



**MINUTES OF THE NORTHERN NYE COUNTY HOSPITAL DISTRICT BOARD OF TRUSTEES  
PUBLIC WORKSHOP**

**101 Radar Road, Tonopah, NV 89049  
February 21, 2019  
2:00 PM**

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Chairwoman Link called the workshop to order at 2:00 p.m.

**Present:**

Chairwoman Roni Link

Vice Chair Karmin Greber

Secretary / Treasurer Justin Zimmerman

Trustee Don Kaminski

Nye County Comptroller Savannah Rucker

Let the record show that Trustee Clifford was absent from this workshop.

**Item #1, Pledge of Allegiance.**

Led by Secretary / Treasurer Zimmerman.

Chairwoman Link wished to make an opening statement, thanking everyone for being here today, stating it was the first workshop she had called as Chairwoman. She chose this format because it is a less formal setting where discussion can be held, we won't be making any decisions today. Anything that comes up which requires a decision would be placed on the agenda for our next meeting. We still abide by established rules of order and ensure that we comply with Open Meeting Laws.

She continues she doesn't have a financial background and has asked Nye County Comptroller Savannah Rucker to give us a more in-depth look at our financial position, and with that said, as the newly appointed Chair, she would like to revitalize, strategize, and prioritize what our agenda and our hopes are for moving forward on the Board.

**Item #2, Approval of the Agenda for February 21, 2019 (Non-action Item)**

Secretary / Treasurer Zimmerman suggested that the agenda be approved as it reads.

Chairwoman link accepted the agenda as stated.

**Item #3, GENERAL PUBLIC COMMENT (Three-minute time limit per person.) Action will not be taken on the matters considered during this period until specifically included on an agenda as an action item (first).**

Steve Jolley from Affiliated Therapy and his colleague Sean Hastings are here today and have met with all the providers in Tonopah, giving them pamphlets, flyers, referral forms, business cards and appointment cards. They also met with Sean Harmon about their new property, commonly known as the old DMV building, and they hope to start their remodel there. Steve stated they hope to be moved in and see their first patients March 7<sup>th</sup> if they can get their remodel done soon enough, they will start seeing patients on a fuller schedule, but if not, it may take a couple weeks until they get to see more.

Vice Chair Greber confirmed the start date of March 7<sup>th</sup>, and that this date was provided to our other professionals for referrals.

Steve stated the other item which may hold things up would be the auction for the excess hospital equipment. He affirmed they do have some equipment, which is trailered and ready to bring up here this morning, but due to the snow they elected to hold-off on that. They convey they have been waiting to accumulate much of it to see what they get from the auction to get things rolling.

Secretary / Treasurer Zimmerman asked if the County has set a date for that auction. Steve responds he does not have a date, but he was advised it was going to be an agenda item for the Board of County Commissioners on March 11, 2019.

Vice Chair Greber explained the county had a very heavy task completing the inventory of items and equipment in the hospital, and they needed to excess that inventory in order to move forward with the auction. She questioned if Steve has had opportunity to assess the actual equipment, or have some idea what they are aiming for?

Steve stated there is a lot of the exercise equipment they hope to purchase, uncertain if there were many examination beds, but will need those, too. He plans to start with minimal equipment on the 7<sup>th</sup> and of course considers the main "equipment" is having a provider.

Vice Chair Greber asked Steve if there was a cut-off date at which time, he will forego pursuit of the excessed equipment to instead bring up his own equipment and perhaps incorporate those auction items as that process plays out?

Steve affirmed they understand they are working with a government agency and there are steps that need to play out. In March, on into the beginning of April, they will do four visits or so, and if it doesn't work out, they will purchase more equipment. And if they are full of patients, then that makes a big difference in the priority and timeline to get the additional equipment here.

Vice Chair Greber stated her hopes that they will indeed find many patients referred for therapy with them, and that in recent weeks she heard from providers of cases which they would have referred for physical therapy if there were one here to receive them.

**Item #4, No Action – Discussion regarding professional service agreements between Northern Nye County Hospital District and Renown Health and Regional Emergency Medical Services Authority and all matters pertaining thereto.**

Vice Chair Greber and Secretary / Treasurer Zimmerman were asked by the Board to undertake this review which needs to take place annually, to ensure we remain in compliance and are moving in the right direction.

Secretary / Treasurer Zimmerman stated scheduling conflicts which have prevented us meeting with Renown yet, though they are expected to join the video teleconference around 2:30pm today. If they do, we may circle back to this item. We have met with REMSA twice, and we seem to be on the same page with them. They are asking for a cap increase but nothing too drastic. The contract would remain the same, with only the annual financial cap being raised.

Vice Chair Greber stated we have not seen this formally in writing yet and reminds the Board we have not performed a service agreement review before. The way we plan to proceed will be to assess their implementation schedule, their deliverables, look at their invoices very closely, as well as, the processes of the invoicing not just the dollars and cents. We hope to get to greater detail and understanding of what is represented in their respective invoicing, what is there, what is way too expensive, what is not clear, etc. We hope to break it down and make it more accessible moving forward.

Trustee Don Kaminski asked if both Renown Health and REMSA have requested an increase. Secretary / Treasurer Zimmerman reminded the Board we have not met with Renown yet, only REMSA.

Vice Chair Greber continued that the increased cap for REMSA which has only been referenced verbally has not been received formally. The annual review will close March 4<sup>th</sup>, and at that point any formal notices will be generated and

recommendations made to the Board. All the pertinent data will be available to answer questions from that Board at that time. If Chairwoman Link would like to have a special workshop again, or if you want to have this during general business, everything at that point will have been assessed with everyone who is willing to provide inputs. Any changes, augmentation to the invoicing, or challenges to any of it can take place at that time.

Chairwoman Link comments this was a large undertaking and thanks Vice Chair Greber and Secretary / Treasurer Zimmerman for doing an excellent job. She would like to commend REMSA, Kevin Romero, having understood their people have been very helpful and forthcoming in this matter. She invited Mr. Romero to make any comments on this subject.

Kevin Romero of REMSA joined the meeting dialogue at this time by teleconferencing, with a clarification for Trustee Kaminski: the cap is set for \$440,000 annually. He affirmed they have provided everything that you need, Secretary / Treasurer Zimmerman and Karmin, with request to let him know if we need some form of addendum or what you need from REMSA moving forward.

Secretary / Treasurer Zimmerman stated this workshop is an opportunity for the Board and for Kevin, for example if the Board wanted him to go through his proposed cap increases and explain those to everyone, we can have a back-and-forth dialogue today.

Trustee Kaminski asked if REMSA was currently doing the In Home as it states in the PSA?

Kevin stated they have had two referrals that they have treated in-home on the community paramedic side of things; they have also had a few referrals from Marie's office where we work to find the correct pathway for the patient to go. But truly the referrals won't come until the arrival of telehealth and mobile telehealth position on things, so they are looking forward to doing that.

He continued they do have a mobile telehealth device on grant that they're waiting to receive, and they are working in conjunction with Renown Health on that mobile telehealth device. But that is when they will truly see the pick-up in the home-type care and the referral and delivery. Please remember that to accept somebody into the in-home health program requires a referral from the physician to treat that patient in the community paramedicine program.

At this point Mr. Romero referred to their Annual Report which was presented at our last regular board meeting, telehealth is at the forefront of 2019. He reported they have a good majority of the expanded scope, medicine that they feel is important to have implemented into the rural areas, and the long-distance transports, those have all gone into effect. Telehealth and suturing will be the two big items for calendar 2019.

