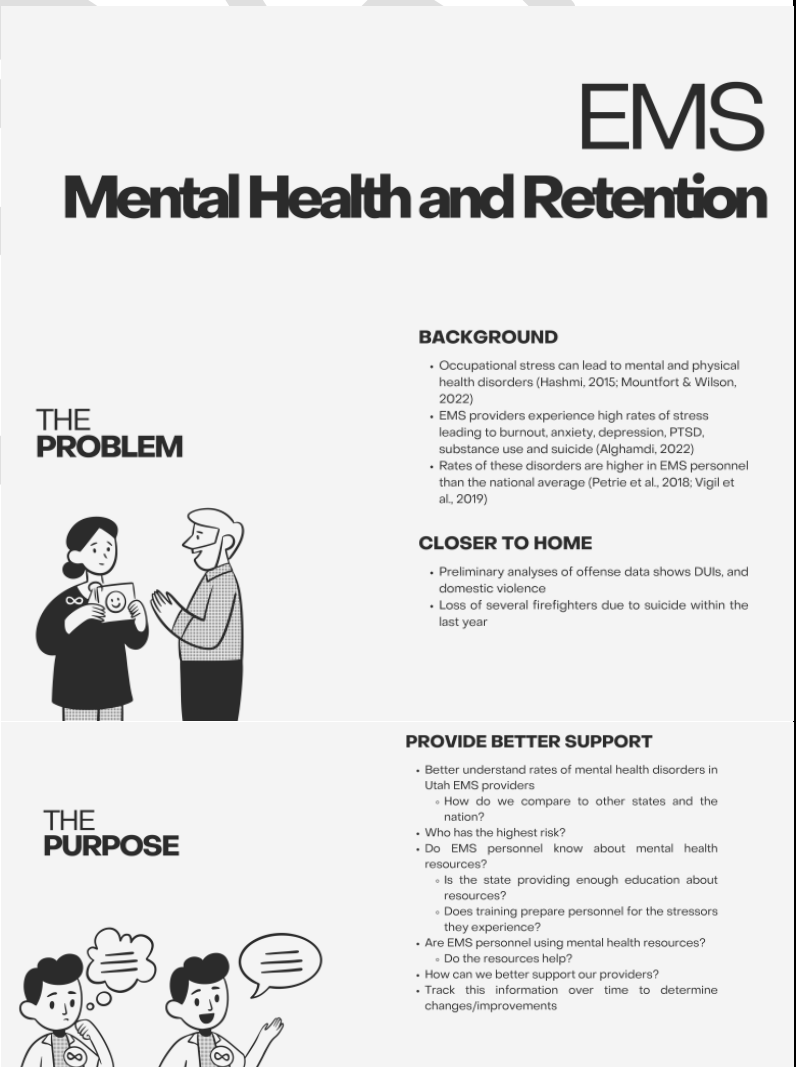
Committee Members:	Clint Smith, Clair Provost, Deidre Flanagan, Lauara Lisk, Ben Armstrong, Brett Cross, Jeremy Cottle
Absent:	Scott Youngquist, David Sutherland, Kris Shields,Hilary Hewes
Bureau Staff:	Erik Bornemeier, Mark Herrera, Kate Carlson, Keenan Price, Tyler Kotter, Peter Taillac, Madisen Hillebrant-Openshaw, Dan Camp, Rachel Stewart, Megan McClure, Hollie Hatch, Marcy Willits, Jared Wright, Carl Avery, Andrea Baxter, Roger Edwards, Janna Miltenberger, Linda Swenson, Lindsay Vernon,
Other Attendees	Joey Mittelman, Margaret Mittelman, Kirk Mittelman, Robert Ayres, Anna Meich, Scott Thorell, Warren Archer, Jesse Barlow, ForrestBarnard, AndreaBaxter, Michael Bullock, Brooke Burton, Aaron Byington, Nicholas Cochran, Terri Cridge, Matthew Davy, Joe Decker, Lauara Hack, Eric Hales, Ronald Harris, Jeremy Hoggard, Brandon Howard, Aaron Kissell, SherrieKnudson, Kory Larsen, Tiffany Martineau, Jennifer Mcilnay, Craig Minnick, Lindsay Mitchell, Brenden Moody, Ryan Moore, Kristina Reid, Barbara Robinett, Boyd Russell, Chris Ryba, Reagan Skeem, Mika Sperry, Scott Thorell, MaCayla Tolman, Erica White, Jeanne Wood, Nick Wright
Presiding:	Clair Provost

