Agency Licensure Rules Task Force Meeting Minutes
January 20, 2010
SpringHill Suites, 424 E Parkcenter Blvd., Boise, Idaho 83706

TASK FORCE MEMBER ATTENDEES: Mike Walker for Aaron Hummel (morning), Randy Howell, Mark Niemeyer, Ty Smith, Bill Spencer, Roger Christensen, Scott Tucker, Mike Weimer for Mike McGrane, Aaron Hummel (afternoon)

Visitors: Kerry Ellen Elliott

Bureau Staff: Dean Neufeld, Marc Essary, Wayne Denny, Dia Gainor, Tara Knight, Justin Clemons, Michelle Carreras, John Cramer, Kay Chicione

TOPIC	
DISCUSSION	**OUTCOME**
Introduction / Review of Minutes	
Bill Spencer is acting as chair in Mike McGrane's absence Bill called meeting to order at 9:07 Bill wanted the following noted in the minutes: Air Medical Agency in his area feels $2000 for a renewal fee is to high for a small air medical service, they preferred the sliding scale option **Acting chair asked for motion to approve minutes** **Roger Christensen motion for minute approval** **Scott Tucker seconded**	**Minutes pass unanimously**
Brainstorming for Rule Content	

1. What information is required on the agency application?

a. Agency costs and revenue.
"A declaration of anticipated applicant costs and revenues" as stated in statute.
How is this information used?
The information is distributed to local government for informational purposes.

What items are required to be reported?

- Category breakdown of anticipating operating expenses.
- Anticipated revenue
- Capital resources and purchases,
- Personnel cost
- Sentinel categories will help determine sustainability
- Taxed based revenue/support reporting included

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TOPIC	
DISCUSSION	OUTCOME

How detailed would the submissions be?
Tied to deployment plan reported separately.

Should all agencies report?
No, Objections would require party who objects to report.

b. Response times.
"A statement of projected changes in response times" as stated in statute
What would be reported by existing agencies?
Actual response time would be available and improvements would be noted by deferring to clinical benefits

What would reported by new applicant?

Changes should be discriminated by call type.
Consider station location and type
Or deployment or staging plans
Incident type
Geographic location
Chute time
Relate it to the appropriateness of response through scoring

c. Clinical benefits.
"A narrative describing projected clinical benefits resulting from licensure" as stated in statute

Level of care provided
Time to treatment
Training of personnel
Location of service resources
Equipment available to agency
Competencies
Rationale for change/endorsement- medical director
Impact on other resources and the community
Processes in place to execute program

These components would combine to compile a needs assessment and demonstrate feasibility.

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TOPIC	
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2. What notifications occur upon receipt of an agency application? a. Notice would be general and direct those involved to obtain information from the Bureau. b. Summary data would be included **3. How would the applications be processed?** a. Applications are received i. Notice sent out with the summary information. ii. Feedback required within 45 days b. Opposition to application i. Submitted intent ii. Formal response with specifics required within 45- days. iii. Extension request iv. All components be addressed during challenge from all perspectives c. Public forum to address conflicting information i. Hearing officer ii. Fact finding by Bureau, sources include…… (to be determined) d. What are the options when an application is rejected? i. Wait 180 days to reapply e. What if it stands? i. Proceeds with processing f. If objections substantiated, modification language can be made at any stage and process would allow for negotiations. Bureau may issue a license with conditions. Licenses that are denied are handled according to rules that govern contested cases.	
Set agenda/assignments for next meeting	
• Meeting adjourned at 3:24 p.m.	• Next meetings scheduled: - Wed. and Thurs. Feb. 17 and 18 at Oxford Suites - Wed. March 10 at Oxford Suites

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