



District Board of Health Meeting Minutes

Members

Devon Reese, Chair
 Clara Andriola, Vice Chair
 Paul Anderson
 Michael Brown
 Dr. Eloy Ituarte
 Steve Driscoll
 Dr. Reka Danko

Thursday, January 22, 2026
 1:00 p.m.

**Washoe County Administration Complex
 Commission Chambers, Building A
 1001 East Ninth Street
 Reno, NV 89512**

1. Roll Call and Determination of Quorum

Chair Devon Reese called the meeting to order at 1:00 p.m.

Members present: Devon Reese, Chair
 Clara Andriola, Vice Chair
 Michael Brown
 Dr. Eloy Ituarte
 Steve Driscoll
 Paul Anderson
 Dr. Reka Danko

Ms. Miller verified a quorum was present.

2. Pledge of Allegiance.

Sparks Mayor Ed Lawson led the pledge to the flag.

3. Public Comment.

Ms. Miller noted that 37 public comments were received via email and eComment and were forwarded to the Board and entered into the record, but will not be read aloud.

Thomas Daly expressed concerns that elements of the proposed renewal lack transparency and negatively impact public safety, particularly citing the absence of proposed improvements to ambulance response times. He stated that response times in parts of south Washoe County exceed the national eight-minute standard and referenced a serious medical emergency in which ambulance response took approximately 18 minutes. Mr. Daly noted that prior staging of an ambulance in the south valleys had successfully reduced response times but was discontinued due to insufficient transport revenue. He asserted that financial considerations were prioritized over public safety and urged Northern Nevada Public Health

to impose conditions requiring improved response times in the franchise agreement renewal. Additional concerns included changes to reporting requirements for staffed ambulances, dispatch practices for priority-one calls, and the timing of the renewal, given a pending regional fire and EMS consolidation study. Mr. Daly requested that consideration of the franchise renewal be continued until the following year.

Ms. Miller noted Dr. Danko joined the meeting at 1:04 p.m. via Zoom.

Ed Lawson noted that he identified multiple provisions he viewed as adverse, including Section 17.4, stating that termination requires five years' notice and is contingent upon securing funding for a replacement system that has been publicly vetted and approved by Reno, Sparks, and Washoe County, which he characterized as a high threshold. Mr. Lawson referenced REMSA's reported revenues and estimated that a potential buyout could exceed \$25 million, creating significant financial barriers to future alternatives. He further cited language as establishing a perpetual franchise unless terminated under restrictive conditions, thereby limiting the decision-making authority of future boards and elected officials. Mr. Lawson stated that requests from the City of Sparks were, in his view, not fully reflected in the agreement and emphasized that the decision should not be made in isolation. He urged the Board to postpone action, allow for additional public meetings, and consider how the agreement might interact with a potential regional fire and EMS consolidation, noting that the current franchise does not expire until 2030.

Monica Miles, Director of Operations for Nevada Donor Network, highlighted REMSA's support for the organization's work in organ, eye, and tissue donation, including participation in public outreach efforts to encourage donor registration and facilitation of time-sensitive transport of transplant surgeons and donated organs. Ms. Miles noted that REMSA has collaborated with the network to ensure donor wishes are honored in end-of-life situations, enabling additional opportunities for tissue and ocular donation. She emphasized that these efforts are voluntary and reflect REMSA's commitment to community service, expressing gratitude for the partnership and support from REMSA's team.

Grant Denton emphasized the positive collaborative relationship his organization has had with the agency over the years. He described REMSA as responsive and engaged, noting timely communication, support during training, and sensitivity to the needs of his team. Mr. Denton highlighted REMSA's Mobile Integrated Care program, led by Laura Lingeman, which focuses on understanding and serving specific populations to reduce emergency room visits and minimize calls to the Safe Camp and the Cares Campus. He expressed support for the franchise agreement, stating that his experience with REMSA demonstrates effective collaboration and service delivery.

4. Approval of Agenda.

Michael Brown motioned to approve the agenda. Vice Chair Andriola seconded the motion, and it was approved unanimously.

5. Recognitions.

Retirements

- i. James English – EHS Supervisor – effective 1/8/2026 – 25+ years of service

Years of Service

- i. Benjamin McMullen – AQM – Air Quality Specialist – 5 years – 1/4/2021

Erin Dixon recognized James English’s 25+ years of service before his recent retirement and his commitment to public health.

She also noted the 5-year milestone reached by Benjamin McMullen.

Health Heroes

- i. Deborah Nord – CCHS – Office Supervisor – Compassion, Inclusivity, Trustworthiness

Frenchie Rubio shared the Health Hero accomplishment of Deborah Nord.

6. Consent Items.

- A. Possible approval of December 18, 2025, Draft Minutes.
- B. Approve the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2025 through September 30, 2026 in the total amount of \$1,549,640.00 (no match required) in support of the Community and Clinical Health Services Division’s Women, Infants and Children (WIC) Program and authorize the District Health Officer to execute the Subaward and any future amendments.
- C. Recommendation to adopt the "Second 10-Year Maintenance Plan for the Truckee Meadow's 24-Hour PM10 Attainment Area" in accordance with Section 175A(b) of the Clean Air Act.
- D. Recommendation for the Board to uphold an uncontested violation issued to Artisan Mystic Mountain, LLC, Case No. 1596, Notice of Violation No. AQMV25-0020 with a \$500.00 Administrative Penalty for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity.
- E. Acknowledge receipt of the Health Fund Financial Review for November, Fiscal Year 2026.
- F. Acknowledge receipt of the Health Fund Financial Review for December, Fiscal Year 2026.

Mr. Anderson moved to accept the consent items, and Vice Chair Andriola seconded the motion, which was approved unanimously.

End of Consent Items.

7. Recommendation to accept the REMSA Health Monthly Franchise Report for November and December 2025 which includes REMSA Health Accounts Receivables Summary, Compliance by Zones, Average Response Times, Incident Details Reporting, Summary Penalty Fund Reconciliation, Personnel, Ground Ambulance Operations Report, Patient Experience Report and Comments, Education Report, Public Relations Report, and Frequently Asked Questions, and provide possible Board direction.

Barry Duplantis, President and CEO of REMSA Health, presented the November and December 2025 franchise reports, noting that REMSA exceeded response compliance for Priority 1 calls across all franchise zones. They hit 90% compliance in Zone A and 95% in Zones B, C, and D for November, and 90% for Zones ABCD for December, with year-to-date averages of 91% in Zone A and 94% in Zones BCD. December was a busy month with 8,790 responses and 5,789 hospital transports, attributed to a spike in influenza, and emphasized REMSA's adaptability in handling increased call volume. Customer satisfaction survey scores of 93.77 in November and 94.98 in December were attained, with the highest ratings for ambulance cleanliness and care provided by medics. Mr. Duplantis stated REMSA's goal is to provide timely, compassionate, high-quality emergency pre-hospital care 24/7, 365 days per year.