Welcome		
Agenda Topic	**Discussion**	**Action**
Quorum Necessary	It was determined with the three expired seats, total active members of 7, a quorum of at least 4 committee members to be present. Quorum present with 5 committee members	No action needed
Welcome	Clair Provost	No action needed

Minutes Approval		
Approval of previous meeting minutes	Voted to approve State EMS Committee Meeting Minutes from 04/14/2026.	Diedre Flanagan motioned to accept Clair Provost seconded.

		The Committee voted unanimously to approve the Meeting Minutes.
<u>EMS Committee Board Seats</u>		
EMS Committee Board Member Seat Updates	• Seat 13505: David Sutherland term end 06/30/2026: one rural physician involved in emergency medical care ➢ Governor appointed Austin Smith • Seat 13492: Brett Cross term end 06/30/2026, one paramedic in active field practice. ➢ Governor appointed Zachary Lyman • Seat 12782: Nathan Strait, resigned 04/15/2026, one licensed mental health professional with experience as a first responder ➢ Governor Appointed Jeremy Cottle • Seat 13507: Scott Youngquist, one physician who practice in the emergency department of a general acute hospital. ➢ No applications received, seat still open. ■ How to apply: https://boards.utah.gov/s/how-to-apply	Seat 13507: one physician who practices in the emergency department of a general acute hospital. Open for applications.

<u>Agenda</u>

BEMS Studies - Madisen Hillebrant-Openshaw	• Madisen Hillebrant- Openshaw Data Analyst, presented on EMS Mental Health and Retention study. Due to occupational stress and immense amounts of trauma that they experience, EMS providers are at high risk for stress, burnout, anxiety, depression, PTSD, substance use and suicide. • Mission to get a better idea of what mental health looks like in our Utah EMS population. • Proposing to use a third party to collect data anonymously, working with DHHS. • Create a Mental Health data survey • Data will be collected anonymously, housed at DHHS, won't be linked to licensure or subject to GRAMA. • Purpose of gathering data to better understand what mental health looks like in our Utah EMS personnel, to better support our providers and improve awareness and resources accessibility • Capture feedback from personnel. Track data overtime to determine changes or improvements, education programs, and add resources. • Review the Outline of Survey questions. Please provide Madisen feedback. Slides presented:  	Review Outline of Survey Questionnaire, provide Madisen feedback.
BEMS Studies - Madisen Hillebrant-Openshaw		

Action Items		
Administrative Rule Review - Director Erik Bornemeier, Mark Herrera, Kate Carlson	Kate, there are some draft rules pending approval. Erik, Mark and Kate have been working on getting those rules updated. The goal is to distribute to the EMS Committee Members for review and get feedback. Will distribute all information by email, and request feedback. ● Feedback deadline changed from August 01 to August 14, 2026	BEMS will distribute rule review email to EMS Committee Members to provide feedback by August 14, 2026.
Informational Items		
Quarterly Update for Emergency Physician Project - Scott Youngquist / Chris Ryba reported for Scott.	Chris Ryba, University of Utah Emergency Physician and Salt Lake City Fire Associate Medical Director, has been helping with the Physician Response Unit. ● No written update. ● Working on getting approved and inspected. ● Combining what minimal standards are in terms of what response unit would need vrs what minimally necessary in terms of Physician level response. ● Developed check off on minimum requirements standards, which got approved. ● Making sure all of those Materials and supplies are working order. ● Officially all ready. ● Waiting to hear back on scheduling inspection time to get officially approved for inspection to be able to move forward. ● More updates to come after that. ● Happy to provide an equipment list.	More updates to come
TSAC update - Carl Avery **TSAC update** - Carl Avery	● TSAC is looking to fill the last couple of expired and vacant seats. Only one more confirmation to add and soon TSAC will be up to date. ● Actively rolling out and designating trauma centers for Pediatric level facilities to join Pediatric Trauma Network designations for Pediatric Trauma. ● Friday will be visiting Brigham City Hospital facility for redesignation for Adult Center, simultaneously will designate as Pediatric	No actions