Trustee Kaminski accepted Mr. Romero's explanation, stating in his review of item 5.3.1 related to in-home services was to have been launched in phase 3 and we are well beyond that, so he was interested in checking status on that.

Additionally, Mr. Romero asserted that during lengthy talks involving Secretary / Treasurer Zimmerman and Vice Chair Greber it was explained REMSA was also waiting for a mid-level provider through Renown Health to become available within the clinic and reminded the Board the mid-level is now in the clinic at Renown and has been there only about 20 shifts or so. They really were waiting for that to move forward.

The other items in that annual report have all been implemented and that included two major devices: a ventilator, a video regiscope, and expanded protocols within pain management, expanded protocols for hypertension, and some other items were the big ones for them. Telehealth and suturing are the two big items coming up.

Vice Chair Greber inquired regarding suturing, within the skill-set of our REMSA paramedics they are able to perform this service only if there is a doctor or a mid-level provider in the vicinity or on telehealth, please clarify.

Mr. Romero stated all the community paramedics were trained in suturing and they have all done some clinical time; they have to do some additional clinical time, which has just been secured for them to do at St. Mary's Emergency Room. Once they get that clinical clearance, then they will be allowed to do what they are calling "simple sutures". Those can be done multiple ways, they can be done within the clinic with the mid-level Lisa Logan available to oversee that, it can be done in the clinic via telehealth, and it can be done remotely via telehealth. Obviously in the clinic is preferable, so even if they have the ability to take the patient from their home to the clinic after hours, perform

the procedure, and then have that reviewed by the physician on the other end would be preferred because that's the most sterile environment.

He continued that once the telehealth device is received and he can demonstrate it, you'll be able to see that one can actually come right in over the incision and the sutured area and be examined very closely, even magnified better than the human eye, so that the physician on the other end can make sure everything is good before he decides what else needs to be done.

Vice Chair Greber inquired if REMSA was considering Lisa Logan to be the overseeing physician at the other end of the telehealth monitor when you are in the field, or just when you come into the clinic while she is there?

Kevin responded that his understanding working with Renown is she is available the hours that she is working within the Renown Clinic, so if the procedure falls within the clinic hours when she is there, they would prefer to just transport there and perform the procedure. If it falls outside the hours she is there they would be doing that via a different provider.

Chairwoman Link stated that makes sense, and at least with the telehealth approach with the physician being able to see the wound he would be able to advise various aspect related to suturing. I can see where that would work. We are making progress, slowly but surely.

Vice Chair Greber asked what success REMSA has seen in other geographical areas which utilize telehealth on an advance paramedic call?

Mr. Romero stated this is very new ground for everyone and is not done widely across the United States. They do provide community paramedicine in the urban areas up in Reno, but it is a different type of community paramedicine, although the referrals are the same. They don't respond to 911 calls, and they don't utilize telehealth because they are 5-10 minutes from a facility at any given time. So mobile telehealth will be very new and on-the-forefront, and quite frankly many eyes will be watching to see how this program works in a rural/frontier area.

He conveyed there was an announcement last week at an event in Washington, DC where Brenda Staffan was in attendance; the CMS is coming out with what they are calling an ET3 program involving Medicare patients, by which in the near future agencies will be able to apply and be accepted into the program and Medicare will reimburse for alternative destination transports, for telehealth, for community paramedicine, patients that are insured by Medicare. That's a big step in the right direction.

In other words, we could have at some point in time when we apply and if we are accepted into that program some reimbursement from our Medicare-covered patients. Chairwoman Link affirmed in our area that a large portion of our patients are in that category.

Trustee Kaminski made reference to December invoicing, individual line items, observing there are detailed expenses but absolutely no income whatsoever. He asked if REMSA works for free?

In response Mr. Romero deferred this to REMSA Controller Mr. Devon Walker who stated this issue is something they have requested that the Hospital District work on the other end with Nye County, because any time a community paramedic assists in the transport of a patient in the back of an ambulance Nye County is billing that patient. However, they can also bill at an ALS level, which should increase the rate of reimbursement that they can receive, and Nye County and the District should work closely together to offset those costs.

Chairwoman Link stated that's actually one of her reasons for calling the workshop, continuing she is not a finance person, but has been told to "follow the money" to find out all kinds of things, and that's why she has requested Savannah to be here with us. She intends to attempt to pull that string and see what we can do to enhance that whole operation.

Mr. Devon Walker again joined the dialogue, stating that for REMSA he generates those monthly invoices himself, follows the contracts word-for-word, so essentially those line items you see match the different cost groupings which you see in the contracts. They simply charge for the direct actual incurred costs and apply the overhead and operating margins as dictated in the contract. He directed the Board to notice that the net revenues is zero (\$0.00) at the top and that would represent the enrollment in the community paramedicine if we have that program in the future. The Board

will never see any large revenues in that line item; it will be small, maybe \$400-\$500 per enrollment if you do see anything there in the future.

Any questions that you have, either now or in the future, related to billing, the Board is invited to reach out to Devon directly and ask any questions we may have.

This goes back to what he was talking about: it is very difficult for a patient to fall within the category of community paramedicine referral due to insurance, and as previously stated, Medicare in the future may be reimbursing community paramedicine or telehealth is a way they can see to keep patients patriated within our area and possibly offset some cost, because they can now bill those patients, and including if they are transported to an alternate destination like an urgent care or clinic, and for in-home care or telehealth, and that's when the Board would see that number within their monthly financials.

Chairwoman Link requested Mr. Romero to send her Devon's contact information.

Trustee Kaminski requested clarification: what is the different between BLS and ALS as far as dollars and cents for percentages. In other words, if we billed for example \$5000 in BLS, what would that be for ALS?

Kevin stated they do know what the ALS versus BLS rates are and could probably provide the difference for that, so you could find out what that would be and give you an idea of what we are offsetting. He advised you can take the total number of transports which are noted in the annual and monthly reports, and as long as the community paramedic did something, then they would be eligible for the ALS rate. As a ballpark range, you could see that number and determine a reasonable expectation of the revenue which may be available to offset our cost. He stated he and Devon will work on that right now.

Chairwoman Link stated a goal to continue to follow the money and see where it leads. Kevin stated his understanding the Board has discussed this subject in the past, attempting to work with Nye County on that number, but doesn't know that you have seen any of those funds yet.

Vice Chair Greber mentioned to Kevin the new presence of Steve Jolley and Affiliate Therapy, asking about the subject of wound care. This is available at their other clinic locations, and are considering that for their new Tonopah location, which should be up and running March 7<sup>th</sup> and full-time over the next couple months. Questions: As far as REMSA home visits or call-outs, is there the possibility of a connection between the paramedics and a physical therapy clinic which offered wound care for example when the mid-level provider was not available?

Kevin described wound care to be a very distinct service, an art form, and their community paramedics do not currently do any form of wound care per se and would need to understand the extent of what his office is planning on doing. The question of could they follow up and look in on a patient who received that, he doesn't see why they couldn't do that, believing what is being asked is if they (Affiliated) would have the ability to follow up with a patient who received sutures and the clinic wasn't available or it was a day off for the PA, that would be up to Steve. Kevin stated he would welcome the opportunity to meet with Steve personally to go over that, and many other items which may be on the table, as well, where they can assist each other and work collaboratively.

