

NORTHERN NEVADA

Public Health+

Serving Reno, Sparks & Washoe County

**REMSA HEALTH
FRANCHISE
COMPLIANCE REPORT**

Fiscal Year 2025

NORTHERN NEVADA
Public Health

Serving Reno, Sparks & Washoe County

MISSION

To improve and protect our community's quality of life and increase equitable opportunities for better health.

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SUMMARY

On an annual basis, the District Board of Health (DBOH) receives a staff presentation and recommendation for possible action regarding the REMSA Health Franchise Compliance Report for the preceding fiscal year. This report evaluates REMSA Health's adherence to the requirements outlined in the Amended and Restated Franchise Agreement for Ambulance Service (Franchise).

For FY25, REMSA Health met 52 compliance requirements and partially met 2, resulting in an overall compliance rate of 96% for determinate requirements. An additional 15 items were informational, administrative, or conditional in nature and therefore not included in the compliance determination (e.g., franchise definitions, dispute provisions, and conditional billing provisions).

ARTICLE 1 - DEFINITIONS

1.1 Definitions

→ *Definitions are stated in the Franchise but are not part of compliance determination.*

17040

2.1 Exclusive Market Rights

→ *REMSA Health met the requirement.*

To demonstrate exclusive market rights, the executed Franchise Agreement is included in this compliance report. The most recently assigned Franchise Agreement was executed in February 2023, with the original effective date of July 1, 2014.

REMSA Health has established mutual aid agreements with regional partners. In addition, one regional healthcare evacuation agreement, a regional mass-casualty incident plan, and a crisis standards of care plan were provided.

2.2 Franchise Service Area

→ *REMSA Health met the requirement.*

The Franchise Agreement defines REMSA Health's authorized service area, which encompasses Washoe County except for the Gerlach Volunteer Fire Department service area and the North Lake Tahoe Fire Protection District. The REMSA Health response map, effective July 1, 2024

(FY 2025), delineates the Franchise service area along with the corresponding response time requirements.

2.3 Level of Care

→ *REMSA Health met the requirement.*

In accordance with the Franchise Agreement, all ambulances responding to emergency 911 calls and all Intermediate Life Support (ILS) transfers and transports must be staffed in compliance with NAC 450B regulations. REMSA Health provided a copy of its State of Nevada permit for Advanced Life Support (ALS) and community paramedicine services, issued July 1, 2024, and expired June 30, 2025. A new license was issued to REMSA Health on July 1, 2025.

REMSA Health also supplied its ALS Transport Policy, ILS Transfer/Transport Policy, and BLS Transfer Policy. Additional policies addressing multiple-patient transports, neonatal transfers, and nondiscrimination in transport were included.

2.4 Review Process

→ *REMSA Health partially met the requirement.*

During an EMS JAC meeting in Spring 2025, the Response Determinants were briefly brought forward. The group noted that there were no changes, and the discussion did not continue. REMSA did not meet the requirement for a formal review, as the fire departments' medical directors did not jointly review or sign off on the Response Determinants during FY25, even though the "no change" status was acknowledged at JAC, which includes EMS Chiefs from the fire departments.

2.5 Term

→ *The Franchise Term is not a compliance requirement for REMSA Health.*

2.6 Periodic Review

→ *REMSA Health met the requirement.*

On October 24, 2024, the District Board of Health reviewed and unanimously approved the operational assessment of the Amended Franchise Agreement for Ambulance Services during the tenth year of its term. EMS Program staff presented the agenda item, clarifying that it encompassed a compilation of compliance audits conducted throughout the term of the Amended and Restated Franchise. The motion to approve passed unanimously.

2.7 Oversight Fee

→ *REMSA Health met the requirement.*

The Franchise Agreement requires REMSA Health to pay an oversight fee equal to 12.5% of total annual costs to support the Northern Nevada Public Health (NNPH) EMS Oversight Program. Table 1 below summarizes the FY25 quarterly payments made by REMSA Health.

Table 1: Quarterly Oversight Fee

Quarterly Reimbursement Billing	Oversight Fee Paid
July 2024 – September 2024	\$17,992.54
October 2024 – December 2024	\$15,636.07
January 2025 – March 2025	\$21,427.36
April 2025 – June 2025	\$22,429.92

2.8 Supply Exchange and Reimbursement

→ *REMSA Health met the requirement.*

REMSA Health provided a letter confirming the establishment of resupply agreements with the three regional fire agencies operating within the Franchise service area: Sparks Fire Department, Truckee Meadows Fire Protection District, and Reno Fire Department.

