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Health and Human Services Committee
October 02, 2015

[LR298]

The Committee on Health and Human Services met at 9:00 a.m. on Friday, October 2, 2015, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR298. Senators present: Sara Howard, Vice Chairperson; Roy Baker; Sue Crawford; and Mark Kolterman. Senators absent: Kathy Campbell; Nicole Fox; and Merv Riepe.

SENATOR HOWARD: All right. Well, good morning and welcome to the Health and Human Services Committee interim study for LR298. I'm Senator Sara Howard and I represent District 9 in midtown Omaha. We'll start with introductions. To my right...

SENATOR KOLTERMAN: I'm Senator Mark Kolterman and I represent the 24th District, which is Seward, York and Polk Counties.

SENATOR BAKER: Senator Roy Baker, District 30: Gage County and part of southeast Lancaster County.

JOSELYN LUEDTKE: Joselyn Luedtke, committee counsel.

SENATOR CRAWFORD: Good morning, I'm Senator Sue Crawford from District 45, which is eastern Bellevue, eastern Sarpy County.

BRENNEN MILLER: I'm Brennen Miller, I'm committee clerk.

SENATOR CRAWFORD: And would our pages introduce themselves?

STEFANI BRADLEY: Sure. I'm Stefani from Kansas City, Missouri.

BRANDON METZLER: And I'm Brandon from Omaha.

SENATOR HOWARD: Thank you. We ask that you turn off your cellphones or put them on vibrate. And although handouts are not required, if you do have handouts, this committee

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requires 15 copies. If you'll be testifying, we ask that you bring up...are the...Brennen are they green sheets today?

BRENNEN MILLER: Orange.

SENATOR HOWARD: Orange sheets today. You bring up your orange sheet when you come up to testify and then when you sit down, we ask that you say and spell your name out for the transcribers. We will be using the light system, because I believe we have a lot of testifiers today. It's a very hot topic. And so we'll start with the list of testifiers and then we'll open up the hearing room for other testimony. We will be using a five-minute light system, so you'll get four minutes with a green light, one minute with a yellow, and then I'll start waving my arms to have you slow down and stop. Senator Davis has joined us for the hearing. With that, I believe we'll get started. Senator Watermeier.

SENATOR WATERMEIER: (Exhibit 1) Good morning. It's an honor to be back to the busiest committee in the building. You guys have all kinds of stuff going on and I miss being on this committee, so. Good morning, Senator Howard and members of the Health and Human Services Committee. I am Senator Dan Watermeier, spelled W-a-t-e-r-m-e-i-e-r. I represent District 1 in southeast Nebraska and I'm here today to introduce LR298. LR298 is a legislative resolution for an interim study to examine issues to improve the emergency medical services in Nebraska. I have worked with the Nebraska State Volunteer Firefighters Association and the Nebraska Fire Chiefs Association on this resolution. Other than in the more urban areas of our state, our communities rely on volunteer providers of emergency medical services, resulting in a significant savings for taxpayers. However, volunteers are required to make a major commitment of time and talent to serve their communities. In order to volunteer as an emergency medical service personnel, there are extensive educational requirements, including at least 160 hours of classroom time, plus independent study, prior to taking the National Registry of Emergency Medical Technicians exam, which can be very difficult to pass. As the required classroom hours have increased over the years, it is becoming more difficult to recruit and retain qualified volunteers willing to serve in their communities. The study seeks to examine the number of EMS volunteer providers over the past 15 years, whether the delivery of EMS instruction and training to volunteers can be improved, barriers which limit the passage of National Registry of