Steve Jolley was invited to speak on this subject with Kevin or the Board and has no comments or questions on this subject at this time. However, he would like to ask if Affiliated Therapy would be eligible for some of the funding or wage differential offset to help get a provider here full-time? The question is not addressed by the Board because it is unrelated to the current agenda item, being redirected to an opportunity to voice it again during agenda item 6.

Chairwoman Link wants to bring to everyone's attention that she has provided copies of a blank Patient Care Report (PCR) which is a very generic print-out for ambulance attendants to complete and begin the billing process for calls and transports. Chairwoman Link has observed them go as long as 27 pages in length, and it is her wish to inform the Board what the EMS personnel do in conjunction with REMSA, inputting their run numbers on our PCRs and they also attach their PCR information and narratives to our billing. This document is what starts the billing process for ambulance and EMS. She intends to get to know the entire billing process, and again this is why Savannah Rucker is here to help us with this.

Kevin would like to add that there is a reason Nye County does a PCR and REMSA also does a PCR: the REMSA monitor, defibrillator, vitals is synced with electronic patient care record so they can actually follow their EKG the

entire time they have them on there, and then it is all tailored towards advanced life support. So just by REMSA generating that chart and as Roni mentioned attaching that over to the Nye County chart, they now have two charts that we can refer back to then they can make the determination of whether or not it was an advanced life support-qualified patient.

Chairwoman Link thanked Kevin. Trustee Kaminski questioned is this hard copy or electronic, learning it is electronic. Chairwoman Link stated this is started on a tablet that we carry on the ambulance, wanting the Board to see what we do to start the payment process, if you will, noting it can be pretty involved.

**Item #5, No Action – Discussion regarding Nye County Emergency Medical Services Enterprise Fund, allocation of monies per township, associated liabilities and all matters pertaining thereto.**

Chairwoman Link commented on the multiple surrounding communities that are in the Northern Nye County Hospital District which are a part of this system, describing she wishes to find how the money is broken-out. Her intention is to get with the EMS Director Mr. Scott Lewis to get a look at the budget and how it all fits together. It is her goal for the Board to understand the whole process so as to identify how to work on it to make it better. There are a lot of other areas such as Duckwater, Gabbs, Smoky Valley, and they all have their own PCRs so we learn how all the money gets back into the general fund.

Secretary / Treasurer Zimmerman stated we've also heard that it might be being considered that the individual EMS programs be turned over to the townships they serve, the Town Boards to man, and if the Board will be looking at that up here, we have to consider the costs and the revenues for every township in the District and see if that is sustainable.

Chairwoman Link being on a Town board and knowing how expensive it is to run a service considered that would be a hard pill to swallow. There has been some discussion that they want to separate their EMS division from the management division. She has not been part of discussions on it, but it is being considered, so our Board really needs to get a good look at financials.

Trustee Kaminski feels the Board needs to look and see if we will be the ones doing the billing or if we will be receiving all the revenues from it; if the county is going to help by maintaining the ambulance and other aspects they cover now. The Board needs to make sure if we get into this it is sustainable.

Chairwoman Link reminded us she and Trustee Kaminski are both on the Town Board and have had some discussions about this, understanding it is a very big cost. Vice Chair Greber confirms this thread of conversation is here say only and has not been on any Town agenda yet.

Secretary / Treasurer Zimmerman mentioned he was hoping today since we have Savannah down there, though he didn't know what involvement she had with the enterprise fund because it isn't an ad valorem fund that might not be any difference in her world, but if she does work with it maybe she could take us through how monies are allocated.

Savannah Rucker stated absolutely, she can give us a 10,000-ft-view of how the fund functions and give us an idea of how it operates and where to find information if we wanted to do some research on our own. The first point she would like to make is that this isn't an enterprise fund it is actually a fee-for-service fund and this particular fund that the Nye County Ambulance is set up on is a special revenue fund and the revenues generated in this fund are from brothel cards. So that is a chunk of the revenues for this fund, but the majority of revenues received in this fund is from ambulance runs. And the idea being that the Nye County Ambulance services serves Nye County north of Pahrump. The Pahrump service is provided by the Pahrump Valley Fire Rescue Service and that ambulance fund is an Enterprise Fund. It's completely separate; it's in the Town of Pahrump budget and the Town of Pahrump audit.

The Nye county Department of Emergency Management oversees the ambulance fund and they do, as the Chairwoman mentioned, have operations in Gabbs, Round Mountain and Tonopah, she believes that is where the ambulances are housed. And so as a result that funds these expenses to house those ambulances to pay the volunteers their stipends, there is a full-time employee associated with this fund Mike Klein who understands and organizes the volunteers and manages them, and the fund also supports all the buildings and facilities that these ambulances are housed in whether it be a portion of the facility or the entire facility itself, out of that fund we offer licensing, training, fuel for the ambulances, the systems used to generate and track the PCRs as you call them. So, it is a separate business entity, it is its own fund within Nye County purview it is in Nye County audit and it is a fund that her office budgets for.

That is a high-level overview of the revenues generated and some of the expenses seen within the fund. If we pulled up a detailed ledger of revenues generated, the revenues can be identified by location. That's something that is tracked within their financial system. And they do track call volume by location and things of that nature. So that's all information that can be provided to the Board.

She understands with regard to billing they have a gal that works for the County, her name is Maryanne Odman. She coordinated all billings with the volunteers as well as, with the third-party billing company HSI. HSI prepares the PCRs, prepares all the information that actually bills out insurance or the customers themselves, collects payments and remits payments back to the County for deposit into this special revenue fund. And then past that point, if HSI can't collect on a call they send it off to a collection agency which is Clark County Collection Services.

And if the collection agency actually collects on that, then they remit payment to the County for deposit into this fund. So, this fund over the last five years has seen a lot of turmoil, actually, and we've had some hard years. Actually, FY14 the fund ended with a negative balance. We had expenditures for multiple years in excess of revenues. It had a hard go for a few years there, but it seems like with contracting with HSI, she believes in FY15 they saw revenues start to come in more steadily, and the fund is stabilizing.

They operate on a very narrow margin there, the fund supports itself at this point, but it's not supporting the capital expenditures seen from the fund. Last year the County received a very generous donation from Solar Reserve and paired that donation with some capital funding from a completely separate fund to buy a new ambulance for the Town of Tonopah, and then the County secured a loan for two new ambulances. I believe one is stationed in Round Mountain and she thinks the other one is in Gabbs. So, the fund can sustain operations, but it can't sustain capital improvements associated with it.

She also stated that she has heard these comments of potentially having the towns provide this service, but there has been nothing brought before Board of County Commissioners, there hasn't been any conversation from the EM manager to herself with how that would work. So, at this point is possibly just conversations. And she has not been provided any direction one way or another to discuss this with the towns, or budget any differently than she has been in the past.

Savannah then called for questions from the Board.

Chairwoman Link confirmed locations of the new ambulances, i.e. one is in Tonopah, one in Gabbs and the other is in Round Mountain. Vice Chair Greber requests clarification: the Gabbs and Round mountain vehicles are financed, and the one in Tonopah is purchased outright.

Savannah confirmed yes, the one in Tonopah though the Solar Reserve donation went to purchase the bulk of that ambulance, but they're about \$170,000, so they did have to pair some additional County capital funds with that to buy that ambulance outright.