- Sparks Fire Department (SFD): Medical supplies are exchanged directly on scene during emergency responses, allowing for immediate replenishment without formal invoicing or reimbursement.
- Truckee Meadows Fire Protection District (TMFPD): The district submits detailed quarterly invoices to REMSA Health for reimbursement of supplies provided, ensuring structured financial reconciliation and accountability.
- Reno Fire Department (RFD): REMSA Health issues a fixed quarterly stipend to the department to cover medical supply costs.

2.9 No Obligation for Subsidy

→ *REMSA Health met the requirement.*

In a statement provided by REMSA Health, REMSA Health did not receive any grant funding for Franchise ground ambulance services for the fiscal year.

ARTICLE 3 – GOVERNING BODY

3.1 REMSA Health Board of Directors

→ *REMSA Health met the requirement.*

REMSA Health provided the following list of Board Members for FY25:

Shirley Folkins-Robert, Chairman
Louis Test
Michael Pagni
Katie Grimm
Chris Nicholas
Derrick Glum
Cora Case

REMSA Health also submitted attestations to the EMS Oversight Program, signed by each board member, confirming that no contractual relationships existed requiring approval by a majority of disinterested members.

3.2 Board Member Separation

→ *REMSA Health met the requirement.*

To demonstrate Board separation, REMSA Health provided signed copies of the Board Member Conflict of Interest Acknowledgement form. The Board Members listed in Section 3.1 signed the form, confirming that they received, read, and understood the policy and agree to comply with its requirements. Additionally, each member affirmed that they are not employed by REMSA Health or its contractor.

3.3 Meetings

→ *REMSA Health met the requirement.*

REMSA Health provided a list of board meetings held during the fiscal year, confirming that the required minimum of six meetings, as outlined in the Franchise Agreement, was met.

ARTICLE 4 - AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY

4.1 Market Survey and Competitive Bidding

→ *REMSA Health met the requirement.*

This process was completed in FY22 and not a requirement in FY25.

ARTICLE 5 – COMMUNICATIONS

5.1 Radio

→ *REMSA Health met the requirement.*

REMSA Health provided a copy of the letter of agreement, signed on January 23, 2015, between Washoe County and REMSA Health. This agreement grants REMSA Health sponsorship from Washoe County to participate in the Washoe County Regional 800 MHz Communications System (WCRCS).

During FY25, REMSA Health maintained a continuous connection linking its primary dispatch channel, Med 9, to the 800 MHz system channel, REMSA1. This linkage enables dispatch communications to be simulcast across both the UHF and 800 MHz systems.

REMSA Health also participated regularly in the NNPH HD SUP 800 MHz radio checks.

5.2 Dispatch

→ *REMSA Health met the requirement.*

As required by the Franchise Agreement, REMSA Health must maintain a secondary emergency communication system and conduct an annual drill using the backup system. REMSA Health completed this requirement on March 17, 2025, and provided supporting documentation.

On the same date, REMSA Health conducted operational drills on the backup system, followed by after-action reviews.

REMSA Health also provided documentation demonstrating progress toward implementing a regional CAD system.

5.3 Change of Priority

→ *REMSA Health met the requirement.*

During FY25, REMSA Health recorded a total of 325 corrections. Of these, 10 involved a change in call priority—one upgrade and nine downgrades. All priority changes were documented with the appropriate rationale.

ARTICLE 6 - DATA AND RECORDS MANAGEMENT

6.1 Data and Records

→ *REMSA Health met the requirement.*

In accordance with Article 6.1 of the Franchise Agreement, REMSA Health is required to provide additional response data and records to support NNPH's oversight responsibilities. However, during FY25, the EMS Oversight Program did not conduct any investigations, and no requests for data or records were made by the DHO/EMS Oversight Program.

ARTICLE 7 - RESPONSE COMPLIANCE AND PENALTIES

7.1 Response Zones

→ *REMSA Health met the requirement.*

The current map went into effect on July 1, 2024. The Franchise response map is divided into five response zones, each with distinct response time requirements. Table 2 outlines the required response times for Priority 1 calls in Zones A through E.