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Emergency Medical Technicians exam, how other states are addressing the education, training, testing and certification of volunteer providers of emergency medical services, and the cost of EMS apparatus and equipment, as well as training costs and sources of funding, whether volunteers are adequately represented on the Board of Emergency Medical Services, and steps to improve the EMS system in Nebraska. I asked the EMS program within the Nebraska Department of Health and Human Services for some background information and I have pages that I've distributed. You should have their data in front of you. First of all, the department does not differentiate their data by paid or volunteer licensed providers, which is something we may want to ask for in the future. As you can see, their data shows 800 fewer EMTs in 2014 as there were in 2011, almost a 13 percent decrease. Over the same time period, there were 156 fewer EMT candidates taking the exam, a 22 percent decrease. Consequently, there were about 121 fewer EMT candidates passing the exam. Almost one in four EMT candidates who take the exam fail it. Such statistics make it even more difficult to recruit volunteers. We need to make sure that the training is as efficient and effective as it can be, in order to obtain the greatest number of successful candidates. To commit the amount of time and work required to the exam, only to fail it, would be extremely frustrating and not conducive to recruiting efforts. A survey has been sent to the membership to help identify the biggest challenges in providing EMS services in local communities. Out of 140 responses received, asking if EMS membership is increasing or decreasing, 26 responded that their numbers are actually increasing, but 78 said their membership was decreasing, while 79 responded said their numbers were remaining stable. When asked if their current EMS licensed membership was adequate to meet the needs of the community, 81 responded yes, but 102 said it was not. Furthermore, in the past three years, 80 responders said that they had had competent people successfully complete EMS training, but were unable to pass the National Registry exam and gave up trying. These issues we must address. There are a number of people behind me here to testify and I'll be glad to take questions now, but I think you'll get a lot of good testimony behind me. And I really appreciate the effort here today, and I appreciate the committee taking a look at the issue. [LR298]

SENATOR HOWARD: Thank you, Senator Watermeier. Are there questions for Senator Watermeier? Seeing none, thank you. I know there are two physicians who need to leave early, so if they would like to go first. Good morning. [LR298]

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ERIC ERNEST: Good morning. And I apologize for my voice, I'm getting over a horrific cold, so. Good morning, my name is Eric Ernest, I'm a physician...sorry, E-r-n-e-s-t. I'm an assistant professor of emergency medicine at the University of Nebraska Medical Center. Of note, my views and opinions expressed here today are my own and do not reflect the University of Nebraska Medical Center. My background training includes a bachelor of science degree in emergency medical services, as well as residency in emergency medicine at the University of Nebraska Medical Center. I further went on to complete an EMS prehospital fellowship at Regions Hospital in St. Paul, Minnesota. I currently serve as the medical director of the Cass County Emergency Management Agency as well as several other volunteer BLS agencies within Cass County. I also serve as the medical director for Bellevue Fire and assistant for Omaha Fire and Creighton EMS Education. I would like to thank you for the opportunity to come and speak to you this morning regarding LR298. I feel qualified to speak this morning, given my current involvement in the rural area, including the newly developed Advanced Life-Support Program under the direction of the Cass County Emergency Management Agency. Furthermore, through my actions as medical director of several volunteer basic life-support agencies, I've also come to appreciate the very unique challenges that come with providing emergency medical services to a primarily rural area. In reviewing the proposed legislation, I'd like to first start off by agreeing with several important points that were brought up in the bill. As you very well know, Nebraska's a largely rural state, which has relied on volunteers to provide emergency medical services for quite some time. I also recognize that there are numerous economic and demographic trends and conditions that make recruitment and retention of qualified volunteers increasingly difficult. As there's a general trend towards moving into urban areas, as well as an aging population, the number of qualified individuals to be able to serve on volunteer rescue squads continues to diminish. The part of the bill that I disagree with, however, is any language that calls for the relaxation of requirements for someone to perform emergency medical services at the EMT level. Before we go into the reasons for my disagreement with the proposed legislation, it is important to recognize and reflect on how far we have come in EMS. There was a time when there was no consistent standards for training and testing for emergency medical service professionals. When patients were injured or ill, they did not know what level of medical attention they would receive. The education ability of those providing emergency care for first aid vary greatly. As a result, many patients may have been permanently injured or disabled due to poorly trained personnel. Approximately 40 years ago, the Committee on Highway Traffic

