[LB244 LB245 LB283 LB374]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, January 24, 2007, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB244, LB245, LB283, and LB374. Senators present: Joel Johnson, Chairperson; Tim Gay, Vice Chairperson; Phil Erdman; Dave Pankonin; Arnie Stuthman; Tom Hansen; and Gwen Howard. Senators absent: None. []

SENATOR JOHNSON: Now welcome to the Health and Human Services public hearing for the Nebraska Legislature. Let me introduce our senators that are with us this afternoon. And you will see that people are coming and going, and I will be one of the ones coming and going, because we have other bills in other committees. So let's start far to my right: Senator Pankonin, from Louisville; Phil Erdman, from Bayard; Tim Gay, from Papillion; Jeff Santema is our legal counsel, who is on the phone over there in the corner. And let me remind you that if you haven't turned off your cell phone, you will be in the corner as well. (Laughter) I'm Senator Joel, Johnson, from Kearney. To my far left, Gwen Howard, of Omaha; Tom Hansen, from North Platte; Arnie Stuthman, from Platte Center; and Erin Mack, our committee clerk. A couple of rules, and they've changed a little bit from last year, for those of you that have been here before, so let me go over those with you. These proceedings are recorded and will be transcribed. The committee will first hear proponent testimony, after the introduction, then opponent, and then neutral testimony. And while I'm at it, let me mention that on LB244, that there is a letter from Health and Human Services to the Neutral position. Now, here's the important part. Testifier sheet is available in the back and at the table, for those wishing to testify publicly. Fill this out completely and place it in the transcribers' box. When you testify, please not only give your name, but spell it for the transcriber. Half the people forget. Would you also kind of come to the front rows so that we have a smooth transition. If you have any printed materials, we'd like to have 12 copies. If you don't have 12 copies, we have people that will make them for you. For those that aren't...do not wish to publicly testify but wish to support or be against a particular bill, we also have a sheet that you can sign so that you are on record in that case. That being the case, I am going to excuse myself here very shortly. Senator Gay will take over. But let's open the afternoon with LB244. Senator Flood. [LB244]

SENATOR FLOOD: (Exhibit 1) Good afternoon, Chairman Johnson, Vice Chairman Gay, members of the Health and Human Services Committee. My name is Mike Flood, spelled F-l-o-o-d, and I represent the 19th District, which includes all of Madison County. During the summer of 2005, 911 dispatchers received a call from the Battle Creek Nursing Home, requesting the rescue unit for a resident complaining of chest pain. Moments later, Battle Creek Rescue was paged, and two first responders immediately arrived at the Battle Creek fire station. Under EMS Health and Human Services regulations, first responders are prohibited from transporting a patient without an EMT present. Accordingly, the Battle Creek first responders waited an appropriate

amount of time for an EMT, and then contacted dispatchers in Madison and requested that another mutual aid agency respond to that call. Fortunately, an EMT was available at the Meadow Grove fire station, and they dispatched the Meadow Grove rescue unit. It responded; however, the patient arrived the hospital in Norfolk close to an hour after that call came in. The situation that I just described to you begs the question, wouldn't it be better to get the patient on his or her way to the hospital, rather than wait around for an out-of-town ambulance to respond to the call? There is no question that communities like Battle Creek, Meadow Grove, and Tilden face shortages of EMTs, as a number of these volunteers work during the day in nearby cities such as Norfolk. Additionally, recruitment and retention has been difficult, and many rural communities across the state are left without enough personnel to operate the ambulance service during the daytime hours. LB244, the bill in front of you, was drafted in response to this very problem. Simply put, this bill allows for the transport of a patient in an ambulance by a first responder. If this bill were law during the Battle Creek situation I described above, the patient would have been to the hospital in 15 minutes, not an hour. About 18 months ago, I sat down with fire and rescue personnel from every department in Madison County. After our discussion, I sent a draft copy of, at that time, LB1058, the bill I introduced on this subject last year, to members of the state's EMS Board. What follows now is a quick summary of my interactions with the EMS Board, many of whom are present today. In November 2005, the board met and discussed my concerns regarding the limitations on first responders. I was represented at that meeting by my legislative aide. Shortly after the meeting, I was advised by letter, dated November 28, 2005, a copy of which is thereto included in your packet, that, quote, the board has discussed the transportation issue several times, and there are many reasons we feel the current regulations should remain, end quote. I was also advised that a board committee had been appointed to work through these issues with me. In December of 2005, I met with Dr. Tom Surber, a member of that committee and a doctor in Norfolk. We discussed a potential compromise. Under the terms of this compromise, the EMS Board would consider adopting regulations directing the board to create an additional educational component for first responders. Those first responders who completed the additional education would be allowed to initiate a transport if an EMT was not available, but they would also be required to request an intercept from a rescue squad with an EMT or other personnel qualified to transport under current law. In effect, you go pick up the resident at the nursing home, you make your way towards the hospital, and you request that Norfolk Fire and Rescue intercept midway, to get the patient in an ALS or BLS ambulance. In a December 21, 2005 letter to my constituents on this issue, I pointed out that although many would prefer the approach I had taken in my draft legislation, I believed that Dr. Surber had come up with a workable compromise. I reminded my constituents that cooperating with the EMS Board would be much more productive than fighting about the issue every few years. On December 27, 2005, I received a letter from the chairman of the EMS Board, again noting the board's concerns with my draft legislation. In January 2006, I decided to go ahead and introduce LB1058, similar to what the bill is in front of you now, as I wanted to ensure that discussions with the EMS

Board continued. LB1058 was heard by this committee February 2 last year, and there were spirited discussions from both sides. On March 10, 2006, the EMS Board met again. During that meeting, they voted to form a task force to study the issues raised by my bill. On July 18, 2006, I received a letter from the board's executive director, advising me that the board was, quote, in the process of setting up a meeting with EMS stakeholders to discuss the issue of first responders transporting patients, end quote. The letter also indicated that the board, quote, hoped to conduct this meeting sometime in late summer or early fall, end quote. On September 20, 2006, I followed up with the president of the board, inquiring as to the task force's progress. I reiterated that my goal is to find a solution to this problem, and I'm willing to discuss any options that you present. During the next board meeting a few months later, however, it was clear that this task force had made little progress. In fact, the board was still talking about the composition and objectives of this task force, which is now being termed a focus group, rather than discussing any particular proposals or compromises. I was discouraged by this lack of progress, and I therefore decided to reintroduce the same bill, which is now LB244, which is identical to the bill I introduced last year. Now, I recognize that LB244 may not be the solution. The answer may very well be to let first responders begin the transport and require them to intercept with a higher level of service en route to the hospital, or the answer may be to provide intensive training for individuals who cannot pass the exam, or the answer may be allowing first responders to transport in dire situations. I was hoping the EMS task force would be in a position to report on these alternatives by this point in the session. But regardless of this group's ultimate recommendation, I can tell you, the answer should never be letting a patient lie on the pavement or at the nursing home or on the kitchen floor in his or her house while we sit around an ambulance and decide who's qualified to drive it. I have even suggested to the EMS Board that a provisional license be made to individuals who have completed their EMT coursework and have passed the practical training exams but cannot pass the test. The question the EMS Board posed to me in response: Would we allow provisional licenses for doctors and lawyers? The answer is, no. But these aren't doctors and lawyers. These are people in communities that are volunteering their time to make sure their neighbor gets to the hospital and can get adequate medical care. These are community volunteers who work for free to protect and serve in their own community. These are not paid professionals. These are neighbors and loved ones and people who we care about where they live and want to make sure that people who live in their town have good service. There's a difference. Don't attempt to professionalize volunteers that simply want to help their neighbor. Bottom line: I'm looking for solutions, not excuses, and I am, quite frankly, tired of waiting. I did what I was supposed to do. I worked with the affected parties and I tried to afford them time to craft a solution on their own. That has obviously not worked. And although I do not dispute the sincerity, nor the passion of the members of the EMS Board in their opposition to LB244, I now ask each of you to help me find a solution. We as the Legislature need to ask the difficult questions and make the statutory and/or regulator changes that improve our system. The alternative is simply to support a regulatory framework that results in a delayed

response and delayed response times and frustrated volunteers who are forced to wait helplessly next to the ambulance. This is an alternative I am not willing to accept, and I hope I have persuaded you to reject it, as well. I want to thank you for your consideration. And I want to make one additional comment in this opening. I did see that the Department of Health and Human Services did not take a formal position on this bill. They did raise the question that if we did this, we allowed first responders to transport, that it would cause a "crink" in the system, where we have the national standards for the Department of Transportation. Well, they make those rules in Washington, and I doubt those folks from Washington have every been to Cherry County, and I doubt those folks from Washington have ever visited Mullen, Nebraska, Bassett, Nebraska, or Battle Creek, Nebraska. I don't care what their national standards are if they aren't taking care of the immediate problem. We want safety, we want patients to be transported to the hospital in a timely manner, and we want it to be done in a way that's consistent with the best practices. Twenty-five years ago, they used a station wagon in Battle Creek to load up a patient that had to go to the hospital, just to get them there. Now we're waiting around the ambulance, waiting for somebody to pass a test so we can start driving. There's a problem. And I want patient safety as bad as the next, but laying on the kitchen floor while we stand around and talk about it is not the answer. I look forward to a spirited discussion today, and I would waive closing. Thank you, Mr. Vice Chairman. [LB244]

SENATOR GAY: Thank you, Senator Flood. Any...Senator Flood? Are there...? [LB244]

SENATOR FLOOD: Oh, that's right. Questions. (Laughter) [LB244]

SENATOR GAY: Yeah. There you go. Any questions for Senator Flood? Senator Howard. [LB244]

SENATOR HOWARD: Thank you, Senator Gay. I want to really thank you for bringing this in. On a personal note, my dad had a stroke and died of the complications, and if he would have been able to get to the hospital sooner, it would have made all the difference. So in these issues which are decidedly emergencies, time really matters. And I don't think the person who is in the situation, the emergency situation, is going to question who's going to do the driving. I think they're going to be grateful to get to the services that they need. So thank you. [LB244]

SENATOR FLOOD: Thank you, Senator Howard. [LB244]

SENATOR GAY: Thank you, Senator Howard. Senator Pankonin. [LB244]

SENATOR PANKONIN: Senator Flood, with that voice and delivery, have you ever thought about radio? (Laughter) [LB244]

SENATOR FLOOD: Some of my best listeners are with us today. (Laughter) [LB244]

SENATOR PANKONIN: Oh, okay. All right. I just want to amplify what Senator Flood has brought up, about a problem in my community that I was mayor of. Louisville is not that far from here, a community of approximately 1,200. And our solution to this, because of the problem, was to have our city employees try to get EMT licenses, so we could control that they were around during the day to answer those calls, because the volunteer pool was nonexistent--they all had jobs. And that was our solution, but...(laugh) which maybe isn't even a proper one, to say, you've got to have an EMT. And so...and we actually let those people take off and be on the payroll while they were making these calls, to get them...I mean, to get someone to do it, which is maybe a shade of not being proper. But it was such a problem, that was our only solution we could come up with to qualify for the current rules, was to have our employees, stress to them they got to be EMTs, and we'll let you off from work to do it, and pay you. So it was a way to get around these restrictions that we have in these small communities where people are working and you're relying on volunteers. And they would...the volunteers that we had that had EMTs would be glad to do it, but they weren't there; they're working in Omaha or Lincoln. [LB244]

SENATOR FLOOD: Same problem. [LB244]

SENATOR PANKONIN: So it's a problem. [LB244]

SENATOR FLOOD: Thank you. [LB244]

SENATOR GAY: Very good. Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Gay. Senator Flood, first responders are supposed to just stabilize when they get to the situation. That's their mission, that's their focus, to stabilize them. And in my opinion, I truly agree with you, you know, time is of essence, you know. Waiting for someone else to get there, I think by the time the first responders get there is a time frame enough, and they should be on the route back to the place where they need to be, and I think that's very, very important. Thank you. [LB244]

SENATOR FLOOD: Thank you, Senator. I would add that there was about a year and a half or two years where I believe first responders did transport in Nebraska, and then the EMS Board changed the rule. [LB244]

SENATOR STUTHMAN: Yes. Thank you. [LB244]

SENATOR GAY: Senator Hansen. [LB244]

SENATOR HANSEN: Thank you, Senator Gay. I've seen ambulances work out in rural Lincoln County a few times, and it seems like when the EMTs get there, they spend quite a bit of time on preparing the patient for travel. Would first responders have every opportunity to do the same preparation before they make that...before they start the transportation process? And surely somewhere along the training they learn "to do no harm." If you don't know the harm that's available, do you think that a first responder can do no harm? [LB244]

SENATOR FLOOD: Well, Dr. Surber felt that if we did allow first responders to transport, that we should have some additional 8 to 12 hours of training on certain procedures to allow them to get them going. I think more often than not, what happens is, they go to the nursing home and the resident...you know, they either wheel a wheelchair in there, or they get...hop her up in there on her own, and she walks into the ambulance, or he walks into the ambulance. A lot of times, I think, our area of the state--I know that first responders have said, and our EMTs do this--they immediately call for a backup if they know that it's a head-on collision or a trauma, and they've already started putting our LifeNet, based in Norfolk, the helicopter, on standby, so the helicopter can start heading there if they really want to get them there in a quick fashion. So I guess that's our job as lawmakers, is to make sure that if we do allow first responders to transport, they have some extra training. A lot of times, these guys do great on the training and the classwork, but they come a point or so below on the test. And one of the ideas that Keith Neal from Northeast Community College had, he said, okay, if you get...it takes 70 percent to pass the test. I said, well, gosh, if you even got a 65 to 70, could we give them a provisional license for one year? But now they're going to a system where it's pass/fail, and I don't know if you'll be able to find out the points scored. But I guess I want something that just lets these guys get in the ambulance and start moving, and then if they get to a situation where it requires stuff that's beyond their ability, obviously, they're going to have to have somebody else come. But start the dual dispatch right away. But it's more complicated than I suggested in some of my testimony, because there are those nuances of what to do when you get there. And I guess that's our job, as...and especially your job, as the committee, to find out if...what those are and how we can protect the patient. Safety issue. So thank you for raising that. [LB244]

SENATOR GAY: Very good. Any additional questions for Senator Flood? Seeing none, thank you. [LB244]

SENATOR FLOOD: Thank you, and I would waive closing. [LB244]

SENATOR GAY: Thank you. Real quick, we've got four important issues today that we're going to cover, but could I see a show of hands of the proponents for this bill, LB244? And hold them up one minute. Okay. How about opponents? About split. And then anybody in the neutral capacity going to be speaking on this? Okay, seeing none.

Okay, what I'd like to ask is...as I said, we have several important issues, and out of respect of everyone's time, if you could limit your testimony, you know, to around the five-minute mark possibly, or shorter if you wish, and maybe not be redundant on issues? If somebody else covered that prior to you, we'll...you know, we'll carry that forward. But if we could limit the redundancy on anything, it would be helpful. And then also, we will ask you questions. So this can get to be rather long, so out of respect for everybody's time, that's what we would ask. So I call right now for any other proponents who would like to speak on this. And can you please state your name, too, and spell it for the record? [LB244]

LARRY BALL : My name is Larry Ball. Larry is L-a-r-r-y; last name is Ball, B-a-l-l, just like my checks that bounce. (Laughter) I have a company called Ball Insurance Services. I insure 70 municipalities or so, and about 260 volunteer fire and rescue units throughout the state of Nebraska. I've been in this business for about 17 years, and I've seen in the last 17 years the volunteer...the population of the volunteer units decrease. It seems to me, when I got started back in the latter part of '89-90, that we had about...many units out there of 30 members. And when I look at my group life insurance that I have out there now, most of them are down to around 17-18. It's shrunk that much. You brought up an interesting remark there, "do no harm," Senator Stuthman. There are three types of harms you can do: misfeasance, malfeasance, nonfeasance. And there's a great concern about the misfeasance and malfeasance, but we tend to forget about the nonfeasance. And if we overregulate the neighbors trying to help neighbors, we're going to have the big crime of nonfeasance, because nobody is going to be there to help at all. There's really, in a lot of towns, not enough legally qualified volunteers to help during the day. Senator Pankonin said that they solved that problem at Louisville by getting their employees licensed, and would pay them if they would go on the call during the day. And that's nice, but it don't work for Comstock, Nebraska, because...or a lot of other little towns that I can think of out there, because they may have a city clerk on duty, on Friday. (Laugh) So if you want to get sick on Friday, license the city clerk and let her make the calls, only on Friday. It don't work that way. And for somebody to respond to Comstock calls, it has to come from maybe Sargent, or somewhere around there, and it could take up to 45 minutes to get there. And we've got this little concept called the golden hour: get them to the hospital in the first hour, get them good care in the first hour, and the chance of survival is rather great. And I'm using Comstock as an example here, because not only is it an account of mine, but about a year ago, midday, a call went off, a mother frantic about her boy, sick. Something had to be done for him right now. And five guys from Comstock responded in their rig, and they weren't qualified at all, period. And they called Sargent, and Sargent said it would take 45 minutes to get there, but we could meet you on the road, the highway into Broken Bow. And so they went out and they loaded the guy up into their unit, and off to--illegally; now, they're criminals now--and trucked him off to the highway. Sargent wasn't there, so they had a choice: misfeasance, malfeasance, or nonfeasance. And they chose misfeasance. It could be malfeasance, because he lived.