Table 2: Priority 1 Response Time Requirements by Zone

	ZONE A	ZONE B	ZONE C	ZONE D	ZONE E
Priority 1	8:59 Minutes	15:59 Minutes	20:59 Minutes	30:59 Minutes	As quickly as possible

In March 2024, the Northern Nevada Public Health (NNPH) Emergency Medical Services (EMS) Oversight Program presented the proposed map to REMSA Health’s Chief Operating Officer and the Director of EMS System Program Management. Also participating in the discussion were the Truckee Meadows Fire Protection District (TMFPD) Fire Chief, EMS Division Chief, and EMS Coordinator. TMFPD was included because it serves as a subcontractor to REMSA Health within the region. The map was approved by the DBOH on June 27. No changes were made to the franchise map effective July 1, 2025.

EMS Oversight Program staff used the Franchise response requirements for all life-threatening Priority 1 calls to determine monthly compliance for the fiscal year. The Franchise Agreement requires REMSA Health to ensure that 90% of Priority 1 calls meet the response time standard associated with their respective zone.

Table 3 below presents REMSA Health’s response-time compliance percentages for Zone A and for Zones B, C, and D combined. Please note that Franchise compliance calculations evaluate Priority 1 responses in Zones B, C, and D as a combined group.

Table 3: Percentage of Compliant P1 Response by Month

REMSA Health Percentage of Compliant Priority 1 Responses by Zones FY 2021-22		
Month*	Zone A	Zone B, C, and D

July 2024	90%	96%
August 2024	92%	91%
September 2024	91%	95%
October 2024	90%	91%
November 2024	89%	89%
December 2024	91%	97%
January 2025	91%	95%
February 2025	86%	90%
March 2025	90%	90%
April 2025	91%	91%
May 2025	91%	93%
June 2025	90%	95%
Monthly Average	90%	95%
Year-To-Date**	90%	93%

*Compliance percentage per month is the percentage calculated using the monthly “Chargeable Late Responses” divided by “Compliance Calculated Responses”.

**Year-to-date is the percentage calculated using the sum of all to date “Chargeable Late Responses” divided by “Compliance Calculated Responses”.

Zone E, the wilderness/frontier regions of REMSA Health’s Franchise area, is the only zone that does not have a specified response time requirement.

7.2 Response Determinants

→ *REMSA Health partially met the requirement.*

During an EMS JAC meeting in Spring 2025, the Response Determinants were briefly brought forward. The group noted that there were no changes, and the discussion did not continue. REMSA did not meet the requirement for a formal review, as the fire departments’ medical directors did not jointly review or sign off on the Response Determinants during FY25, even though the “no-change” status was acknowledged at JAC, which includes EMS Chiefs from the fire departments.

7.3 Zone Map

→ *REMSA Health met the requirement.*

The Franchise response map is maintained in the offices of the EMS Oversight Program Manager and the EMS Coordinator. A version of the map is also available as a map layer within the Washoe Regional Mapping System on the Washoe County GIS website. The map was reviewed and approved on February 19, 2025, with no revisions required.

7.4 Response Time Reporting

→ *REMSA Health met the requirement.*

REMSA Health provided EMS Oversight Program staff with access to the FirstWatch Online Compliance Utility (OCU) in July 2014. This access allows EMS Oversight staff to independently retrieve call and response data from the FirstWatch database on a monthly basis.

During FY25, REMSA Health recorded a total of 34,092 Priority 1 (P1) calls for service in the FirstWatch database. Table 4 below summarizes the number of P1 calls for service by zone.

Table 4: Number of Priority 1 Calls for Service by Zone

Zone	Number of P1 Calls
A	32,674
B/C/D	1228
E	126

Zone E, which encompasses the wilderness and frontier areas within REMSA Health’s franchise service area, is the only zone without a defined response time requirement. During FY25, REMSA Health responded to 126 calls for service in Zone E. Of these calls, 71 resulted in patient transports, including two emergency transports.

7.5 Penalties

→ *REMSA Health met the requirement.*

As part of the compliance documentation, REMSA Health submitted the verification letter and all penalty fund reconciliation materials for the fiscal year. These documents were received prior to the required end-of-year franchise deadline.