	Trauma. ● Updating applications and criteria every time they visit a hospital to ensure no vital steps are being missed. ● Peds Readiness Program now mandatory from last Legislation period, written in code, drafting up rules to support code. ● No longer an option to not participate in Peds Readiness. https://le.utah.gov/xcode/Title53/Chapter2D/53-2d-S704.html **Q/A** ● Erik, commented he had an opportunity to shadow Carl in Richfield. It was an amazing experience to witness the hospitals and Carl in action and their level of preparedness and the work they do. ● Peter will be joining Carl for the Brigham City hospital visit.	
Bureau Updates - Director Erik Bornemeier, Mark Herrera, Kate Carlson **Bureau Updates** - Director Erik Bornemeier, Mark Herrera, Kate Carlson	**a) Iron Fire in Juab - Erik** ● Discussed the impact of recent wildfires ● Expressed gratitude to Fire support and their readiness. ● Mentioned a statement was released regarding first responders who battled the Iron fire and the potential exposure to mining contamination of lead and other contaminants associated with past mining. ● Utah Fire Watch App ○ https://www.frontlinewildfire.com/frontline-wildfire-app/ ○ https://app.watchduty.org/ ○ https://utah-fire-info-utahdnr.hub.arcgis.com/ ● If any resources needed reach out. **Q/A** ● Dan, mentioned not just fire, but everyone including law enforcement needs to be made aware. ● DC Kotter, commented that the Law enforcement has been notified also. **b) RHTP - Erik** ● RHTP plan getting closer to finalize with DHHS for approval.	Suggested EMS officials to discuss with crew members involved in fire about getting tested for heavy metal exposure. More to come

	● Will be engaging soon and providing notice of grant and application information. ● Erik, introduced Rural Healthcare Transformation Program (RHTP) Grant Manager Megan McClure ○ Megan, introduced herself, subject matter, worked on HRSA grant, very familiar with the Rural Health Care Transformation. Excited to see the impact she'll make within the 5 years. ● RHTP CMS Site Visit at the Utah State Capitol, Erik will be briefing on Thursday July 16th, 2026 ○ Transform Rural EMS ○ Highlighting Ogden and their Community Paramedicine program. ○ Treat in place statistics 8 % of calls is true transportable emergencies. 92% treatable on scene. **c) HB0269 & HB0402 - Erik** ● Erik, commented those and appreciates their efforts and the impact they have to rule HB029 & HB0402 ○ https://le.utah.gov/~2026/bills/static/HB0269.html ○ https://le.utah.gov/~2026/bills/static/HB0402.html **d) EMS Awards and Leadership Summit - Erik** ● Traditionally there was an awards banquet. We have decided to convert the banquet into two opportunities to engage with our EMS Leadership. ● Awards will be presented within the next four months, in person at their Firehouse/institution. ● The two leadership Summit Banquets will be next spring.	More to come More to come