Chair Reese asked about the south region of Washoe County spoken of by Mr. Daly in public comment.

Mr. Duplantis noted that he does not have a map with him, but that the zones are defined by Washoe County based on population density, with Zone A representing the highest density and B, C, and D not as populated. To address the question specifically, he needs to review the details of the map.

Chair Reese asked Mr. Duplantis to research this and educate the Board on the zones in his report next month, including where REMSA Health is in meeting the targeted goals.

Mr. Brown moved to accept the REMSA Health Monthly Franchise Report, and Mr. Driscoll provided a second. The motion was approved unanimously.

8. Discussion and possible approval of the proposed revised Regional Emergency Medical Services Authority (dba REMSA Health), Amended and Restated Franchise Agreement for Ambulance Service, effective July 1, 2026.

Dr. Chad Kingsley, District Health Officer, Northern Nevada Public Health, thanked the board, attendees, and EMS and public safety personnel for their service. He emphasized the guiding principles for EMS in the region: low cost to the community, positive patient outcomes, operational stability and efficiency, regional uniformity, appropriate resource allocation, and transparency through data sharing. He summarized the history of REMSA as the EMS provider, the franchise process, and the extensive stakeholder engagement over the past year and a half, including negotiations with fire agencies, hospitals, and community representatives. Dr. Kingsley outlined key amendments to the franchise agreement, including:

- Establishing a five-year cycle with annual reviews, market studies, and negotiation periods, replacing the prior perpetual term.

- Operational enhancements, governance updates, quality metrics, financial provisions, and compliance mechanisms.
- Ensuring REMSA provides interfacility transfers and other core EMS services, while allowing flexibility to adapt to future growth, technology updates, and community needs.
- Addressing prior challenges, including stakeholder inclusion, dispatch, and emergency medical dispatch readiness.
- Maintaining safeguards, including termination rights for cause and flexibility to explore alternative providers if needed.

He stressed that the agreement is a living, adaptive document designed to balance community needs, EMS stability, and informed decision-making, and that it represents a significant collaborative effort over many months. Dr. Kingsley concluded by introducing REMSA leadership for further comments.

Barry Duplantis shared that he is honored to represent REMSA Health and its more than 600 team members who serve this community and are known as being the best of the best nationally. He highlighted that REMSA Health is governed with board representation from the region's three major hospital systems, who select a consumer advocate, with NNPH appointing a legal representative, an accountant, and another consumer advocate. The proposed franchise includes enhanced accountability measures, including a public reporting mechanism. The organization has a longstanding culture of service, innovation, and regional collaboration, including participation in emergency medical dispatch modernization, regionalization efforts, and partnerships with local fire agencies and educational institutions. He would like to see REMSA included in any regionalization talks, which will be important for medical care and utilization of proper resources. Anticipated demographic and healthcare changes underscore the need for proactive planning. REMSA continues to reinvest substantially in local equipment and workforce development, operates its ground services under the franchise framework, and funds operations without tax revenue, supplemented by growing philanthropic support as a nonprofit organization. The franchise agreement before the Board includes mechanisms for collaboration, accountability, and future adaptation in service of the community.

Mike Pagni, Vice Chair of the REMSA Health Board of Directors and the Board's consumer representative, shared that his responsibility is to advocate for the best interests of patients and the delivery of responsive, reliable, and high-quality emergency medical care. He noted his long involvement with REMSA, including prior service as legal counsel, and experience with multiple franchise renewals. He explained that the current renewal process was unique in its scope and duration, involving extensive stakeholder participation over 18 months, and resulting in a thoroughly reviewed agreement. Mr. Pagni stated that the proposed franchise provides increased accountability, transparency, flexibility, enhanced performance standards, stronger enforcement mechanisms, and improved collaboration with regional EMS and fire partners, all to the benefit of the Board and the community. He further stated that, despite differing stakeholder perspectives, there is broad agreement that REMSA has been an exceptional partner for over 40 years and continues to provide high-quality emergency

medical services. He concluded that placing patient interest first, the agreement is in the best interest of the community, and requested the Board's approval.

Colleen Morissette serves as a part-time consultant for REMSA Health and noted that her comments reflect themes raised by other speakers. Ms. Morissette stated that she has been a registered nurse for 35 years and has worked in large teaching hospitals and transport programs both in Nevada and nationally, providing her with a broad perspective on emergency medical services. She described it as a privilege to work with REMSA and stated that she is proud to represent the organization in the community, noting that she frequently hears positive feedback from community members and hospital partners regarding the professionalism, commitment, and quality of care provided by REMSA personnel. She further stated that REMSA's contributions extend beyond ambulance services through public safety programs, medical education, and broader community engagement. Ms. Morissette thanked the Board for its service and respectfully requested approval of the REMSA franchise agreement extension.

Jim Begbie stated that his involvement in EMS began in 1976 following military service in public health, then served as District Health Officer. He supports approval of the REMSA franchise extension and provided a historical perspective on the development of emergency medical services in the community. Mr. Begbie noted that multiple private ambulance providers were experiencing significant financial instability, prompting the local hospitals to approach public officials about establishing a franchise agreement. He stated that the franchise agreement was developed collaboratively with local governments and EMS partners and approved in 1986. Mr. Begbie noted that the District Health Department was responsible for ensuring REMSA's compliance with franchise requirements and that a non-voting representative from the District Board of Health served on the REMSA Board for oversight and reporting purposes, a role he personally held. He further stated that based on his long experience and continued community interactions, including feedback from residents who have utilized REMSA services, the organization has consistently provided professional, compassionate, and reliable care. Mr. Begbie concluded that REMSA is an organization he is particularly proud of and respectfully urged the Board to approve the franchise extension.

Dr. Ituarte stepped out at 2:13 p.m. and returned at 2:16 p.m.

Dr. Joseph Ryan noted he is a 51-year EMS physician and was part of the consulting team in the 1980s involved in the creation of REMSA. Dr. Ryan stated that he is a founder of the National Association of EMS Physicians and has served for 25 years as a professor of emergency medicine and EMS at Stanford University. He shared this background to provide context for his informed perspective on emergency medical services, having consulted nationally and internationally and observed EMS systems worldwide. Dr. Ryan stated that REMSA is a world-class organization by design and operates under a public utility model, which he described as a state- and federally permitted monopoly that has uniquely functioned for more than 40 years as the only healthcare monopoly of its kind. He concluded that with the Board's support and understanding of the complexity of EMS as healthcare delivery, REMSA will continue to thrive in service to the community.