They got him to the hospital in Broken Bow. But they were severely reprimanded by the Department of Health, severely reprimanded by the Department of Health, for unfortunately saving a guy's life. And I think that's wrong. You know,...and I think you brought up something about the first responders. A fire chief in North Bend tells me, he says, they can do it in the ditch, but they can't do it in the hitch. And Senator Stuthman, you're old enough to...you're about my age, you're the only guy in this room who's about my age. But back in the Navy in the mid-50's, I used to hitchhike from San Francisco...or, San Diego to home in Iowa, central Iowa, and the car that I got the ride in was called the hitch, okay? So they can do it in the ditch, but they can't do it in the hitch? Why? Why is that? You know, when you're in Comstock, Nebraska, or Mullen, or mid-Cherry--and mid-Cherry is a very rural district; there's no town in it--when you're in those places, why can't you do what a neighbor needs to do to help somebody? Now, we have a lot of regulations out there. Most of them make a lot of good sense, and the intent is good. You got guys here on both sides of this issue today, and they're all good-hearted people, they're all out there trying to save lives someway. But we got some regulations...this thing right here, there's regulations concerning this. This is an oximeter. And you have to ask me, why do I want that? Because until I fell on my head a couple of years ago and lost my eye last year, I was a pilot. And when you get above 10,000 feet or fly at night, you want to know what your oxygen level is here. And I can look at this and I can see that I've got 98 percent, whatever that is, in the 98 percentile range, and I'm okay. But when that gets down in the eighties, I reach around and do something else that's regulated in the EMS world--I bring out a cannula and stick it in my nose and I start breathing oxygen. Both of these things are regulated, but yet out in the real world, I can use it and don't have to have a license. There's a couple of other things like that, too. Glucometers, to test the glucose in a person who's a diabetic, anybody that's got the...a significant other or themselves that has a diabetes problem, they can use those things. Defibrillators, now, there's a big one. We have mass-produced defibrillators. They're in every school, they've probably got them here, and anybody can use them. You can...you know, I've got a pulse rate of 110 right now; I just looked. (Laugh) If I flip over here, you could come down and strap a defibrillator on me, and you don't know the first thing about it. It's got instructions on it. Now, I'm not saying that we ought to do away with regulations. I'm not saying that at all. But I am saying that there are some situations where you got to leave this up to the local ability. One of the first things I learned when I got in this business, years ago, maybe in the eighties--a true story, now--18-wheeler jackknifed west of Kearney. It was on fire. A little town came out with their fire and rescue, and the guy is in the cab, crushed. I mean, he's not crushed, but the cab was crushed over his knee. And he's screaming at the top of his lungs, chop my leg off if you have to, but get me out of here; don't let me burn to death. What do you do? As a matter of fact, in this case, the guy burned to death. Why? Was it because they didn't want to chop his leg off? I don't know. Was it because the fire was going so fast that they were in danger themselves? Probably, and I would let him burn to death in those cases, too. But there are...that would be something that you can't do,... [LB244]

SENATOR GAY: Excuse me, Mr. Ball. [LB244]

LARRY BALL: ...you can't do under the statutes. And I would... [LB244]

SENATOR GAY: Excuse me, sir. I don't want to violate my own rule here to start off. You're the first testifier, and I'd appreciate it if you could wrap it up. [LB244]

LARRY BALL: Okay, I'm about done. All I'm saying is that you need to turn some of this back to the local people so that they're not overregulated, so that they can have the option of doing what needs to be done, allow them to think. We've got to trust our citizens. We can't regulate our citizens out of being citizens. That's basically my message. Thank you. [LB244]

SENATOR GAY: Okay, very good. Hold on one minute. We'll see if we've got any questions for you. [LB244]

LARRY BALL: Huh? [LB244]

SENATOR GAY: We'll see if we've got any questions for you. Is there any questions? Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Gay. Larry, what you're trying to really emphasize is the common sense rule. [LB244]

LARRY BALL: Yeah. [LB244]

SENATOR STUTHMAN: Utilize a little bit of common sense. But the fact that that part of it don't really hold up in the legal courts, in the amount of attorneys that deal with it. The thing that really, really kind of disturbed me, that those people were really reprimanded by the Department of Health for saving a person's life, in your statements. [LB244]

LARRY BALL: That's kind of repugnant to me, especially when my insurance--you're bringing up a court of law now--my insurance policy protects those people professionally for anything they do to save persons or property. If they'd have chopped the guy's leg off west of Kearney, my policy would have covered those volunteers legally for that, and the entity. But you know, you got to be able to make those decisions. [LB244]

SENATOR STUTHMAN: Okay. Thank you. [LB244]

SENATOR GAY: Thank you. [LB244]

LARRY BALL: Any other questions? [LB244]

SENATOR GAY: It seems there are none. [LB244]

LARRY BALL: Thank you. [LB244]

SENATOR GAY: You bet. Thank you. Next proponent. [LB244]

CLEON SCHWEDE: Good afternoon, my name is Cleon Schwede, C-l-e-o-n S-c-h-w-e-d-e, and I'm a firefighter/EMT from Battle Creek. I guess my biggest thing is, I know everybody keeps saying that we're about moving the level of treatment from...if we allow first responders to go down, we're going to lower the level of treatment. But if we take and give enough training to the first responders for packaging and stuff, which our first responders have already taken, I don't see where we're going to be getting into the "hurt" issue. There's always the...whenever we have a major trauma or major incidents, we always take and call Norfolk or LifeNet and stuff, so we're not afraid to use other people and stuff. And as far as, like, training goes, our fire department right now has just gone through IV training and stuff, so we're always on...upping the education of our department and stuff. So I guess I just would like to say, in closing, the biggest thing is using common sense, and stuff. And if we get enough training out there for them, I think that common sense will prevail, so. I know other people have other...so... [LB244]

SENATOR GAY: Hold on, we'll see if we've got any questions for you. Thank you. Senator Harms. [LB244]

SENATOR HANSEN: Senator Gay, thank you. How much training does it take between the training you have given your department and the EMTs, from a first responder to get them to the EMT level? [LB244]

CLEON SCHWEDE: I think there was a bridge course that was about 120 hours. I'm not for sure, but...so. [LB244]

SENATOR HANSEN: Do you have any idea what that would cost, time... [LB244]

CLEON SCHWEDE: No, I do not. [LB244]

SENATOR HARMS: ...time spent? [LB244]

CLEON SCHWEDE: I do not. So, I know I took...my EMT course was one of the last ones for the 110 hours, and it's been going up since, but...so. In October, the state fire convention, they had recommended about moving the hours back to 110 and then putting on different modules to up them to IV or whatever, AED, you know, oxygen, you know, everything. So I don't know how that is standing to the EMS Board right now, so...but... [LB244]

SENATOR HANSEN: Thank you. [LB244]

SENATOR GAY: Thank you. Any...Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Gay. Do you find that in the rural areas there are any first responder teams that don't have an EMT on it, but the fact that they may an EMT but he's not available to get there when the first responders are? Do you see that in the rural communities as a major problem? [LB244]

CLEON SCHWEDE: Yes, I do, for the simple fact that, like, Battle Creek is 12 miles away from Norfolk, and almost everybody works in Norfolk or Madison, you know, someplace like that. And that happens. That does happen. I work for Madison County. My bosses say, if I can respond in a reasonable amount of time, go ahead and go. And we have...my district has two shops, one in Battle Creek and one in Meadow Grove, and I'm on my the Meadow Grove fire department also, just for that purpose, so that I can respond to both areas. [LB244]

SENATOR STUTHMAN: And I'm sure that, you know, all of the small communities have a first responder group. But the fact that...and they will respond immediately, because there's volunteers that can take off. [LB244]

CLEON SCHWEDE: Yes. [LB244]

SENATOR STUTHMAN: But to have that EMT available immediately is probably almost impossible. [LB244]

CLEON SCHWEDE: Sometimes, yes. I used to work in Battle Creek, and I was always available, you know, during the daytime. But this other job come up, and I'm not always...you know, I've responded...I run a maintainer; I've even responded in my maintainer to the scene. But, you know, I wasn't at that in town, so. [LB244]

SENATOR STUTHMAN: Okay, thank you. [LB244]

CLEON SCHWEDE: You're welcome. [LB244]

SENATOR GAY: Thank you. Any other questions? Okay, thank you very much. Proponents? Please make your way forward, too, as we're...come on forward, state your name, and spell it. [LB244]

LINDSAY MICHALSKI: Hello, my name is Lindsay Michalski. That's L-i-n-d-s-a-y, Michalski, M-i-c-h-a-l-s-k-i. I'm a resident of Battle Creek, Nebraska. And I just wanted to bring up that...what Senator Mike Flood had mentioned on that situation where the

nursing home. At that time, I had just moved into Battle Creek, and I had been on La Vista's fire department, I had been on Boys Town fire department, Elwood, Nebraska's fire department, and decided not to get back into the EMS system at that point in time, about a year and a half ago. But the whistle blew, and I looked out the window, and being in the blood that you end up having for the number of years I've been in it, I looked out to see them pull out a squad and then put it back away after six or seven minutes because they couldn't...they didn't have an EMT that could be responding. Now, the first responders were there. And so the next day I went over there and asked, because I was curious as to what ended up happening. And I was told that they didn't have any EMTs, and they had to mutual-aid Meadow Grove. So it's kind of repetitive, but I wanted to point out, because of that, that's why I decided to get back into becoming...and doing a bridge course and catching back up with my EMT. So with that being said, another situation that we ended up having--and this was part of the state, part of the region, the county, and the local cities and townships in the area--we had a mock situation at the school, the high school, where we had some gang members come in and shoot up a number of people, a number of students, teachers, some law enforcement that had ended up responding. In a situation like that, you go into a triage situation. And we had approximately, I believe, five rescue squads from various communities, including the paramedics from Norfolk. We also had LifeNet participating in that, and Faith Regional. And during that period of time, our resources were stretched. And we happened to do this on a weekend, by the way. If this would have been truly during business hours or during a weekday, we would have probably been limited with even more resources, as far as that goes. It wasn't very long before we found out that we had no more resources. I mean, we found out that shortly thereafter, we had to shut the scenario down because Faith Regional was...couldn't do any more. One of the issues we found while we were there was that we did not have enough EMTs and paramedics to be able to handle what was going on, on the scene, let alone being able to transport. If that would have been an option for us to be able to transport as a first responder, to at least do an intercept, we would have fared out a lot better in being able to transport to, you know, possibly other community hospitals, to intercept with anybody else. But, I mean, we had maxed everything out. So that was a scenario that I wanted to all make you aware that does happen. And trust me, it's not that we want to lower the care; we just simply want to provide the care. I'm on the road a lot myself. I live right across from the fire station. It was good that...I'm one of those that are typically there during the day, because I'm working out of the home office. But I'm required to travel also, so three days out of the week I'm probably gone. During those period of times, there's many times there's not an EMT. Cleon is on a maintainer many times, and you ought to see him rushing...running down a maintainer with the road, trying to get to a call. So we are limited resources. That's the issue, is limited resources, not that we do not want to provide the highest level of care for these people. That's it. [LB244]

SENATOR JOHNSON: Any questions? Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Johnson. Lindsay, in your testimony, the thing that I got from it is, you don't want to get yourself in a position where there is nobody to transport and you stand there helpless. [LB244]

LINDSAY MICHALSKI: Absolutely. [LB244]

SENATOR STUTHMAN: I mean, that, to me, is the worst situation a person can get to. There's a vehicle there, there's fuel in the vehicle, but...and there's a person to drive it, but that person just don't happen to have the right little card in his billfold. [LB244]

LINDSAY MICHALSKI: Absolutely. You know,... [LB244]

SENATOR STUTHMAN: And then you stand there and watch things deteriorate. [LB244]

LINDSAY MICHALSKI: And on top of that, you know, I was talking about the scenario on the...that we had at the high school. We didn't even throw in the issue of if we'd have had parents show up on site. I mean, we didn't have that as part of our scenario. If we'd have had parents showing up on site, they would have been transporting themselves, so we'd have had the availability of people to transport. We did not have the availability of the people as EMTs and paramedics to transport in those rescue squads. So your statement is correct. [LB244]

SENATOR STUTHMAN: Thank you. [LB244]

SENATOR JOHNSON: Any other questions? Senator Gay. [LB244]

SENATOR GAY: I have a question. On your...I've got a question for you. [LB244]

LINDSAY MICHALSKI: Yes. [LB244]

SENATOR GAY: What's your view of mutual aid? I mean, that...I've heard that for fires. And, you know, what's your view? Or is there an industrywide view of what exactly that is? I mean,... [LB244]

LINDSAY MICHALSKI: Well, I'll give you my view. It's... [LB244]

SENATOR GAY: Yeah, mutual aid. It sounds to me like that's breaking apart, because no one has what they need, especially in the more rural areas. But what is the definition, the standard definition of mutual aid in the industry? [LB244]

LINDSAY MICHALSKI: Mutual aid, in my understanding, is that we have an agreement

with other surrounding community resources to reciprocate those services when needed. Now, we could use that...I mean, we've used Norfolk a number of times when we need to escalate. We've used Meadow Grove a number of times when...during mutual aid. So we would typically call them if we were short and needed an EMT. That's naturally what we do as part of the mutual aid program. Does that help answer? [LB244]

SENATOR GAY: Yeah. [LB244]

LINDSAY MICHALSKI: It still doesn't change the issue, though, of the resources, meaning, will they or will they not have the EMT to be there to be able to do what we need to, to respond? [LB244]

SENATOR GAY: Okay, a follow-up question. Is mutual aid a written, we will do these things, or is it just a code of honor, or how does that work? I mean, do you have a written deal with somebody else? [LB244]

LINDSAY MICHALSKI: I believe...I'm kind of going to refer that to probably the likes of Cleon. I know he's in it a little more than I. But I believe it's a... [LB244]

SENATOR GAY: Okay. I'll ask again, then. I'll ask again. [LB244]

LINDSAY MICHALSKI: ...an agreement between communities. We...I know there's mutual aid groups that get together in regular meetings, that go over standards. [LB244]

SENATOR GAY: And maybe someone else will cover that along the way. Thank you. [LB244]

LINDSAY MICHALSKI: Okay. Thank you for your time. [LB244]

SENATOR JOHNSON: Any other questions? Thank you very much. [LB244]

LINDSAY MICHALSKI: You bet. [LB244]

SENATOR JOHNSON: Other proponents. [LB244]

GINI GORACKE: My name is Gini, it's G-i-n-i, Goracke, G-o-r-a-c-k-e, and I'm an EMT with the Meadow Grove volunteer fire and rescue department. And I would bet that about every one of you here at some time in your past has had an emergency or what you thought was an emergency situation. Maybe one of your parents had a diabetic reaction or a heart attack while you were visiting; maybe your child got hit by a car while riding his bicycle; maybe your family got in a car accident on your vacation when you were 500 miles away from home. Do you remember that first wave of panic that got your heart beating, your first thought of, what do I do? Your mother is lying on the floor

with tearful eyes, pleading at you to do something, anything. Your child is bleeding, screaming and crying in pain and fear. Your wife is yelling hysterically at you, do something. And you remember that in any emergency situation, you call 911. Well, you call 911, panicking, and you just hope that you gave them the right information so they can find you, and then you wait. Please, hurry. Where are they? How long does it take to get here from the fire station? Should I just load up everyone in the car and drive them to the hospital myself? I don't think I can handle all the screaming and crying. That's exactly what it's like when you have an emergency in a town with a paid rescue service. Now imagine a town with only volunteer EMTs and first responders. What if, on the day of your emergency, none of the three EMTs are in town? First responders are arriving at the fire station, they're pacing back and forth from the ambulance to the driveway. Is anyone else going to respond? They're waiting as impatiently as you are. They look at their pagers again. They know that you need help, and they know that someone needs to get to the hospital fast. Now, what would you do? And that's all I have. [LB244]

SENATOR JOHNSON: Any questions? Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Johnson. Gini. [LB244]

GINI GORACKE: Yes. [LB244]

SENATOR STUTHMAN: I want to thank you for your comments, because what you have just stated is a real live situation that does happen. [LB244]

GINI GORACKE: It happens a lot where we live. [LB244]

SENATOR STUTHMAN: And, you know, and people panic, you know, don't know what to do, and five minutes seems like an hour. And...but if things can move on, there's some comfort in the people that are trying to assist them. And I think the worst thing that, in my opinion, can happen is when people are there and can't do anything. [LB244]

GINI GORACKE: The panic, fear, and time, I think, are the key elements. And I'm... [LB244]

SENATOR STUTHMAN: Because instead of having one, maybe, needing assistance, there could be two. [LB244]

GINI GORACKE: Yes. Yes. [LB244]

SENATOR STUTHMAN: Thank you. [LB244]

GINI GORACKE: Thank you for listening, too. [LB244]

SENATOR JOHNSON: Any other questions? Yes, Senator Howard. [LB244]

SENATOR HOWARD: I just feel compelled to say thank you, too, thinking back to the situation that I had to deal with, with my dad. And what you said is absolutely true. Thank you. [LB244]

GINI GORACKE: Thank you for listening. [LB244]

SENATOR JOHNSON: Okay, any other questions? Gini, thank you. [LB244]