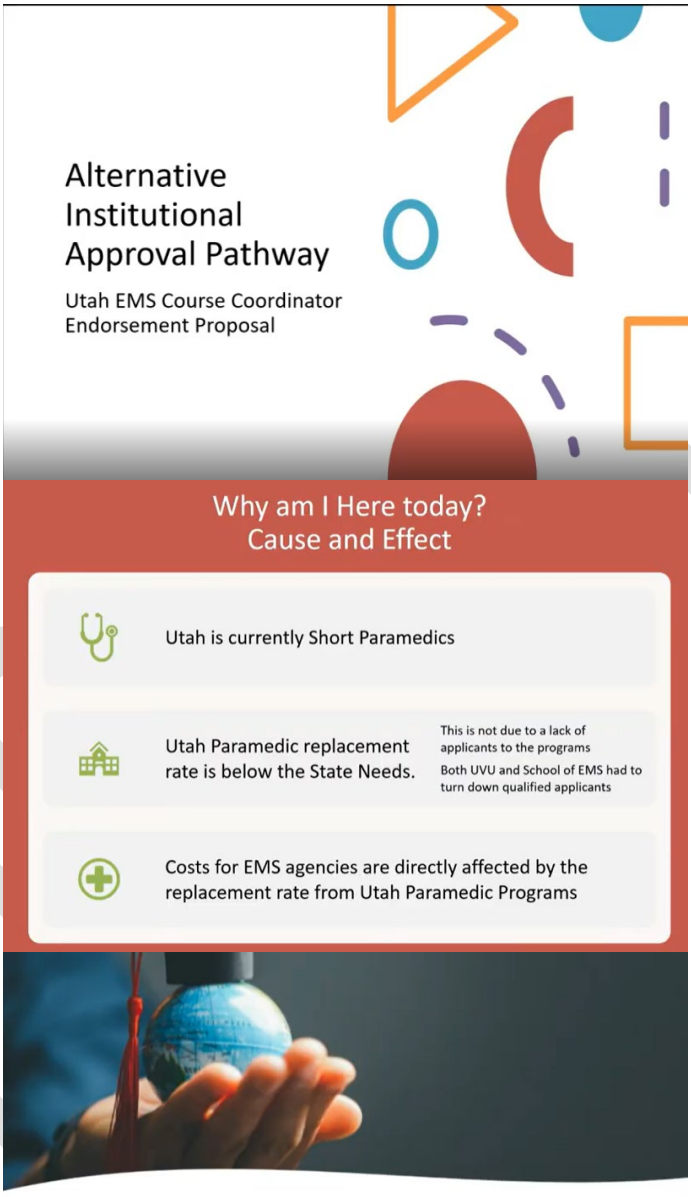
Operations Subcommittee Report - Robert Ayres	**a. Meeting in May** **b. Reviewed the States Proposed Scope of Practice Document by Dr. Taillac**. ● Sub committee members had several questions and confusion. ● Provided feedback to Dr. Taillac via email. ● Questions on how States Proposed scope of practice interacts with protocols, does it supersede protocols, is that document protocol. ● General feeling was that the state should provide flexibility in the document and allow the agency Medical Directors to Limit where they see necessary and expand in some areas where that's necessary, especially in rural areas. ● AEMT's being allowed to do needle decompression. His agency probably would never allow that. But in rural agencies that would be very important as a life saving measure. **Q/A** ● Peter, commented the aid Scope of Practice Chart, is designed to reflect what's in the protocol guidelines as a quick look chart that is like the National Scope of Practice Model practice model put out by NHTSA. ● Peter, feels strongly this is a bit of a technicality and that needle thoracostomy should be within the scope of AEMT's in our state even though it's not in the national scope model. ● Peter, it's important to keep in mind that the National scope of practice Model, is a model that states are designed to use and modify to meet the needs of their state. ● Peter, likewise, our protocol guidelines and the proposed scope of practice document we would like to put out are guidelines for EMS agencies and their Medical Directors. Your medical director may not want AEMT's to perform needle decompression which is fine. That's between you and your Medical Director. ● Peter, other agencies may want to include this. ● Peter, Tension pneumothorax kills those people in minutes. In rural areas those minutes could be very long in transport. ● Peter, that's why I think it's important to give them that ability to train properly and test their folks on the use of that skill when necessary. ● Peter thanked Robert for his vital input and	More discussion. Peter will review and our plan is to send the States Proposed Scope of Practice Document out with the Protocols.
Operations Subcommittee Report - Robert Ayres		

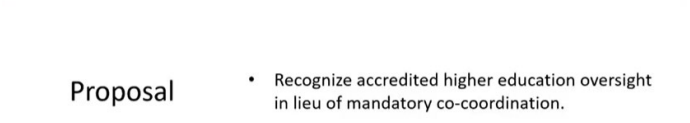
Grants Subcommittee Report - Jeremy Hoggard	● Grants Committee Meet June 17 ● prior to that we used a matrix that's been approved for the grants exclusively for competitive grant cycle ● Went with the approved algorithm recommendations of a maximum award of 75,000. ● Provided with a spreadsheet, ● Some agencies did not get funded because ran out of money, ● used formula established, ● Per capita grants, did the same 2,000 base that we've done in the past and they will use the remaining funds. ● Those will be disturbed using the per capita algorithm that Gay has come up with. ● Gay has a note that some are waiting for reimbursement claims before she can determine final funded amounts. **Q/A** ● Laura, requested to send out the finalized list to all committee members.	Gay will distribute the finalized list to all the Committee members.