Tom Dunn stated that he serves as Vice President of the Reno Firefighters Association, Local 731, which is a stakeholder in the community providing fire and EMS services to the Reno-Tahoe International Airport and the cities of Reno and Sparks. Mr. Dunn stated that the Association had seen the proposed REMSA franchise amendment only when it was posted to the Board of Health website. While acknowledging the work completed on the draft, he respectfully requested that any vote be tabled to allow for further discussion and potential amendments. He identified specific concerns, including Article 3 not providing a mechanism for an additional hospital system to join the REMSA Board should one enter Washoe County; that Article 5 should include a defined date for REMSA's transition to the 800-megahertz system; and should also specify a date for local PSAPs to begin 911 emergency medical dispatch without indefinite delay; and that Article 7 removes Priority Two compliance requirements in Zones B, C, and D.

Joey Loehner, a resident of the North Valleys and serving as Chief Executive Officer of Battle Born Medevac, stated that he previously worked in ground EMS, expressed pride in that experience, and acknowledged that REMSA provides high-quality service to the community. Mr. Loehner opposes the proposed amended franchise agreement, primarily due to provisions related to interfacility air transport and airport transfers. He explained that air ambulance crews frequently require ground ambulance transport from the airport to receiving hospitals without helipads and stated that, based on his experience, there have been repeated delays in ground ambulance response at the airport. He noted that allowing other agencies to provide airport transfer services over the past year and a half has improved response times and service levels, and he expressed concern that limiting access to alternative providers would reduce service to the community. Mr. Loehner stated that his organization was not asked to provide data related to airport transfers but would be willing to do so. He raised concerns regarding response-time thresholds, potential ground delays following flight time, and the absence of enforcement mechanisms. He further stated that, in his view, a system allowing multiple providers held to uniform standards could improve system resilience and access to care. Mr. Loehner concluded by expressing concern about restricting provider options, particularly given regional healthcare access challenges.

Belinda Norman, a resident of Sparks and family member of several REMSA patients, shared multiple personal experiences involving emergency medical responses for her elderly mother and her husband, noting that in each instance the REMSA personnel demonstrated professionalism, patience, and compassion. Ms. Norman described situations involving serious medical emergencies, falls, possible stroke symptoms, cancer-related complications, and a motor vehicle accident, stating that responders consistently treated her family members with dignity, calm reassurance, and personal attentiveness. She noted that responders addressed not only medical needs but also emotional stress for both patients and family members, including children involved in an accident scene. Ms. Norman concluded by stating that while her comments did not address clinical expertise directly, they reflected the professionalism and compassion consistently shown by REMSA personnel, sentiments she stated were shared by others in the community.

Linda Denniston, a resident of Sparks since 1980, noted that her late husband was a dispatcher for REMSA and Care Flight for more than 25 years, through which she became

familiar with the organization and its emphasis on rigorous training, professionalism, and high-performance standards. Ms. Denniston described a serious medical emergency she experienced in December, during which REMSA personnel responded within minutes, provided coordinated on-scene care, established intravenous access, monitored her condition, and assisted her in selecting an appropriate receiving hospital based on current conditions. She stated that upon arrival at the hospital, her condition rapidly deteriorated, but the timely clinical decisions, IV access, and coordination between REMSA and hospital staff were critical to her survival. She concluded by expressing gratitude to REMSA personnel and the hospital staff for saving her life.

Tom Potts recounted his experience at an airport accident at the Stead airport 12 years ago, during which he was present as a volunteer. He and his fellow volunteers were okay, so he went to the scene to see if he could assist. When he arrived, REMSA personnel were already in action, assessing and triaging patients, managing the chaos of the scene, and maintaining organized, calm, and professional operations. He was asked to help provide medical care and, while doing so, observed the crew efficiently coordinating care, prioritizing treatment based on severity, and ensure safety. Mr. Potts concluded by expressing admiration for the REMSA personnel, describing them as highly competent, composed, and heroic in their response.

Stephanie Kruse has been affiliated with REMSA since 1991 through her communications and marketing firm and her work in hospital administration in the 1980s. She described the historical challenges of the ambulance system at that time, including multiple providers, poor coordination, financial instability, and inconsistent patient care. Ms. Kruse stated that a collaborative effort among healthcare leadership, elected and appointed officials from Reno, Sparks, and Washoe County, and other community leaders led to the creation of the REMSA franchise model. She noted that the model provides guaranteed response times, accountability for quality of care and patient satisfaction, equipment standards, community outreach, and education, and includes rate-setting by the Board, all without local tax dollars. She further stated that REMSA operates as a nonprofit organization, which allows for philanthropic support, and concluded that the organization represents a high-performance EMS system.

Aliona Gorbunova is an upcoming graduate of REMSA's paramedic program, noting she completed her EMT Basic training elsewhere, but was disappointed by the quality of education received. She began to search for alternatives and found REMSA. Through her research, REMSA's program exceeded her expectations, offering high standards, guaranteed internships, and a first-pass EMT exam rate approximately 30% higher than the national average. Ms. Gorbunova highlighted the program's experienced classroom educators, compassionate preceptors, exposure to high-acuity emergencies, and clinical rotations across area hospitals, which demonstrated how prehospital care integrates with the broader healthcare system. She stated that the program emphasizes patient safety, professionalism, and collaboration with hospital staff. Based on her education and training, she believes REMSA provides high-quality, compassionate emergency care and prepares medics to serve the community effectively, and she respectfully encouraged the Board to approve the franchise agreement.

Julie Ardito, Reno resident and owner/principal of Julie Ardito Public Relations, expressed her support for approval of a franchise extension for REMSA Health to continue serving as the exclusive EMS provider in Washoe County. Ms. Ardito noted that during her 40 years in Reno, REMSA has consistently provided high-quality care and service at no cost to taxpayers. Drawing on her experience as former Vice President at KPS3, a local marketing and PR firm supporting REMSA, she stated that she witnessed first-hand the organization's high performance, compassion, and value to the community. She emphasized that REMSA's EMS model ensures equal and standardized care, maintains accreditations, complies with third-party oversight, and sustains excellence in response standards. Ms. Ardito highlighted that REMSA responds to over 92,000 calls annually and that her own family has personally experienced compassionate, patient-focused care from REMSA personnel. She concluded by expressing gratitude for REMSA's role in protecting the health and safety of Washoe County residents.