Chairwoman Link confirmed it is a very impressive ambulance. Savannah agreed, it is amazing the difference from the 2003-4, which the teams were driving, to these new ones is amazing. Chairwoman Link stated it has an electric gurney which makes it much easier than getting patients in and out of the ambulance, which is of great benefit to the volunteers.

Moving on, Chairwoman Link asked Savannah for clarification on HSI rate of commission or compensation for their billing services, stating an 8% charge off the top. Savannah stated they collect 8% of the revenues generated. So, for example if they bill \$100K and they only collect \$10K they are only collecting 8% of the \$10K that they collected. Chairwoman Link would like some more information like that so she can go over it more closely.

Savannah said that what she can do is send her the audit pages for this fund, because it is a mini-business within the Nye County purview. She then asked how many years Roni would like her to go back.

Chairwoman Link requested five years.

Savannah said she would send her five years' budget pages and five years' audit pages. Trustee Kaminski requested digital copies of the same. Savannah will coordinate with Secretary / Treasurer Zimmerman and what she'll do is forward him the information and he can disseminate and make sure we don't violate Open Meeting Law.

Vice Chair Greber required clarification about the Enterprise Fund being from Pahrump Valley north throughout the rest of the county. Savannah said no, the Nye County ambulance fund is not an enterprise fund. It's a special revenue fund and it services all locations in Nye County north of Pahrump. The service in Pahrump is the Pahrump Valley Fire Rescue Ambulance Service and that is an enterprise fund and are completely separate funds.

Chairwoman Link said just for the record she would like to add that Duckwater is one of these communities that the District serves and they do have a crew and an ambulance out there as well. If you look at our county, the northern Nye County is a very large area that EMS ambulance covers and where we go if we were going to Duckwater they do have their own crew but if we go to support the mutual aid, mutual assistance then we transport those patients on into Ely. It would be ridiculous to bring them back to Tonopah and then take them to our other providers; so, if we are going to go that far we are going to go on into Ely, Nevada.

If we assist with patients in Smoky Valley with their transports, they take their patients to Battle Mountain or Fallon. So, if we have to go out and help one of those other communities, that takes us out of service that much longer.

Chairwoman Link thanked Savannah and stated that she looked forward to getting that information.

#### **Item #6, No Action – Discussion regarding budget projections for fiscal year 2019-2020.**

Savannah advised the presentation is on the screen, rather quick but hopefully will answer any questions the Board has. She would like to identify that she has not received information from the Department of Taxation just yet with regards to the property taxes, assessed valuation, as well as the abatement so she doesn't have a tentative budget at this point in time. But what she did do was forecast revenues based on historical trends.

So, the calculation basis she forecasted revenues, expenditures and ending fund balance based on these factors: property tax and net proceeds increased with a conservative increase of 2.98% based on property tax trends in Nye County over the last 10 years. She estimated the FY19 expenditures ending the fiscal year totaling \$952,093.00 based on the current information we have available right now, and that may change, which of course all these projections may change.

The assumed increase to services and supplies expenses and future fiscal years, she utilized the CPI which is the Consumer Price Index from December of 2018 for FY 19-20 and that percentage is 2.9%. And then she did make the assumption that we're continuing with service levels as they are currently and applying the CPI to those contracts and she realized that REMSA and Renown may have some revenues coming in the future that could offset some of those expenses. But at this point in time she just assumed everything was going to maintain the same and applied these increases to the projections for future fiscal years.

Vice Chair Greber asked a question regarding the property tax proceeds increase based on trends in Nye County. Are you segregating northern Nye County from Nye County? Savannah answered no, she is using Nye County as a whole because she realized that northern Nye County is seeing an economic boom right now, but we don't know how long that's going to last, that it could last a while, but that said we don't want to overshoot this. She'd rather be more conservative on revenues and come in with extra funding available rather than be the other way around. Vice Chair Greber asked are all the metrics used in this presentation going to be county-wide? Savannah responded yes, these are the metrics used throughout the whole presentation.

Continuing, the next slide contained our revenues versus expenditures from FY16-FY22. The District was formed in FY16 and had zero expenditures, FY16 we have a small amount of expenditures, and then you can see services ramping up in FY18 and FY19. And then we're projecting future fiscal years will maintain similar levels of service.

We did have in FY18 a significant payment of net proceeds that was well in excess of what we had anticipated and FY19 looks very similar, indicating that will be the trend. So FY18 and FY19 are outliers, whereas the other revenues for FY16,17, 20, 21 and 22 are a little more conservative. So, you will see that with net proceeds they're going to be significantly higher than we budgeted this year again is our expectation. That said the District is operating within its means annually our revenues exceed our projected expenditures, which business operations as they are can continue.

Vice Chair Greber requested Savannah to describe the Net Proceeds piece which is that variable.



Savannah stated the Net Proceeds is the tax on minerals mined in the District. All of the mines in Nye County reside in the Northern Nye County Hospital District. So that's a significant portion of the tax revenue generated by the District and Net Proceeds can be very volatile as they rely on the commodity markets and the need and desire for those particular materials. So, some years we have fantastic years with Net Proceeds and some years the demands for those particular commodities are not as high and they don't sell as much or it's not worth as much so the value is less.

And that's why those dollar values fluctuate. That said, it has been advised to not sustain operations on Net Proceeds. So that is something I have advised the Board in the past and we do budget utilizing ending fund balance which is the accumulation of Net Proceeds revenues from past fiscal years, but at this point, the ending fund balance for the District is very healthy, and so she thinks continuing operations as they are even with conservative revenues is feasible and is responsible.

She then showed our ending fund balance for FY16 through FY22. The District starts in FY16 with ending fund balance of \$700,019.00 but you can see FY16 \$700,000.00 ending fund balance, FY17 \$1.4 million, FYs 18, 19, 20, 21 and 22 are all in excess of 2 million dollars in ending fund balance. So not only is the District maintaining its revenue and expenditure lines, we're operating within our means. But we also have this ending fund balance that can be utilized in the event that we're looking to purchase equipment or REMSA or Renown come up with some great additional services that they can provide to the District.

Trustee Kaminski asked if the PowerPoint slides could be emailed to us. Savannah replied she absolutely will. Continuing she stated all in all, the District is in great financial health and the decisions that the Board has made with REMSA and Renown the contracts the Board has entered into and the services being provided are sustainable.

Trustee Kaminski questioned Savannah on the amount of money we spend, does this include all four entities we have contracts with? Renown and REMSA, as well as, Biowerx and our attorney. Savannah said yes, she did the best she could to anticipate those future fiscal year costs, all of them, in these projections.

Chairwoman Link thanked Savannah and stated that we appreciate her presentation and we look forward to getting that information from her, so we can evaluate it at our leisure.

Vice Chair Greber inquired of Secretary / Treasurer Zimmerman regarding the not-to-exceed concerning our legal agreement with Tom Vallas, is it \$50K? Secretary / Treasurer Zimmerman stated that he didn't think his contract references a not-to-exceed but we encumber \$50K every year.

Vice Chair Greber inquired of Savannah, can you please describe the timeline related to anything we want to be considered by the Board which may affect our budget or projections, and what is the process? Savannah stated the process for the legal budget that the District operations within and the State receives and approves is we need to have a tentative budget prepared by April 15<sup>th</sup>. And then the final budget needs to be heard and reviewed by the Board and approved or adopted by the Board by a very specific set of date ranges, but it's by the third Monday of May and last day of May.