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Safety recommended the creation of a national certification agency to establish uniform standards for training and examination of personnel that act in the delivery of emergency medical services, which resulted in the creation of the National Registry of Emergency Medical Technicians. Since its inception, the National Registry has remained steadfast in upholding its mission to provide a valid, uniform process to assess the knowledge and skills required for competent practice of prehospital emergency medicine. This process is vitally important to our profession, to maintain a high standard of care and to ensure that the provider is confident and has a baseline level of skills and knowledge. Fortunately and unfortunately, our industry has grown by leaps and bounds in regards to medical science and care rendered in the prehospital environment. We are no longer a profession of ambulance drivers shuttling a patient from one point to another. We are performing more advanced diagnostics and providing more and more advanced care before the patient reaches the emergency department, even at the EMT level. For example, the idea of telemetry or remote transmission of a cardiac rhythm strip, that seemed so foreign several decades ago, has evolved into advanced cardiac monitors that we are now training our EMTs to set up and transmit 12 lead ECGs for early activation of cardiac cath labs. This is one example among many of our growing profession. This growth, however, comes at a cost. This means that we must continue to increase the amount of education required for someone to function at their given level of certification. This also means that we need to provide more continuing education to keep our providers up to date on the vast wealth and knowledge, skills and tools that continue to become available to us. For a paid EMS professional, this is all part of the daily job requirements. For the volunteer, however, this proves to be an ever increasing challenge. Many volunteers have careers outside of EMS, have commitments with family and their community, and overall have less time to dedicate to maintain their certification status. Despite these challenges, however, we as a profession and as an industry cannot afford to lessen these requirements, because in the end it is about the patient, not the provider or the agency. And let me repeat that again, this is about the patient. Our patients deserve the highest quality care available and anything short of that would be a disservice to our citizens and our communities. Given our rapidly evolving history, it is important to keep moving forward. I'd encourage the Legislature to engage in a study to evaluate the current needs and serve those without sacrificing quality medical care. Some areas include the idea of regionalization and the pooling of resources, different modalities of training and continuing education by accredited academic training agencies, what current and future resources and funding are available to

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support EMS, and evaluation of the prehospital medical care as a service to the community and the resources and funding associated with it, compared to other public services like law enforcement. In closing, I am hopeful and encouraged that bringing the problem of declining volunteer membership to the forefront will enable us as a state to take meaningful steps forward towards the sustainability of a high quality prehospital medical care, without sacrificing the standards that made our profession what it is today. Thank you very much. [LR298]

SENATOR HOWARD: Thank you, Doctor Ernest. Are there questions? Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thank you, Senator Howard. Doctor, thank you for coming to testify. [LR298]

ERIC ERNEST: You're welcome. [LR298]

SENATOR KOLTERMAN: And most importantly, thank you for your commitment to the counties and cities that you work with. I have some questions regarding your testimony in regards to reducing the number of hours it takes to become an EMT or an...you know, an emergency medical practitioner. I have been an EMT back in...a long time ago. But I did it for 14 years, and I believe when I became an EMT we had 80 hours that we had to fulfill to become an EMT, and then we also had to take a test. And I can't tell you...I can't remember whether it was a standardized test. I believe it was a test that was performed by the state of Nebraska in our local...it wasn't a national test. In that 14 years that I served, I don't believe we compromised the patient at all. And what can we gain by adding another...by doubling that? I mean, how much education do we need? Are we requiring too much education? Is that a roadblock that's stopping people from entering in as a volunteer? Because that's asking a lot: 160 hours and then taking a national standardized test, and then only 75 percent of the people who take it, pass it. It seems to me we've maybe gone too far to the extreme to get that done. Can you give me some background in that? [LR298]

ERIC ERNEST: I would respectfully disagree with the comment that we've gone too far. In fact, I don't think we've come far enough. The evolution of prehospital medicine, especially within the

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past 10 years, it has been growing by leaps and bounds, and the amount of knowledge that is required, even at the EMT level, continues to expand. What used to be done versus what is done now, and what we're asking the EMTs...what I ask of my EMTs as a medical director is far greater than it ever was. And the idea of providing more and more critical care services prior to the patient reaching the hospital requires more and more education, more background in pathophysiology, recognition of various disease states and obviously, the various tools and new science, if you will, that is coming out in the arena of prehospital medicine. And so that requires a vast amount of education. I would almost advocate that we don't have enough education. And even the initial 160 hours needs to be...what needs to be added to that is a robust continuing education program to keep people up to date. Education is the forefront of this, and it is going to be that education that provides that high quality medical care to that patient. [LR298]

SENATOR KOLTERMAN: Can I continue? [LR298]

SENATOR HOWARD: Certainly. Absolutely. [LR298]

SENATOR KOLTERMAN: Thank you, Senator Howard. I understand what you're saying to a certain extent. What's the response time in Cass, Omaha and Bellevue, and how long would it take from the time that you pick up that patient and deliver him to a close hospital? [LR298]

