



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

TRAUMA SYSTEM ADVOCACY COMMITTEE

DECEMBER 9, 2014 - 3:00 P.M.

MEMBERS PRESENT

Erin Breen, UNLV, Chairman
Dennis Nolan, Community Ambulance, Vice-Chairman
Kim Dokken, RN, St. Rose Siena Hospital (via phone conference)
Stacy Johnson, RN, Sunrise Hospital (via phone conference)
Gail Yedinak, UMC
Carl Nelson, Public

MEMBERS ABSENT

Senator Joyce Woodhouse
Abby Hudema, RN, UMC
Kate Osti, Nevada Disability Advocacy & Law Center
Senator Shirley Breeden
Cindy Lubiarz, RN, Care Meridian

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Supervisor
Mary Ellen Britt, RN, EMSTS Manager
Michelle Nath, Recording Secretary

CALL TO ORDER – NOTICE OF POSTING

The Trauma System Advocacy Committee convened in Conference Room 2 at Southern Nevada Health District, 330 S. Valley View Boulevard, on Tuesday, December 9, 2014. Chair Breen called the meeting to order at 3:09 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law.

I. PUBLIC COMMENT

Members of the public are allowed to speak on action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chair Breen asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chair Breen stated the Consent Agenda consisted of matters to be considered by the Trauma System Advocacy Committee (TSAC) that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Trauma System Advocacy Committee: 7/16/14

Chair Breen asked for approval of the minutes from the July 16, 2014 meeting. *A motion was made by Carl Nelson, seconded by Vice-Chair Nolan, and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Outreach Efforts to Increase Awareness About Southern Nevada EMS & Trauma System

Chair Breen remarked that it's important to continue creating awareness about the significance of the Southern Nevada EMS & Trauma System, especially as the committee prepares for the upcoming legislative session. She commented that there is an opportunity for the trauma system to have representation at the You Drink, You Drive, You Lose event hosted by University Medical Center (UMC). Mary Ellen Britt responded that both she and Michelle Nath would be present for the event. The trauma system banner will be displayed and the trauma system fact sheet will be available as handouts for the public.

Ms. Britt reported that the SNHD Public Information Office (PIO) will begin to create the trauma system micro-site on the Health District's webpage. The goal is to have it launched prior to the beginning of the legislative session in February 2015. The site will include educational information about the trauma system, and there will be links to the three trauma centers in Southern Nevada. It will also contain a page dedicated to trauma data and reports, as well as a page for legislative updates. The PIO staff will also create videos detailing trauma survivor stories from the individuals who shared their experiences at the May 2014 trauma system press conference. Their stories can be posted to the website as another effective tool to communicate the message on behalf of the trauma system. There are also plans to coordinate another marketing campaign to coincide with the May 2015 trauma month activities.

There was discussion of re-launching the trauma system's twitter account and how to best utilize social media for increasing awareness about the system. Dr. Young commented about his experience with the development of the UMC residency program website and remarked that new content doesn't have to be developed consistently because there is plenty of existing information that can be re-posted which can effectively convey the importance of a trauma system. The new twitter account will be coordinated through the PIO, and Ms. Britt agreed that the EMSTS staff will be responsible for supplying information to them to be communicated through social media.

B. Discussion of Future Legislative Efforts Related to EMS & Trauma System Development in Nevada

There was further discussion about the value of developing the trauma system micro-site because it could serve as a tool for legislators to research information about the system. The Southern Nevada Trauma System Plan, which is currently under revision and scheduled to be presented to the District's Board of Health in February 2015, will be posted on the trauma system site. The trauma plan is a great resource and it contains the trauma system assessments that have been completed by the American College of Surgeons which detail the gaps in trauma system development. This information could assist legislators with making an informed decision about creating a sustainable funding source for the EMS and Trauma System (EMSTS).

Ms. Britt informed the committee that the SNHD lobbyist has been actively engaged in discussions with various stakeholders related to trauma system funding. Part of the discussions included representatives from three of the large insurance industry firms about pursuing a \$1.00 fee to homeowners and automobile insurance policies issued in Nevada as a means to create a funding source for EMS and trauma system activities. Two of the three industry representatives were open to the idea and agreed that the fee would be passed down to the consumer; however, the third individual required more information. Chair Breen responded that this information is helpful and that the committee should be prepared to respond to inquiries about funding system activities. The lobbyist had inquired about other funding mechanisms like fees assigned to traffic citations, motor vehicle registration or ambulance services, but Ms. Britt had informed him that these were not viable

options. Ms. Britt remarked that there are ongoing efforts to communicate the importance of funding EMS and trauma system activities with community partners and information is being shared through the State Committee on Emergency Medical Services.