Savannah related there is a lot of activity in between that time frame, and some of the tasks that have to be completed is the Assessor's Department for the County and the Treasurer's Office have to compile their reports that they collectively generate the property tax bills. So, the Assessor's Office and Treasurer's Office create this report and then they send it up to the Department of Taxation, Department of Taxation does whatever they do with it, they create a document called the Red Book. That Red Book is what her department uses to generate the tentative and final budget and when we get that document from the Department of Taxation, she will be able to work on the revenue budget and the expenditure budget for the District for FY20.

Vice Chair Greber explained her questions reference any new projects or initiatives that we want to incorporate into our finances. This being our financial workshop and Savannah being our financial expert, these were some of the things she wanted to be able to talk to her about when she contacted her last week. If we have incoming providers that are going to be providing medical services to our community. Within the context of the Medical Needs Assessment we have commissioned, she wanted to explore the concept of the incentives and retention tools that our District funds may provide to our higher-skill-level professionals.

She continued, currently we are entirely subsidizing REMSA and Renown, so we're not actually talking about our providers who are already receiving subsidy. She's talking about the incoming medical groups that are leasing space,

bringing high level providers in the next 4-6 months. So prior, leading up to that, concerning the budget process Savannah described its only 9 weeks we have to submit this monster document. How exactly can Savannah be of assistance to our board and to individual trustees to begin to put together the actual figures and see what we can do to present to the Board for approval regarding this retention concept she has.

Savannah stated that she hoped to answer all of Karmin's questions with this explanation: The Department of Taxation is the entity she works with, to get a tentative and final budget reviewed and approved. The document she sends to them includes all of the ending fund balances for the District, as well as, revenues we're anticipating for the District and that generates your expenditures budget. The Department of Taxation doesn't look at line by line, they're not saying you can or cannot afford that contract, that's up to the Board to decide. So, she gives the Board as much latitude as possible to be able to make the decisions that are appropriate based on the Board. Then she budgets 100% of available so as to allow not to tie the Board's hands essentially.

Vice Chair Greber said that answered her question. However, she is going to need to have some on-on-one time with Savannah to make sure that there is a circumspect approach. Her questions regarding budgeted retention concepts as far as the legalities of it, we are looking for a legal opinion from our counselor. This concept was first addressed by Roni and herself back in 2017, and we were advised that the Board could literally utilize our funds for anything which was in keeping with our purpose which is to facilitate the provision of medical services. We are still trying to get to ground truth on that. So, if it is an appropriate use of tax funds, we then need to be able to craft a process that addresses all of the check boxes in order to ensure it is in compliance all the way around. She asked what office does she start with to wind up with a suitable budget proposal to incorporate through the board, and then to Savannah.

Savannah said that she would seek legal counsel to make sure that those expenditures fall in line with Hospital District. There is a legal NRS that directs what a Hospital District can do, that would probably be my first stop.

Vice Chair Greber asked if she could determine a financial cap; i.e. how much of our budget or how much we could potentially request of the board to insert in our budget.

Savannah said yes absolutely.

Trustee Kaminski said now for the Town, we've set aside certain amounts of money for projects that we're thinking about doing in the future and in the end run at the end of the year if we don't see those monies we can just roll them back over again. So, can we do that same thing for the hospital board?

Savannah said absolutely. The District fund is its own fun, all ending fund balance remaining monies in the fund at the end of the year are rolled over to be utilized in future fiscal years.

Trustee Kaminski asked so we put them in a fund in our budget and make it available to us, and if we don't use it just rolls to the next year.

Vice Chair Greber said since we're all together she would like to explain what I had in mind. She said that she is not intentionally trying to exclude Renown and REMSA because, of course, they are our skilled medical professionals at this time, but her experience and research at the state-level databases shows they include everything from dental to veterinary services, physical therapy, all skilled nursing, mental health, all different aspects of the spectrum of a medically health community. So, there are providers that are coming to town and we have learned that housing and wage are the two incentives which matter.

Chairwoman Link agreed the expectation is a regular wage and housing. Vice Chair Greber asserted the requirement is a "really good wage" which is actually disproportionate to metropolitan or some urban areas, or even rurals, this is frontier. We can offer them all kinds of free show tickets and snow removal for their houses, but that's is not the same.

She's also considering that we're going to potentially have commuting professionals, not entirely relocations. She's getting the drift in Nevada that commuting is the way to go, people are commuting from 6-8 hours away to work at Mt. Grant Hospital in Hawthorne, and they are doing it full time, and they're happy to do that, because the wage is "three times what they are getting at a metropolitan hospital" and they're getting free housing.

Now, each professional doesn't get their own house. It may be shared quarters, though not for co-habitation. It's based on shift. So, there may be a two-bedroom apartment, one physician will crash there for their 60-hr shift, then they leave and the other moves in for their shift, etc. So, it's a shared dwelling, but they're not crossing paths.

She said she's thinking of the housing as being something in one or more to be able to consider. She said she knows she's requested and have had a meeting briefly with Lorina and Secretary / Treasurer Zimmerman and we did.

Secretary / Treasurer Zimmerman stated it is the Treasurer's Trust auction. It is all kinds of property that's been delinquent for four years which is up for auction. It's an annual event. It's open to the public, but we as a government agency get an advanced preview.

Vice Chair Greber said she would like us to get on that mailing list and recommend the Board acquire some property. It is a compilation of residential and commercial, undeveloped.

Vice Chair Greber mentioned when Renown and REMSA came in, the County assumed all the housing obligation because they had a house with 2-3 bedrooms and they just plugged them in. That decision was worked right into the presentation, it did not even cross our desk.

Secretary / Treasurer Zimmerman said as a sidebar, we would not have to buy a property off that list; if we wanted one, it would just become ours, we don't have to win it.

Chairwoman Link stated that would be nice. Never heard that before.

Secretary / Treasurer Zimmerman said the auction, he believed, will happen in May. There is an advanced list which he might have already, and if he does, he'll distribute it.

Vice Chair Greber said if we're going to pursue property coming up for auction it is likely run-down or dilapidated, at which time Secretary / Treasurer Zimmerman mentioned historically there are few properties in the north, they are primarily in the south.

Vice Chair Greber said that's an aspect she wants to look at, she wanted to see if our Board can acquire property as far as housing to facilitate retention of our medical professionals.

The second prong to this is the wage differential. She doesn't know how we could do "three times" what everybody else is making, but we can, she's hoping through her state contacts as she has sent the concept to Dr. Scott Jones and he's looking it over to see if there is an existing model, a conversation that these kind of areas such as ours are providing, because he knows every incentive from the tip of Nevada all the way down, he is aware of everything that various communities in Nevada are going. There are some outlandish incentives including helicopter tours, shopping trips, and other things we talked about two years ago.

All that aside, she wants our Board to consider offering what she's just terming a wage differential, like a hardship pay or a location stipend or something that would equate to money right off the top, but without hiring anybody. She wants to use that as an incentive to encourage private medical companies. They hire their own staff and manage their business, and all we do is give them a bonus for bringing them here.

She envisions this as something attached directly to the hours served in Northern Nye County. So, if they're an employee of a large medical group, we're not going to pay for everything they do in every single place that they have privileges and that they practice their trade. She's specifically interested in sponsoring the hours served in Northern Nye County. Of course, that includes Gabbs, Round Mountain, any place else within our District.