Professional Development Subcommittee Report - Rachel Stweart **Professional Development Subcommittee Report** - Rachel Stweart	● Last meeting was May 20 a. talked about scope of practice, needle decompression. ● Which was a big topic for the educational component. Who then would be responsible to teach that, would it lay on the Agency that chooses to allow AEMT's to perform the needle decompression. Or would it be on the initial courses at the AEMT level for the entire state. ● Currently all our initial courses are at the NREMT standard. For now it's not on initial courses or Course Coordinators to teach. It'll be on the responsibility of the agency and the Medical Director that over see's them. **Q/A** ● Peter, inquired what burden it would be on our AEMT course to add that skill. ● Rachel replied it wouldn't be a big burden as far as time. It's more equipment and the cost of equipment to provide to the students. ● Peter, ideally the training is given to every AEMT in the state. Then it's under the discretion of the agency that hires them whether to allow them to perform or not. ● Peter, requested to find out the burden and impact it would have on adding to the course. ● Mark, mentioned future plans to add a training module to the statewide platform module. ● Rachel, and ensuring course coordinators and students understood when they go to get their NREMT Certification, don't be confused as it's not on National practice, and that's it's just a state module. ● Rachel, another difficulty where to carve in the time for it. Providing them with the curriculum Module would be the best answer. ● Peter, the national level scope of practice model is going to be updated again in the next couple of years. ● Peter, we've succeeded with getting the AEMT's to be able to use opioid medications which wasn't in the national scope before. practice. Came up with a restricted list to add to scope of work. This would be a good thing to add to it. ● Leslie Montgomery mentioned their	Rachel to measure time burden it would be on the AEMT courses to add needle decompression to it. Provide feedback.

Professional Development Subcommittee Report - Rachel Stweart	advanced courses are within the 150 hour range, they teach on it and are able to fit it in. She doesn't see much time burden it would be for coordinators to add. ● Margaret with Utah Valley U, mentioned they also include the PHTLS within the AEMT program and part of that curriculum. b. The other topic was is there an alternative route to becoming an EMS instructor in Utah. ● Currently they have to take a one day, 9 hour course. Many people have been asking for an alternative. ● There are plans in the future to help educators become better prepared and teach education at a greater level. ● Mark, we created our EMS instructor course based on the National Course. So it makes sense if they already have that National course why not accept that. More to come. ● Rachels, there's two courses at NEMSI Level I instructor course, and Prodigy course, both 40 hour courses to get your instructor. c. Next meeting August 19	More to come

Course Coordinator Discussion - Joey Mittleman **Course Coordinator Discussion** - Joey Mittleman	Joey Mittleman, Murray City Fire Chief, provided a presentation on "Alternative Institutional Approval Pathway to the Utah EMS Course Coordinator Endorsement Proposal."	Rachel will send an invite to Chief Mittleman to the next Professional Development Subcommittee meeting August 19.