GINI GORACKE: Thank you. [LB244]

SENATOR JOHNSON: Proponents? [LB244]

LINDA O'BANION: I'm Linda O'Banion, L-i-n-d-a O'-B-a-n-i-o-n. I'm an EMT volunteer with the Meadow Grove volunteer fire and rescue. I've been the rescue captain for a number of years now, mostly because I guess nobody else really wants the job. But back to this issue we have at hand. We do have only three EMTs available, and two of those are available during the daytime if they're there. One of them was the lady you just saw. She works in town at a credit union--I thought I'd throw that in--and she runs on most of the calls. I'm two miles out of town. By the time I get there, usually they've got the unit out, unless there's nobody else available on the call and I have to wait for some more help. They have the unit out and waiting, because they need an EMT to run. If it's too long of a period of time, they will ALS Battle Creek, or mutual-aid Battle Creek or Tilden, looking for an EMT to run. [LB244]

SENATOR JOHNSON: About how far are those places? [LB244]

LINDA O'BANION: If you went just by the road from the highway, it's seven miles one direction east, or seven miles one direction west to each place. But that's after you're on the highway down the road. So you've got to get where you're going first and get there. [LB244]

SENATOR JOHNSON: Okay. [LB244]

LINDA O'BANION: So this does slow down getting help to the person in need of help. Last October, the Nebraska State Volunteer Firefighters Association voted unanimously in favor of this bill. The State Firefighters Association is a statewide agency, I'm sure you're all aware of that, and they all have the same problems that we have here. Our physician medical director is also in favor of this bill, for the fact that was stated earlier, that if there's no one on a higher skill level available to answer that call, then who will? Who wants to be responsible for this? None of us, in our hearts, wants to. This bill will

enable many more of our current volunteers to help transport people in need of the higher levels of care. And that's what it's really all about, is getting them to a higher level of care; not to bring the hospital to them, but to get them to the hospital. I have quite a bit of pride in the department, and in all the departments around us, and I have no problem with having a first responder come to pick me up when I need to call for this service. I have all the confidence in the world in them. Thank you. [LB244]

SENATOR JOHNSON: Any questions? Thank you. [LB244]

LINDA O'BANION: Thank you. [LB244]

JERRY STILMOCK: Good afternoon, Senators. My name is Jerry Stilmock, J-e-r-r-y S-t-i-l-m-o-c-k. I'm the registered lobbyist for the Nebraska State Volunteer Firefighters Association, here to testify in support of Senator Flood's measure. I'm going to try to pull together some different pieces. One of the phrases that is often used at the Legislature...a couple different phrases: We want to level the playing field; or: What are other states doing? So I'm going to pick on the phrase of, what are other states doing? A comment was made that, how can Nebraska stand alone with this dilemma? And the statement was made at an earlier hearing before the Board of EMS, or perhaps at this very committee a year ago on the previous bill: The state of Idaho allows first responders to transport; and how can that be? So I called the state of Idaho and visited with the department of EMS, and I laid out the fact pattern. And the response was, no, there's no authority legally for first responders to transport. And I said, tell me how that statement could have been made, then. He said, well, let me explain to you one thing. Up in the mountains of Idaho, we have first responders, and that...we don't have EMTs in that particular region or in that particular area; we have first responders. In the mountains of Idaho, the only way that those...an injured person is going to be brought down from the mountains of Idaho is, in certain circumstances, through first responders. We don't legally authorize it, we don't condone it, but it's the reality. And those first responders, in four-wheel-drive vehicles, bring that injured party down the mountain and place that injured party in the hands of an EMT or an ambulance service that's licensed, the EMTs that are certified. And it's that unit then that transports to the hospital. So we don't look at it as transporting to the hospital by first responders. And I said, how did you get there? Well, we didn't do anything. It's just reality; that's how things happen. But we also discussed--and as others that will follow me, I'm sure, will bring up, so I'm just going to touch on it a little bit--how does the state of Nebraska get there? If what we have is the curriculum established at the national level that trains to a certain level for first responders, and then the test, the National Registry Test, that tests to that certain level, how does little old Nebraska make the step to change? Well, in order to do that, we'd have to have another level of training, and that training would have to be uniform, of course, throughout the state in order to allow the first responders to do this. And then we'd have to break new ground, and the breaking new ground would be, instead of having the National Registry Test alone, the state of Nebraska would have to develop a

component of testing to test the first responders so that they would in fact be qualified in order to transport. That is delicate ground, because as the Health and Human Services have explained before, to create a test, to keep that safe...that test safe, so that it wouldn't be shared in any manner, and then to make sure that as the test is given, that liability...so that the problem of liability...back to the volunteers, we never want to place a volunteer in a situation, in my opinion, that they have compromised their position, they have broken through that wall of what is acceptable and then they've placed themselves in harm's way for liability purposes, because they truly are volunteers. So how do you train? And if you train, how do you test? And those are dilemmas. Members of the committee, Senator Flood is running with it now; Senator Tyson touched it for a while in the same area, in Madison County; Senator Vrtiska had it for a while down in District 1--that was in the early 2000s. So here we are in 2007, and in the comments that have come back in the past is, we need better leadership; if you had better leadership in the communities, then you would have people wanting to join, to be a part of the team; it's because of the leadership. And there have been things that have been initiated. The Department of Health and Human Services has done a tremendous job not only in encouraging recruitment and retention, but also developing programs to try to bring that about. They've had a bridge class, so that a first responder could bridge up to an EMT level without having to go through the whole test...or, the whole study process. They've had amnesty, so that if a first responder or an EMT, if they missed out on taking the required continuing education classes, if they missed out it, there was a program, or there is a program, for amnesty, to bring in people. It's at least--and I'd be remiss if I said it was just a seven-year problem--it is...we know it's a seven-year problem now, and it's not just in Madison County and Senator Flood's district. It's all over. And I think that's...is part of my short response to the bill, is, we need to do something. I think Senator Flood said it correctly by saying, if it's another element of training and having an intercept set up, it's not getting done in the seven years we've looked at it. And so hopefully we can do something to further this issue along, so we don't have what we heard nationally, what we don't end up with is something called David's Law, or Sarah's Law. We don't want that to happen, and nobody wants that to happen, and the people who are going to come and testify in opposition to the bill certainly don't want that to happen. We all want safety. We're all on the same page for safety. We're all on the same page of not causing additional harm. But the reality of it is, in rural communities, when the folks flock, or if it's...if that's all we have, is a first responder unit, we have to be able to set up protocols so that if all the fail-safes are gone, all the checklists have been completed and that's the absolute bottom line, then let's get moving. Thank you. [LB244]

SENATOR JOHNSON: Any questions? Yes, Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Johnson. Jerry, at the present time, the first responders are to stabilize. Can they load? Can they put them in a rescue unit? [LB244]

JERRY STILMOCK: I have experts, even more so, behind me. They're going to critique my response. My understanding is, they cannot load. [LB244]

SENATOR STUTHMAN: They cannot load. [LB244]

JERRY STILMOCK: They cannot load, because they're not trained. They're not trained to even...as an extreme, if...I guess I would call it as an extreme, not being a first responder and EMT, they cannot even affix a collar around a person's neck. They cannot even strap that person to a spine board, because they don't have the training. And should they do those types of things, they would be stepping beyond their scope of practice and face the wrath of the higher-ups, I guess, to say. [LB244]

SENATOR STUTHMAN: So realistically, the only value of the first responders are there to locate the individual and stand there and watch them? [LB244]

JERRY STILMOCK: And stabilize. [LB244]

SENATOR STUTHMAN: And stabilize. [LB244]

JERRY STILMOCK: And stabilize. [LB244]

SENATOR STUTHMAN: Yeah. Okay, thank you. [LB244]

JERRY STILMOCK: Yes, sir. Yes, sir. [LB244]

SENATOR JOHNSON: Senator Gay. [LB244]

SENATOR GAY: Jerry, I wonder, what are the current levels of...and you represent the State Volunteer Firefighters. [LB244]

JERRY STILMOCK: Yes. [LB244]

SENATOR GAY: What are the current levels as far as recruitment and retention? Are they going down, going up? I mean, we had a discussion the other day about people getting involved nowadays; everyone is so busy. But what are the current trends as far as volunteers? [LB244]

JERRY STILMOCK: There are 7,000...just over 7,000 men and ladies that are membership to our association. There's another association of just emergency responders that somebody will come up and tell you those numbers, Senator. On the statewide reporting system, each fire department is required to report to the State Fire Marshal. Last year, that reporting number in the fall of 2005 was 13,200. This year, in

the fall of 2006, that number was 12,600. I asked for a reason for the decrease from the Fire Marshal's Office, and they said they believed they still had the number of fire departments reporting, but it was just a decrease in numbers from 13,200 to 12,600, senator. [LB244]

SENATOR GAY: Okay, and do you have any specifics? Is that in the...or, where can I find this? [LB244]

JERRY STILMOCK: Statewide. [LB244]

SENATOR GAY: Is there more...are they losing more people in rural areas, or...I'm from Papillion area,... [LB244]

JERRY STILMOCK: Sure. [LB244]

SENATOR GAY: ...where we have volunteers and professional, it's a combination, and more people, as well. [LB244]

JERRY STILMOCK: Yes, sir. [LB244]

SENATOR GAY: But is there any trends do you ever follow that, boy, it's getting harder and harder to recruit in certain areas of the state? Or...is it stronger out west than it is east, if somebody wants to volunteer for these kind of positions? [LB244]

JERRY STILMOCK: I don't believe it's stronger in one place, or more of a problem one place or location of the state than another. We don't have anything analytical that we can point to a decline in regions. The only thing that we know of is where you and I live our lives. When I grew up, my mom stayed home, and everybody on the block, their mother stayed home. Now, we have two-income families. And the activities, we know by what others have told us, is that it's getting harder and harder to find somebody to volunteer, not only their time to go on the call, but to spend the time in training. An EMT carries a special place, I think, in all volunteers' hearts, not just the volunteers, but...the volunteer firefighters, but the EMTs, because they are required by Nebraska law to go out and take the classes, which, six months, say good night to three nights, perhaps, out of your week, 6:00 to 10:00 at night, 6:00 to 9:00 at night, for six months. On the volunteer firefighter side, of which we represent both categories, on the volunteer firefighter side, there are no state requirements, but some individual departments have requirements that before you step on that fire truck, you have to meet a certain level of training. Because it's so difficult, in some departments they just say, as long as you are able to, we want you. [LB244]

SENATOR GAY: Thank you. [LB244]

SENATOR JOHNSON: Any other questions? Jerry, I've been sitting here thinking and so on, and the difficulty in recruiting people now, and so on. And I understand what you're talking about, of all the other activities going on, and two...both members of the household having jobs, and things like that. Has your organization ever done any surveys of what might be important enticements to recruit people? And I'm just going to pick something out of the air, of something like that everyone was an unpaid employee of the state, that then made them eligible to buy their health insurance on the state plan. And just...you know, that might not even be possible, but from a survey standpoint, would things like that be a catchment device for EMTs? [LB244]

JERRY STILMOCK: We thought it would, Senator, so we did. We...in the latter part of the 1990s, legislation was passed, and at the time it was passed, it was a length of service award program--I hate to use the word "retirement," but let's call it retirement for brevity's sake--that if certain requirements were met and that volunteer stayed on the department for X number of years, the state of Nebraska would partner with the local community where that volunteer served. And in order to fund a length of service award program, the state of Nebraska was nixed when...that time the Governor vetoed the measure, or, more correctly, threatened to veto. So the state money was pulled away, and what was left was a program that's still intact today, that's probably used by a half-dozen communities that have length of service award programs or retirement at the back end of service. The other item was an item that had been talked about at session such as this, where we need some immediate incentives. So this year, through Senator Hudkins, a measure was introduced and heard by the Revenue Committee to offer an annual income tax credit for a volunteer if they served the necessary requirements in a year, for a $500 tax credit, as an immediate incentive to give some type of recruitment tool or retention tool to those departments, not just those who are having problems, but those that are having people show up for the calls and show up for training and get up in the middle of the night and go out to Kearney, Nebraska this past weekend, where we had a three-person fatality due to the weather conditions. I can't say specifically what time of day it was. But we felt and we heard people saying, we need to be able to have something to hold out in front of the volunteers, so this year we've asked for a $500 tax credit for volunteer fire or volunteer rescue personnel that are active in their departments, Senator. We hope that will work. [LB244]

SENATOR JOHNSON: All right. Thank you. [LB244]

JERRY STILMOCK: Okay. Thank you, Senators. [LB244]

SENATOR JOHNSON: You bet. Thank you. Any other proponents? Seeing none, let's go to opponents. How many opponents do we have? About half a dozen or so. You kind of want to move towards the front, and let's proceed. And we want you to have, you know, quote, equal time, but if you can expedite things, or we'll be sending out for supper at the rate we're going. (Laughter) [LB244]

SHAWN BAUMGARTNER: Shawn, S-h-a-w-n, Baumgartner, B-a-u-m-g-a-r-t-n-e-r. Today I represent Valley Ambulance Services, Incorporated, of Scottsbluff, Nebraska. I'm also the Vice Chair of the EMS Board. There's some very, very heartfelt situations brought to you. I can certainly sympathize beyond belief. I did CPR on my own child, so I can understand the emotions of waiting for an ambulance, of taking care of someone while waiting. There is nothing in the rules and regulations from the state that prevents the first responder from going to the scene. I heard several times that the ambulance...or, the people were waiting at the ambulance barn. Go. Go to the scene. Take the equipment and start care. That's the concept behind the first responder. Get care to that patient's side immediately. And there's nothing in rules and regulations that prevents that. Now, the transport of patients is an issue. To package a patient correctly that's been involved in a trauma...and I can speak from the Region 4 Trauma Center data, from their trauma registry, had 64 cervical...well, not it's not just cervical spine, but spine and spinal cord injuries--those include fractures and spinal cord injuries--in their trauma registry in the year 2006. Now, that required those individuals to be properly spinally immobilized. And as LB244 presently is written, a first responder's basic training, without going through anything additional, does not allow or does not train them to put on a cervical spine...cervical collar, to put them onto a backboard, to splint an extremity. Those are all additional training items. Also, oxygen administration. Now, those all seem like really simple things; well, you just slap this thing around their neck and you just put them on...it's not just that. It's knowing when. It's the knowledge base. I can teach, literally, a monkey to put on a c-collar. But I can't teach a monkey to know when to do it and how to do it every time correctly, because if we mess up that neck, then everything from essentially their shoulders down quits working. So we have to ensure, for public safety, that we have correct trained people to provide that care. And several options were brought. These are all good things. This is why the EMS Board put together a focus group. I will accept responsibility, as a vice chair, that we didn't push this hard enough with Senator Flood to get this issue hammered out in this last 2006 year. It didn't happen. Many other things were on the board's plate that took priority, and I'll take responsibility for not pushing it hard enough. The issue still remains that we cannot have baseline just first responders, as this bill is written, to transport patients safely in an ambulance. To the services here: Get your people to that scene. They can do that. That's what they should be doing. Get to the scene, start care, work on systems development. There are so many options. We are in an exciting time in EMS. Senator Flood mentioned the national guidelines. Well, those national guidelines, yes, have an effect on Nebraska. We can do our own thing, to a point, but we all know that there is a standard of care, and standard of care comes from all of what those around us do, so we have to take consideration of what's happening nationally, for the liability protection of our EMS providers. So if we work together...and this focus group, I am excited for it, because there are so many options out there. There are creative things that have happened in other places. There are things that we could try. And I just don't think this bill accomplishes that. I think it brings things to the plate. And we're going to, as the

board, as myself personally, we'll be working hard on options, because there are many. [LB244]

SENATOR JOHNSON: Any questions? Well, I've got one, and what it is, is this, is that this was brought up last year, and you took responsibility for it. And I commend you for doing that. But what assurance does the committee have, if we stand by for another year, that it will be done then? [LB244]

SHAWN BAUMGARTNER: We have the focus group meeting February 10. I have commitments from the Nebraska Firefighters Association, Nebraska Fire Chiefs Association, the Nebraska EMS Association, the Professional Ambulance Association, and the EMS Board will all have representatives at that meeting. And I have confirmation from all of those people. [LB244]

SENATOR JOHNSON: Okay. Well, I just want to caution you. We want...I think this whole group wants to work with you to come to a good solution. But I would recommend to you that you look what happened to the city of Omaha schools last year when they did not act, that sometimes people take actions that are contrary to what they desire, so. [LB244]

SHAWN BAUMGARTNER: Correct. [LB244]

SENATOR JOHNSON: Okay. Any other questions? Thank you. [LB244]