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Table 5: Penalty Fund by Month

Month	Zone A Penalty Amount	Zones B, C, and D Penalty Amount	Total Penalty Amount
July 2024	\$15,337.42	\$167.93	\$15,505.35
August 2024	\$10,478.57	\$935.86	\$11,414.43
September 2024	\$12,830.09	\$287.88	\$13,117.97
October 2024	\$12,649.79	\$695.71	\$13,345.50
November 2024	\$13,261.66	\$359.85	\$13,621.51
December 2024	\$12,182.11	\$215.91	\$12,398.02
January 2025	\$11,371.05	\$374.97	\$11,746.02
February 2025	\$21,369.03	\$574.83	\$21,943.86
March 2025	\$14,145.78	\$799.80	\$14,945.58
April 2025	\$13,020.87	\$624.87	\$13,645.74
May 2025	\$12,620.97	\$749.82	\$13,370.79
June 2025	\$14,395.56	\$349.92	\$14,745.48
Total	\$163,662.90	\$6,137.35	\$169,800.25

Cupit, Milligan, Ogden & Williams completed an independent accountant’s report entitled “Agreed-Upon Procedures Related to Priority 1 Penalty Fund” as part of REMSA Health’s annual audit. This report reviewed and identified the agreed-upon procedures between REMSA Health and NNPB as well as the penalty fund expenditure.

7.6 Exemptions

→ *REMSA Health met the requirement.*

During FY25, REMSA Health recorded a total of 294 approved exemptions, as shown in the table below. Of these, 86 exemptions categorized as “Local, State, or Federal Declared Emergency” were associated with the Davis Fire.

Table 6: Exemptions by Type

Exemption Type	Number of Exemptions
----------------	----------------------

MCI/MAEA	0
Miscellaneous	0
Weather	13
Local, State or Federal Declared Emergency	86
System Overload	194
Construction	0
Status 99	1

REMSA Health provided a statement on letterhead explaining its internal process for reviewing and requesting late-run exemptions.

No disputes were recorded during this fiscal year.

On July 1, 2021, the District Health Officer issued a letter outlining the exemption guidelines for REMSA Health and defining the allowable exemption categories. The letter identifies eight exemption types and specifies that REMSA Health may internally review two of these categories with NNPH. All remaining exemption types require REMSA Health to submit supporting documentation to NNPH for review and potential approval.

7.7 Penalty Fund

→ *REMSA Health met the requirement.*

The REMSA Health Controller submitted a letter to the District Health Officer confirming that penalty funds are recorded monthly in a separate restricted account. As shown in Table 5 (Section 7.5), REMSA Health incurred a total of \$171,219.56 in penalties during FY25. REMSA Health provided FY25 penalty fund reconciliation documents, along with copies of invoices, purchase orders, and checks associated with purchases made using penalty fund monies.

In accordance with the Agreed-Upon Procedures Related to the Penalty Fund (item 7.5e), an external auditor verified that the penalty fund is maintained in a separate restricted account.

7.8 Health Officer Approval

→ *REMSA Health met the requirement.*

During FY25, REMSA Health submitted a letter to the DHO requesting permission to use penalty funds for FY25, with an anticipated amount of \$200,000 to support the following initiatives. The request was approved on July 1, 2024.

- Child and Pedestrian Safety
 - First aid kits for youth league sports & community organizations
 - Safety seats, childcare seats and installation
 - Pedestrian safety reflective gear
- Community First AID, CPR Training and Education

- Basic Life Support/CPR Certification/Stop the Bleed/Babysitter Recertification Classes
- High school, accredited health learning or trade program, college, university EMT/Advanced EMT/Paramedic Scholarship
- Heart and Health Safe Community Enhancement and Support
 - Community AEDs
 - PulsePoint Application – Increase Bystander CPR and AED Location Awareness
- Regional First Responder/Emergency Medical Services Systems Initiatives
 - Cardiac Registry to Enhance Survivability (CARES)
 - When to call 911 Choose the Right Care Campaign
 - Water Watcher for the Win / Not for a Minute Hot Car / Bicycle Helmet Campaigns
 - Tactical EMS Equipment & TEMS Physician Oversight
 - Search and Rescue EMS Equipment
 - Public Awareness Ambulance Wrap Design
 - Washoe County Non-Profit Healthcare and First Responder Support Agencies
 - Regional First Responder Training Equipment

ARTICLE 8 - PATIENT BILLING

8.1 Average Patient Bill

→ *REMSA Health met the requirement.*

As outlined in Article 7.5, NNPH issued a letter on December 19, 2022, confirming completion of the annual review of the Consumer Price Index (CPI). The final allowable average bill through December 31, 2024, was set at \$2,073.86. A subsequent NNPH CPI letter, issued on December 17, 2024, notified REMSA Health that the CPI review for the following period had been completed and established a final allowable average bill of \$2,160.02 through December 31, 2025.