ERIC ERNEST: Well, for Omaha Fire, obviously, it's a very short response time, anywhere from 5 to 10 minutes. Bellevue is about the same. Cass County we...I oversee both the Cass County EMA, which is the Emergency Management Agency, ALS program, which is a paramedic fly car model, which does not use a transport unit, they basically use a pickup truck with ALS equipment. So we are not patient transport capable. So if you're asking what is the response time from a first provider on scene or a transport capable unit on scene, those numbers differ. Our response times would vary anywhere from 8 to 10 minutes and can be upwards of 25 to 30 minutes, depending on where we are in the county, and then also how long the volunteer agency takes to page out and get on scene. [LR298]

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SENATOR KOLTERMAN: Okay, and then in that same regard...and this is just a question, have you ever been out to western Nebraska or central Nebraska where sometimes the response time or the transport time could take 30 minutes to 40 minutes. [LR298]

ERIC ERNEST: Even in Cass County I would argue...we have no hospitals in Cass County, so our transport times can be...once we get the patient loaded, can be upwards of 30 to 40 minutes, depending on where we're going. If we're going to a trauma center, it could take that long, depending on where we are in the county. So, yes, I'm familiar with the long transport times. Which, the long transport times, I would argue, require that you are with the patient that much longer, thus requiring you to perform that many more skills--being able to assess and monitor a patient for a longer period of time, which requires a higher level of knowledge and skill by the provider. [LR298]

SENATOR KOLTERMAN: Okay, thank you. [LR298]

SENATOR HOWARD: Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you, Chair. And thank you, Doctor Ernest, for being here. [LR298]

ERIC ERNEST: You're welcome. [LR298]

SENATOR CRAWFORD: I've a couple of questions. First, I want to ask a question just to follow up from some of the earlier work that we've been doing on trying to make sure that people who...veterans who leave the military and are in their communities are able to use their skills that they learned. It is my understanding that this national test we use now is also used now for many in the military, so that when they leave service and come back to their communities, having passed that test, they are ready to go. Is that true? [LR298]

ERIC ERNEST: Yes, ma'am, that is my understanding. [LR298]

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SENATOR CRAWFORD: Okay, thank you. So the second question I have for you is as we're thinking about how to move forward, if you have seen any examples in any of the communities where you serve as medical director, of ways that the hospital has been innovative in helping to change the way EMS is delivered? Or if there are ideas about changing the roles that people play or a mix that includes a paid paramedic in a new way? To...if you have any examples from different communities that you'd like to share with us on the record? [LR298]

ERIC ERNEST: Hospital specific or just in general? [LR298]

SENATOR CRAWFORD: Or in general, that's fine. [LR298]

ERIC ERNEST: Hospital specific, I've heard of, but not directly experienced, hospitals integrating the EMTs or a paramedic as a paid member of their staff within the emergency department that then goes out and responds. Specifically in Cass County, it's...I believe the first model of it's kind in the state, certainly not in the nation where, as I mentioned before, we have a paid ALS fly car model that is housed out of the emergency management office that is dual toned out or dual responded with all the volunteer agencies within Cass County. This is especially helpful during the daytime hours where, usually, volunteer numbers are low, because they're out doing their normal daily jobs, and that we decrease that amount of response time. We're also bringing in advanced life support to the scene and then we basically wait for a transporting unit to take the patient to the hospital. [LR298]

SENATOR CRAWFORD: And one follow-up question if I... [LR298]

SENATOR HOWARD: Certainly. [LR298]

SENATOR CRAWFORD: So just for us to understand, we have in front of us, the candidates applying for EMR, EMT, AMT, MT...those levels. Can you give us a basic idea of how many hours of education are required at each level? Just so we have a sense of...okay. [LR298]

ERIC ERNEST: I don't know those right off the top of my head. I know EMT is 160. A paramedic...I forget the exact hour requirements. I serve as the assistant medical director of

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Creighton EMS education, which also does paramedic education, and that's basically three semesters' worth, so a year and a half of education...so whatever that equates to in hours. I mean, it's a fairly robust program. I don't know what the hour requirements are for EMR. [LR298]

SENATOR CRAWFORD: Thank you. [LR298]