Ms. Britt inquired about the Bill Draft Request (BDR) for trauma registry/EMS and trauma system funding submitted by Senator Woodhouse and if there would be an opportunity to work on the draft language. Chair Breen responded that the language is in very simple form with reference to a \$1.00 assessment for every motor vehicle and homeowners' insurance policy issued in Nevada. She added that the Legislative Counsel Bureau (LCB) would be responsible for drafting the language for the bill and the committee would provide the content to the LCB for inclusion in the bill. As discussion ensued, Vice-Chair Nolan provided insight on how to approach the legislators in order to gain their support for the bill to create a sustainable funding source. He also recommended reaching out to individuals or any groups that could be identified as potentially opposing the bill like the Nevada Tax Payers Association. He added that it's important that the \$1.00 insurance assessment not be categorized as a tax. Gail Yedinak questioned if a strategy has been developed to approach either individuals or groups who might oppose the bill. She also inquired how the fee would benefit both the insurance industry and the consumer. Ms. Britt replied one potential benefit would be the reduction in claims for the insurance companies by providing injury prevention education to the consumer. A secondary benefit would be reduction in disability and better patient outcomes because of the resources that are available in a high functioning trauma system. It was recommended that an informational document will need to be developed as a tool for informing the insurance industry, legislators and the public about the value of funding the EMS and trauma system.

There was an inquiry as to how much money would be generated by pursuing the fee on insurance policies. Ms. Britt commented that the estimated figure could reach just under \$2 million. Vice-Chair Nolan recommended developing a budget to illustrate not only how the money would be spent but also identifying any cost savings that would be realized by reducing traumatic injuries. Ms. Britt agreed with his recommendation and explained that the budget would include funding for the trauma registry as well as administrative oversight of the trauma system. Chair Breen added that a portion of the budget will need to be allocated to injury prevention activities and obtaining the appropriate resources to analyze data and run reports generated from the trauma registry. Ms. Britt furthered when NRS 450B.237 was amended in 2005, the law was changed to delegate the responsibility of trauma system administration in Clark County to the SNHD and there wasn't any funding allocated by the State for this function. With the projected funding stream, a portion would be dedicated to administrative costs in order to provide the necessary regulatory oversight for system development. Vice-Chair Nolan suggested including a part time grant writer under the budget for administrative costs, as this individual could focus on obtaining additional funding through grants. Ms. Britt noted that often the SNHD is not eligible to receive grant funding directly, instead the funds go to the State, the University School of Medicine or tax exempt organizations rather than the local health authority. A potential solution which is under consideration is the creation of a regional tax-exempt 501(c)(3) organization to support EMS and trauma system activities, as this would create a mechanism to receive grant funds directly.

A question was posed about how an EMS and trauma system fund would be administered and if it would be disbursed to Clark County only. Ms. Britt commented that the legislative efforts should encompass a statewide initiative to address everyone's unmet needs and gain support from the rural communities. The bill draft should include how the monies will be received; who will administer them; and how they will be allocated. Vice-Chair Nolan remarked that another consideration would be to make the language permissive so each county would be able to decide whether or not to adopt the bill. If this were to be pursued then he suggested having a preliminary discussion with the Nevada Association of Counties (NACO) in order to gain their cooperation. He also recommended including language that denotes if a grant is written by a particular municipality then the State should be cooperative in the distribution of the funds to that jurisdiction. Carl Nelson suggested drafting

language that would allocate the monies to Washoe and Clark Counties because the trauma centers reside in these regions and the various trauma centers would be responsible for the delivery of services. They would provide education to non-trauma centers and EMS, including outreach to rural communities. However, this concept would require further research to determine whether or not the State would be in favor of allocating funding directly to the two counties.

As the discussion continued about the administration of a dedicated fund, Vice Chair Nolan explained that the existing insurance premium tax is currently collected through the State Department of Taxation and subsequently reported through the Insurance Division. He added the LCB would be able to provide further insight regarding the administration of the funds generated through insurance premiums. Chair Breen commented that the Insurance Division reports the number of policies written in each county and that this information could be incorporated into the BDR so each county receives the appropriate allocation of funds. As the vice chair continued he noted that the NACO could potentially support this language if monies were to be allocated to rural EMS agencies. Chair Breen confirmed that the dedication of funds for rural EMS has been a part of the plan from the beginning phase of creating a sustainable and dedicated funding source. Ms. Britt commented that she has asked the State EMS Office to provide budget estimates for the trauma registry and any unmet needs. She questioned if the State EMS Office were to be designated as the agency to receive and distribute the monies, would they be willing to assume this responsibility. She explained that they are currently generating funds from EMS fees which are placed into an education fund for rural Nevada. It was reported they are having some difficulty expending the money. With the availability of this surplus and the current EMSC funding, which is over \$100,000, it may be a challenge for them to support legislative efforts as they may not see the value in creating an additional funding source. Dr. Young remarked this is where a grant writer would be an asset because that excess money could be redistributed into a dedicated grant fund and individuals would be eligible to apply for monies through grant opportunities. The grant writer could oversee the process of distributing grant funds in addition to applying for external grants to generate additional funding for the system. This would allow the EMSTS to position itself as both the educational and funding resource. Gail Yedinak recommended including a certain percentage of the fund to be distributed to education and injury prevention activities. Ms. Britt referred back to Carl Nelson's comments about Washoe and Clark Counties being rich in EMS and trauma resources, and if there's a potential to support the effort to move those resources into the rural communities for education and injury prevention then this benefits the State EMS Office, as well.