The state requires full time employment for some of their loan forgiveness programs; she's not concerned if they're full-time or not. They're coming out here for our patients and our community. She wants to offer those private businesses or non-profits, whoever is coming out here, she wants to find a way to infuse them with our money so that they can incentivize and retain their personnel.

This is the key to the success of our neighbors out in Round Mt. They're offering outlandish wages, and people are staying there, for generations, sometimes forty years out there.

She would like to establish a process by which private business could even invoice us. After they've served their hours, on a traditional two-week pay cycle, they submit an invoice to us for example the professional's time, and then the District pays according to the differential and conversion that we have established.

Chairwoman Link said with the current state of affairs in the medical industry, and all the travelers and commuters out there, surely somewhere somebody else is doing it. She said that when Karmin and she did this it was really interesting because they were trying to find different incentives to bring people in and we really don't have a whole lot to offer in Tonopah. Maybe some free tickets to a show in Vegas once in a while. Money is the biggest medium.

Chairwoman Link mentioned Trustee Greber received a 58-page resource guide to other agencies which may be a good way to find out what other people in the state are doing as far as incentives and benefits packages.

Vice Chair Greber stated believe it or not, she never stopped researching after they started this conversation in 2017. It appears that government agencies are not infusing cash like this; the businesses themselves are offering really high wages, with or without subsidy. For example, a critical access hospital will offer these increased wages and the housing to keep their staff consistent. Obviously, we're not a private employer, we are a completely different agency as a government body.

She then told Savannah that this is where she's looking to nail that down, is how we can spend our money in the interest of our own purpose of facilitating medical services, and also the economic development piece. We can all appreciate the fact that nothing stimulates an economy like a hospital, like doctors, like medical, pediatrics, have your babies here and don't worry you'll have to travel 200 miles for an ultrasound because honestly, they're just not that hard.

Vice Chair Greber said whether it drives more business or stabilizes what we have, it is highly advantageous economically and socioeconomically in all those factors.

Vice Chair Greber then polled the Board if the concept was something they would like to further develop.

Secretary / Treasurer Zimmerman stated it's a good concept. He thought that the slide Savannah had that compared expenditures to revenue and projected through future years was very important and wanted everybody to keep that in mind. He said we have money in the bank, but we are right there with our annual revenue. So, he sees that money for capital purchases like Savannah said, for equipment. We're talking about remodeling the facility, but we have to be careful being committed to recurring wage differentials that are going to part of our budget for years down the road.

He continued we don't have a lot of revenue to work with. We have money in the bank, but we will eventually exhaust that committing to expenditures above revenue year after year.

Vice Chair Greber asked what about the angle that says this is to help you get established in our community and put a not-to-exceed in a fiscal year, and also, you're only eligible to apply for this subsidy for your first 36 month?

Secretary / Treasurer Zimmerman agreed.

Karmin continued, this is essentially to remove any barriers to opening. Perhaps we program in means by which your subsidy incrementally decreases?

Trustee Kaminski suggests this would be similar to how it was supposed to be with Renown, as they increased their revenue then our amount we are paying them is going to go down.

Secretary / Treasurer Zimmerman stated he's heard some hopeful things from REMSA, he hopes that materializes. He also said that he wished we could say that about Renown, too, but maybe we will be able to say that after we meet next week.

Chairwoman Link observed Renown was scheduled to join the meeting at 2:30pm, though it is now 3:15 so it looks like they will not attend today.

Kevin thought Devon had determined an ALS rate for Trustee Kaminski, though he discovered they are currently not Super Rural they are Super Urban, so the County will have to advise on the Super Rural rate and then they will have to obtain the Super Rural ALS rate.

Trustee Kaminski questioned the term "super rural" and Kevin confirmed it is how it is classified for insurance purposes. Someone he knows would be the one to have this information would be Maryanne Odman, they should have an average base rate for BLS and then they would need to obtain the average base rate for ALS. You can use that number to offset and give you an idea of what it would cost.

And going back to what you just mentioned, granted we haven't seen the net revenue number coming from REMSA, but this is something that you can control that maybe will affect some of the things that Secretary / Treasurer Zimmerman was talking about whether it's wage increase or something on an annual basis. There is some revenue. One thing that he did notice is the mileage charge for REMSA is approximately \$7 mileage urban versus super rural which is over \$11, so you can see there is a big difference there.

Trustee Kaminski questioned the metric of \$7-11 for mileage when the IRS offers mileage rates of approximately \$.54 per mile. How does somebody come up with seven to eleven dollars amount?

Vice Chair Greber suggested her understanding that is the insurance-approved billable rate for various categories of transport or call; this is the amount you can bill insurance for mileage.

Kevin confirmed. He wanted to use that as an example of the difference between urban, what they bill in Reno, versus what they are billing here in Nye County.

Vice Chair Greber said certainly this is not new information to any of us, we are very aware the cost of doing business here. And there are some benefits to being in our community as your paramedics are perhaps experiencing including low crime rate, no traffic, all of those things which are beneficial, a work load and schedule which is not crazy or extreme, and the love of your neighbors. It's a small community, and people who have been in small communities come to cherish these aspects in time. We want our medical professionals to have that opportunity here in town benefitting them and benefitting us simultaneously.

She then invited Mr. Steve Jolley to comment on this aspect of incentives.

Steve stated he considers it almost like a lease where you work out a deal with either some free rent or tenant improvements, or we are just going to charge you really low rent for a time period or put up money up front. He thinks that helps them to have that incentive to come here. They're going to have definitely a wage differential, which will be probably one and one-half times normal 80-hr salary in order to get them here. Plus, they're hoping to take advantage of some of the other programs like loan repayment things that wouldn't cost the hospital board anything but would still be a benefit to an employee.

Steve continued that's what they would ask for, the reason they're here is to figure out how they could set something up to have some incentive to get a take on the time to train a therapist and then get them up here and still support them well enough that they want to stay. They feel like they're family, so he said they can't just stick them up here and leave, but they're supported, and they have the resources they need. And as they grow, he thinks the 36-month thought there would be perfect for their situation.

Steve said that they believe medical service should be independent. You should be able to come here. So, the risk for Affiliated if they put another clinic a mile down the road from us isn't very high. It's not a huge upfront investment. But they see coming here and learning the desires that everybody has, the hospital board and everything, they think this really might work out here, and it also gives incentive to attract businesses.

Vice Chair Greber said it is valuable to her that they have been so consistently pursuing space and a piece of the action in Tonopah, and that they maintain that interest level because we certainly have had a rocky road the last number of years. But it is of note that they have secured their building without us, that they got their marketing plan in place without us, they have their contacts and relationships which they're developing independently. We are not a regulatory agency; we are just a taxing District. We don't regulate private business; this is Nevada, the wild west, you can come in and literally do whatever you want. She's not suggesting that we manage anything related to services; it's just a differential for wage because of the location.

Chairwoman Link asked if we were to subsidize them for a 36-month period, would they also be willing to allow us to look at their books, be on their boards, so we would have some sort of incentive, maybe some sort of guarantee.

Mr. Jolly stated he thought we could definitely come to something like that, for example if they come in and say they want \$10K a month see you later. He understands that we want to know things like is your therapist here? How many hours? What services? How many patients are you serving? And yes, he thought those would be good and we could work that out. And if they come and ask for a grant and you find that we're already wildly profitable then we're going to say no, we don't need to fund them anymore, they're doing great.