Aaron Abbott, founder and CEO of Technical Medical, expressed concern regarding the franchise agreement, noting that while much public comment supported the REMSA contract extension, the agreement before the Board is not a simple extension but includes material changes. He stated that the agreement has been negotiated behind closed doors, resulting in a perpetual-term franchise agreement without an appropriate evaluation period or end date, public process, or competitive bidding. Mr. Abbott emphasized that an exclusive ambulance service franchise is one of the most important agreements in the county and that the rapid presentation of these changes left little room for community involvement. He argued that the agreement decreases service levels, reduces the supply of ambulances, lowers performance expectations, and contains unenforceable provisions restricting market areas and air medical transport. Mr. Abbott highlighted potential conflicts with state and federal laws, including the Airline Deregulation Act and federal supremacy clauses, which could impact patient safety. He also noted that changes to measurement strategies for response times could allow REMSA to meet priority-one emergency standards at lower levels than previously required. He concluded by urging the Board to either limit action to a simple extension of the current franchise or to slow down the process to allow proper evaluation and community input, ensuring changes are in the best interest of patients and the community.

Matt Brown, Director for Tech Med EMS in Reno, expressed concerns regarding the most recent version of the Amended and Restated Franchise Ambulance Agreement. Specifically, this version contains language that would reduce the number of ground ambulances available to transport air medical crews and patients to local area hospitals. In his view, this reduction may negatively affect patient care and system efficiency and may result in unreasonable and unsafe delays for critically ill patients requiring ground transport following air medical operations. Additionally, this language raises potential legal concerns under the Airline Deregulation Act, which preempts state and local regulations that interfere with air ambulance services, including restrictions related to ground transport arrangements, and possible violations of the Sherman Antitrust Act and NRS 598, Deceptive Trade Practices. With prior experience as an air medical provider, he has seen limited ground transport availability, having direct and adverse impacts on patient outcomes. He believes the intent of this agreement should be to enhance and modernize emergency medical services in Washoe County rather than reduce existing resources.

Mark Reece has served on the executive leadership team at Saint Mary's Regional Medical Center since 2020, following clinical and administrative experience in emergency medical services. Also present is Jacquelyne Zike, registered nurse and Director of the Emergency Department, who also has prior paramedic experience. They express their support for REMSA Health being awarded a renewed franchise agreement as Washoe County's exclusive 911 ambulance transport provider. Saint Mary's views pre-hospital care as an extension of hospital-based care, and the close collaboration with REMSA Health has ensured continuity, quality, and reliability from the field to the bedside, including both emergency response and hospital-based transports. REMSA Health's demonstrated commitment to patient safety, operational excellence, and nationally recognized clinical performance supports a coordinated, accountable EMS system, and they believe maintaining a single primary provider strengthens integration, reduces fragmentation, and benefits patient care across our community, which is wanted alongside emergency department and hospital teams. Having one primary pre-hospital provider creates unified responsibility, reduces duplication, and improves coordination in an effort to maximize quality patient care, allowing hospitals the ability to build one integrated relationship, one cadence of medical direction dialogue, and one shared improvement process.

Brian Taylor, a resident of Washoe County, served this community as a first responder, EMT, and paramedic for more than 42 years, retiring from REMSA Health in June 2025. He has experience in the local EMS system, both before and after the establishment of the franchise. Before the franchise, emergency medical services were fragmented with limited consistency or oversight of care. Since the franchise was implemented and REMSA Health was created, patient care quality, consistency, and service to the community have been central to the EMS system, as demonstrated through ongoing reporting and franchise requirements. In addition, REMSA Health has contributed extensively to regional healthcare collaboration efforts, including sustained support of the Inter-Hospital Coordinating Council. Based on this experience, he believes the franchise has benefited the community and supports a coordinated and effective EMS system.

Amy McCombs, the Chief Operating Officer of Renown Regional Medical Center, representing Renown Health, supports REMSA Health's renewed agreement and continued role as Washoe County's exclusive provider of emergency medical transport. As Northern Nevada's largest healthcare system, Renown Health works closely with REMSA Health daily and relies on its skilled teams to deliver timely, reliable, and high-quality emergency care throughout the region. The long-standing collaboration has supported operational reliability, strong medical oversight, effective coordination between field providers and hospital staff, and continuous improvements in patient outcomes, including efficient ambulance offload processes. In addition, coordination between REMSA Health's Medical Directors and the hospital physicians throughout the community ensures optimal outcomes across the continuum in delivering high-quality, compassionate care. Based on this experience, Renown Health views REMSA Health as an essential component of the regional healthcare system and supports its continued role in providing coordinated and compassionate emergency medical services to the community.

Dr. Jenny Wilson, REMSA Health's Ground Medical Director, shared appreciation for the Board's longstanding trust in REMSA, which over the past four decades has supported the development of a coordinated emergency medical services system providing timely, high-quality care to all parts of our community. Emergency medical services represent one of the largest delegated practices of medicine. REMSA paramedics and EMTs operate under her medical license, which carries an ethical and professional obligation. Care must be current, rigorously reviewed, transparent, and responsive to feedback. REMSA takes this responsibility seriously, with the dedicated clinical division conducting comprehensive reviews, self-examination, reporting, and continuous improvement built into the culture of the organization. In her years of practicing emergency medicine in Reno, she has had extensive professional interaction with REMSA crews and leadership and has observed a system that is accountable and responsive, including when improvement is needed. Just as federal law requires emergency departments to provide care to all patients regardless of ability to pay, the authority to provide ambulance transport carries both a privilege and a responsibility to respond to all calls, at all times, and in all neighborhoods. REMSA has consistently accepted that responsibility while adapting its operations to meet the evolving needs of the community. Fragmentation of this service without clear oversight risks undermining equitable access to care, particularly for vulnerable populations. She urges the Board to consider the importance of maintaining a system that ensures high-quality, equitable, and accountable emergency medical care for all members of our community.

Katie Grimm serves as Chief Nursing Officer for Northern Nevada Medical Center and Northwest Specialty Hospital. She expressed support for renewing the REMSA franchise agreement. She has reviewed the volume and quality of REMSA's intrafacility transport services for the Northern Nevada Health System, and in 2025 alone, they transported more than 2,000 patients between their freestanding emergency departments and three hospital campuses, including Sierra Medical Center, Northern Nevada Medical Center, and Northwest Specialty Hospital, without any significant service concerns. She sought direct feedback from emergency department leadership, nursing staff, technicians, and physicians, who consistently described REMSA's services as high quality and reliable, noting the strong clinical preparation of their paramedics and EMTs and the value of their educational programs. From both a nursing and hospital administration perspective, quality and coordination are essential in emergency medical services. This community benefits from a highly collaborative relationship between hospitals and a single, accountable EMS provider, which proved especially critical during the COVID-19 pandemic when coordinated ambulance distribution helped prevent emergency department overload. For these reasons, she urges the Board to vote in favor of renewing the REMSA franchise agreement.