After each billing month concludes, the total gross sales billed for that month is divided by the number of patients transported during the same period. The resulting figure is compared to the average bill approved by the District Board of Health (DBOH). If necessary, the average bill is adjusted for the following month to ensure ongoing compliance. Table 7 provides a summary of the average bill calculations reported to the DBOH on a monthly basis.

Table 7: Average Bill Calculations Reported by Month

Month	# Transports Billed	Avg. Bill
July 2024	5142	\$2,058.67
August 2024	4951	\$2,059.02
September 2024	4852	\$2,059.91

October 2024	4920	\$2,063.28
November 2024	4740	\$2,070.94
December 2024	5142	\$2,067.47
July 2024-December 2024	27,747	\$2063.22
January 2025	5331	\$2,144.69
February 2025	4667	\$2,150.62
March 2025	5050	\$2,156.18
April 2025	5056	\$2,159.60
May 2025	5157	\$2,156.75
June 2025	2976	\$2,151.24
January 2025-June 2025	28,237	\$2,153.29

8.2 Increase Beyond CPI

→ *Only applicable if REMSA Health requested an increase beyond the annual CPI adjustment.*

REMSA Health did not request an increase beyond the annual CPI adjustment.

8.3 Overage in Bill Amount

→ *Only applicable if REMSA Health has an overage in the allowable bill amount.*

REMSA Health did not exceed the maximum average patient bill.

8.4 Third Party Reimbursement

→ *REMSA Health met the requirement.*

In accordance with the Franchise Agreement, REMSA Health is required to use its best efforts to maximize third-party reimbursements and minimize patients' out-of-pocket expenses. To support this, patient demographic and insurance information is obtained directly from the patient or, when the patient is unable to provide it, from the receiving hospital. This information is then validated, coded, and processed through the medical billing clearinghouse. After insurance payments are applied, any remaining personal balance responsibility is billed directly to the patient at their last known address.

REMSA Health reports that it offers reasonable payment plans for personal balance responsibility, as well as a Financial Hardship Program for patients who qualify.

8.5 Prepaid Subscription Program

→ *REMSA Health met the requirement.*

The Silver Saver program is designed to cover the co-insurance or deductible costs for ambulance service for individual households. There were 2,928 households and 7,027 members enrolled as of June 30, 2025.

8.6 Billing

→ *REMSA Health met the requirement.*

The Franchise Agreement specifies that REMSA Health is responsible for all billing services, although it may contract with a third-party vendor to perform these functions. REMSA Health is responsible for billing commercial, government, and non-government payers for medically necessary patient transportation.

8.7 Accounting Practices

→ *REMSA Health met the requirement.*

The external auditor engaged for REMSA Health's annual audit, Cupit, Milligan, Ogden & Williams, adheres to both GAAP and GAAS standards. According to the Nevada State Board of Accountancy, the firm's license is valid through December 31, 2026.

8.8 Audit

→ *REMSA Health met the requirement.*

The Consolidated Financial Statements prepared by the external auditor were submitted via email on December 29, 2025. The seventeen-page document includes the independent auditor's report and the financial statements for FY25. Form 990 for the 2023 filing year was received on May 20, 2025. The Agreed-Upon Procedures Related to the Franchise Average Bill, prepared by the external auditor, was also submitted.

ARTICLE 9 - PERSONNEL AND EQUIPMENT

9.1 Dispatch Personnel Training

→ *REMSA Health met the requirement.*

REMSA Health submitted a list of personnel assigned to the communications center. A total of 61 employees were included, all of whom held current or pending EMD-related certifications for FY25. The certifications were reported as follows:

EMD- 44 employees

EMS-Q – 4 employees

EMS – Pending – 13 employees

9.2 Dispatch Accreditation

→ *REMSA Health met the requirement.*

REMSA Health submitted a copy of its Accredited Center of Excellence (ACE) accreditation certificate, which is valid through May 3, 2025.

REMSA Health also submitted documentation from the International Academies of Emergency Dispatch on May 7, 2025, confirming its designation as the 54th Emergency Medical Dispatch Accredited Center in the world.

9.3 Personnel Licensing and Certification

→ *REMSA Health met the requirement.*

REMSA Health submitted rosters of certified personnel, including Paramedics, AEMTs, and EMTs. It should be noted that REMSA Health Emergency Medical Dispatchers (EMDs) are not certified through the Nevada State EMS Office; instead, they maintain national certification.

