

West Custer County Hospital District
Board of Directors
Special Board Meeting
February 27, 2020
Minutes of the Meeting

Attendance: Directors Present: Bob Tobin, Chair, Ann Evans, Treasurer,
Janny Candelaria, Secretary,
Tom Shepard, Director

Staff Present: Lisa Drew, Theresa Kennedy, Mary Bauer,
Beth Archuleta (via telephone), Justine
Beach, Susan Carlin, Russell Johnson, Jason
Banner, Jonathan Rafferty

Guests Present: Tom Flower, Jay Printz, Bill Canda, Clint
Smith, Mary Seifert, Linda Pollack, Elliott
Jackson, Ann Barthrop, Lisa Kidwell

A quorum being present, Mr. Tobin called the meeting to order at 12:57 p.m. All meeting attendees stood and recited the Pledge of Allegiance to the American Flag.

Public Comments:

Introduction of guests. No public comments

Opening Comments from the Board:

None

EMS discussion with BOCC:

Mr. Shepard went over the boards response to the letter received from the BOCC see attached letter and responses. The BOCC requested copies of the response so they would follow. While the responses were being handed out by Mr. Shepard, Ms. Drew took the opportunity to thank the BOCC for the letter and for coming to this meeting. After Mr. Shepard finished reading the letter and responses. Ms. Drew updated everyone that they did hire a new Paramedic that will start March 8th. Mr. Canda wanted to clarify that in the last meeting the WCCHD Board voted to cover all of Custer County. Ms. Drew responded that we they did and have been covering Custer County not covered elsewhere. Mr. Printz stated that they are not disparaging the work by EMS but the question is "Is there a better way". Mr. Tobin presented alternatives for ambulance coverage in East Custer County, see attached report. In Mr. Tobin's report one of the options is to ask for donations of East Custer County. Mr. Flower asked if we currently balance bill patients. Ms. Kennedy verified that effective 1/1/20 that we have started balance billing. Legally we can balance bill because we do not have contracts with commercial insurance companies. We are mirroring what AMR will do if they come in. We cannot balance bill Medicare/Medicaid/VA. It is like only 20% of our transports we are able to balance bill. Mr. Printz asked if this is our new policy or is it a temporary thing. Mr. Printz wanted clarification that we would bill someone for a transport and then they would also be asked for a donation? Ms. Drew clarified how the donation would work. Currently if you are in the WCCHD you pay a

7.908 mills, 3 of that is restricted to EMS. So the thought was if we could solicit donations from anyone outside the district and put a dollar amount based on the following the 7.908 mills would be \$34,749.02, there are 277 residential properties outside the district according to JD. This would be roughly about \$142 per resident per year. This is the amount we would solicit for donations from these residents. Mr. Canda just wanted to clarify that this would not be a forced tax but a request for donation. Mr. Evans clarified that it would be a donation and some people may not be able to donate and some others will. Mr. Canda wanted to clarify that the purpose of the meeting is to look at options and not to solve it and, in the end, we are going to get a joint group together to go look at this for the good of the county to get an answer to recommend to both boards. Ms. Evans stated that it seems we have two homework's, one the BOCC would find out what it would cost the county to take over the ambulance service, two the WCCHD needs to determine what mil levy we would take to cover the entire county. Mr. Canda requested we put the workgroup together. Ms. Drew asked to see if anyone wants to be on the workgroup. Ms. Candelaria, Ms. Beach, Mr. Keene, Ms. Kidwell and Mr. Printz will be the workgroup. Ms. Candelaria will be send email to the workgroup to set up first meeting.

Adjournment:

Mr. Tobin made a motion to adjourn the meeting. Ms. Evans seconded, the motion passed unanimously, and the meeting was adjourned at 2:48 pm.

Respectfully submitted,



Janny Candelaria
Secretary to the District Board

In response to a letter from Custer County Board of County Commissioners to West Custer County Hospital District Board President Bob Tobin dated January 15, 2020

BOCC Statement in Bold *WCCHD Response in Italics*

Re: EMS Services in Custer County

The Board of County Commissioners unanimously support a collaborative effort between the West Custer County Hospital District (WCCHD) and the Custer County Board of County Commissioners (BOCC) to secure the services of American Medical Response (AMR) or other comparable emergency medical ambulance provider to deliver first-line emergency medical intervention and ambulance medical transportation in Custer County.

The special district's board appreciates the willingness of the county commissioners to collaborate with us in addressing the problem. The District board requests clarification on what the problem is. The urgency of the declaration implies strong consensus among the commissioners' constituents. Despite all the press, though, we've found no general perception of a problem. Instead, we've found praise for the promptness, skill and dedication of Custer County EMS providers.

We appreciate and respect services that American Medical Response brings to inadequately served communities nationwide. While we applaud their work, we don't support a monopoly on EMS transport services by anyone. AMR and REACH air medical transport's parent company, AMR Group Holdings, is owned by Global Medical Response, which is owned by Envision Healthcare which was sold in 2018 to a global venture capital, private equity firm, based in NYC, KKR & Co Inc. (Kohlberg, Kravis, & Roberts). KKR owns RJ Reynolds Tobacco, Orkin pesticides, and Safeway. It owns Hospital Corporation of America and Envision Healthcare, that operates many hospital ERs and AMR. It owns Kindred Healthcare for seniors, and Concentra occupational medicine. KKR boasted managed assets of 148.5 billion dollars in 2017. KKR is among three "dark money" private equity firms, investigated by the House Energy & Commerce Committee, while KKR was concurrently lobbying both chambers to block bills meant to stop "surprise billing" of patients and families by physician groups and hospitals for "out-of-network" care. Medical bills are the leading cause of bankruptcy in the U.S.