Counsel Dania Reid stepped out at 2:58 p.m. and returned at 3:02 p.m.

Louis Test has served on the REMSA Board for many years. He has listened carefully to the public comments and has also submitted written remarks for your review. He would like to note that the existing franchise agreement has been amended more than sixteen times over its history, reflecting an ongoing effort to address issues and improve the document as circumstances evolve. While concerns have been raised today about moving forward with an updated agreement, the presence of numerous amendments demonstrates that revision and

improvement are part of responsible governance. To the extent that legal questions exist, those matters are appropriately addressed through established legal channels. From my perspective, continuing to refine and modernize the franchise agreement is consistent with past practice and with the Board's responsibility to ensure clarity, accountability, and effective oversight moving forward.

Louis Test has served on the REMSA Board for many years. He has listened carefully to the comments presented today and has submitted written remarks for review. He noted that the existing franchise agreement has been amended more than sixteen times over its history, reflecting an ongoing effort to address issues and improve the document as circumstances evolve, part of responsible governance. To the extent that legal questions exist, those matters should be appropriately addressed through proper legal channels, with operational concerns being discussed directly with REMSA leadership and the District's medical director. If additional issues are identified, the agreement can return to this Board for further amendment, as it has in the past. He urges the Board not to miss this opportunity to act in the best interest of the residents of Reno, Sparks, and Washoe County and to vote in favor of approving the franchise agreement, which has been under review for many months and includes ongoing Board oversight to ensure compliance and accountability.

Adam Heinz, Chief Operating Officer for REMSA Health, wished to ensure accurate information is reflected in the record, particularly in light of comments regarding airport transfer performance, which is not reported to this Board. In 2025, REMSA Health responded to 827 requests for aircraft arrivals at Reno-Tahoe International Airport involving patients requiring ground transport to local hospitals. Of those responses, 96 percent (798 transports) had a REMSA unit staged and on scene before aircraft landing, with an average arrival time of 16 minutes and 53 seconds before touchdown. Of the remaining responses, approximately 4 percent involved situations where REMSA received inadequate notice, including instances where aircraft were already on the ground at the time of notification, requiring an immediate response, with an average response of approximately 16 minutes. REMSA has not received any complaints from air carriers regarding this service. The proposed franchise agreement includes expanded performance metrics that will allow for greater transparency and public reporting of this type of data, which he believes strengthens accountability and continuous improvement.

Meeting went into recess at 3:05 p.m. and continued at 3:18 p.m.

Christina Schuening, is a social work student at the University of Nevada, Reno, completing her practicum with REMSA Health's Mobile Integrated Health program. This recently developed program is designed to reduce high-utilization 911 calls by providing coordinated, community-based care to individuals whose needs can be addressed outside of the emergency response system. Through this interdisciplinary approach, clients are connected with appropriate services and support, reducing reliance on emergency resources while improving continuity of care. In her experience, REMSA is not only a well-established and highly respected emergency medical services provider, but also a forward-thinking organization that is actively planning for the future needs of the community. She expressed strong support for approval of the franchise agreement.

Chair Reese thanked the many partners and stakeholders who have worked diligently over

the past two years to bring this agreement forward. The process has been challenging, but also highly collaborative, involving input from Board members, local governments, fire agencies, healthcare partners, and other representatives across the region. This community is experiencing significant growth-related pressures, including increased call volumes, workforce constraints, operational bottlenecks across the continuum of care, rising costs, and fiscal pressures at the local government level. These realities underscore the need for stronger regional alignment and clearer accountability. The updated agreement is intended to address these challenges by establishing a more durable governance and performance framework while maintaining system stability and responsiveness for residents and visitors. It replaces an agreement that is more than 40 years old and has required repeated amendments to address evolving needs. He believes that this agreement reflects the collective work and dialogue of the past two years, strengthens accountability through defined performance metrics and enforcement mechanisms, improves transparency through enhanced financial visibility, formalizes collaboration across jurisdictions, and includes a six-month review provision aligned with the ongoing regional fire study. No agreement will be perfect, but this framework is designed to support ongoing dialogue, adaptability, and incremental improvement while respecting the EMS ecosystem that serves the region. REMSA's role is essential to the success of our emergency medical system, and he expressed gratitude to the REMSA employees present today for their service and commitment.

Dr. Ituarte noted he was present during the period when multiple agencies competed to provide emergency medical services, which resulted in fragmentation, inconsistency, and significant challenges in patient care. He shares the concerns expressed by medical colleagues regarding that model and its negative impacts. His professional experiences with REMSA across multiple settings, including private practice, the VA, correctional healthcare, and tribal health services, have consistently demonstrated a high level of quality and performance. While it is concerning to hear that issues may still exist, those challenges should be addressed through focused evaluation and solutions rather than by discarding a system that is functioning effectively overall. For these reasons, he does not support delaying a decision on this matter.

Mr. Driscoll commended the Health Officer for the thorough and inclusive process that led to this agreement being brought before the Board. From his perspective, the process met the Board's expectations, with broad outreach and opportunities for participation. He also acknowledged the professionalism and quality of REMSA's personnel. However, he is unable to support the agreement as currently written due to concerns with specific provisions, particularly Sections 2.5 and 2.6, where the language in the Health Officer's presentation provided greater clarity and specificity than what appears in the draft agreement. Because contractual language carries long-term implications, he believes precision is critical. He would support revising those sections to align with the presentation and bringing the agreement back for consideration at the next meeting to avoid unnecessary delay. He also has concerns with Article 13 regarding compliance, as the current language appears unclear in how patterns of noncompliance are addressed. Clarifying that section to reflect the intent discussed in the presentation would strengthen accountability. Finally, he wanted to place on the record his concern regarding past practices involving the exclusion of the Health Officer, who serves as an ex officio, non-voting member of the REMSA Board. An ex officio member

should participate fully in discussions and deliberations, with the sole limitation being the absence of a vote. While he does not propose a contractual change on this point, he believes this practice should be corrected to align with proper governance.

Chair Reese asked Mr. Driscoll to share his background in local government.