The Nevada Department of Health and Human Services (DPBH), Division of Public and Behavioral Health, Office of Emergency Medical Systems Program confirmed via email and through a formal attestation letter that REMSA Health was in compliance for FY25 with applicable NRS 450B and NAC 450B requirements related to permits, inspections, staffing, equipment, operations, and clinical protocols.

9.4 ICS Training

→ *REMSA Health met the requirement.*

REMSA Health submitted lists of personnel who have completed training in the Washoe County Multi-Casualty Incident Plan (MCIP) and the following Incident Command System (ICS) courses: ICS 100, ICS 200, ICS 300, ICS 400, and ICS 700.

REMSA Health also provided a roster of field operational management personnel, including the Director of EMS Operations, Senior EMS Manager, Emergency Manager, Health and Safety Supervisor, Administrative Supervisor, and full-time and part-time EMS Supervisors.

Additionally, REMSA Health submitted a list of five Emergency Operations Center (EOC)-qualified personnel, based on their organizational role and completion of required ICS coursework.

9.5 Ambulance Markings

→ *REMSA Health met the requirement.*

The Franchise Agreement requires that all ambulance units be marked with REMSA Health emblems rather than the individual branding of any ambulance service contractor. A spot check of ambulance units confirmed that all vehicles displayed the required REMSA Health emblems.

9.6 Ambulance Permits and Equipment

→ *REMSA Health met the requirement.*

REMSA Health provided EMS Oversight Program staff with a detailed inventory list of all organizational capital equipment, such as monitors, power cots, stair chairs, etc. REMSA Health also submitted a list of vehicles to include year, make, model, license plate number, and VIN numbers.

The Nevada Department of Health and Human Services, DPBH Office of Emergency Medical Systems Program confirmed in an email received by NNPH on February 19, 2026, that REMSA Health is compliant with Nevada Revised Statutes, NRS 450B and Nevada Administrative Codes, NAC 450B having to do with certification, licensure, ambulance permitting, inspections, protocols, and operations for the period of July 01, 2024, through June 30, 2025.

9.7 Field Supervisor Staffing

→ *REMSA Health met the requirement.*

REMSA Health submits daily shift schedules to demonstrate that a field supervisor is assigned to each shift. The schedules provided show that two to four supervisors are on duty within each 24-hour period, depending on the day and time of the week. REMSA Health also provided the job description for the EMS Supervisor position, last revised in September 2020.

9.8 Medical Director

→ *REMSA Health met the requirement.*

The Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH), Office of Emergency Medical Systems Program confirmed in an email received by NNPH on February 19, 2026, that REMSA Health is compliant with state requirements regarding its Medical Director appointment. According to State EMS, the Medical Director met all requirements for a permitted service in Nevada in accordance with NAC 450B and NRS 450B. A copy of the curriculum vitae (CV) for Dr. Jennifer M. Wilson, Medical Director, is retained by the Program.

ARTICLE 10 - QUALITY ASSURANCE

10.1 Personnel

→ *REMSA Health met the requirement.*

REMSA Health provided written documentation identifying the individuals designated to oversee and maintain the Continuous Quality Improvement (CQI) program for ground ALS services. The CQI team consists of ten members, including:

- Jeremey Gonda, MD – Medical Director, Care Flight/Community Health Paramedic Program
- Jennifer Wilson, MD – Medical Director, REMSA Ground

- Adam Heinz, MBA, NRP, AEMD – Chief Operating Officer
- Scott Norman, BS, NRP, EMD – Clinical Standards and Practices Director
- Gregory Woosley, NRP – Clinical Standards and Practices Coordinator
- Courtney Harrell, FTP – Clinical Standards and Practices Coordinator
- Markus Hirt, RN – Clinical Coordinator/CQI Care Flight
- Denesha Lemons, EMD, EFD – Clinical Coordinator/CQI Communications
- Lee Malara, RN – Clinical Coordinator/CQI Communications NHL

10.2 Review

→ *REMSA Health met the requirement.*

In the monthly Operations Reports presented to the District Board of Health (DBOH), REMSA Health includes the Medical Director’s Report, which provides a breakdown of patient charts reviewed during the preceding month. All monthly reviews conducted during FY25 met or exceeded the requirement to review at least 5 percent of ALS calls.