Trustee Kaminski admonished when they are ready to come in full time maybe advertise here in our area because they would be amazed how many people they may find up here that actually have the background that are residents that are willing to work for them and get the additional training and the nurses that are not working right now, and cut their cost down because they're not paying for them to travel, and it cuts our cost down too.

Steve stated he has found it takes about seven years. He said they had some high school kids come up through and they bring them in and kind of look at it, they get a taste of it, and they go away to school, takes seven years, then they come back and they have their first one now in Pahrump coming back to work, home grown, it is a good feeling.

Vice Chair Greber asked Jolley to confirm the education process: after you receive your 4-yr bachelors, then another 3-4 years for Doctor of Physical Therapy depending on where you go.

Trustee Kaminski stated there are kids here graduating college who would be very interested in this plan.

Chairwoman Link stated early on when we discussed this it was with the hope to be able to utilize the hospital, currently under lease to Renown, like a schooling opportunity for training, and that we have people who would be willing to come in and do classes and we work with Great Basin and we wanted a medical training facility there as well. She said that she didn't think that was off the table. It would certainly be of help to some of our kids in the local area if we would bring them up ourselves.

She continued, another thing she wanted to ask is talking about local people and being a part of the community. Our paramedics were chosen for this area personally, hand-picked by Kevin and she thinks he did an outstanding job. They really seem to like the community; they've been well-received. She enjoys working with the young men very much and so that speaks to having local people having people that really understand the frontier if you will. That's an important piece. She thanked Kevin again, and said that those guys are great.

Kevin commented another thing he has the ability to draw people to the area other than wage that has been a big factor has been schedule. He knows it's a little different for paramedics, but when they're bringing people from out of the area, if you can accommodate their schedule or give them a schedule that works with the commute or a long commute and gives them more family time or days off, that's what really works well for them.

Steve affirmed they have most all of the people we hire are current students. They have a lot of interns that come in a few things that might be in high school and that's fine. But they are also connected with six universities that send them students and in Pahrump they get quite a few because they have to have a rural clinical affiliation and so obviously this would classify as one, and if they provided housing or even if our board is to get people here say give \$1000 to a third year student with free housing, they all jump on it because they're all starving college students and say I get to live somewhere for free, it's not that much and they'll be here. Some of them are 12 weeks clinical so he could see this as something we could explore in the future as well, to get a long-sustained growth here. He thinks two, possible three or four therapists here would be able to do the Home Health piece, if we have any type of inpatient here again they could do that outpatient could do any of the sports stuff and then do a little bit of the traveling as well.

Vice Chair Greber asked if they are looking at a rotation of four therapists here.

Jolly said that he thought here if we maximize everything and had every niche filled, he thinks four therapists would be needed here to fill all the gaps. Right now, we're hoping one part time, and part time right now is one day a week, every week.

Vice Chair Greber said don't know what a difference it is to have a therapist here every week. That's exactly what therapy is supposed to be, it's weekly. You go six- or eight- or three-weeks of therapy for most treatments. She said that when she went through physical therapy she had to drive 100 miles. By the time you drive up there and you're miserable because of the drive, then you do therapy and get back in the care and drive 100 miles back, in all types of seasons and weather, it's counterproductive. The weekly schedule even if it is just the one day, she is hopeful and she thinks we have heard from our other providers that they anticipate having a full patient load for them on that one day. She then asked if they had determined what day it will be.

Steve confirmed right now it is Thursdays.

Vice Chair Greber heard a motto that she liked very much, "*Keep your medical dollars in Tonopah*". It rings true to her. Everyone is spending most of the medical dollars in different counties, not even in different cities, completely different counties if not different states.

Jolley had one other question, if they wanted to propose a way to subsidize them what would be the process to work through? Would they need to meet and discuss it? Would they need to turn in a formal proposal?

Chairwoman Link said honestly, we couldn't tell them right now as we don't have that process in place yet. Vice Chair Greber said the process is in development, which before our next meeting she hopes to have ready. She hasn't talked with the Chairwoman directly, but they've been working on this for a while, so she would hope that she gets it ready for the next meeting which is the third Thursday in March and then if she has a process to either deliver to adopt.

Secretary / Treasurer Zimmerman stated at that point we can sponsor an agenda item for entering into an agreement.

Vice Chair Greber asked if she would have to have a budget consideration as part of the proposal.

Secretary / Treasurer Zimmerman said no she didn't because the budget Savannah is talking about is for the coming fiscal year. So, if she's talking about an expense incurred in this year, then no, we don't have to wait.

Vice Chair Greber said that begs the question of how do you feel about the invoicing for our subsidy versus an infusion of capital. She hadn't anticipated a model that simply infused their business with the annual salary all at one time, and she also hadn't envisioned the model that put us in an auditing position because we're not a regulatory agency. She's unsure if we can ask to look into their books. If we don't have the services agreement with these entities. Chairwoman Link said it's all speculation at this point. This is a brand-new process that we're looking at and she personally was leaning towards a one-time good deal as an incentive.

Vice Chair Greber asked what the Trustees thought.

Steve said he thinks of it as bringing a tenant to a building, as if he were a landlord he'd offer help getting started, here's a little to get set up, a little each month to keep that service rolling for so many months.

Chairwoman Link asked if he had seen our budget expenditures for the next year. The margin is very slim.

Trustee Kaminski warned that if we decide to do this for one entity then we are going to have to do the same for another entity who says, 'can you do that for me?'. This is where our Needs Assessment comes in, supporting what our actual needs are. We have 15 brain surgeons, and you want to bring in another one, do we need another brain surgeon?

Vice Chair Greber said that's the idea behind some sort of process or application, it is not an entitlement. And have you been in business for more than 36 months?

Secretary / Treasurer Zimmerman said that our criteria are whatever we determine and then going forward we can set aside a hundred grand, for example, something like that, every year that is public knowledge, that everyone knows they can apply for.

Vice Chair Greber said it's like a scholarship, you may get 50 applications for a scholarship and then four people qualify and receive it, so certainly the criteria can be worked out.

Jolley said he would think we would pay after the fact. So, if we want them to come here, they have to come here, and put the money up front. They have to get moved in and to get the signage and then they could maybe submit something to us. We say okay, you've done that, you've met our qualifications here is the check for what we agreed upon. We agreed upon something we fulfill that action then move forward on a monthly or quarterly basis.

Vice Chair Greber said if we were to give them the check whatever amount we agreed upon was up front after they are established and they apply and all those things, then we would want to know you were going to stay in business for whatever length of time. Obviously, that's the difference between invoicing after the hours have been worked or projection into the future.

Jolley said the great thing about medical services is, his first Medicare check took nine months. He doesn't expect to submit a bill tomorrow and then get paid. Being in the medical field, he realizes that it takes time and he would imagine this would be even less of a headache than billing and insurance company.

Vice Chair Greber confirmed our 30 days payment terms.

Jolley said for a small business he would think to just name numbers here, if they had \$10K to start, then the monthly stipend per hours would be, to be transparent, most therapists make around \$80K annually, he doesn't think he can get one here for less than \$120K, it's not three times the salary, but if we go one and a half, he thinks we could get a therapist here. And plus the incentives of loan forgiveness items would increase that even more and then of course if we can get them housing.

Chairwoman Link asked about grant writing, if there is anyone within Affiliated Therapy who does this, the reason she brought this up is some of these things might be assuaged with a grant writer that may help us find funding for this type of activity.