GENE BRADLEY: Hello, my name is Gene Bradley, G-e-n-e B-r-a-d-l-e-y, and I'm representing Community Medical Center out of Falls City, Nebraska, and I'm also the president of the Professional Ambulance Association of Nebraska. So I just want to address today that the public's expectation of EMS, because of television, is that every ambulance that shows up has a paramedic on board. And the public expects that from us. We realize in the rural areas that that's not always the case, but they have the right to expect the highest level of care possible, and the state has set that out as the minimum requirement to transport a patient would be at the EMT level. There's been a lot of talk about doing the additional training. I personally feel that the additional training is what takes you to be an EMT. The test that the EMTs take is a tough test, but it's a test that we need to know that they're competent, because someone's lives are in their hands. Could be one of your family members, could be my family member. I work to assure that the folks that work for me, their standard of care is, would I be willing to take care of one of my family members. And that's basically what the state has tried to do with this, is, the minimum level is an EMT. Shawn said that first responders are the first level of defense, and that is true. When that pager goes off, the first responders are to roll with that. I'm a paramedic in the state of Nebraska, but at home, I'm a first responder. I don't live in the community where I work, and in the town that I live in, we don't have an ambulance. But I first respond when that page goes off, and I can only

function to the level of a first responder. At that point, I can't act as a paramedic; I am a first responder. I stabilize, I do the things that are necessary to sustain that person, until the ambulance gets there. The National Highway and Traffic Safety Division has set the gold standard for EMS levels in the nation, and why should we expect the citizens of Nebraska to have anything but that standard, and deviate from that standard? I feel that EMS has gained the public's trust to be the highest-trained and skilled, and to give care to their families. By lowering the standard to allow first responders to transport, I believe we violate that trust that EMS as an industry has gained out of the public. When a disaster hits, fire and EMS are the first two people that are turned to. EMS played a big role in the disaster out in the central part of the state with the ice storm that happened. I heard stories yesterday of a local fire department taking in the homeless in their firehouse and providing meals for them. They're giving them a warm place to stay, so. Also in Nebraska, we have very long transport times. From some areas around Falls City, we will have a 20- to 30-minute transport time. There are a lot of things that can go wrong in that 20 to 30 minutes. Tiering is common sense. We've talked about the tiering or mutual aid agreements. It seems to be common sense, but in reality, it's not. Tiering does not happen on a regular basis. In our area, we are providing tiering for a two-county area, in Richardson County and Nemaha County. We have one EMS organization in that area that refuses to even talk to us about tiering for them. And so when we talk about the mutual aid agreements and all, it does seem like common sense, but in reality, that doesn't happen, and it's not the rule. The other issue that has been talked about--and Shawn touched on that, too--is, I've heard the term "driver" used. And in EMS, we are all professionals, whether you're paid or volunteer. We have to take the training to get a license to be able to do this. Just because we're not paid for what we do doesn't make us any less professional than the person that is paid for it. I personally am paid for my 8-to-5 job. But from 5:00 at night until 8:00 the next morning, I'm a volunteer. I volunteer on two squads in the area. So my passion, as chosen, is EMS. That's my career. With that, I try to protect the EMS industry, too, and our image, and our reputation. And I feel that by approving first responders to transport will damage that image and reputation for us. One of the questions was asked, was, what could a first responder do? The best thing that they can do, number one, is reassure the patient that help is on the way. In a wreck, just saying, you know, to the patient, the worst is over, you know. The crash has happened, you're not going to be hurt anymore, we're going to make sure that you're safe until we can get the people here to do that. Those are very assuring words to patients. Sometimes it's not what we can do, it's what we can say that can help them the most. The other thing is, they can control major bleeding. They can control certain aspects of the safety of that patient until we can get there. First responder on scene is helpless to do a lot for that patient if they're trapped. Fire department comes and extricates them. That...working together, that teamwork, is what it's all about. Tiering is a good thing for the rural area. In the area in question that they've talked about, you know, I see areas where you could have a double-tiered system: first responders go to the scene, the EMT basic squad is coming from a closer town to them, but also, ALS is rolling to intercept the intercept. So those are some of the

options we have to look at. I feel that this is not a solution to the problem. The issue is training, it's dispatching, and it's also public education as to what our levels are. If the public understands in their community,...I come from a small community. I was born and raised in a large community. But in the small community, they band together to do what's necessary. District 1, when Senator Vrtiska was down there, was mentioned as not having enough EMTs. That's the district I come from. All squads down there have EMTs, because they chose to fix this problem on their own. Let's do what it takes to get this done. So I think with education of the public that there is a need for this, and encouraging them, we can get enough EMTs to be able to do these transports, working in conjunction with the first responders. One last item that was brought up by Senator Johnson was, what could entice these folks? LB264, as Mr. Stilmock addressed, was before the Senate this year to give a $500 tax credit to active volunteers on EMS and fire services. I think that bill needs to go one step farther, and offer that same $500 tax credit to businesses that allow their employees to respond and take care of folks. We have some very dedicated folks in our area that, it is a hardship on that business when one of their employees leaves. So to give them incentive to encourage their employees to do these things, maybe take that tax break, and for every volunteer that they have, you give them a $500 tax credit for allowing that person to be an active member of the volunteer squad or the fire department in their community. A $1,000 tax credit to a small business in a small town could mean a lot to them. So, thank you for your time. [LB244]

SENATOR JOHNSON: Any questions? Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Johnson. Gene, I really respect all of your comments, except one that kind of touched me in a way. You was...you were a little bit concerned about damaging your image of the EMTs, at the possibility of the loss of a life, just because you're more concerned about your image and your ability to pick them up, instead of having somebody else that maybe could have saved that person. That really concerned me. I know you probably didn't mean it in that way, but you know, listening, I listened very close to your testimony, you know, and yes, yes, you have an image, but in my opinion, out in the rural areas, it's a thing to do something, you know. And if you're the only group that can do something, you know, then I have a little bit of a problem with that. That's just a comment. [LB244]

GENE BRADLEY: Right. And I...that's not the way I meant that. I just don't want the EMS image of...we are professionals, and I...whether we're volunteer or all. [LB244]

SENATOR STUTHMAN: I respect that. [LB244]

GENE BRADLEY: That's...you know, that's what I was trying to point at. We are professionals, and to lower that standard, I don't want anyone to take that away, that we are not all professionals, whether you're a first responder, EMT, or a paramedic. [LB244]

SENATOR STUTHMAN: Thank you. [LB244]

GENE BRADLEY: You're welcome. [LB244]

SENATOR JOHNSON: Senator Gay, do you have a question? [LB244]

SENATOR GAY: Thank you. Actually, you talked about tiered level. Explain that real quick, briefly. And then, again, on the mutual aid agreements, are these written...explain that. Are they written agreements? Are they enforceable? [LB244]

GENE BRADLEY: Mutual aid are a written agreement. I have a mutual aid agreement with other advanced live support services around us, which, ironically, come out of Missouri and Kansas. What that says is, in times of need, they will come and help us, and it lays out our expectations of what they will do. It also allows them, with us, to know how things will be handled in that emergency, so we don't have to try to second guess at that point. As an example of that, just this past Saturday night, the Missouri ambulance district across the river from us in Richardson County had a major accident on the Interstate, and all their resources were tied up with these accidents because of the snow. My ambulance out of Falls City and our ambulance out of Auburn both went over to Missouri and stood by to help cover that area over there, because there were no resources available. So that's what that mutual aid agreement sets up, is, it allows the dispatch center to know, if this happens, how do I handle that? So we're watching them; they watch for us. On the tiering, tiering is where, with certain triggers...and we have this in our community, both in Auburn and Falls City. The volunteer squad in Falls City gets paged out for a cardiac event--somebody is having chest pain, or...with that, we are automatically dispatched at that same time to go with. And we'll either, one, intercept with them on their way back; or we will go onto the scene with them and help with that. So the tiering is where simultaneous pages goes off because a set of criteria has been met. Mutual aid is where one department will come and help cover another department if their resources are depleted. [LB244]

SENATOR GAY: Thank you. [LB244]

SENATOR JOHNSON: No other questions? Thank you. [LB244]

GENE BRADLEY: Thank you. [LB244]

SENATOR JOHNSON: Next, please. And, you know, I hate to rush people, but at the rate we're going, we are going to use up the whole afternoon on this one bill, and there's four bills. So if you can be concise, we would appreciate it very much. [LB244]

WARREN E. SHAULIS: I will most certainly try, Senator. (Laugh) [LB244]

SENATOR JOHNSON: We don't want to cut you off, but if we could. [LB244]

WARREN E. SHAULIS: Thank you, Senator Johnson. My name is Warren, W-a-r-r-e-n, middle initial E., Shaulis, S-h-a-u-l-i-s. I am here representing myself...or, representing my fire department, which is Mitchell volunteer fire department, located in Scotts Bluff County. As a disclosure, I am also a board member of the Professional Ambulance Association of Nebraska, as well as a board member of the Nebraska Air Medical Association, and the committee chair for EMS for the Nebraska State Volunteer Firefighters Association. I'm not here in those capacities, but I do wish it to be known that I'm affiliated with those organizations. I'm here in opposition to this bill, as I spoke last year, as well, with the previously introduced bill. Many of the individuals that have come before me to speak have touched on a number of the topics that I was going to, so I'll try and defer from those. I don't want to say anything to take away from the volunteers, because I am a volunteer firefighter. My department is strictly volunteer, and we also are in a small community, a community of less than 1,800 persons. We're a bedroom community for Scottsbluff, and approximately the same distance, it sounds, from Scottsbluff as these communities are from Norfolk. We...when I joined the department about nine years ago, we were suffering the same instance that they are; in other words, a lack of volunteer membership, a lack of EMTs. We had about 20 members, and probably 3 EMTs. We're now at a full roster with a waiting list; 40 members, a wait list of 2 or 3 members. We're a paramedic-level licensed ambulance service in the state of Nebraska. We complete about 200 calls a year. With that, we have two licensed paramedics, and two paramedic students that have just...are in the process of taking their test. We also have a number of EMT intermediates and EMT basics, as well as some registered nurses and licensed practical nurses. The point of this being, not only do we have an ALS ambulance, but we've also placed as part of our system, that Mr. Baumgartner was speaking of as an option, is the system's approach. And Mr. Bradley spoke to tiering. What we need to understand is, conceptually, some people think of mutual aid or tiering as being sequential. In other words, I'm going to page two or three times for my department, and if in that instance we don't get a member, then we move on to the next department down the line through mutual aid. Mr. Bradley spoke to simultaneous dispatch, or tiering. That could be accomplished, and probably should be. That's how we do it. Even though we are a licensed service and have a wonderful response the vast majority of the time, we still tier with Valley Ambulance out of Scottsbluff. It's a simple matter. Once we go en route within a couple of minutes, we simply cancel them. They go back into service. The system's approach has allowed us, in Scotts Bluff and Banner County, to place three ALS services. My community is fairly large in comparison to another in Banner County. Harrisburg, I think, has a population of a few hundred, and they're also licensed as a paramedic-level ambulance and have two ALS providers. So if you approach it from a systems direction, these things can be facilitated. I don't mean to imply this, but you know, sometimes in the fire service, which has a long and proud tradition, pride and ego get in the way. And

we can't let that happen, because what has to be is, the patient has to be placed firs, and what is best for the patient, not what is best for the patient in the instance of us. So I would speak to that. Mr. Ball, just as a point of reference, spoke to pulse oximetry and oxygen being limited to first responders, because it's licensed and so on; states he didn't have a license. I think he does, because he said he was a licensed pilot. Pilots go through training to understand the implications and use of oxygen and pulse oximetry, so on and so forth. I guess I just...I would like to echo the comments that the National Registry Test is accepted by the vast majority of states in the union as a minimum level of competency for a person to transport and package an individual safely to the community hospital or to a tertiary care facility. If the problem is that people are unable to pass that test, I echo Mr. Bradley's comments--education is critical, not lowering the standard. The way that our department was able to increase its membership was by offering volunteer incentives, by offering education, and by raising the bar. In closing, I would ask if there's any questions. Thank you. [LB244]

SENATOR JOHNSON: Any questions? Seeing none, thank you. [LB244]

JOEL CERNY: Good afternoon, Senators. My name is Joel, J-o-e-l, Cerny, C-e-r-n-y. I am a licensed first responder with the Linwood Fire Department. I'm also the chief there. I also represent the Nebraska Fire Chiefs Association and I am a member of the EMS Board as a first responder. So we talked about...I oppose this bill. There is nothing in this bill that says there will be more training for first responders to transport. Currently, I do not believe I am trained well enough to package a person in the ambulance because I have never been trained to put a person on a backboard or to lower them on a gurney. Now I've seen it happen lots of times, yes. And I think I could probably do it. But I have not officially ever had that training. We talked about the mutual aids districts. Linwood is a town of 100 people about 50 miles straight north of here. We set 20 to 30 minutes before a rescue squad gets to our town. So as our first responder group, and we do have one EMT on our group, but our goal is to have that person ready to go so when the squad gets there all they have to do is put them on the backboard and go. That's our goal. And the reason we will never transport is because we know we cannot guarantee to our people in our district that we have people available during the day. Right now, none of us on our department are available during the day, none of the first responders. We all work outside the town. So we currently do have some people in training and hopefully we'll have that remedied. But in order to get them people, we had one of our members who took the leadership training offered by the Health and Human Services. And after she passed that training, she went door to door in our community to ask people to volunteer to take the first responder class. And of probably 50 households she stopped, she ended up getting 10 people that are currently taking the class. So hopefully in another couple of months, you'll all be safer when you come to Linwood. (Laughter) And as fire chief, I also want to say, people need to take some responsibility. If you know your town is not going to have an EMT available from 8:00 to 5:00, then dispatch centers should be notified that you have no EMTs available. So it's just, in our

county every time the fire chief leaves the town, they let the dispatch center know because if the dispatch center needs to get a hold of the chief, they need to know that he's not available and she's going to have to call someone else. So it's just, that's the way I think it should be. Any questions? [LB244]

SENATOR JOHNSON: Yes. Senator Pankonin. [LB244]

SENATOR PANKONIN: Thanks, Senator Johnson. First of all, I want to thank you and all the volunteers that are here today for the services. A former mayor of Louisville, you folks do a great job and we really appreciate all that you do. My one question is, because you mentioned it, the bill as proposed does not have that training level in it. But would you think that there would be a level in between EMT and this that would have extra training that could satisfy to get people safely in an ambulance and down the road? Or do you think it has to go to that level? Or could this bill be amended to have something like that? [LB244]

JOEL CERNY: As Cleon mentioned when he first took his EMT license, it only took him 110 hours. As a first responder, mine was 51 hours. So yeah, a few more hours, I think we could do it; maybe 20. [LB244]

SENATOR PANKONIN: Because what I felt from hearing Senator Flood's testimony is his frustration that we haven't come up with some kind of alternative that maybe is in between. You know, with all the respect in the world to EMTs, and we've had some problems in our community getting qualified as well. But I would feel, if I was in trouble, that person, in most cases, with the proper training. I would (laugh) mention names, I'd be comfortable with them hauling me or my family in. So I think that's part of the essence. If we could amend this to come up with some kind of...I think Senator Flood was looking for some kind of, for the industry--I don't want to say industry--for the groups involved to come up with some kind of solution here is what he was looking for. [LB244]

JOEL CERNY: If you look at the rescue calls for pediatrics for out-state Nebraska, you will see there is very little calls. But you go to the hospital, there are a lot of PDs in the hospital. Well, you know why. The parents grab them and go. You know, and that's how come...you know, it's not quite as easy with the adults, grab them and go, but in pediatric cases them kids are just transported by their parents. You know, and sometimes it would have been better if they would have waited for the rescue squad to get there and maybe get that baby some oxygen or perform CPR on it. [LB244]

SENATOR PANKONIN: Thank you. [LB244]

SENATOR JOHNSON: Any other questions? [LB244]

SENATOR HANSEN: Senator Johnson. [LB244]

SENATOR JOHNSON: Yes, sir. Senator Hansen. [LB244]

SENATOR HANSEN: Just for the record, we're not talking about out-state Nebraska because Colorado is not in our jurisdiction. (Laughter) So we'll talk about western Nebraska or northern Nebraska. Thank you. [LB244]

JOEL CERNY: Right. Okay. [LB244]

SENATOR JOHNSON: Any other questions? Senator Stuthman. [LB244]

SENATOR STUTHMAN: Thank you, Senator Johnson. Joel, in your community--and I'm familiar with that--does David City or Schuyler have a paid rescue unit that's staffed all the time or not? [LB244]

JOEL CERNY: No. [LB244]

SENATOR STUTHMAN: They're volunteer too? [LB244]

JOEL CERNY: David City answers 95 percent of our calls. We do have four written agreements with David City, Schuyler, North Bend, and Prague. All four squads will come to our district to pick up people. Schuyler are paid on-call and Schuyler actually, I believe right now, have only six or seven EMTs and they answer over 400 calls a year. But them people know Monday is their day. And if they're going to be gone from town, they have to find someone to replace them. So. [LB244]

SENATOR STUTHMAN: Okay, thank you. [LB244]

SENATOR JOHNSON: Okay. Thank you very much. Next? [LB244]

BRUCE BEINS: (Exhibit 2) Good afternoon, Senator Johnson and committee. I may be the last but I hope I'm not the least. My name is Bruce Beins, that's spelled B-e-i-n-s. I'm from Republican City, Nebraska. I'm a firefighter and an EMT, a very small village in south-central Nebraska. I'm also the legislative representative for the EMS Association and I am the chair of the State Board of EMS. To start with, I want to say I feel a little taken to task by Senator Flood and I do appreciate Shawn trying to fall on the sword. But as everybody knows, the responsibility really does fall with the chairman. But what I want to reassure you guys is, is that we have not been sitting on our hands on this issue at all. For those that were on this committee last year, during my testimony last year I did ask for a legislative resolution study on this. Because as you've heard in your testimony today, there's so many side issues to this. We did not get that, which...and I understand that the constraints of time and so forth, but we did not get that. But the