SENATOR HOWARD: Thank you. Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thank you. A couple more questions. So just a follow up to that, EMR, is that like an associate degree? Do you know? [LR298]

ERIC ERNEST: EMR is a separate level of certification below EMT. [LR298]

SENATOR KOLTERMAN: Oh, I'm sorry, I meant paramedic...is paramedic like an associate degree? [LR298]

ERIC ERNEST: Paramedic does not require a degree associated with it, you can still obtain a certificate of paramedic completion. There is a move within the industry to associate it with a bachelor's degree. That has not happened, but there is strong efforts on a national level to make that happen. [LR298]

SENATOR KOLTERMAN: And so...and then going back to the EMR, is that like a first responder type of... [LR298]

ERIC ERNEST: Yes. [LR298]

SENATOR KOLTERMAN: Okay. Another question. You mentioned that you're supportive of broader continuing education. Can you tell me what the continuation of education is at this time for an EMT? Do you know how much... [LR298]

ERIC ERNEST: The continuing education hour requirements? [LR298]

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SENATOR KOLTERMAN: Yes. How often? Every year? Every other year? [LR298]

ERIC ERNEST: They recertify...at least if they're doing National Registry, they recertify every two years. They're required to complete so many hours in each topic area, and oftentimes that continuing education is provided either through on-line courses, education is provided at their local service, annual conferences, things of that nature. [LR298]

SENATOR KOLTERMAN: Okay. And then one final question. Are your...the organizations that you're associated with, I think you said Omaha, Bellevue, and Cass County, are those paid organizations or are they voluntary? [LR298]

ERIC ERNEST: Omaha and Bellevue are both paid, full-time fire-based services. [LR298]

SENATOR KOLTERMAN: 100 percent? [LR298]

ERIC ERNEST: Yes. Cass County EMA is a paid full-time service, and I'm also the medical director for Weeping Water, Elmwood, Nehawka fire departments, which are all volunteer. [LR298]

SENATOR KOLTERMAN: Those are probably...okay. Weeping Water and Elmwood. All right, thank you. [LR298]

SENATOR HOWARD: Any other questions? Senator Davis. [LR298]

SENATOR DAVIS: Thank you, Senator Howard. Just to talk a little bit about my district. I think, first and foremost, it's 21 percent of the state of Nebraska, it's very remote, and so I'm guessing the question comes down to: what is best practice? To have a service, which maybe isn't as highly trained as a professional, paid staff service or have no service at all? I think that's just an important question. I mean, would you like to weigh in on that? [LR298]

ERIC ERNEST: I would. Obviously a service is better than no service. What is interesting is that there is no state law requiring EMS service being provided to a certain area. And what I

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think...in my own humble, personal opinion, that I'd like to see come out of this committee, is looking at different delivery models of EMS that go beyond just a volunteer fire-based EMS service. That's not to say to exclude the volunteer fire service, that's to say to look at other collaborative efforts of things like regionalization, a mixed model of paid and volunteer to elevate that level of service. I would hope that's what would come out of a committee like this. [LR298]

SENATOR DAVIS: And what you have in certain parts of the state, I mean, particularly in my...where I come from, the hospital is 60 miles away. The first squad is 60 miles east of Hyannis...or east of Alliance, which is the hospital that we would go to. The next service north is Merriman, I think you'll hear from someone today on that...that's 70 miles. South it's 40. East it's 40. So you end up with a geographic area that desperately needs these services, but I guess, to me, it doesn't seem...best practices would be that we need to find a solution for sparsely populated Nebraska, rather than let's stack more education requirements on a crew that really is all volunteer in the first place and that's taken all the time they can possibly take away from their jobs to do the volunteer work that they're doing. [LR298]

ERIC ERNEST: And as I mentioned in my comments, I agree that the requirements for a volunteer are ever increasing. And that is just the nature of our industry and our profession. We are like any other medical profession. You don't see volunteer nurses, you don't see volunteer physicians, you don't see volunteer law enforcement. This is a medical profession and as such, we have certain professional requirements and competencies that we all need to meet. And to reduce those competencies will directly impact patient care. [LR298]

SENATOR DAVIS: And to increase those competencies will directly impact the EMS services to a point where there won't be any left. [LR298]