Mr. Driscoll shared that he had a professional career of more than 40 years, including over 25 years with the City of Sparks, having served as Municipal Court Administrator, Assistant City Manager for 14 years, and City Manager for five years. During his tenure as Assistant City Manager and City Manager, he regularly advised the Health Department on matters related to its agreements and charter and participated directly in the 2014 renegotiation of the franchise agreement. In that prior process, certain terms were agreed to but not fully implemented, and with the benefit of hindsight, he would ensure alignment among all parties. This informs his strong emphasis today on clear, accurate language and proper governance practices, including the role of the ex officio Health Officer. Past practice should not override correct governance, and errors can and should be corrected going forward. He believes that targeted revisions to Sections 2.5 and 2.6 to clearly reflect the Board's intent would address his concerns and allow the opportunity to move forward with a stronger agreement.

Vice Chair Andriola acknowledged that REMSA has been a model for public emergency medical services in our community for decades. At the same time, our community and its needs have grown and evolved, and the franchise agreement must reflect those changes. In reviewing the agreement, Sections 2.5 and 2.6 were identified as areas where additional clarity would be beneficial to ensure that the language accurately matches the intent discussed during the Health Officer's presentation, as precise language is essential to ensure accountability and effective governance. She also noted that the Northern Nevada EMS Strategic Plan, approved by this Board for 2023–2028, includes provisions regarding dispatching the closest EMS responder. She did not see a reference to that plan in the draft agreement and believes the community deserves alignment to ensure the closest qualified unit responds when needed. Finally, she would like clarification on the process for possible future amendments referenced in the agreement. What is the expected timeframe for reviewing and considering these recommendations? Who is involved in that process – this Board or NNPH? How will the recommendations be implemented? Clear answers to these questions will help ensure ongoing transparency and accountability.

Andrea Esp explained that while specific timeframes for revisiting items such as the regional CAD system are not currently feasible, the agreement includes language committing to do so, and the Board has the authority to hold partners accountable. She emphasized that all stakeholders are engaged in the process, and she actively solicits and considers their feedback to make informed recommendations. If the Board requests, reports or recommendations can be brought back for review. Ms. Esp also clarified that while the Joint Advisory Committee (JAC) language was removed from the franchise for legal reasons, the committee itself continues to meet informally to provide guidance; it has no formal authority or oversight, but remains a venue for discussion and collaboration outside of the public setting. She noted that reviewing larger issues, including patient outcomes, requires time and resources beyond REMSA or fire agencies, but the group is actively working to address them.

Chair Reese asked for confirmation that Section 5.2 is where the hexagon discussion occurs.

Ms. Esp confirmed Article 5 is about communications.

Chair Reese asked Vice Chair Andriola to confirm that she is concerned about the impact on the franchise when the hexagon system is functional.

Ms. Andriola appreciated the clarification regarding the Hexagon system and understands that while it has been a primary focus, there are additional items under consideration that also need to be addressed. She also thanked Ms. Esp for clarifying the status of the JAC and wondered where the JAC functions now reside, given that it continues to provide guidance but has no formal authority or oversight under the agreement.

Ms. Esp noted that at the May EMS Advisory Board Meeting (EMSAB), they plan to propose a recommendation for the Board to advise Dr. Kingsley to develop a workgroup, modeled after the current AB102 workgroup, that would meet formally to discuss a variety of issues, work toward consensus on recommendations, and report back to EMSAB.

Vice Chair Andriola asked about the dispatch of the closest unit.

Ms. Esp stated that everyone agrees that the closest appropriate unit should be dispatched; however, current constraints prevent full implementation because the system does not yet provide visibility as to the location of all units. Studies have been conducted, but the data have been fragmented due to multiple CAD systems, limiting comprehensive analysis. Once the regional CAD system is fully operational, the data will inform potential policy changes, which will be overseen by the original Hexagon workgroup and management team, consistent with the vision of the EMS Strategic Plan.

Vice Chair Andriola recognizes this issue has been discussed for some time and that there are many moving parts, some of which are outside of our control. She wishes to ensure the agreement includes clear provisions for accountability and future review. Even if certain elements are not immediately enforceable due to constraints, is there language that allows those items to come back for consideration within a defined timeframe? As a governing body, we have a responsibility to the community to ensure oversight continues beyond the current membership. She would also like to better understand how this agreement aligns with the goals approved by Northern Nevada Public Health and whether all relevant parties have reviewed it, and clarification on why certain operational items, such as Priority 2 calls, are not included, and whether their inclusion was considered.

Ms. Esp noted that Priority 2 calls were removed from Article 7 because there is currently no metric or standard for tracking these responses. The franchise does include a provision allowing the District Health Officer to request any data at any time, and REMSA is required to provide it. This means that the board could request information on Priority 2 responses and have it reported regularly if desired, ensuring oversight even in the absence of a formal metric.

Vice Chair Andriola noted concern about clarity regarding when items can come back for review and how they will be measured, particularly given the five-year provision, annual review, and 90-day processes. She acknowledged the inclusion of fire service regionalization and emphasized the importance of having a mechanism to reopen discussions on certain items to ensure accountability. Despite time constraints, she has communicated with REMSA

and wants assurance that there will be opportunities to revisit and clarify key provisions to ensure all details are fully understood and properly addressed.

Ms. Esp explained that the franchise agreement includes provisions to allow for changes in language or metrics, especially those tied to fees, without stalling operations or penalizing REMSA. This enables the board to move forward while keeping the current franchise accountable. She emphasized that the board can request updates or amendments at any time, as has been done in the past with minor adjustments. The annual review, which occurs every year, was due 9 months after the fiscal year ends, and this felt like too long a period of time, so it was changed to 90 days. A market study is to be conducted in year three with third-party recommendations, and a comprehensive review happens in year five, after which the cycle restarts. This structure ensures that performance is continuously monitored, allows for data-driven adjustments, and aligns with the regional fire study, while also providing flexibility for changes at the board's request.

Vice Chair Andriola clarified that her questions were not meant as criticism but as an effort to understand the process from the perspective of someone who is not an EMS professional and acknowledged her own limited emergency management experience. She emphasized that the goal was to gain clarity on what is moving, what is before the board, and the ability to revisit issues, recognizing the many moving parts and uncertainties that affect both the community and REMSA.

Chair Reese asked for confirmation that the current franchise agreement expires in 4 years, and that this agreement is old, outdated, and has many problems. He asked if any concerns with CAD, reviews, etc., will change if we keep the current franchise, or if the new agreement moves closer to addressing these concerns.