EMS Board didn't just stand by. We met with EMS providers at the March conference, EMS conference in Columbus, at the statewide conference in July, and then actually moved our EMS Board to the NSVFA, the volunteer firefighters convention in October and actually held a public forum session as part of that to try to gather some more information about issues that were important to people. So we weren't necessarily sitting on our hands. Unfortunately, the board themselves...I won't say unfortunately. The board themselves is made up of providers--you've heard from a couple of them here today--from all over the state. But we only do meet four to five times a year. So we may not be moving to the speed that Senator Flood would have wanted, but we take this issue very seriously and there's been a lot of very serious discussions on some solutions, potential solutions to this. I've handed you some paper. It's not generally when I testify that I hand out any paper. But I wanted you to have some different information. Number one is just the role and scope of practice of first responders. And the first page I've given you there is the preface from the first responder curriculum that does state that it was never intended for first responders to be transporting patients. And without going into a lot of detail, you heard testimony that the training for first responders, it's 40 hours is the minimum amount of training and it does not include a lot of things that really would be required that they would have to train to if we was to go to allowing first responders to transport. Contrast that with the training for an EMT, which is 130 hours minimum. So there's quite a gap between the two of those. What this bill does would be to accept that first responder transporting at that 40-hour level, which we know not only puts maybe the public at risk but also puts that EMT, that does not have the right training, in a very uncomfortable position of not being able to do enough sometimes for these patients. You've heard a lot what the public expects. When they call 911, a lot of them think they're getting a paramedic. But what the public deserves is they deserve the same level of care wherever they go in the state. As you're traveling across the state, you would expect to have the same level of coverage. What this bill would accomplish, I'm afraid, is that we would decrease the level of care in the rural areas, down to the level of first responder in many areas to where in the cities they're always going to have the manpower to have EMTs and paramedics. In the rural areas, we don't have that type of manpower. The real problem that we've been talking about today is recruitment and retention. And I'm glad that a lot of your questions have really geared towards that. It's a recruitment and retention problem. And what this bill does is it's treating the symptom of recruitment/retention problem and not really treating the disease at all. There's a lot of other things going on trying to work on recruitment and retention. You heard about, Jerry Stilmock, about the bill to give some tax credit to volunteers in their communities. I love Senator Johnson's idea of making us an unpaid state employee and giving us a break on health insurance or something to recognize the huge monetary value that the state gets out of this system. This system came up from the funeral homes turning it over to the fire departments and developing rescue squads. And it may not be the best system but it's the system we have and those of us that participate in it are very proud of the system. But we need some help to keep this system strong and to keep it going. Other handouts I gave you there, last year during

testimony you received the letter from Mr. Gregg Margolis. He was one of the principal investigators when this curriculum was developed or revised back in 1994, so I thought I would pass along another copy of that just to kind of reinforce the fact that this is not what first responders were actually designed for. And then I also gave you a handout there that's excerpts from the EMS Board's 2004 report to the Legislature, which outlined a lot of the problems we've been talking about today. We actually did have a legislative resolution study hearing in Ogallala, I believe--Senator Erdman I believe was there--that outlined a lot of the same issues we're hearing about today. But you know, the EMS Board has worked to try to address some of the issues. But we need, some of these issues need to be addressed by the Legislature. Probably one of the most important one is the fact that we don't have any controlling authority for EMS in the state of Nebraska. If any of these small towns would decide that they just can't do it anymore, there's nobody that has to come in there and be a safety net for them. And that is, to me, a glaring problem. You talk about having a systems approach to fixing some of these problems, that means you have to have some sort of authority for a system to exist. And right now, we do not have that. And our system is teetering on the edge in many areas of the state because of the lack of volunteers. I also think that sometimes we have a problem with misuse of EMS services. The case that Senator Flood cited was a nursing home, where the transfer was needed to be made from a nursing home. So to take a patient out of the hands of a registered nurse in a licensed healthcare facility and then have to downgrade that to first responder when maybe there was a paid service available, that is just, to me, a misuse of volunteer services. I tell you, volunteers, one of our biggest sources of burnout is putting volunteers into positions that they're uncomfortable. And of course, having people sick, injured, and sometimes dying on us is very uncomfortable. And that's one of the biggest sources of burnout. I feel this would do the same sort of thing by putting first responders into a position where they are uncomfortable because they don't have the training to do all that they want to do. So I just think this part of it is a bad idea. Really quickly, the role of the State Board of EMS, number one, is protection of the public. And everything we look at, we really have to look closely to see whether it's in the best interest to the public. And that's the public from one side of our state to the other. And as you can see, this issue here, whether allow first responders as they're trained at 40 hours to transport patients, is that in the best interests of the public? That's a really hard question for a lot of us. I'm sure maybe it will be a hard question for some of you, too. I do think there's middle ground. What we're doing now, as you've heard, we've met with a lot of the different groups. We have established the EMS focus group that meets on February 10. I've been talking to a lot of these individuals from the different associations. I'm very pleased, very happy. These people are all very willing to sit down and work together. We've talked about some possible solutions that would allow first responders to transport in dire emergencies, you know, as long as they were being tiered with some other services and so forth. And I think something like that is probably going to be a good solution. But that's a solution we can do in regulation. I don't believe it takes legislation to do that. Other things that didn't come up today that I was surprised, that did come up last year, was the length of the

training. And we do have concerns of that in the state. Not that the minimums are necessarily bad, but some of the training agencies have taken them to the extreme. And the northeast area in the past has been one of those training agencies that really stretches out the lengths of those classes up in the 170, 180 hours. And that's definitely something that is a detriment to recruiting people into our service. And I think maybe we can do something about that regulatorywise, too. So with that, like I said, I do stand in opposition to this bill the way it's written right now. It would be bad public policy, I think, to start downgrading the standard of care based on a lack of manpower. If you want to take that to the extreme, start thinking about a lack of nursing in the rural areas or lack of doctors in the rural areas and you really set a bad precedent, telling the people in the rural areas that maybe they don't deserve as much as people in the other areas. So with that, I would just love to answer any questions you have. [LB244]

SENATOR JOHNSON: You have one over here. Senator Hansen. [LB244]

SENATOR HANSEN: Thank you, Senator Johnson. Bruce, you and Mr. Baumgartner both mentioned the date February 10. This committee has the ability to hold bills for a certain length of time or kill them, either one. But I would certainly like to see something by February 10 to let us know that this process is moving forward, whether the education is going to happen or something like that. And I think, you know, February 10, we may have to let this bill go as is. [LB244]

BRUCE BEINS: Well, Senators, I would be more than happy to see that you get a report of that meeting that's on the 10th of February. [LB244]

SENATOR HANSEN: That's what I want to hear. [LB244]

BRUCE BEINS: I would be more than happy. I think the people from volunteer firefighters, all the groups would be more than happy to...I'm sure there will be some sort of minutes taken. But this may take more than one meeting. [LB244]

SENATOR HANSEN: Okay. [LB244]

BRUCE BEINS: I mean, maybe one meeting hammer out some of the issues and then additional meetings to really get into the details of how we're going to make things work. But yeah, I would be more than happy to provide that information. [LB244]

SENATOR HANSEN: We just want the assurance that it's moving forward. [LB244]

BRUCE BEINS: Yes, sir. [LB244]

SENATOR HANSEN: Thank you. [LB244]

SENATOR JOHNSON: Any other questions? Do you have one? Okay. Well, let me just say this, is that I think this committee wants all of our EMTs and first responders and so on to know that we think you are one of the most valuable resources in this state. So don't take any comments that we make as criticisms of you. What we want though is to work with you to upgrade the system and to make it work. And so you're doing great work. We need to make it better yet. I can remember back when the ambulances were the unused hearse as the one they brought flowers in. (Laughter) And so we've come a long way. We've got a few bumps in the road. This is one that we do need to fix. Communication and having better centers of communication so that we can trade off these responsibilities comes to mind as one solution. We have a center in Kearney now that covers 22 counties. And so there's those kind of options as well. [LB244]

BRUCE BEINS: Senator, you hit the nail on the head. And I'm very excited, as Shawn said, about this focus group. Never that I can remember in my 23 years in EMS have all of these organizations actually sat down at the same table and talked about the real issues that we all realize are out there. We attack issues from different directions. We're a lot of times on the same side of issues. But we all know if we can sit down and work together, maybe we can find some solutions that don't have to be brought to this committee, you know, for future. [LB244]

SENATOR JOHNSON: (Exhibit 3) Great. Any other opponents? Seeing none, any neutral testimony? I have a letter here from Joann Schaefer, chief medical officer of Department of HHS Regulation and Licensure that basically says no formal position will be taken on this, but to caution that we must maintain the highest level of care that we can possibly give. And I think we all agree with that, so let's close the hearing on LB244 and open the hearing, Senator Stuthman, on LB283. Thank you all very much for coming, appreciate it. (See also Exhibit 4) [LB244 LB283]

SENATOR STUTHMAN: Thank you, Senator Johnson and members of the Health and Human Services Committee. For the record, I am Arnie Stuthman, S-t-u-t-h-m-a-n. I represent the 22nd Legislative District in Nebraska. First of all, this bill deals with medication aides, nursing assistants, and dining assistants are removed from the fee structure in Section 71-162(1)(a) of the Uniform Licensing law. Medication aides are covered by fees that are capped at $20. Nursing assistants are covered under Medicare. Dining assistants pay no fees. All three are covered under the Healthcare Facilities Licensure Act. Also in Section 2, part of that would be amended in Section 71-6728 to allow medication aides to register biennially. Currently these medication aides are register triennially. LB283 would allow for the cost of medication aide credentialing to shift from a combination of General Funds and fees, moving eventually to being paid for only by fees. Medication aides do not use the full scope of service as other professions and occupations that share equally in paying the base cost, therefore should not be listed in Section 71-162. Moving medication aides from this statute also allows the department to more accurately assess the base cost portion of the

credentialing system. I would be happy to try to answer any questions. [LB283]

SENATOR JOHNSON: Senator Howard. [LB283]

SENATOR HOWARD: I'm not familiar...thank you, sir. I'm not familiar with the term "medication aides." Can you explain that more fully and tell me where they're employed at? [LB283]

SENATOR STUTHMAN: The medication aides, these are the individuals that assist with the medications, like in nursing homes. I mean, that see to it that the pills get to the individuals, the medication aide part of it. What we're really trying to do is, the list of all of these people for credentialing, you know, are listed all together and we're trying to take these three professions out of that credentialing because they're not the same as the other part of the list; the dining aides, the nursing assistants. The medication aides are realistically people that just assist, you know, in the medications. It can possibly be in an assisted living place. An individual that needs to be taking XYZ at 4:00, this pill gets administered to that one and that individual sees to it that that patient there does take the pill. [LB283]

SENATOR HOWARD: So they're primarily employed in facilities for seniors or possibly people with... [LB283]

SENATOR STUTHMAN: Yeah, yeah. Most generally, yes. [LB283]

SENATOR HOWARD: ...a disability, a serious... [LB283]

SENATOR STUTHMAN: Yes, um-hum. [LB283]

SENATOR HOWARD: But not ordinarily in hospitals? [LB283]

SENATOR STUTHMAN: Not necessarily but it could be qualified that way. [LB283]

SENATOR HOWARD: Well, thank you for the information. [LB283]

SENATOR STUTHMAN: Okay. [LB283]

SENATOR JOHNSON: Any other questions? Arnie, I see none. [LB283]

SENATOR STUTHMAN: Thank you. [LB283]

SENATOR JOHNSON: Proponents, please. [LB283]

JOANN SCHAEFER: (Exhibit 1) Good afternoon, Senator Johnson, members of Health

and Human Services Committee. My name is Joann Schaefer, S-c-h-a-e-f-e-r, and I'm the director of the Department of Health and Human Services Regulation and Licensure. I would like to thank Senator Stuthman for introducing this bill on behalf of our system. I'm here to testify in support of LB283. The changes in Section 71-162(1)(a) of the Uniform Licensing law are proposed to provide a biennial renewal of medication aide registrations and remove medication aides, dining assistants, and nursing assistants from the fee structure for professions and occupations covered by the Uniform Licensing Act. This amendment is needed to allow the department authority to calculate the cost of credentialing medication aides, nurse aides, and paid dining assistants using a different method than is currently allowed. The bill will allow the department to assess the portion of the base cost, as described in 71-162.01, that is currently assessed to medication aides and being for in part by General Funds to other professions and occupations listed in 71-162. Nurse aide cost is paid by the federal government and paid dining assistant costs are paid by healthcare facilities. It should be noted that one of the main expenses that are assessed under the ULL is for investigations. However, these three professions--medication aides, nurse aides, and paid dining assistants--are investigated along with the facility and so the cost associated with those investigated are on the facility side of how we regulate and associate those base costs. The cost of the medication aide credentialing would be paid initially with a combination of General Funds and fees, moving eventually to being paid by entirely fees, as it is with other professions and occupations regulated by the department. Medication aide fees will gradually increase to cover the regulatory cost and renewal frequency will change from every three years to every two years. This shift in the fee assessment methodology is justified since medication aides do not use the full scope of services as the other professions and occupations that share equally in paying for that base cost. Removing medication aides from the statute enables the department to more accurately assess the true base cost associated with that portion of the credentialing system. This bill allows changes in medication aide registration renewal from the current triennial cycle to the biennial cycle. This change is, in part, an effort to move all professions in the credentialing division to biennial renewal. This change places medication aides renewal in the same cycle as the majority of other credentialed professionals as well. This change will streamline the budgeting and revenue projected processes. The bill will not require any additional General Funds. Instead, it will result in a shifting of medication aide expenditures from General Funds to cash funds generated by a gradual increase in fee revenue due to the change in the renewal frequency for medication aides. With this change, the department will be able to reallocate its appropriate General Funds away from the medication aide regulatory activities to other programs within the department. I know this is a bit confusing, so I'll be happy to answer any questions. [LB283]

SENATOR JOHNSON: Are there any? [LB283]

JOANN SCHAEFER: Great. [LB283]

SENATOR JOHNSON: Dr. Schaefer, I don't believe I see any. [LB283]

JOANN SCHAEFER: Thank you. [LB283]

SENATOR JOHNSON: You better scoot while you can. (Laughter) Any other proponents? Any opponents? Neutral testimony? There we go. [LB283]

BRUCE CUDLY: I'm sorry, my hearing is kind of bad. I'm going to speak in opposition. My name is Bruce Cudly, B-r-u-c-e C-u-d-l-y. I'm director of organizational supports for Region V Services. Region V Services serves over 750 people with developmental disabilities in southeast Nebraska. We have 12 agencies. We are a community-based provider of services. I am also speaking on behalf of the Nebraska Provider Network, also known as NPN, which is Regions I, II, V, and VI. Together we serve nearly 2,000 people within the developmental disabilities system and have pretty close to that many medication aides. Small change in the bill, strike entered from three years to two years. But I think I'd like to just spend some time and talk a little bit about costs associated with that small change. I can only speak about costs for Region V Services. I don't have information from the other providers. But I know the other providers are in opposition to the bill. I would say first of all, just as a short primer as to the way the medication aide program is implemented and that we have over 700 medication aides who work for us. Each of those medication aides is trained and assessed competent to administer medications by a licensed healthcare professional. So when that act was first passed and it was implemented, we needed to hire a nurse, obviously, to do that. Because we are stretched all the way across southeast Nebraska, one nurse could not assume authority for the direction and monitoring of all of those medications and the actions of all of those medication aides. So we have hired more nurses to come into compliance with the act. We currently employ eight nurses to the tune of approximately $150,000 a year. That $150,000 is paid out of the money that we are paid by the state of Nebraska to provide rehabilitative services. In essence, we are not funded in any way, shape, or form for this additional $150,000. No where in the state is that additional funding been provided to implement the program. That's a little bit neither here nor there. That's just trying to provide you with an understanding what happens. In addition, every staff person receives eight hours of training in terms of medication administration. All of this stuff is direct cost for compliance with the med aide regulations, as defined by the department. Essentially going from three years to two years creates not just a 33 percent increase in whatever costs are associated with the fee for placing people on the registry. It also creates 33 percent more work for the nurses because every time registration is required again, that requires our nurse to go out and reassess a medication aide as competent. The great bulk of the work that the nurses do is assessing competency, training and assessing competency. So while that 33 percent won't translate exactly into the $150,000 we're paying nurses, at least for Region V Services, I'm sort of guesstimating that that would increase our financial obligation by

approximately $30,000 a year in order to just change from three years to two years to establish competencies, irregardless of the amount of fees. It makes us somewhat nervous just that we're going to switch to this system of total cost is going to be as part of the fees without actually knowing what those total costs are. This entire program has been created--and I'm not saying the program is bad, I think there has definitely been some attributes to our hiring nurses. I think there's been some certain significant positives to the amount of additional training that we've had to provide to staff in the way of administering medications, which has made it safer for the people that we support. So I don't have a lot of complaints with all of that. I want to make sure you understand that any change has cost associated with it. Most providers can anticipate that the cost is going to go to the providers. And the cost for this entire program has gone fully to the providers throughout the course of the program. There is again--and I can probably say this 27 different ways--there are no funds associated with it. Our rates never went up to help pay for this program, nothing. And our funding again is directly provided to provide rehabilitative supports and training to vulnerable people with developmental disabilities. Every session of the Legislature with appropriations and any additional funds we get, those funds have an earmark associated with it that they have to go to staff salaries for direct care professionals, 65 percent of it. Every piece of money that gets carved out to implement the medication aide program removes our ability to raise salaries for direct care professionals. So I would encourage you to really think strongly about just passing on a bill that has a simple change because I think the simple change has some fairly dramatic fiscal impact to providers. The other thing I guess I'd like to say is that, through the implementation of this entire program for a number of years, we've had some significant difficulties with the department in getting our medication aides registered in a timely fashion. So we hire people, we do the background checks, we do all of those things, we provide eight hours of medication administration training. And then we send all the information into the state and we wait and we wait. Actually right now, according to our nurse, it's about the best it's ever been. We wait three to four weeks to find out whether that person can actually work for us. And in the system we're in, working with vulnerable people and needing to get staff on site quickly, three to four weeks is just way too long. It has in the past run up as far as two months. So another concern I guess I have is that when you move it from three years to two years, this is creating additionally 33 percent more work for the state to implement the process because the requests for registration are going to come even more quickly. I can't see where it's moving effectively now. And so we do have a concern that adding that work burden may cause even more delays. I can tell you that I think it's a perception of a number of the providers that what we're talking about here is the state generating more funds to implement the program. And if you look at some of this from a rather cynical viewpoint, which sometimes I do, then we're looking at a system where, gee, we can't get the work done now so why don't we create additional work and additional work will enable us to hire more people so that we can get the work done. And that seems to be contrary to good government. So I don't know. I would encourage you to look at costs associated with the bill--I mean it's indirect costs according to the state, but it's direct costs

associated with the providers--before moving this bill on. Thank you. [LB283]