Vice Chair Greber said that her research shows that grants generally aren't available to for-profit entities for the most part; the non-profits are at the front of the line for those, the loan forgiveness is not based on non-profit or for profit status.

Jolley said we've been doing this for profit, if they come in they would expect as a board for us to spend some of our money and so for them to spend some of their money they're looking to make money, where at the same time the Board is happy to see somebody get rich but not at the Board's expense.

He continued, as far as profit margins go, for physical therapy business most of them, there are only two publicly traded companies, and 11% is the profit margin. Most of the privately owned and operated try to run closer to 20% profit margin. He estimates they need at least a 10% profit margin to make it so that they would continue to do business.

Trustee Kaminski said that runs right in line what we have now: 6 and 6 = 12%, on both our full-service contracts. Maybe we could structure it like a grant where you have to put so much in and we matched to a certain point and you show us your good faith, and then we're going to show you our good faith by matching up to a certain point, if we can establish those limits.

Jolley said if we need to pull funding early and as they develop and if they become profitable right out of the gate, there's no reason that we should keep funding us.

Trustee Greber said there would be an application process, perhaps there would be a couple options if we could incorporate them, you can do as you suggested request \$10K up front and then a monthly infusion of a set amount up to a cap available your first 36 months, upon review annually and upon your profit margins etc. She would love to just give it to you for 36 months as the icing on the cake for the success, but of course it's not her money to give. She then thanked Steve for the excellent input.

Trustee Kaminski requested a return to address Savannah regarding REMSA and county billing issues. He had a concern with Nye County doing the billing through the ambulance service with REMSA and said that Lorina said that they would look into it. REMSA does ride along for advanced here. When he believes is the difference between that basic care and advanced care should be coming back to either the hospital District or to REMSA to offset their costs which would show them some proper income money. Because of course we are paying for REMSA.



Vice Chair Greber asked if that was some of the pieces that may be able to be developed between us and them.

Secretary / Treasurer Zimmerman mentioned a point of order, keeping our discussion on the point of FY19-20 budget.

Trustee Kaminski asserted it is part of the budget because we're paying REMSA. And if they can make it they can start making money from the monies that are being billed.

Secretary / Treasurer Zimmerman agreed, noting that it does reduce our expenditure column freeing up more of the revenue column.

Trustee Kaminski added that it would help us to consider ways to expand services

Kevin stated we subsidize them, he believes this is a question to have between the District and Nye County but we are on the right track. Because there is some money there. There may be some legwork that needs to take place in regards to making sure that the ambulance is permitted to an ALS level before we can receive those funds. He's glad and willing to help us in regard to State of Nevada EMS, but thinks we're on the right track and that is some discussion that needs to take place.

Vice Chair Greber said the other things which need to be mentioned for budgeting would be that housing piece. We're going to look into the Treasurers Trust list which there would be no cost for acquisition, that it would be insurance and the issue of bringing up to a livable condition.

Chairwoman Link said that's where we would seek grants.

Trustee Kaminski questioned would we be paying utilities on all those. How does the county cover their utility costs for housing like this?

Trustee Greber suggested it is up to us how we set it up.

Secretary / Treasurer Zimmerman affirmed they are only used for county employees so they cover all utilities. However, if we are renting it out to someone, we can have it however we like.

Vice Chair Greber said her concept is to give it to them to live in while they are servicing our community so they could just set up their own utilities.

Chairwoman Link said there are no costs for housing, just the utilities then.

When asked, Jolley stated he felt the concept sounds wonderful except the hassle of setting up utilities.

Chairwoman Link stated we would actually own the houses, so we would incur the cost of utilities and taxes as our only real cost incurred by offering housing.

Secretary / Treasurer Zimmerman reminded us we will not pay taxes. And it's a question how we want to go about the upkeep and maintenance; we could extend our MOU with the county to include those B&G services. Probably not the most time effective way, but probably the easiest way for us. There are many options.

Vice Chair Greber asked Affiliated personnel represented at the workshop to comment how they would feel about the rotating occupancy for a single dwelling, based on shift? They responded that they have somebody right now that is going to drive up that morning and drive back that night, for family reasons.

Trustee Kaminski asked if we have a three-bedroom house we can put three different individuals in there and have a common living area.

Chairwoman Link confirmed not co-habitations; we would only consider separate housing for male occupants and female occupants.

Vice Chair Greber said that's what she's asking, is there a piece of this housing concept that you would recommend for your schedule?

Jolley said that so people are okay to downsize or to move into something as long as it is up to date and clean, a small condo with a kitchenette, would be okay making people want to start to come here.

Vice Chair Greber asked if they anticipate not so much commuting as finding someone to full-time move to Tonopah, build a family, relocate to Tonopah.

Jolley affirmed that is his hope. But as an example, they have been looking for a speech therapist in Las Vegas for three years.

Vice Chair Greber asked for the foreseeable future, say 12-24 months, you are probably going to be looking at a commuter. Now if you get some of the subsidy we've been talking about, would you have some of these people you're interviewing commuting for their full time shift and go home on the weekends, or would they stay here.

Steve said they have commuters from Las Vegas to Pahrump, but even that he doesn't like to see because eventually they will get tired of commuting. So, if we can he'd like to see somebody who wants to live in a rural community and they have a person who wants to do that. He thinks they also have to bring them into partnership in the company and do profit sharing, for small communities you just have to be very much ingrained in it and part of it or else it doesn't work.

Chairwoman Link said they would have to like hunting and fishing and camping and stargazing.

Steve said luckily for most therapists, that's why they are there.

Vice Chair Greber confirmed full-up housing would be the most suitable option for their staff in the long-term, and many doctors did just that; we always had doctors with their families here.

## **GENERAL BUSINESS**

### **Item #7, General Public Comment (second)**

Horace Carlyle said that he isn't adverse to dreaming, unlimited wants. But he'd like to point out the county is talking or it's just a rumor; it is not just a rumor, we have a BDR (1) by the county to establish the Fire District outside the Pahrump basin. This is the way we would get the funding, additional funding to support Nye County Emergency Services medical and ambulance, I will drop it off to Secretary / Treasurer Zimmerman next week. You should review NRS 450 Nye County so that they can do what they did with Renown. It's 8 pages long, the State Legislature re-wrote 450 so that Nye County could have an off-site hospital. You go back and look at the minutes, did Nye County vote to operate a hospital here, yes. Did they get permission to circumvent that because it was written into the bankruptcy settlement and reorganization agreement? You're dealing with very complex issues and you need to look at the basic documents. Because all this good feeling we have right now, we have Renown, we lost Mr. Gillis I'm sure he got spiked during some of the negotiations that are going on in my opinion, we've got REMSA who are saving lives and is doing a great job. But the point is who can you contract with, and again the bulk of this was raised at the Town Board meeting on December 9<sup>th</sup> 2015, number 5, which is where they bought all the assets of Prime Care; number 6 is where Chairwoman Wichman discussed how they modified or did not modify the settlement agreement and she would not furnish an answer because we were not a party to the bankruptcy. But we have something functioning now that is saving lives; if we make a mistake and you don't do your due diligence, you're going to lose what we got. And people are going to die. I'm not trying to be critical. I'm just saying you need to look before you jump. Thank you.

**Item #8, Adjourn.**

Meeting adjourned.

Approved this 18<sup>th</sup> day of March 2019.

A handwritten signature in cursive script, appearing to read "Ron Link", written over a horizontal line.

Chair