The citizens and visitors of Custer County deserve the most prompt and highest level of care when a medical emergency arises. While the Custer County EMS Corps is extremely dedicated and highly professional, AMR or another comparable EMS entity shall be capable of providing a higher level of care with each ambulance manned with a basic emergency medical tech and an advanced life support professional. We anticipate response times to emergency calls will improve.

WCCHD considered those two assertions separately.

Promptness: For Custer County Ambulance, which made 597 runs during 2019, the average time from dispatch to a unit being enroute fully staffed was 4½ minutes. Average time enroute was just over 9 minutes. Average time on scene was 24 minutes. Average transport time, when a patient was transported, was 68 minutes. Average time from patient delivery at destination to the unit being thoroughly cleaned, restocked and logged back in service was 90 minutes.

Other than the initial response times, which are likely similar between the agencies, the numbers largely reflect the choices we potential clients made to live where we live. They also reflect the focus and dedication of a team, including dispatchers, that infrequently have to decide which call in which area to respond to first.

For AMR, there are articles in the Pueblo Chieftain, Colorado Springs Gazette, Cañon City Daily Record, among others, about staff and ambulance availability issues. AMR covers a lot of ground with limited and changing resources. There are some gaps between promises and performance. Those speak to the breadth of AMR's commitments, not to the performance of their responders.

Level of Care: CCEMS has at all times provided and delivered the appropriate level of care to our patients. We have 4 full-time and 6 as-needed basic emergency medical technicians on staff. They provide the bulk of our paid professional staffing. We have 1 full-time and 1 part-time paramedics on staff. We are presently interviewing 2 other paramedics for full-time positions. We have 2 of our EMT-basics in paramedic training programs and 2-4 more of our basic EMTs are planning to complete paramedic training, if and when funds become available. We are now and probably always will be a work in progress. While we aspire to full 24/7 coverage with basic and advanced life support providers, we expect to have gaps. The actual need for ALS skills and advanced drug training is still very infrequent.

The selected EMS service provider shall not be bound by the jurisdictional boundaries of Custer County, and will have the ability, and must agree that it will allocate emergency resources within and outside the county as necessary to maintain full coverage in Custer County.

This seems to assume cross-jurisdictional cooperation based on the commissioners' ability to negotiate with our neighboring counties, specifically to Custer County's benefit. With respect though, The Hospital District's dedicated staff and capital assets aren't the County Commissioners' cards to play with. Even if Custer and neighboring counties could agree to draw from a regional pool of professional and capital EMS assets, we suspect the Willy Sutton principle would still apply. The greatest resources would "go where the money is."

As you are aware, the highest level of care and faster response times with AMR or a comparable entity as the county's first-line emergency medical responders can be accomplished without additional taxes to the citizens of the county within the WCCHD and with a comparable tax initiative for the residents of the county who currently do not contribute taxes for emergency medical services. Such a tax initiative will allow parity for all residents of Custer County for emergency medical services.

We know that our, the district board's, decision to have EMS respond to the citizens of Custer County east of SH165 in the same way we respond to citizens inside the district boundaries exposes a disparity where in-district tax payers are paying for services to a few in-county neighbors who don't pay those taxes. We look forward to working with the Commissioners and the county residents east of SH165 to solve it.

The BOCC requests that the WCCHD join the BOCC in its efforts to secure the services of AMR or another EMS provider as Custer County's first-line emergency medical response corp. This joint effort will result in enhanced potential life-saving benefits which will significantly benefit the residents and guests of Custer County.

The Hospital District board respectfully disagrees with the Commissioners' proposal. We believe that having EMS ground transport matters in the hands of the special district, as the citizens of the district and county have for many years, will best benefit the residents and guests of Custer County.

Thank You

Alternatives for Ambulance Coverage in East Custer County

Inclusion process is straight forward and well known

difficulty: must be same Mil as district included into: full WCCHD Mil
7.+ etc.

And must take into account exclusion of resident using RYE EMS.

Separate District created with minimal MIL (3 mills)

This will utilize a whole new district of East Custer County with either an appointed or elected board. Must take into account inclusion or exclusion of residents using RYE emergency services.

This Board will provide EMS service, by negotiation with existing EMS Providers see below.

Or organize a volunteer or paid service from within the service area: would require equipment and staff.

This would provide the best alternative for expansion and population growth in the future. With flexibility over the near term as the board could utilize different alternatives over time.

Proximate inter county agency (Could also be part of New district.)

This would require negotiations with proximate EMS agencies: Penrose, Florence, AMR and Custer EMS.

and use of ~~IGAs~~ *Now*

Status quo (Custer EMS) supported by East Custer County Donations:

Temporary Solution will not service future growth adequately and would be cumbersome in collections and administration.

BOCC claim of 1989 "volunteer EMS boundaries" not supported by DOLA MAPS which are identical to current Maps as to boundaries and exclude East Custer County.