Staff Report
Emergency Medical Services Advisory Board
Board Meeting Date: August 6, 2026

DATE: July 29, 2026

TO: Emergency Medical Services Advisory Board

FROM: Andrea Esp, Preparedness and EMS Program Manager
775-326-6042, aesp@nnph.org

SUBJECT: EMS JAC Workgroup Update

SUMMARY

This report provides an update on the progress of the EMS Joint Advisory Committee, including status of governance documents.

PREVIOUS ACTION

On February 5, 2026, the Emergency Medical Services Advisory Board directed the District Health Officer (DHO) to form a workgroup pursuant to the ILA for EMS Oversight, Article 4, Section 4.1(b) to establish an EMS Joint Advisory Workgroup, to be known as the EMS Joint Advisory Committee (JAC), in coordination with Northern Nevada Public Health (NNPH) and its EMS Oversight Program.

BACKGROUND

Northern Nevada Public Health (NNPH) and REMSA Health currently collaborate on multiple aspects of EMS system oversight, clinical operations, and performance improvement. As EMS system complexity increases, there is a need for a more formalized, multidisciplinary advisory structure to support shared decision-making, transparency, and consistency across agencies.

The exclusive Amended and Restated Franchise Agreement for Ambulance Service between the Washoe County Health District and REMSA Health dates back to the original franchise established in August 1986 and has been periodically updated to reflect evolving EMS system needs. During the franchise revision process leading up to the February 23, 2023 draft, language had envisioned structured advisory engagement between EMS stakeholders, including a reference to the EMS JAC and agency medical directors for bi-annual meetings on clinical performance and system oversight.

Following the DBOH-approved January 22, 2026, revision, the EMS JAC is no longer referenced in the franchise. This creates an opportunity to formally establish the JAC outside of the franchise through a collaborative workgroup.

The proposed EMS Joint Advisory Committee (JAC) is intended to fulfill this role by providing structured recommendations on clinical resource utilization, dispatch determinants, QA/QI initiatives, and system

performance monitoring. Establishing the JAC outside the franchise agreement allows for greater flexibility, collaborative participation, and timely refinement of clinical and operational advisory processes without requiring formal contract amendments.

FISCAL IMPACT

There is no fiscal impact associated with this report.

RECOMMENDATION

N/A

POSSIBLE MOTION

N/A

ATTACHMENTS

N/A