SENATOR JOHNSON: Bruce, where are you from? I didn't hear. [LB283]

BRUCE CUDLY: I'm here in Lincoln. Region V Services is my employer. [LB283]

SENATOR JOHNSON: Okay. All right, thank you. Any questions? I see none, thank you. [LB283]

BRUCE CUDLY: Thank you. [LB283]

SENATOR JOHNSON: Any other opponents? Any neutral? Seeing none, close the hearing on LB283 and Senator Stuthman waives closure. Let's take about a one or two minute break to stretch. And we'll have...(recorder malfunction). (See also Exhibit 2) [LB283]

SENATOR GAY: I'm going to open the hearing on LB374. Senator Johnson. [LB374]

SENATOR JOHNSON: (Exhibit 1) Senator Gay and other members of the committee, I'm Senator Joel Johnson, J-o-e-l J-o-h-n-s-o-n, representing the 37th District. What has happened here and the reason that I am here is this. Several years ago, there was a fund created that was state funded, a loan repayment for healthcare professionals to entice them to go to rural areas. Basically because of the penalties for defaulting and not going to the small rural communities or whatever, the penalties that were put in place became such an obstacle that people feared that if they didn't go to these communities, that the loans would become so high that they didn't want to take the chance. In other words, if for some reason they changed their mind, they were so indebted to the state of Nebraska that what was designed to be a program to encourage young people to go to rural areas just, I guess the best word might be is it fizzled out. And people just weren't willing to accept these harsh penalties or has the potential for them. We were approached by the Rural Health Advisory Commission because of this program and stating basically that the harsh penalties for not complying with the program had made it so that the programs were going unused and people not returning to our communities with, that needed the services. Here's basically what we're talking about. Currently if the health professional does not fulfill the practice obligation, then he or she must currently repay the loan at 24 percent simple interest from the date the loan was granted. You could see that in three or four years, you could double the amount of repayment. LB374 would reduce the buyout incentive buy requiring the student to repay 150 percent of the outstanding loan with interest at 6 percent simple interest from the date of default. With that, we do have representatives of the Rural Health Advisory Commission that can advise this group better from here on. Other than that, I would try and answer any questions now. But I think he might answer them better than me. [LB374]

SENATOR GAY: (Exhibit 4) Okay. Thank you, Senator Johnson. I would say, too, we do have a letter of support for LB374 from the Nebraska Medical Association for the record. Are there any questions for Senator Johnson? Seeing none, can I see the number of proponents for this? Okay, and opponents? Okay, five-minute rule is in effect. (Laughter) Come on forward. I have recruited Erin to help me with this. [LB374]

ROGER WELLS: Good afternoon. My name is Roger Wells, R-o-g-e-r W-e-l-l-s, and I'm a physician assistant in St. Paul, Nebraska, and am chair of the Nebraska Rural Health Advisory Commission. And I'm here to testify in favor of LB374. As you know, LB374 was introduced on behalf of the Rural Health Advisory Commission by Senators Joel Johnson and Philip Erdman. And thank you, Senators Johnson and Erdman, for this. As you've already heard, LB374 reduces the buyout provision after training is completed of the Nebraska student loan program from 24 percent simple interest from the date the loan was granted to 150 percent of principle plus 6 percent interest at the time of the default. Nebraska's student loan program was established back in 1979 to provide low-interest loans to medical students attending medical college in Nebraska who agree to participate in a defined primary care speciality in a state-designated shortage area upon completion of medical training. By statute, definition of primary care is family practice, general internal medicine, general pediatrics, obstetrics and gynecology, general surgery, and psychiatry. Over the years, the program has evolved into forgivable student loans and now includes medical physician assistant, dental, graduate-level mental health students. But today my focus is on medical students. Today, medical student...with the interest in primary rural care can apply to the Nebraska student loan program and receive $17,500 per year in student loans. This amount is set by the Rural Health Advisory Commission based upon current available funding. A student may receive up to $2,000 (sic) but we do not have that amount of funding at this time. Once the student loan recipient completes medical training, which includes three to five years of residency training after medical school, he or she must practice in the equivalent of full time in a state designated shortage area one year for each year a student year was received in order to have the loans forgiven. As stated by Dr. Johnson, the 24 percent simple interest rule is in effect. Now what has happened, this became a disincentive and a deterrent to the student loan recipients wanting to practice in nonshortage areas and it also significantly reduced the numbers of medical students applying for the program. Since 1998, the number of medical students apply for the Nebraska student loan program has decreased each year; from 14 in 1998 to 3 in 2006. In the last three years--2004, 2005, and 2006--the Rural Health Advisory Commission has only offered four new student loans to medical students. Even when offers were made, some medical students have declined these offerings, citing the 24 percent interest rate for not complying with the terms of the program. Last year, the Rural Health Advisory Commission reviewed and discussed an article written by Dr. Don Pathman from North Carolina. Dr. Pathman reviewed the state and federal incentive programs and found that, quote, forcing service and harsh penalties comes at

a cost to the programs and committees. Among state scholarship programs, any buyout penalties beyond simple repaying principle plus low interest are associated with lower participant satisfaction levels and shortage retention. The intent of the Nebraska student loan program is to create a supply of primary care physicians with practice obligations to rural shortage areas. This is why the program is a forgivable student loan. The potential fiscal impact of LB374 would be in case of the student loan recipient buying out their contracts after completing the training period. In this situation, the state would not collect as much but would be a smaller amount but would still be more than the amount loaned. Based on Dr. Pathman's article, the current decline in medical students applying for the Nebraska student loan program, the Rural Health Advisory Commission supports the legislation to reduce the contract buyout cost after training is completed. LB374 does just that. The Rural Health Advisory Commission also recognizes there are many factors involved in the reduction of primary care physicians in training. This is just one piece of the puzzle and the state of Nebraska has chosen since 1979 to help address this issue, but again it's only one part of the puzzle. I would like to note that you have received from Liz Hruska a LB374 fiscal note impact. It states that the average loan amount is $70,000. I would like to just offer some additional information. This was in a separate enclosure. The average loan at that, for her, and probably not being familiar with the change in the medical recipients. What has happened, that not all medical recipients take out the full loan. This may vary from $7,500 to $60,000. So the medical student loan recipients only have an average of $31,000, not the $70,000. So in summary, I think this is a good program. After talking to medical students, they agree. If you have any questions, please do not hesitate to ask. I'd be happy to help you. [LB374]

SENATOR GAY: Thank you. Are there any questions? Seeing none, thank you very much. [LB374]

ROGER WELLS: Thank you very much. [LB374]

JOHN ROBERTS: (Exhibit 2) Senator Gay and members of the Health and Human Services Committee, for the record, my name is John Roberts, R-o-b-e-r-t-s. I serve as executive director of the Nebraska Rural Health Association. On behalf of the board of directors of the Nebraska Rural Health Association, we would like to voice our support for LB374 which changes provisions to the Nebraska rural health systems and professional incentives program. We think this program plays a vital role in enhancing quality healthcare in our rural areas of our state by helping to provide primary and preventative care, by improving the supply and distribution of healthcare professionals across our state. As you know, healthcare is having and has had a healthcare shortage of many types of healthcare professionals. That healthcare labor shortage in the United States is well-documented and is expected to last into 2050. And one of the important facts that I would like to raise for you today is that almost half of the healthcare workforce will be 45 years or older by 2008. As you know, rural areas of the country and Nebraska often are under even more shortages than we've seen in other urban areas.

And we think this program is an effective tool to try to get those folks out to the rural areas of our state. One of the most intriguing things that I've seen over the last couple of years is that we've seen, according to the statistics I've seen, we've seen a 50 percent drop in the number of medical students that are going into family practice across the entire country. That's going to have a major impact on us over the next several years as the pool of family practice physicians that are eligible for practice. And we know that we have even a more difficult time getting those folks to serve in rural areas of our country and our state. So we think this is an effective tool. We think it's one of many things we can do to try to enhance folks to provide quality healthcare services for our rural residents. I'd be happy to answer any questions that you might have. [LB374]

SENATOR GAY: Thank you. Are there any questions from the committee? Senator Stuthman. [LB374]

SENATOR STUTHMAN: Thank you, Senator Gay. John, you mentioned there's a 50 percent drop in students and medical... [LB374]

JOHN ROBERTS: The number of students, medical students, that are going into family practice. [LB374]

SENATOR STUTHMAN: That are going into a family practice. [LB374]

JOHN ROBERTS: Yes. [LB374]

SENATOR STUTHMAN: Why aren't they going into family practice or are they going into a different...can you explain where they're going? [LB374]

JOHN ROBERTS: My guess would be they're going into specialities where there's more money, less stress on family time and those other types of things. [LB374]

SENATOR STUTHMAN: Okay, thank you. [LB374]

JOHN ROBERTS: You bet. [LB374]

SENATOR GAY: Any other questions? I have a questions for you, Mr. Roberts. Do you think, to follow up Senator Stuthman's question, is it because that's where they're going, they can make more money to pay off these tremendous loans they have? I mean, some of the loans they leave with...I mean, seriously, do you think that's a factor? [LB374]

JOHN ROBERTS: Oh, absolutely. I'm sure that's a factor. And you know, I think it's just a change in philosophy of the students of this day and age. And they want to work more contained hours, 40 to 50 hours a week. Family practices, you know, much more

difficult and more expansive as far as doing that and being gatekeepers to the system. So absolutely. [LB374]

SENATOR GAY: Thank you. Any other questions? Thank you very much. [LB374]

JOHN ROBERTS: Thank you. [LB374]

CARLY RUNESTAD: (Exhibit 3) Senator Gay and members of the Health and Human Services Committee, my name is Carly Runestad, it's C-a-r-l-y, last name is R-u-n-e-s-t-a-d, and I'm here today on behalf of the Nebraska Hospital Association. And the NHA would like to be on record in support of LB374. I've provided you with my written testimony, much of which has already...the information and statistics have already been quoted today. And in order to prevent you from having to order in dinner, as Senator Johnson had previously suggested, I'll just stress one portion of my testimony. And that is, according to the Nebraska Health and Human Services Systems Office of Rural Health, 52, or 80 percent, of Nebraska's 65 critical access hospitals are located in state-designated family practice health professional shortage areas. This percentage increases for other health professional shortage areas, such as obstetrics or general surgery. In the delivery of rural healthcare services, physicians play an essential and critical role. Yet the Nebraska Office of Rural Health reported that in 2005, 70 percent of Nebraska's counties experienced a shortage of family practice physicians, 89 percent experienced a shortage of general surgeons, and 97 percent experienced a shortage of psychiatrists. LB374 has the potential to positively impact rural areas by expanding the potential pool of physicians in Nebraska's state-designated health professional shortage areas. So Nebraska hospitals would just encourage you to support and advance LB374. And I would like to thank you for your interest in this matter and thank Senator Johnson for bringing this forward. [LB374]

SENATOR GAY: Thank you. Are there any questions? I'm letting you off the hook. Thank you. [LB374]

CARLY RUNESTAD: Thank you. [LB374]

SENATOR GAY: Okay, Senator Johnson is going to waive close. I'm going to...no opponents or neutral? I'm going to close the public hearing on LB374. All right, we'll open the hearing on LB245. It's to change provisions relating to fluoridation of drinking water. We'll start with Senator Johnson. [LB374 LB245]

SENATOR JOHNSON: Senator Gay, members of the Health and Human Services Committee, I'm Senator Joel Johnson, J-o-e-l J-o-h-n-s-o-n, representing the 37th District. And I'm here to introduce a bill that is long overdue. Virtually all of the larger cities in the state of Nebraska have had fluoridated water for as long as we can remember. I believe the city of Kearney fluoridated their water about 35 years ago.

What this bill does is it requires all cities with a population of 1,000 or more to fluoridate their human drinking water supply. It's a simple bill. LB245 amends Section 71-3305 to require the fluoridation of human drinking water supply of any city with a population more than 1,000. In the city or village that does not add fluoride as an effective of this date, the voters may, after the effective date of this act but before January 1 of 2009, approximately two years from now, they can do this by adopting an ordinance by initiative to prohibit the adding of the fluoride to their water supply. Basically what this bill does then is it tells the cities to implement the fluoridation of their water unless an initiative petition is brought to stop the course of this action. Message is simple. This is safe. It's cheap and it works. It's one of the all-time great public health successes. The greatest benefit could be arguably by the taxpayers as you will see from those following me. But let's not talk just about money. Let's talk about better teeth and better health for, basically our children but basically also for all of us. It means less expense, dental expense, for a lifetime. If somebody said you can fluoridate the water or you can fix the teeth one at a time by drilling and fixing the teeth. I'd be glad to answer any questions but I would suggest to you that presentations in support of this might be more helpful at this time. [LB245]

SENATOR GAY: Thank you, Senator Johnson. Let's start out with questions. Senator Erdman. [LB245]

SENATOR ERDMAN: Thank you, Senator Gay. Senator Johnson, the function, I guess, of this law is that the bill passes, a city that currently isn't fluoridating will have to begin fluoridating unless they adopt an ordinance? Or is it only effective after January 1 of 2009? [LB245]

SENATOR JOHNSON: Yes. What the intent is, is to give the cities that do not want to fluoridate their water the ability for those that would be opposed, to give them the ability to start an initiative process to have an election that would either, you know, confirm or state that they would not proceed. [LB245]

SENATOR ERDMAN: Okay. The other question I have is on the stricken language, and maybe you don't have the bill in front of me and I should direct this question to Jeff at a later point. But I'll ask it anyway. Why is that taken out? As I would understand it, current option that a city had under the old bill, and that's part of this function as I understand it from previous years, is that they may not have this option. But it eliminates the ability for a city to vote to not fluoridate if they receive their water from another city that does. And I guess I'm just looking to see if there are cities that are still in that situation. [LB245]

SENATOR JOHNSON: Senator Erdman, I think that the language, (laugh) I'm not sure of this, but I think that there was a technical reason why it was written the way it was to comply with constitutional requirements. But I think that's the correct answer. [LB245]

SENATOR ERDMAN: Super. [LB245]

SENATOR GAY: Do you have anything else? [LB245]

SENATOR ERDMAN: Not unless you'd like me to ask some questions for you. No. (Laughter) [LB245]

SENATOR GAY: You do that too much anyway. Any other questions from the committee? Okay. Real quick, it's 4:00 now. How many people are proponents of this? Four. Opponents? Neutral? One neutral. Okay. Do we have an audiovisual presentation you want to make? Okay, let's go with the audiovisual presentation. How long do you think that's going to take? [LB245]

_____: My whole presentation? Ten minutes. [LB245]

SENATOR GAY: Ten minutes, okay. I'm going to make an exception... [LB245]

_____: And everybody is shorter than me. [LB245]

SENATOR GAY: I'm going to make an exception for you then. All right, ten minutes and then...I mean, take your time. [LB245]

SENATOR JOHNSON: Senator Gay would be open to restrictions for total time or something like that though. [LB245]

SENATOR GAY: Yeah, well, definite...I saw no opponents but let's just, we'll say 30 minutes. I think we can get through this, hopefully would be the goal. And then if some opposition does show up, we'd give them 30 minutes as well. Okay, whenever you're ready. Oh, state your name. [LB245]