The following categories of calls undergo a 100 percent review by the REMSA Health Quality Department through a manual ePCR review, including comprehensive evaluation of documentation and protocol adherence:

- Adult advanced airway
- First pass success rate for adult and pediatric patient populations
- Adult Cardiac Arrest: with and without resuscitation measures
- Pediatric Cardiac Arrest
- Pediatric Advanced Airway
- Pediatric Critical Skills
- Obstetrical/Childbirth
- Neonatal Resuscitation
- Critical medication administration [Epinephrine, Levophed, Dopamine, Amiodarone, Heparin, Tridil, Potassium Chloride, Adenosine, SoluMedrol, Ketamine]
- STEMI Alert
- Critical Skills [needle decompression, surgical cricothyrotomy. Cardioversion]
- ALS Intercept of all ILS initial responses

All ePCR’s undergoing the manual review are returned to the provider through the Image Trend Quality rerouting process. Within the rerouting process, the Clinical Coordinator/ CQI Coordinator provides feedback for clinical improvement, protocol review, or additional comments. The quality feedback is monitored by the Quality Coordinator for the purposes of loop closure.

07/24- 303/2230 (11%)
 08/24- 277/2054 (11%)
 09/24- 364/1782 (11%)
 10/24- 487/2078 (10%)

11/24- 456/2186 (13%)
12/24- 351/2308 (13%)
01/25- 442/2199 (11%)
02/25- 431/2185 (8%)
03/25- 393/2370 (11%)
04/25- 384/2387 (12%)
05/25 -276/2013 (16%)
06/25- 334/2347 (13%)

It should be noted that two categories are no longer reviewed at a 100% rate. While the program met and exceeded the requirement to review at least 5% of applicable calls, the overall monthly review percentage was reduced compared to the previous fiscal year. Specifically, Adult CPR and Alternate Destination cases are no longer subject to 100% review, representing a shift from the prior fiscal year's review standard. This adjustment reflects a modification in review methodology rather than a decrease in compliance, as the established minimum review thresholds continue to be achieved and exceeded.

ARTICLE 11 - COMMUNITY RELATIONS AND PUBLIC EDUCATION

11.1 CPR Courses

→ *REMSA Health met the requirement.*

In the monthly Operations Reports submitted to the District Board of Health (DBOH), REMSA Health summarized its education initiatives, reporting the delivery of more than 2,600 courses to over 12,600 students. These offerings included professional certification courses such as BLS, ACLS, PALS, PHTLS, TECC, and NRP, as well as public health–focused programs including Heartsaver CPR/AED, First Aid, Hands-Only CPR, Kid Care, and Stop the Bleed.

11.2 Community Health Education

→ *REMSA Health met the requirement.*

In the monthly Operation Report presented to the DBOH, REMSA Health included the public relations report that outlines the multimedia activities completed during the previous month.

11.3 Clinical Skills

→ *REMSA Health met the requirement.*

Clinical skills training was offered to all field-qualified providers, covering advanced airway management, patient assessment, medication administration, cardiac and respiratory interventions, trauma care, and invasive procedures such as IV/IO access, pleural decompression, and surgical airway techniques.

11.4 Fire EMS Training

→ *REMSA Health met the requirement.*

Fire EMS Training was offered each quarter of FY25.

Q1 (July-September 2024)

- Active Assailant Joint training on 7/24/24

Q2 (October-December 2024)

- Communication for Joint Training on 11/14/2024

Q3 (January-March 2025)

- Mike Taigman- Science of Stress, How to Manage It, and Why It Matters Seminar.
- January 2, 2025- Communication sent to all local fire departments inviting them to joint training.

Q4(April-June 2025)

- May 5, 2025 - Joint Training offered to Fire departments.

ARTICLE 12 - REPORTING

12.1 Monthly Reports

→ *REMSA Health met the requirement.*

During the fiscal year, REMSA Health submitted twelve Operations Reports to the District Board of Health (DBOH). These reports included documentation on response compliance, average response times, average bill, community CPR classes, patient feedback, and multimedia campaign activities

12.2 Quarterly Reports

→ *REMSA Health met the requirement.*

During the fiscal year, REMSA Health submitted four Operations Reports to the EMSAB.