Course Coordinator Discussion

- Joey Mittleman

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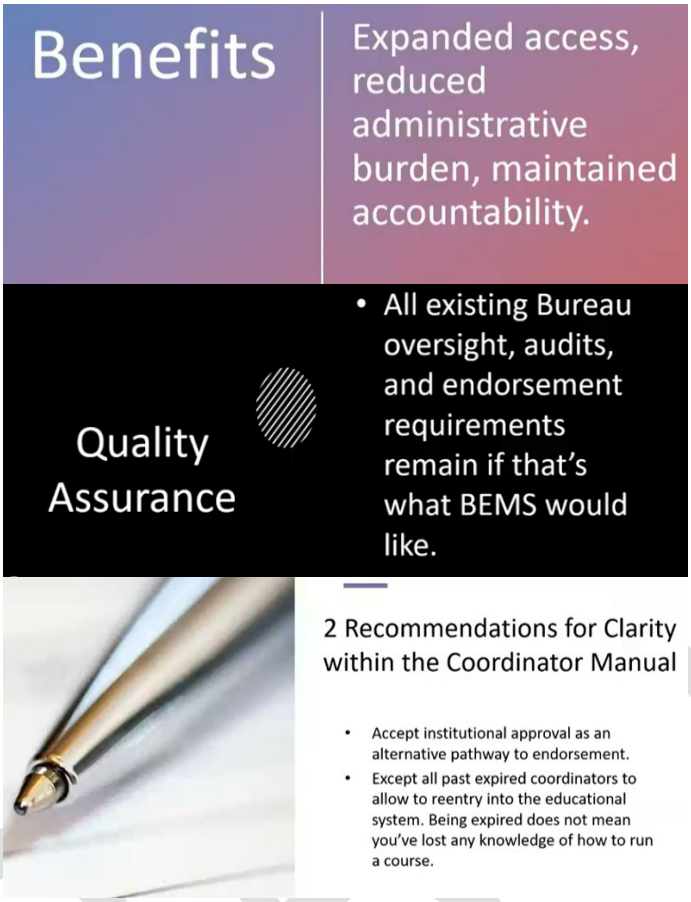

- Chief Mittleman proposed the existing academics need to be able to recommend coordinators without a Co Coordinator status. They would still have to be instructors in the state. They would have to meet rigorous academic standard for these institutions. So this would not be for a non accredited school or a private school without a college CAAHEP or COAMFTE. This would only be for academic institutions.
- Except all past expired coordinators to allow reentry into the educational system with being lapsed.
- Chief Mittleman proposed immediate recommendations for the EMS Committee board to recommend to EMS Director Bornemeier to allow this rule change for these two recommendation proposals.

Q/A

Course Coordinator Discussion - Joey Mittleman	● Erik, there's attainment, maintainment and re-gainment. You do bring up a point. How do we build capability and capacity of action in the State of Utah. That's priority, we need to make sure we are creating really good course coordinators. The success of our school houses depends on the Course Coordinator. It's very critical. Co knowledge is the success of the student populace. It's not just the instructor, it's the course coordinator making sure those things get done. We do lean heavy on that course coordinator making sure that the milestone is attained. We do need to make it effective. Things do change and we need to make sure we are in step with our course coordinators. ● Mark recommended to have the Professional Development Subcommittee take on for review. ● Clair, supports that idea to have the Professional Development Subcommittee take that on for review. ● Rachel, will make sure she invites Joey to their next subcommittee meeting. ● Clint Smith, supports being presented to Professional Development Subcommittee for review and report back to EMS Committee at the next scheduled meeting in October. ● Chief Kirk Mittleman, commented that within the next couple of years the NAEMT program is going to have to be accredited through CAAHEP or COAMFTE. We need to get ahead of this because if you don't with the AEMT and Paramedic level your numbers are going to drop. There's a huge call for this Nation wide. ● This was referred to the Professional Development subcommittee for further review. Next meeting August 19.	
Air Ambulance Subcommittee Format - Director Erik Bornemeier	Erik, Air Ambulance Committee existed under state statute. Discussed purpose and mission of format to form a new Air Ambulance & Air Rescue Subcommittees. Each county is collecting great data, but data is not being processed, it stops at county level. Data Intel Governance ○ Goal with subcommittee capture subject matter, data reporting, process and analyze	More to Come