JESSICA MEESKE: (Exhibit 1) My name is Dr. Jessica Meeske, last name is spelled M-e-e-s-k-e. I'm a pediatric dentist in Hastings. About 50 percent of my practice is Medicaid. I also have a master's degree in dental public health. And today we have about four of us that have come before you to educate you about the importance of water fluoridation and hopefully to encourage you to forward this bill to the floor so we can get this through. And I have every intention of getting out of here before dinner time, unless you'll serve it to me with a glass of good Lincoln fluoridated water, (laughter) which I enjoy when I come in. Besides being board certified in pediatric dentistry, there are other things that I do in my community along with public health, include, I oversee a dental program for uninsured low-income kids, kids that fall between the cracks. So a lot of these pictures come from that. And I also see many children throughout rural Nebraska that come as far as Ogallala, Julesburg, Colorado, up from Cherry County because there's only about four pediatric dentists that are covering the entire rural part

of the state. And I can't keep up with the amount of dental disease, primarily tooth decay, that comes through my doors every day. And the photos that I'm going to show you are pictures of kids that were actually just taken within the last two weeks in my practice in Hastings. And I want to make sure I give credit to Hallie Vanlandingham (phonetic) who is here. She is a junior student from Hastings College who's doing an internship in my office and helped me to put together the presentation. Okay. All right, the first child you see, we'll call her B.H. She's from Broken Bow, Nebraska, and she was seen in September in my office when she was diagnosed with nine areas of severe tooth decay. And due to her young age and her treatment needs, we scheduled her for treatment in the operating room at our local surgery center. On January 11, we went ahead and completed all of her dental treatment in that one visit. It included nine crowns, three root canals. Dental treatment costs totalled about $1,700 and her surgery center and anesthesia costs were $2,000. Medicaid paid for her treatment. And you can see some of the areas of decay. Next slide? This is B.V. and you can tell from his pacifier in his mouth, he's a young little guy, 18 months old from Grand Island. He was referred to my office by a general dentist because he started to get decay on his two front teeth. And his treatment, due to his young age, was also completed in the surgery center under general anesthesia. The total cost of his care was estimated to be $3,000. Next slide? D.B. is a four year old boy from Curtis, Nebraska, and he was seen in early December. We diagnosed him with 12 areas of decay. And because of the amount of treatment needs he had in addition to his young age, he also underwent treatment in our surgery center on January 11. His treatments included nine crowns, one root canal, three extractions, and what we call a "kiddie" partial, which is when the teeth are so severely decayed, we have to take them out because the child is in so much pain and has so much infection that they can't eat. And so this child's treatment was all completed for a cost of about $3,100. He had hospital and anesthesia as $2,000, so well over $5,000. He's also on Medicaid and his risk for future dental disease remains high. And one thing I want to point out is this is just one or two episodes. The first dental visit where I diagnose it and then the day of treatment. So many of these kids come back for more treatment down the road. It may be the same year. We may be able to get a year and a half or a few years down the road. So imagine over an entire childhood. Next slide? This is G.L. and he's eight years old and from Long Pine, Nebraska. He was referred by a physician for severe dental decay. He also has a cleft lip and palate. And he's seen by the Boys Town craniofacial team. He will have to have multiple surgeries for his craniofacial problems, as do children that are born with this type of a problem. But because his dental disease and tooth decay is so severe, we've had to actually postpone these growth and development surgeries to close his palate and be able to do something so he can grow and develop properly. Right now, we're just trying to get the dental decay problem under control. Before he reaches 18, he will have exceeded $100,000 just in dental-related care with his many different things going on. You know, the interesting thing is the clefts that he was born with, those weren't preventable. But the tooth decay was. He does not have fluoride. This little girl you can see, she's ten years old. She came into my office yesterday and I want you to look at

her eyes and see the distress and the pain that she was experiencing. She came in and had a dental abscess due to her severe decay and we've had to take her to the O.R. multiple times, more so when she was younger. And you can see the scar on her neck where she has had a tracheotomy from having premature birth and a very complicated medical history. Now we're able to take care of her in the office. But still, her dental treatment costs--and she's also on Medicaid--just in the seven years that she's been my patient have already exceeded $20,000. This is what you're paying out in dental Medicaid expenditures for these individual children. And I have hundreds more to show you and I'm just one dental practice. Okay, this is really a neat case. This is R.G. and R.G. came into our office last Friday when we were doing screenings, volunteering for the dental day that you all have heard about here at our dental school. One day a year they provide free dental care to kids. And he's 13 and he was complaining of toothaches and so the school nurse brought him over. We didn't even have a parent. And when we took pictures of his teeth, you can just see the devastating dental disease, tooth decay, abscesses, in pain, infection. I saw about 12 areas that needed to be treated. And when we kind of tallied up what that would cost if we were to treat him in our office, about $7,000. Now he is not on Medicaid. He does not have dental insurance. And so we're going to have to find some creative ways--and we will--to help him get the care that he needs. The neat thing about dental fluoridation is it helps everybody. It doesn't discriminate. It takes care of undocumented, those on Medicaid, children, elderly, developmentally disabled, and those of us that have healthy mouths. This is just a little video clip of a little girl that came in for a first dental visit yesterday. (Video playing.) This is just a normal day in my office. I just show you that picture so you can see why we have to take these kids to the O.R. We're not going to get that child or expect that child to sit and drill and fill and do crowns and root canals and extractions on her teeth. So you know, that's just a very typical child that comes to my office. The last thing I want to point out, and then I'll let my colleagues talk about their information, is I really just want to talk about the cost issues in terms of saving money, both for Medicaid and for families to pay for dental care. And there has been many, many cost studies that have been done over the last 50 years for water fluoridation. And I have all this information right here. And instead of giving you each one of these, what we did is we just tried to simplify things and put them in a folder that's more easily readable. So it gives you some good facts there and some cost information. The two studies that I want to point out are, one was Louisiana school children. And what they did is they looked at a cohort of Louisiana children from a fluoridated community and a nonfluoridated community. They matched them up for social economic status so they were similar children, similar background. And then they just compared treatment and costs. For the children that lived in the nonfluoridated community, they were three times more likely to have such severe dental disease they would have to go to the operating room. The dental expenditure costs were more than twice as much. So this should save the state a great amount in terms of dental Medicaid expenditures. And then the last study that I want to point out is one that was done recently in 2005, and this was done in the state of Colorado. And what they did is they looked at programs or they looked at towns that

had water fluoridation and towns that didn't. And they figured out for the towns, if they were to fluoridate them, how much money that it would save the state of Colorado in dental Medicaid expenditures. And it was $148.9 million which averaged out to $60 per person. In addition, they estimated Colorado would save an additional $46 million annually if fluoride was implemented in those communities that did not have it. I'm going to go ahead and close my testimony with that unless you have any questions for me. [LB245]

SENATOR GAY: Thank you. [LB245]

JESSICA MEESKE: Senator Stuthman? [LB245]

SENATOR GAY: Thank you. Senator Stuthman. (Laughter) [LB245]

SENATOR STUTHMAN: Thank you, Senator. Doctor, you have shown us some examples of, you know, really drastic teeth situations... [LB245]

JESSICA MEESKE: Yes. [LB245]

SENATOR STUTHMAN: ...and some of those younger children. Do you truly believe that fluoridation would have helped them or are there other circumstances that they are in, they're environment, other drugs that could possibly be affecting their teeth too? [LB245]

JESSICA MEESKE: It's a great point that you make. Fluoridation would significantly help these children. Would we still have children that come from families where they don't make oral health and diet and brushing their teeth a priority? Absolutely. But we know from the years of research, you're going to get about a 40 percent reduction in tooth decay. So yes, it's not going to be a fix-all any more than having dental sealants on every kid is going to prevent them from having any kind of tooth decay. But it is the most significant thing that we can offer them for the lowest cost that has the greatest amount of impact. [LB245]

SENATOR STUTHMAN: Also Doctor, do you take into consideration any of the family history, the mother's or anything? Or maybe you never see the mother or never had the mother in the dental clinic. You know, some people have, you know, a lot more decays than other people because of the structure of their teeth and everything. Have you ever taken that into consideration? I mean, looking at... [LB245]

JESSICA MEESKE: Yes. [LB245]

SENATOR STUTHMAN: ...these real bad ones, if the parent has got really bad teeth, too, or perfect teeth. [LB245]

JESSICA MEESKE: We do. That's something you would take when you're doing an initial history. And you know, the picture that you saw, the little Hispanic girl that was crying on the mom's lap, one of the things I always ask the mom is if the mom has untreated tooth decay, the bacterial bugs that are causing this, she is sharing that and spreading it to her children just through kissing her children. And I could have come today asking for a mandate for moms not to kiss their baby (laughter) so we prevent the spread of tooth decay. But I don't think that's good policy and I'm not going to stop kissing my babies and I don't think you're going to stop kissing yours. But fluoridation would have helped that mother to increase the amount of bacteria she has and then she may not have given so much of that to her child. But it's contagious in terms of sharing of saliva between moms and kids. [LB245]

SENATOR STUTHMAN: Has there been...one more question. [LB245]

SENATOR GAY: Go ahead. [LB245]

SENATOR STUTHMAN: Doctor, has there been any studies, if the mothers were on fluoridation, had fluoridated water, their children are less likely to have bad teeth or cavities or is there any correlation between the two? [LB245]

JESSICA MEESKE: Yes. We know that parents who grow up in fluoridated communities, their children would be less likely to have tooth decay. But of course, there's going to be other factors too. Now does the child live in a fluoridated community, etcetera, with it. But yes, that would help. I mean, the cost savings is incredible. For every $1 you're going to invest in fluoride, you're going to save $38 in treatment. Those are good questions. [LB245]

SENATOR STUTHMAN: Thank you. [LB245]

SENATOR GAY: Senator Howard. [LB245]

SENATOR HOWARD: Thank you, Senator Gay. In looking at the little toddler, I couldn't help but wonder, do you think any of her cavities are due to baby bottle mouth? [LB245]

JESSICA MEESKE: Oh, sure. And that's a part of it, too. [LB245]

SENATOR HOWARD: Are you seeing a surge of this? It used to be pretty common, decades ago, and it seems to me it's kind of returning. [LB245]

JESSICA MEESKE: I see a lot of what is called baby bottle tooth decay, yes. Would fluoridation help with that? It would. But would the...sipping the bottle throughout the night with milk or juice, could you still have a child that would get decay despite water

fluoridation. Sure, I mean anything can overpower this. It's not going to be the fix-all but it is the one thing that takes no compliance. I don't have to convince people to drink water or cook with tap water. They're just automatically going to do it with it. [LB245]

SENATOR HOWARD: And the good thing about this ingredient, if you would, is it doesn't have any taste. [LB245]

JESSICA MEESKE: No, it's tasteless, colorless, odorless. It's a good mineral, just like oxygen and hydrogen and other minerals, elements. [LB245]

SENATOR GAY: Senator Erdman. [LB245]

SENATOR ERDMAN: I guess just an observation. One of the examples that you used was that you treat patients from as far away as Ogallala. I noticed Ogallala is a fluoridated community. [LB245]

JESSICA MEESKE: Right. [LB245]

SENATOR ERDMAN: And so I think that goes...I don't want to discount your testimony and say that what Senator Stuthman was going along the lines of, making sure that we don't try to oversimplify the issue that this is the save-all but that there is definitely other issues that may come into this. This just may be one of the solutions that helps to alleviate some of the issues. [LB245]

JESSICA MEESKE: Correct, right. And none of these children were from Ogallala, but your point was that I do see children from Ogallala. And yes, that is a community that has fluoride in their water. And guess what? They have great teeth when they come so I don't have to see them a lot. [LB245]

SENATOR GAY: Okay, great. Are there any other questions? Senator Hansen. [LB245]

SENATOR HANSEN: Senator Gay, one quick one. I was reading on the bottle here it has no fluoride in it. They've taken everything out. So if it wasn't actually fluoridated in the well that they took that from, I assume they take it out. How do you address a problem like bottled water? There are billions of gallons of bottled water drank because people don't think that their municipal water is good enough. I drink bottled water at my apartment here because I don't like the taste of Lincoln's water. And it's not the fluoride, I'm sure, it's probably, I don't know... [LB245]

SENATOR HOWARD: It's different. [LB245]

SENATOR HANSEN: ...Ashland? I'm used to Sandhills water so I bring my own bottled Sandhill water here and drink it. But I'm not getting the fluoride benefit from Lincoln

Water Systems. [LB245]

JESSICA MEESKE: That's correct. And that's something that we're dealing with all the time, is the families that choose to drink bottled water, they're not going to get the fluoride from it. But they tend to still cook with the tap water. So if you're at your apartment and you're making up spaghetti, chances are you're not going to take your bottled water and put it in there. You're going to get it from the tap. And because you only need one part per million, which is like filling this entire room up with sand and putting one grain of fluoride in there, just cooking your spaghetti in water is going to give you enough. But it is a concern. And once again, it's part of the history that we take. But I tell you what, the majority of low-income people are not spending it on bottled water. And that's, 80 percent of the disease is in 20 percent of the population, and that's the lowest income. And I know you've been to Mission of Mercy in North Platte and I appreciate that. But I'm sure you got to see a little bit of what was out there. [LB245]

SENATOR GAY: Okay. Any other questions? Seeing none, thank you very much. [LB245]

JESSICA MEESKE: Okay, thank you. [LB245]

SENATOR GAY: Other proponents? [LB245]

ROGER MEYER: That's a hard act to follow. [LB245]

SENATOR GAY: Can you state your name? [LB245]

ROGER MEYER: I'm Dr. Roger Meyer, R-o-g-e-r M-e-y-e-r. [LB245]

SENATOR GAY: Thank you. [LB245]

ROGER MEYER: And I was president of the Nebraska Medical Association a couple of years ago and I'm here to represent the Nebraska Medical Association, which represents about 2,100 physicians, which is 70 percent of the physicians in the state of Nebraska. And we fully support water fluoridation as being sound public health policy, as does the United States Surgeon General. I began my medical practice in Utica in 1964. The town board asked me if there was anything that they should be doing to promote better health for the people of Utica. I suggested that they put fluoride in the municipal water supply. This was done. At that time, there were people in opposition just as there are today. Most of these claims were and still are totally ridiculous and unfounded. It has been very easy for me to see, over the years that followed, how many fewer cavities and fillings that were in the people that had grown up with the benefits of having fluoride in the drinking water as compared to those who had grown up before the water was fluoridated. By the way, our Centennial Public School, which has water from

Utica, would be the source of most of the water for the kids of Beaver Crossing, Cordova, Waco, Gresham, Utica, a large area. As a family practice physician, I've seen how devastating tooth decay was to some of my patients. This causes pain, infection, a loss of teeth, and has a very significant impact on the overall health and quality of life. This is especially true among the most vulnerable patients, which include children, the elderly, the developmentally disabled, and those of low income. I have gone on two short-term medical mission trips to Honduras. This country has many very poor people who cannot afford restorative dentistry. Therefore, many people, including very young children, have their teeth pulled when the decay gets too painful to leave the teeth in place. The county recognizes that the most economical way to avoid tooth decay is to provide fluoride for children. And their public health departments have started doing this within the past few years. Water fluoridation has been in some areas for over 60 years. It is a naturally occurring mineral found in our groundwater. However, the levels can vary from low to high. One part per million is considered to be ideal ratio of fluoride to water and offers a 40 to 60 percent reduction in dental decay. Fluoride protects against tooth decay in two ways: one, by making the enamel harder and therefore less penetrable by bacteria that cause decay; and, number two, it inhibits the action of the bacteria that causes the tooth decay. The safety and efficacy of water fluoridation can best be summed up by one report entitled "Recommendations For Using Fluoride to Prevent and Control Dental Caries in the United States." This report was conducted by a CDC workgroup of 22 individuals that looked over 270 studies completed on all types of fluoride. Each piece of research was weighted on the basis of design and study and its quality. Reviewers were blinded as to whom the authors were. The conclusion stated when used appropriately, fluoride is a safe and effective agent that can be used to prevent and control dental caries. Fluoride has contributed profoundly to the improved dental health of persons in the United States and other countries. Fluoride is needed regularly throughout life to protect teeth against decay. To ensure additional gains in oral health, water fluoridation should be extended to additional communities and fluoride toothpaste should be used widely. Adoption of these and other recommendations in this report could lead to considerable savings in public and private resources without compromising fluoride's substantial benefit of improved dental health. And that report is in this book. I certainly want to encourage this committee to advance LB245 and I thank you for your attention. And if there are any questions, I will attempt to answer them. [LB245]

SENATOR GAY: Thank you, Dr. Meyer. Any questions? Senator Erdman. [LB245]

SENATOR ERDMAN: So you're telling me that fluoride didn't kill the elephant in Beatrice? (Laughter) [LB245]

ROGER MEYER: I wondered where that came from. I remember that was one of the stories that I did remember, that fluoride killed an elephant. It also discolored the paint on houses. (Laughter) That was the two things I remembered from... [LB245]

SENATOR ERDMAN: I bet the elephant would take exception with your statement. [LB245]

ROGER MEYER: But I don't know. [LB245]

SENATOR ERDMAN: I don't know either. I just remember Senator Byars used to always bring up that story. (Laughter) I'm glad he's not here to tell that story, but it would probably be better if he were. (Laughter) Not that I'm glad he's not here, just (inaudible). [LB245]

SENATOR GAY: Any other questions from the committee? Thank you very much. Other proponents? [LB245]