Ms. Esp confirmed Chair Reese's comments and agreed that the current franchise will not address any of the expressed concerns, but the new agreement takes those into consideration. It is her professional recommendation that this franchise agreement be approved, as it offers a more transparent agreement. She has long held concerns about measuring things and looking at the data, and this resolves some of her questions. This is a step in the right direction, as long as it isn't kept static and there is accountability and flexibility to make future changes as the community grows.

Vice Chair Andriola asked if there are certain conditions needing to be met in order for this to be reopened. That any board member could request to open it back up for any reason at any time.

Ms. Esp noted that there are no conditions for reopening; it may come back at any time.

Ms. Dania Reid noted that she has no specific provision about this, but in discussions, she confirmed that the intention is that contracts can be revisited with a process.

Lucas Foletta, legal counsel for REMSA, emphasized that, like any contract, this agreement can be renegotiated at any time if both parties mutually agree. He clarified that any reference to Northern Nevada Public Health in the agreement represents rights and obligations that must be executed under the board's direction, ensuring the board is not excluded from administration. Regarding flexibility, he pointed out that the agreement's attachments can be

revised by mutual consent without formally amending the main agreement, allowing updates such as implementing a common CAD system or dispatching the nearest available unit. He noted that the current franchise language conflicts with a common CAD rollout, which is why the new agreement anticipates operational changes, and REMSA has expressed willingness to collaborate on these updates.

Chair Reese asked about the two “whereas” clauses on page three of the agreement, noting that they appear to establish an overarching framework for future collaborative efforts and undertakings between the parties. He requested confirmation as to whether those clauses are intended to be binding and carry the same legal weight as the operative provisions of the contract, particularly in light of the discussion about flexibility, collaboration, and future operational changes.

Mr. Foletta confirmed that those are binding expressions of REMSA’s intent as a party to the agreement.

Mr. Anderson thanked everyone who remained this evening, especially the first responders in uniform, including paramedics, EMTs, dispatchers, and support staff. Their work is essential to our community, with public comment showing strong appreciation for those efforts, with roughly seventy percent of responses being positive. While Sparks and other jurisdictions were involved for much of the process, two jurisdictions were excluded near the end, and their concerns were not incorporated. He has three primary concerns, including reduced operational flexibility for local fire agencies, where the proposed agreement expands REMSA’s exclusive franchise in ways that further limit local operational flexibility; the effectively perpetual nature of the agreement, with limited practical exit options, which does not allow a way out of the agreement; and lowered compliance standards with increased billing discretion. This agreement, originating in 1986 and amended multiple times, is a patchwork that no longer reflects a clear, modern framework for public safety. Mr. Anderson noted that in his professional background, he has negotiated, amended, and terminated countless contracts. His experience has shown that competition and periodic rebidding improve clarity, accountability, and performance. Starting fresh allows everyone to understand expectations clearly, without ambiguity or accumulated gaps, taking into account any previous changes or updates, for a clean contract. For these reasons, he will be voting no on this agreement.

Chair Reese provided a response regarding the suggestion that competition is beneficial and the possibility of a competitive bid process, noting that it is important to recognize that the District currently has an existing franchise agreement with REMSA, and until that agreement allows otherwise, initiating a competitive procurement is not an available option. Concerning relocating ambulance resources between Station 5 and Station 1, this highlights broader operational considerations. Each jurisdiction has separate agreements with REMSA outside the franchise that define service areas, and Station 5 serves a designated response area. Unilateral changes could have system-wide impacts, underscoring the interconnected nature of the EMS system and the importance of considering regional implications in operational decisions.

Mr. Anderson clarified that any reference to a potential future RFP is not intended to disrupt the current system. It is fully understood that REMSA would be a participant in such a

process and that any discussion would relate to a future timeframe, potentially beyond the current agreement term. The intent in raising this issue now is to encourage early, thoughtful planning toward a clear, comprehensive, and durable framework rather than relying on incremental amendments over time.

Dr. Kingsley stated that while the concerns raised are valid, there is currently no cost estimate for pursuing an RFP. He noted that the region has historical experience with RFPs for ambulance services that resulted in no viable bidders, creating the situation that led to the current system. He cautioned that an RFP could face similar challenges, particularly if lucrative service areas were excluded, and emphasized that such an effort would likely take two to three years and require significant additional staffing or contracted resources, creating budget and operational impacts. He clarified that he was not advocating for or against an RFP, but wanted the Board to understand the practical, financial, and historical risks involved, including the possibility that an RFP could fail and leave the community scrambling to ensure continuity of EMS services.

Ms. Reid clarified that the agenda item is strictly labeled discussion and approval, so no direction will be taken today.

Dr. Danko expressed her gratitude for the opportunity to serve this community and shared that it has been a privilege to live, train, and work in Reno throughout her education and career, including her role as Chief Medical Officer at Saint Mary's Hospital. She has had the opportunity to work in nearly every hospital in the region and collaborate with numerous healthcare partners. She recognizes the challenges of operating healthcare systems at the corporate, national, and community levels and the critical role REMSA plays in serving patients and families. She fully supports REMSA and the work they do and offers strong support for their continued service to our community.

Dr. Danko left the meeting at 4:30 p.m. and returned at 4:39.

Mr. Brown thanked the staff and all participating agencies for their work and for attending this meeting. This process builds on prior efforts, including the 2014 Findings and Recommendations report, where subject matter experts collaborated to improve the EMS system. REMSA has done exceptional work in modernizing EMS delivery, and the intention of this discussion is to extend and improve the franchise. He has concerns that the current document was provided only seven days ago, limiting the ability to fully review and disseminate information to constituencies. He believes that honesty and transparency should be listed in the agreement, as well as metrics and data for Priority 2 calls. Some of his concerns include the caliber of EMD, he believes a timeline should be included for implementation of EMD in the event hexagon is delayed. He also shares concerns that this may not have been done completely, with potential partners missing from meetings. Mr. Brown also noted that on page 5, there is a reference to ALS responses, but there are also BLS and ILS responses. He has noted several little items that may need to be reviewed. While he supports maintaining a strong partnership with REMSA, he believes it is premature to approve this agreement today, and additional time should be allowed for review, with approval at a future meeting.