	air medical data to see what's happening in air to improve decision-making, New Air Ambulance Protocols, Education, all this can be captured within the subcommittee. Intent to have three physicians involved in air medical transport (rural, urban, flight) setting ● Agency members: ○ Air Med- University of Utah ○ Intermountain Air and Ground ○ Air Methods ○ Guardian Air Medical ○ Utah Air National Guard (151 MDG) ○ Utah Army National Guard (Lakota, Black Hawk, Apache) ○ DPS Air Bureau ○ Bureau of EMS RHTP Managers ● Intent is to have the subcommittee formed and in place by next year.	
Administrative Rule - Medical Direction - Ben Armstrong **Administrative Rule - Medical Direction** - Ben Armstrong	Ben Armstrong Director of Kane County EMS. ● Discussion was initiated regarding the clarification of rules governing online medical direction. ● Questions that came up from both offline and online medical direction which consisted of a number of both board-certified or board-eligible emergency medical Physicians. ● Clarifying the Administrative Rule as it relates to online medical direction and the credentials required of the individuals providing online medical Direction. ● Does every person in that communication have to be a Utah Licensed Physician. Or can it be someone who is designated offline or administrative medical director authorised by that individual. ● How can we ensure the rule best supports effective high quality medical oversight and support for our field providers. ● Referenced to codes: ○ 53-2d-406 https://le.utah.gov/xcode/Title53/Chapter2D/53-2d-S406.html?v=C53-2d-S406_2023050320240701 ○ R911-1-200 https://adminrules.utah.gov/public/rule/R911-1/Current%20Rules?searchText=R911 ○ R911-3-7 https://adminrules.utah.gov/public/rule/R911-3/Current%20Rules?searchText=R911	Ben provide email outlining areas of suggested language change to Mark, Dr. Taillac, Kate and Keenan

Administrative Rule - Medical Direction - Ben Armstrong	● Ben suggested rewording of language that would give the agencies off line Medical Director or designated Medical Director authorization to empower another similarly qualified provider to provide online medical direction if they are not available. **Q/A** ● Mark mentioned this is a great point to bring up. Requested Ben to outline areas and send in an email for Mark, Kate, Dr. Peter Taillac and Kennan to review. ● Jack concurred that there should be definitions of online medical control. This would affect Blue Cross and the fact they cross state lines ● Sherri Knudson I/M, Hilldale Fire Falls under this same medical control issue. ● Ben Armstrong, robust medical support, ability for services to choose to have subject matter experts provide robust support. ● Given providers much high quality support ● Robert Ayres, provider on phone have no possible way to acknowledge qualifications online, ● Peter suggested the Operations Subcommittee look at the different parts of the statutes of rules to align up. ● Peter, The traditional bottom line has been the online medical control is the doctor that is in the ED that they are going to bring the patient to, that is pretty standard. Some agencies would allow their Medical Director who was available for calls 24/7 they could act as the online medical control. ● Peter, agrees if there are issues that they are feeling requirements are not clear, we certainly should clear that up. ● Ben will send an email outlining areas of opportunity of improvement particularly in the rural setting.	
Grand County EMS - Prehospital Blood - Deidre Flanagan	Deidre Flanagan, Medical Director Grand County EMS in Moab, ● July 1st rolled out a prehospital ground transport blood program. ● Becoming the second and the only rural ground system in Utah who is carrying prehospital blood. ● Unit of 0 positive packed red blood cells and	More discussion on blood rotation.

Grand County EMS - Prehospital Blood - Deidre Flanagan	unit of never- frozen liquid plasma. ● Direct contract with American Red Cross to provide products, ● Transporting in DELTA APRU's, and Credo coolers. ● Since July 1st have had three deployments. ● Thanked Dr. Peter Talliac for his guidance ● This is a crucial program being in Rural nature and long transport times. ● Inquired with the committee, about high volume hospitals to rotate out products so that they are not wasted. ● Approached IHC but they are not in the position to be interested. **Q/A** ● Diedre, inquired if anyone has suggestions on how to look for third party hospital regarding potential partnerships with high-volume hospitals to rotate unused blood ● Peter congratulated their hospital on roll out. Agreed that a Statewide blood rotation is something to look forward to as other agencies are aiming for the same thing. ● Peter, working in Wasatch front on a consortium of blood banks that would supply and help rotate blood throughout the Wasatch front. Once it's up and running it may provide a model for folks to rotate back to a place it can be used . ● Clair, congratulated her on Pioneering the way for other Rural agencies ● Dr. Taliac, we will continue to brainstorm and navigate a solution. ● Deidre, mentioned they can be sounding advice to other rural agencies working towards ground transport blood program. ● https://www.moabtimes.com/articles/grand-county-ems-begins-giving-blood-in-the-field-to-treat-severe-bleeding/ ● https://www.instagram.com/reel/DYfy4KDgpVz/	

Next Meeting	October 13, 2026 12:00 pm - 14:00	