TERRY KROHN: My name is Terry Krohn, T-e-r-r-y K-r-o-h-n. I am a dental hygienist graduated from the University of Nebraska College of Dentistry. I also have a master's in health education and I am the director of Two Rivers Public Health Department, which includes seven counties in south-central Nebraska. I'm speaking for my health department and as a dental health professional for LB245. Fluoridation is a widely accepted public health practice, as you've heard. It's implemented in over 60 countries worldwide. Most of the major cities in the United States that have community water systems are fluoridated. And nine states actually have laws on the books that mandate it. Fluoridation is widely supported by all of the major national and international health organizations, including the World Health Organization, the Centers for Disease Control and Prevention, the Surgeon General, the U.S. Public Health Service, as well as every major medical and dental association. The U.S. Public Health Service and their Healthy People 2010 oral health objectives included an objective to significantly increase fluoridation of public water supplies to reach 75 percent of the population. Our Nebraska Healthy People 2010 objective is to increase the proportion of the population served by community water systems that receive optimally fluoridated drinking water to at least 80 percent. These Healthy People 2010 objectives are what public health officials like myself and the CDC use to guide our work in trying to improve the health of our public. In Nebraska, right now 100 water systems are fluoridated, either through purchasing the fluoride or by having it occur naturally in their water systems. Approximately 70 percent of our state's population receives the benefits of water fluoridation. Some major communities have had water fluoridation for years, such as Omaha, Lincoln, Kearney, and yet we still have some population centers that don't. One of the greatest benefits, as you've heard, is the low cost of fluoridation. The cost of course is affected by the number of people it reaches, the labor cost, the equipment that's utilized, and the cost of installing the equipment can vary from community to community, dependent upon the factors. Once up and running, the cost is roughly about 50 cents per person a year to fluoridate a community water system. And for every dollar invested, as was said before, a savings of $38 is realized. So really to fluoridate the water for one person, you would

spend more than that in the cost of one filling. As someone who works full time in public health in Nebraska, I can assure you that we have been working hard to establish a public health infrastructure in Nebraska since the formation of the district public health departments in 2001, thanks to the Unicameral and LB692. In our district, we get many calls from citizens who are in need of dental care. We got one just yesterday. We simply don't have the resources in our workforce or in our dental Medicaid program to treat the dental disease needs for the underserved Nebraskans. This is the fourth year Two Rivers has taken kids from Lexington to dental day at the College of Dentistry for free dental treatment. I'll be heading down there a week from Friday with 51 kids for a free day of dental treatment. And if they're lucky to go again the next year, we may get closer to their whole mouth done. Mission of Mercy events in North Platte, which Senator Hansen, you were there as I was, in Grand Island drew hundreds of people seeking free dental care. And these people were willing to wait for hours in inclement weather to be treated. I know in Grand Island, the people that I saw had been waiting ten hours to have their teeth cleaned. Now how many of you would sit that long in the dental office? (Laughter) Not very many. We need to do a better job of preventing dental disease and implementing water fluoridation is a very cost-effective way to do this. It will improve the health of our citizens and decrease the health cost to our state. Do you have any questions for me? [LB245]

SENATOR GAY: Okay, are there any questions? Senator Erdman. [LB245]

SENATOR ERDMAN: You know, I should have evidently taken pictures with the right folks when I was in North Platte, because you're getting a lot of love here, Senator Hansen. (Laughter) And I'm getting squat for going. (Laughter) But I was there, too. [LB245]

TERRY KROHN: Senator Erdman, I must not have been there at the same time or I would have mentioned... [LB245]

SENATOR ERDMAN: My feelings are getting hurt here. You know, the comment that I would make is that I don't generally have to wait ten hours to get my teeth cleaned at the dentist. I just usually wait at home for about four months until I can get in, but... [LB245]

TERRY KROHN: Until they drag you in there. [LB245]

SENATOR ERDMAN: No, I generally I like to get in. And they go, oh, we'll see you next January. Okay, so that's a different issue. [LB245]

TERRY KROHN: That's right. That's so you know that our workforce is a problem and we are short on dentists. [LB245]

SENATOR GAY: Senator Stuthman. [LB245]

SENATOR STUTHMAN: Thank you, Senator Gay. Terry, I was also out in North Platte. (Laughter) [LB245]

SENATOR HOWARD: We were all there. [LB245]

TERRY KROHN: I am sorry, you guys. (Laughter) I was so busy working, I didn't look around. [LB245]

SENATOR STUTHMAN: And I was impressed with what they were all doing there. [LB245]

TERRY KROHN: It's awesome. [LB245]

SENATOR STUTHMAN: The thing, you work in a health department... [LB245]

TERRY KROHN: Yes. [LB245]

SENATOR STUTHMAN: ...district health department, and you're the dental hygienist? [LB245]

TERRY KROHN: No, I'm the director. [LB245]

SENATOR STUTHMAN: You're the director. [LB245]

TERRY KROHN: Right. [LB245]

SENATOR STUTHMAN: What things do you need in your dental portion of it that you're not being able to provide right now? Have you got a dentist, full-time dentist, or volunteers? [LB245]

TERRY KROHN: Heavens, no. I'm in Two Rivers District, which is Buffalo, Dawson, Gosper, Phelps, Kearney, Harlan, and Franklin counties. And we do not have a dental clinic. So I have a dentist on my board and Dr. Sorenson provides a lot of community service dentistry in the Buffalo County area. Shirleen in North Platte actually just started a dental clinic with some grant funding. The closest reduced-fee dental clinic will now be Shirleen's in North Platte, the west-central one that just opened. Becky has one up in Columbus; Scottsbluff, Lincoln, the Dental College, and Omaha has two. So you can see we've got a big vast hole out there. And as far as the services we provide, they're education and prevention, working with the dentists in Lexington to provide the free screenings, to take those kids to Lincoln once a year. Those are the kind of...working in Mission of Mercy. Those are the things that we do right now. I can do dental education

with an interpreter helping me out and I do that a lot in Lexington. And our public health nurses, one of the biggest things that they do has been working with providers to get them to take more Medicaid patients, working to education the families on good dental health, and to try and prevent baby bottle decay. If you have an older sibling that's had to have hospitalized dentistry and then the next young one is there with those terrible sippy cups that don't spill so they have them all the time. (Laugh) And educating the mom that this was what caused this. You have to take that away or your going to have another child in the same boat. That's a lot of what we do. [LB245]

SENATOR STUTHMAN: Yeah. Well, thank you for your comments. [LB245]

TERRY KROHN: Thank you. [LB245]

SENATOR STUTHMAN: And the reason I asked that question is because I'm from the Columbus area and... [LB245]

TERRY KROHN: Oh, okay. [LB245]

SENATOR STUTHMAN: ...familiar with the health department. And it's been a long time going until they were able to, you know, acquire a dentist and get to where they're at now. [LB245]

TERRY KROHN: Right. [LB245]

SENATOR STUTHMAN: And I was just wondering what you had in place or anything like that. [LB245]

TERRY KROHN: We don't. And I know Becky has worked extremely hard and now they have a rotation of dental hygiene students coming through there. And that will be a huge, huge benefit to your area. And we'll be sending people your way, too. [LB245]

SENATOR STUTHMAN: Okay, thank you. [LB245]

TERRY KROHN: Thank you. [LB245]

SENATOR GAY: Thank you. [LB245]

JEFF KUHR: (Exhibit 2) Senator Gay, members of the committee, my name is Jeff Kuhr, J-e-f-f K-u-h-r. I'm the director of the Three Rivers District Health Department, which serves Dodge, Saunders, and Washington Counties. And I'm here today representing the Public Health Association of Nebraska, as well as the State Association of Local Health Directors as proponents of LB245. Senator Erdman, it was a pleasure to see you in North Platte last year. (Laughter) [LB245]

SENATOR ERDMAN: You're a good man. You're a good man, Jeff. [LB245]

JEFF KUHR: Senator Stuthman, I just want to comment on something you just said, that it took a long time to fill Becky's chair out there in Columbus. And so I'm not going to throw a bunch of CDC statistics at you because I'm not in that position to do that. But I do want to give you kind of a day in the life of health departments. And Terry was right on when she said that we get a lot of phone calls from folks looking for dental care. Sometimes it's referrals to dentists for folks that have insurance or that can pay. But most often it's referrals to dentists that are Medicaid providers or that provide services on a sliding fee scale. And you know, the health departments, we were honored that we were mentioned last year as part of the solution to Medicaid reform and, you know, we certainly see us rising to that occasion. But you know, when we're trying to find providers for all these folks, that becomes a problem. And you know, my health department in particular is part of a 25-county system called CATCH. And we do some Medicaid stuff for the state, which is kind of an outreach program and that's actually implemented statewide. But I pulled some numbers from this 25-county system. You know, participation in Medicaid amongst dentists is really tough because of the amount of reimbursement that they get and because of the tendency of no-shows amongst the Medicaid population. So of the 115 dentists that we have in our 25-county region, we only have 30 that have agreed to participate in this dental outreach program. And it's to their advantage because as part of that program, we follow up on no-shows and kind of are able to monitor these folks because we're not doing it from the office but we're doing it from a universal perspective. So we can, you know, if push comes to shove we may end up referring folks down to Omaha if dentists refuse to see them because of habitual no-shows. But only 30 of 115 kind of speaks to the interest that dentists have in taking on Medicaid. And in the calendar year of 2006, amongst those 30 dentists we had 275 no-show calls that our 25 county or the 6 district health departments had to do. So you know, I guess we're kind of stuck here where Medicaid reform, we're talking whatever we can do to try to provide these services. I've made it clear to my staff that we don't turn anybody away and people call us for the most crazy things. But we try to resolve those and it's very difficult as the health director... [LB245]

SENATOR GAY: Fluoridation, are you getting towards that? [LB245]

JEFF KUHR: Well, I am. (Laughter) Yeah, I am. [LB245]

SENATOR GAY: Thanks. [LB245]

JEFF KUHR: And what I'm saying is, is rather than treatment, we're in the business of prevention. So fluoride is the prevention. Thank you, Senator Gay, for getting me to that point. But, and as I said, I didn't want to spout out a bunch of numbers. I just wanted to tell you the way it is. So you know, fluoridation is long overdue. We were all here two

years ago to do this same testimony. There was nobody here in opposition. The bill didn't advance. You know, I think maybe we've outgrown the opposition as far as the times go. And I would simply ask that, you know, let's get this thing going in the state of Nebraska. [LB245]

SENATOR GAY: All right, thank you. Questions? Senator Erdman. [LB245]

SENATOR ERDMAN: Can you see me now? [LB245]

SENATOR GAY: Yes. (Laughter) [LB245]

SENATOR ERDMAN: Thank you. Jeff, it was great to see you in North Platte. What are the three rivers in your... [LB245]

JEFF KUHR: Missouri, Elkhorn, and Platte. That's a good question. [LB245]

SENATOR ERDMAN: Just randomly. And you piqued my interest on the no-shows issue. When you say that you follow up with those individuals, do you...is it a situation where the dentist says, we got these people, didn't show up, and you follow up and find out that they didn't show up? And then what happens? I mean, do we...you explained a little bit they may be referred. But ultimately, you have to get them to show up. And is it a situation where, because the way the system is set up--and we have discussed this in different areas--where they have every opportunity to have their needs met but there is little up-front cost of meeting that. Where I go to the dentist, I'm going to pay something and so I understand the value of making that decision. Is there things that we could be doing that may address that? You know, we've looked on a reform issue, you look at premiums and different ideas that are going to be discussed in the Reform Council on Medicaid and a lot of these issues are connected. But I mean from your perspective and what you're hearing from folks, are there solutions to try to reduce the number of people who simply don't show up, which is a big burden for those dentists that have allocated time for those clients and then turned away possibly private pay or insurance pays? I mean, those are, you have to balance all those out if you're going to be a Medicaid recipient as a dentist... [LB245]

JEFF KUHR: Right. [LB245]

SENATOR ERDMAN: ...to make sure that, in the event that Medicaid doesn't cover the cost, you're able to cover it with other clients. I mean, what are some of the solutions you're hearing to try and reduce that number? [LB245]

JEFF KUHR: Well, I mean, we don't know. In fact, a pediatrician said to me about a week ago that this phone program statewide has no teeth. I mean, truly it doesn't. We can make a couple phone calls, we can threaten that the particular dentist won't see you

and we'll even search for another provider. However, you know, there's not much we can do unless it's done through the Medicaid system itself. And the majority of these calls, when we are waiting, at a treatment stage are emergency medical. You know, it's not so much the preventive, it's an emergency dental issue. So you know, I mean we're trying. We try to do what we can and obviously some have noticed that it doesn't have that much effect. [LB245]

SENATOR ERDMAN: Okay. [LB245]

SENATOR GAY: Thank you. Other questions? Thank you. Any other proponents? Okay, opponents, one more time? Seeing none, neutral? [LB245]

GARY KRUMLAND: Senator Gay, members of the committee, my name is Gary Krumland, spelled G-a-r-y K-r-u-m-l-a-n-d, representing the League of Nebraska Municipalities. The reason I'm appearing neutral, the League executive board, the governing body of the association has taken an official stance to be neutral and they did ask me to come and just convey why they did that. Ordinarily, we would be opposing a bill like LB245, which imposes a mandate on cities and villages. However, the board recognizes the important health benefits of fluoridation and did not want to oppose it and did want me to come and convey that they are not opposing the bill and have taken a neutral stand. So that's all I wanted to convey. [LB245]

SENATOR GAY: Thank you. Questions? Senator Hansen. [LB245]

SENATOR HANSEN: Thank you, Senator Gay. Again, who do you represent? [LB245]

GARY KRUMLAND: It's the League of Nebraska Municipalities... [LB245]

SENATOR HANSEN: Okay, very good. I thought that's what it was. [LB245]

GARY KRUMLAND: ...represent the cities and villages across the state. [LB245]

SENATOR GAY: Senator Erdman. [LB245]

SENATOR ERDMAN: Gary, I'm doing the figuring. I've got five cities in the 47th District that fall into this bill. One of them fluoridates and that's Ogallala. The other four do not. So as far as an impact in my district, it's probably not that big a deal. However, when I look at that list of four, I think all of them have other issues that are probably more important to their community than whether or not they fluoridate their water. And I guess from your perspective as a representative of the League, and Bridgeport is a prime example, I think, of a scenario where, even if it is another $30,000 according to the information that it's $10,000 per well for the equipment, you've got communities out there in places like western Nebraska where they're not just sitting around hoping that

they can figure out a way to do some other things better. They're simply trying to figure out how to provide quality and quantity of water. [LB245]

GARY KRUMLAND: Right. [LB245]

SENATOR ERDMAN: I'm wondering what your feedback is on that. And I guess that's...LB158 advanced from committee last year, it's my understanding. My concern is that we have other issues that I feel compelled to present to the group that come into this discussion because these are all interrelated, in my opinion, for a community to be able to meet the needs of their citizens and water. [LB245]

GARY KRUMLAND: Yeah, and cities across the state--and Bridgeport is a good example--are having a real hard time meeting some of their federal and state requirements and meeting the Federal and State Drinking Water Act regarding, you know, different elements in the water. And it's becoming very, very expensive. A bill that the Legislature just advanced yesterday--what was it, LB80--is an attempt by the Department of Environmental Quality to help some of those cities by putting some money that they're getting from administrative fees to put back into grants. And so we are working on that, both at the state level and the federal level to help that. So I agree. I mean, there are major problems that some of the smaller cities are having with their water systems. [LB245]

SENATOR ERDMAN: And to further compound that discussion a little bit, there are communities that aren't meeting the federal requirements that are required to provide or have chosen to, you may be able to tell me whether it's a requirement, bottled water to all of their citizens that meet certain targeted classification, such as pregnant women and young children to make sure that they're not subject to the higher nitrates and uranium and arsenic and those issues, which wouldn't benefit...I mean, it's not like it we're all sitting around thinking, well, we've got a great water supply that meet all of the standards, let's go ahead and just tinker with this. I mean, it's a bigger issue than just simply hooking some things onto some wells and moving forward as if it's business as usual. [LB245]

GARY KRUMLAND: Well, and there's probably several issues. One is when...any public water system has to be tested regularly. And if there are certain problems they find with it, they give notice to all of the customers. And if they reach certain levels, they do provide bottled water until they can get the system clean. But usually when there's contamination of the system, that's one issue. There's another issue that the EPA, the federal government in the Safe Drinking Water Act has, every few years, been adding additional chemicals and elements that they're saying that need to be removed from water or reduced. And that's where a lot of the financing problems is. Because, you heard some of this already, but if you have to treat water or take it out of the system and you have 200 customers and you have to do a million dollars worth of changes to your

system, it becomes very expensive and probably gets to the point where they are no longer able to afford it. If you charge the customers, if they're paying $200 and $300 a month for water, you know, that gets to the point where there's a question of whether they should even have a water system. So those are other issues relating to water systems, yes. [LB245]

SENATOR ERDMAN: Thank you, sir. [LB245]

SENATOR GAY: (Exhibit 3) Any other questions? All right, thank you. Just for the record, I'd like to add that there was a letter of support for LB245 from the State Board of Health that we received. With that, Senator Johnson. Senator Johnson has chosen to waive his closing. And that will close the public hearing on LB245. [LB245]

SENATOR JOHNSON: Thank you all for coming. [LB245]

Disposition of Bills:

LB244 - Held in committee.
LB245 - Advanced to General File, as amended.
LB283 - Advanced to General File.
LB374 - Advanced to General File.

Chairperson

Committee Clerk