ERIC ERNEST: It will. And that is my drive of my testimony today is to say we need to be looking at different care delivery models, especially in areas such as yours, where there is a large area where transport times are upwards of 45 minutes to an hour. When you think about it, those people need the most training of all, because they're with the patient during their most critical time. The first hour of the disease or trauma onset is the most critical point and will usually make

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the biggest difference for that patient. So having something like an ALS tiering service or a paid service that tiers with the volunteer, especially for those long transport times, would have the potential to greatly impact that patient's outcome. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony today. [LR298]

ERIC ERNEST: Thank you. [LR298]

SENATOR HOWARD: I believe there is another physician who needs to leave early. Yes, sir. Good morning. [LR298]

JOHN BONTA: Good morning. My name is John Bonta, last name is B-o-n-t-a. I just want to briefly kind of reiterate what Doctor Ernest has said. I appreciate you letting me speak today. I am an emergency physician here in Lincoln. I've been practicing emergency medicine and EMS since 2002. I do wear a lot of hats in emergency medicine, EMS. I am here speaking on behalf of the rural services that I cover. I am the medical director for five rural services here in the state. I also serve as the medical director for the Southeast Community College Paramedic Program. I do...I work for Midwest Medical as their medical director for their air transport systems, which covers across the state and I do private consulting for them on the ground service. I also serve as a external reviewer for the Commission on Accreditation of Ambulance Services. So I feel compelled to speak today, really to address more so patient care and advocate for that above all. I think when you look at this proposal, I think I would agree with Doctor Ernest's comments, that I think lowering the standard of care would be detrimental to patient care above all. I think more training is needed, not less. I also was an EMT back in the 1990s, I did take the test: it was 110 hours. And quite honestly, as Doctor Ernest had stated, our field of medicine is now a subspecialty. It's recognized as its own entity and I think that that piece has been missing in Nebraska. And nationally, it's jumping by leaps and bounds. And I think the state of Nebraska is behind the times when it comes to recognizing EMS as its own entity, just like fire is its own entity, and law enforcement. The government...the state of Nebraska needs to support EMS as its

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own entity. And I think, you know, certainly Senator, you guys have, you know, discussed the fact that it is extremely difficult when you're looking at recruitment and retention of volunteers. You know, unfortunately, nationally, regionally, locally the volunteer model is failing; and I think it behooves the state of Nebraska to support EMS in some fashion and whether that's through research to look at different delivery models or our approach to training and education. Certainly, whether you live in Hyannis or whether you live in Emerald, Raymond, or Lincoln, Nebraska, the quality of care shouldn't be compromised because of your distance to particular hospitals. And like Doctor Ernest stated, those patients that have the longest transport time, I can tell you, require individuals with more training and more education. We see that at Midwest Medical, we have very long transport times, we see that on the air medical side. And I think it's just it's the reality of medicine and the state of EMS that we need to have more training and education. And I think it would be detrimental to any of my family members, any of your family members to lower that standard of care, because lowering the standard of care is not the solution to recruitment and retention. I do sit on the EMS board, I am not speaking on behalf of the EMS board. I think in terms of how we are able to get policies and procedures passed, I think our hands are tied on many occasions when you look at how rapidly medicine is advancing. We have new diagnostics and new equipment every day that saves lives. We've got new equipment out there right now that is saving lives and it's difficult to be able to keep up with medicine. And I think it would be almost impossible to try and revert back to lowering standards to even accommodate this. And I certainly, for my own family members and my friends, would not want that. That's all I got to say. [LR298]

SENATOR HOWARD: Thank you, Doctor. Are there questions from the committee? Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you, Chairman. And thank you, Doctor Bonta. So I'd like to ask you...what I hear from you is that thinking about this question in the frame of increasing standards is stretching volunteers is perhaps not the way to think about it. So I'd like to ask you to think about it this way: say if instead we're thinking about improving front-line healthcare in these communities as economic development opportunity. And do you see ways that there could be revenue streams that could be available so that more people could use this training to support their families, as opposed to it being an added stress, without it necessarily costing a lot more for

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taxpayers? But that they're actually revenue streams for these kinds of services in these communities. [LR298]