Chair Reese motioned to approve the amended restated franchise agreement for

ambulance service authority DBA REMSA Health, including the following update to the language proposed in the draft franchise agreement:

- **Add language in Section 5 that clarifies a date certain for review and implementation of the working group recommendations related to call taking and the emergency medical dispatch process to be no later than September 30, 2026;**
- **Add language in section 5.2 that the working group moves forward regardless of the success or failure of hexagon;**
- **Add language which requires the DBOH and REMSA to meet in the 6 months following the adoption of the agreement to consider amendments suggested by the DBOH presentation;**

Vice Chair Andriola cast a second on the motion, which passed with roll call votes as follows: Chair Reese: Aye; Vice Chair Andriola: Aye; Board Member Anderson: Nay; Board Member Brown: Aye; Dr. Ituarte: Aye; Board Member Driscoll: Nay; Dr. Danko: Aye.

Following the motion to approve and during board discussion of the item, Board Member Driscoll confirmed with Chair Reese that the motion intended to include the removal of the language “on a perpetual basis” in Section 2.5 Term on page 7. Based upon DHO Kingsley’s representation that the language was included in error, and with the confirmation that the motion included removal of that language, Board Member Driscoll changed his vote to approve the Franchise Agreement.

Final Results: 6 Aye, 1 Nay, motion passed.

Dr. Danko left the meeting at 4:43.

9. Public Hearing.

Public Hearing for the review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation, relating to septic systems, Sections 10-120, the advisory board, Section 170, and other minor edits.

Chair Reese moved to adopt the proposed revisions without the presentation, and Mr. Driscoll seconded the motion, which was approved unanimously.

End of Public Hearing.

10. Staff Reports and Program Updates

- A. Air Quality Management – States/Groups Urge DC circuit to Deny EPA’s Motion to Vacate 2024 PM2.5 NAAQS, September 2025 EPA Small Business Newsletter, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Compliance.
- B. Community and Clinical Health Services – 2025 Year in Review; Data & Metrics; Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Maternal Child and Adolescent Health, Women Infants and Children, and Community Health Workers.
- C. Environmental Health Services Program – Consumer Protection (Food Safety Plan Review & Operations, Commercial Plan Review, Foodborne Illness, Special Events, Permitted Facilities); Environmental Protection (Land Development, Safe Drinking Water, Vector-borne Disease Surveillance, Waste Management / Underground Storage Tanks).
- D. Epidemiology and Public Health Preparedness – Epidemiology, Public Health Preparedness, Emergency Medical Services, Vital Statistics, Sexual Health Investigations and Outreach, Chronic Disease and Injury Prevention.

Staff reports and program updates for items 10A-10D were deferred as presented in the packet, with a verbal update from Dr. Kingsley regarding the Office of the District Health Officer.

- E. Office of the District Health Officer Report – Northern Nevada Public Health Communications Update, Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Program, Equity Projects / Collaborations, Community Events, and Public Communications Outreach.

Dr. Kingsley mentioned that NNPH is moving toward the closure of the Moana WIC office due to budgetary constraints. The item will be brought back to the Board with reasons outlined as to the closure and an affordable and sustainable solution via satellite locations. Work is being done with the Comms Team on a campaign to announce the change with the goal of retaining the existing clients and adding new ones.

Chair Reese noted that this is a very big decision, since the people using the office rely so heavily upon the resources, but there may be adjacent properties where services may still be provided, just not at that specific location, which is costing a large amount of money. That work may still be available at another city or county facility.

Vice Chair Andriola mentioned she has already received emails from constituents about this and asked about the protocol in terms of communicating this and what can be done when folks reach out due to concerns.

Dr. Kingsley advised that constituents with questions or concerns should contact local WIC offices directly to receive the most current information on service locations and any changes in service delivery. He or other staff, including Christina Sheppard or Kelli Seals, can meet with constituents as needed. It was noted that NNPH has been working closely with state officials to address funding and program continuity, particularly

following the recent federal government shutdown, which temporarily threatened the program's funding. Efforts are underway to reduce reliance on the general fund while maintaining staff caseloads and service levels. He indicated the program is currently in a stable position and expects to continue providing WIC services at existing levels without undue disruption to the community.

Vice Chair Andriola asked that information regarding services and responses to public inquiries be shared across jurisdictions, including Washoe311, to support consistent and effective public communication.

Dr. Ituarte left the meeting at 4:45 p.m. and returned at 4:50 p.m.

11. Public Comment.

Tom Dunn appreciated Ms. Andriola's "Trust and Verify" reference and appreciates the review of the history of how we've gotten to this point. He urges anyone not in the 2011-2014 meetings to review the tri-data study from 2012 and look at the recommendations made and not adopted, compared to where we are today. Some of the problems seen today are some of the issues from the existing franchise agreement, and could have been addressed at that time.

Chair Reese asked for a copy of the 2012 tri-data study.

12. Board Comment.

Dr. Ituarte thanked staff and fellow board members for their time, input, and thoughtful discussion, specifically acknowledging Dr. Kingsley's work on the Franchise Agreement. He recognized the concerns raised by other board members and stated confidence that existing mechanisms are in place to address those issues. He shared appreciation for Chair Reese's amendment of the motion to ensure the identified concerns could be addressed and corrected moving forward.

Chair Reese thanked Dr. Kingsley, Ms. Esp, and staff, acknowledging the significant effort involved in the day's proceedings. He remarked on the high level of engagement and activity, emphasizing that the Board's work demonstrated it was far from inactive. He expressed appreciation for the opportunity to serve alongside fellow board members, stating that their contributions and collaboration enhanced both the quality of governance and his personal growth as an elected official.

Mr. Anderson stated that, given the current timeline leading up to 2030, now is the appropriate time to reassess and potentially reset the EMS system in the area. He emphasized that beginning discussions now would allow engagement with all three jurisdictions and key stakeholders to explore options related to dispatch, system flexibility, and overall EMS delivery. Initiating this process allows time to evaluate feasibility, including the possibility of issuing an RFP to assess market interest. He expressed concern that incremental amendments to the existing system could result in a fragmented approach, and stated a preference for a cleaner, more comprehensive process to ensure the best long-term EMS solution for the community.

Mr. Brown agreed that, after approximately 40 years under the current model, the region is at

a point where significant changes in emergency medical services warrant a comprehensive reevaluation. He raised concerns about a system in which a private contractor effectively drives decisions that impact government agencies' ability to manage costs and access funding programs, such as grant and reimbursement mechanisms. He noted that local governments are able to apply for and manage these funding opportunities, but are limited by contractual constraints within the existing franchise structure. He emphasized that the EMS system was not originally designed for this arrangement and suggested that alternative models could allow local governments to directly provide services while still accessing available funding. Mr. Brown concluded that the Board should examine the franchise more broadly to better understand how it operates and how it could evolve to meet future community needs.

With no additional comments by the Board, this comment period was closed.

Adjournment. The meeting adjourned at 4:57 p.m.

DRAFT