- EMSAB meeting was on August 1, 2024 and REMSA Health provided the quarterly report for the fourth quarter of FY24.
- EMSAB meeting scheduled for November 7, 2024, was cancelled but REMSA Health provided a report for first quarter of FY25.
- EMSAB meeting was on February 20, 2025, and REMSA Health provided two quarterly reports because the previous meeting was cancelled.
- EMSAB meeting was on May 29, 2025, and REMSA Health provided the quarterly report for the third quarter of FY25.

12.3 Daily Reports

→ *REMSA Health met the requirement.*

REMSA Health emails a copy of the staffing schedule to fire agencies and the EMS Oversight Program email daily.

12.4 Annual Reports

→ *REMSA Health met the requirement.*

NNPH received all compliance documentation prior to December 31, 2025. During the fiscal year, EMS Oversight Program staff conducted monthly compliance calculations based on data pulled from the FirstWatch OCU.

ARTICLE 13 – FAILURE TO COMPLY/REMEDIES

13.1 Failure to Comply with Agreement

→ *Failure to comply is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

13.2 Notice of Noncompliance

→ *Notice of noncompliance is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

13.3 Failure to Correct/Rescission of Agreement

→ *Failure to correct/rescission is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

13.4 Alternate to Rescinding Agreement

→ *Alternate to rescinding is stated in the Franchise, but is not part of compliance determination, unless REMSA Health does not comply with the terms of the Franchise.*

ARTICLE 14 - DISPUTE RESOLUTION

14.1 Agreement to Mediate Disputes

→ *Agreement to mediate disputes is stated in the Franchise, but is not part of compliance determination, unless a dispute occurs.*

ARTICLE 15 - FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS

15.1 Financial Assurance/Continuity of Operations

→ *REMSA Health met the requirement.*

The Consolidated Financial Statements prepared by the external auditor report Total Net Assets of \$49,715,454. The audit also identifies a Board-designated reserve of \$3 million within the equity statements.

ARTICLE 16 - INSURANCE AND INDEMNIFICATION

16.1 Insurance

→ *REMSA Health met the requirement.*

REMSA Health provided a copy of its certificate of liability insurance, which includes coverage for general liability, automobile, workers' compensation, and employer's liability. The certificate lists the Washoe County District Health Department as the certificate holder.

16.2 Indemnification

→ *REMSA Health met the requirement.*

The Franchise Agreement includes an indemnification provision requiring both parties to hold harmless, indemnify, and defend one another. This provision became binding upon execution of the Agreement. A signed copy of the Franchise Agreement is therefore included as part of the compliance report documentation.

16.3 Limitation of Liability

→ *REMSA Health met the requirement.*

The Franchise Agreement specifies that NNPH will not waive, and fully intends to assert, any remedies or liability limitations available under NRS Chapter 41 and applicable case law. Accordingly, the compliance documentation for the fiscal year includes a copy of NRS Chapter 41 and the signed Franchise Agreement.

ARTICLE 17 – MISCELLANEOUS

17.1 REMSA Health Contracts with Other Entities

→ *REMSA Health met the requirement.*

REMSA Health submitted the following contracts, service agreements, Mutual Aid Agreements (MAA), and Memorandums of Understanding (MOU).

- Agreement for Emergency Medical and Emergency Fire Dispatch for Truckee Meadows Fire Protection District
- Subcontractors to the Franchise:
 - Truckee Meadows Fire Protection District
- Letter of Agreement with Washoe County for Washoe County Regional 800MHz Communications System
- MOA with Carson City Fire
- MAA with City of Reno
- MOA with North Lyon County Fire Protection District
- MOA with Storey County Fire Protection District
- MOA with Truckee Meadows Fire Protection District
- MAA with Sierra Emergency Medical Alliance (SEMSA)
- MOU with Sierra-Sacramento Valley EMS Agency
- NNPH Multi-Casualty Incident Plan
- NNPH Mutual Aid Evacuation Agreement

17.2 Governing Law; Jurisdiction

→ *Governing law; jurisdictions are stated in the Franchise, but are not part of compliance determination.*

17.3 Assignment

→ *Assignment is stated in the Franchise but is not part of compliance determination.*

17.4 Severability

→ *Severability is stated in the Franchise but is not part of compliance determination.*

17.5 Entire Agreement/Modification

→ *Entire agreement/modification is stated in the Franchise but is not part of compliance determination.*

17.6 Benefits

→ *Benefits are stated in the Franchise but are not part of compliance determination.*

17.7 Notice

→ *Notice is stated in the Franchise but is not part of compliance determination.*