The members proceeded to discuss the development of a formula for the breakdown of the budget. It was noted that a portion of the budget would be used to operationalize the State trauma registry. There is also a need to have the ability to conduct data analysis and reporting at the local level; therefore, funding for Epidemiology and Informatics at the Health District would be essential to generate regional reports. Funding would also be allocated for a grant writer as this individual would be able to research and apply for grant funding and facilitate grant writing. As information was exchanged regarding the budget allocation, it was agreed that the budget would cover these four major components: 1) data collection and analysis; 2) education; 3) injury prevention; and 4) administrative or regulatory oversight.

Chair Breen remarked that she would contact the Department of Motor Vehicles to request the total number of motor vehicles registered in Clark County. She estimated that there are approximately 1.7 million vehicles registered but noted that one insurance policy may include coverage for multiple vehicles. She added that Senator Woodhouse had previously verified with LCB that there were close to 2 million vehicles registered in Nevada. There was a question posed as to whether or not motorcycles and scooters are to be included with motor vehicles because this population are relatively high users of trauma center resources. Ms. Britt inquired if there would be any opposition from motorcycle organizations to this bill and Mr. Nelson agreed to research this further.

As discussion ensued there were questions about which of the legislative committees would hear this bill. Vice Chair Nolan explained that it would depend on how the bill language is drafted. If the preamble is written under insurance then it could potentially be heard by the Government Affairs Committee. If it goes under NRS 450B then it would be submitted to Health and Human Services. There is also the potential that the bill could be forwarded to the Transportation Committee. He cautioned that the State will try to add a fiscal note to the bill which could potentially prohibit the bill from being passed. There was further discussion of the legislative process and it was agreed that an important step will be to reach out to the various chairman of the legislative committees prior to the session in order to create further awareness about the EMS and trauma system and the importance of creating a funding source. He added that by gaining the support of the appropriate committee chairman, who might be willing to shepherd the process of bill passage, could create additional resources that would be available through his staff as the committee chair. They would be able to research how the funds would be collected and distributed as well as provide the details for the bill draft. In consideration of the funding allocation, Ms. Yedinak inquired if it were logical for the monies to be divided between Washoe and Clark Counties, reiterating that these are the counties with the existing trauma resources. Ms. Britt clarified that the regulatory oversight of EMS and trauma system activities is handled by the State EMS Office for all counties in Nevada, except Clark. The SNHD manages that responsibility for Clark County. Mr. Nelson then suggested the monies be divided between the two regions. Chair Breen recommended using a formula for the trauma registry funding that would mirror the contribution from each county to the trauma registry based on the prior year's data. Therefore, if Clark County accounted for 75% of the trauma registry patients in 2014 then the monies allocated to that county would equal 75%. This would create a means for fair distribution of funds based on use of resources.

As the details of the budget continued to be discussed, Vice Chair Nolan emphasized the value in having a committee chairman in the majority party carry the bill as this would create a better chance for success. There was further discussion pertaining to effective legislative strategies and the members agreed to meet for a subsequent work group meeting to develop steps for moving forward. Ms. Yedinak confirmed that she would create a preliminary budget and Ms. Britt agreed to assist with those efforts. The chair and vice chair would research where the bill would be best introduced. There would also need to be a determination as to whether or not the State EMS Office would be supportive of the bill. Another recommendation made by the vice chair was to have a second bill in the process as a backup position, one potentially held by a committee chairman. The closing remarks pertained to legislators who have signed a no tax pledge which includes fees and the challenges that arise when the pledge is signed by a majority of members.

C. Discussion of Creating a Tax-Exempt 501(c)(3) Organization to Support EMS & Trauma System Activities

There were no further comments regarding the creation of a tax-exempt 501(c)(3) organization as the topic was included in the discussion of pursuing legislative efforts.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

There was discussion of scheduling a tentative work session for Tuesday, January 6, 2015.

IV. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chair Breen asked if anyone wished to address the Committee. Seeing no one, she closed the Public Comment portion of the meeting.

V. ADJOURNMENT

As there was no further business on the agenda, *Chair Breen adjourned the meeting at 4:54 p.m.*

DRAFT