JOHN BONTA: You know, that's a difficult question, but I think there are models out there in the state that are shown to work. Gage County: on the local level they support Wymore, which is a service that I cover. The county supports that. It makes it easier for the services to run and be successful...and this is a very small service and I can tell you that recruitment and retention is difficult. But there are delivery models out there and I think with some government support, we can sustain volunteerism. Cass County is a case in point that with some local government involvement and county and state, that that particular model can be successful, given the long transport times and not having a hospital in that county. It can work without a doubt. It's difficult. I mean, on a national level, EMS is not supported and funding is incredibly difficult. We're looking for grant money around every corner, whether it's on the local level, the state level, nationally, it's extremely difficult. [LR298]

SENATOR CRAWFORD: But I guess I would ask, is part of the reason it's so difficult is because the way we structure reimbursement? So really all you get paid for is transporting, where for example, with current healthcare reform, hospitals are responsible for outcomes and people not being rehospital...getting back to the hospital. So wouldn't there possibly be revenue streams...private revenue streams and incentives to change reimbursement so that we are...not just that the government is recognizing that this is an important service, but that we as a healthcare system recognize this is an important healthcare service, and think about how we reimburse healthcare and how we run healthcare to recognize this service? [LR298]

JOHN BONTA: Yeah, absolutely. And I think, you know, like I said, revenue streams are extremely difficult in EMS and I think we certainly need to think outside the box when it comes to reimbursement for funding. But, you know, what I would argue is that on a local level, you know, the public should demand support from their government when it comes to healthcare. I don't think that that should be compromised. We don't do that with law enforcement and we don't do that with fire. I can't understand why the medical community and the care that we provide in the prehospital setting is not supported by local government. [LR298]

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SENATOR CRAWFORD: Thank you. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Yeah, thank you, Doctor, for coming. Would you expand a little bit, I didn't quite understand the Gage County and they cover Wymore. How does that all...can you explain that model to me. [LR298]

JOHN BONTA: I do...I am the medical director for Wymore, and Gage County does provide reimbursement for their EMS service provided that they meet their run times. But it's part of our revenue stream to be able to support the communities that are down near the border of Kansas, where there is very limited access to healthcare and hospitals. [LR298]

SENATOR KOLTERMAN: So their...I guess my question goes at the...kind of the... [LR298]

JOHN BONTA: Gage County has decided that they want good healthcare in their remote parts of Gage County. And they support particular EMS services that meet a minimum standard. [LR298]

SENATOR KOLTERMAN: So when you say they support it, what are you talking about? Do they pay to have EMTs, or...? [LR298]

JOHN BONTA: They get a quarterly check from the county for the services that they provide. [LR298]

SENATOR KOLTERMAN: The EMTs do? [LR298]

JOHN BONTA: The EMS service does. And that goes towards training and education. [LR298]

SENATOR KOLTERMAN: And is that all...is that paid or is that volunteer? [LR298]

JOHN BONTA: That is volunteer. [LR298]

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SENATOR KOLTERMAN: So your EMTs...Beatrice Fire Department... [LR298]

JOHN BONTA: We tier with Beatrice Fire Department. [LR298]

SENATOR KOLTERMAN: ...gets paid to go to Wymore, is what I hear your saying. Is that correct? [LR298]

JOHN BONTA: No, the county supports Wymore EMS and they provide funding for them, provided that they meet a minimum standard. And that goes to training and education, it goes to equipment, it goes to outreach, those types of things. [LR298]

SENATOR KOLTERMAN: Okay, so are you saying Wymore has volunteers? [LR298]

JOHN BONTA: Wymore is solely volunteer based. [LR298]

SENATOR KOLTERMAN: And they're getting paid by Beatrice...I'm not following you. I don't understand the model. [LR298]

JOHN BONTA: Not by Beatrice. Gage County...the county supports the EMS service. My point is that the county government has chosen to support EMS and make it successful. Because without those particular services down on the border, there is virtually no coverage. You would have to ask a ALS service to provide coverage or there wouldn't be any service. [LR298]

SENATOR KOLTERMAN: But don't most counties provide some sort of financial package for fire and rescue? [LR298]

JOHN BONTA: I think fire is separate from rescue and I don't believe that every county does that. I think there are very few counties... [LR298]

SENATOR KOLTERMAN: Rural fire boards is an example. [LR298]

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JOHN BONTA: I...there are rural fire boards, obviously, and the question becomes, you know, what do they support in terms of EMS and how that works, I don't know. [LR298]

SENATOR KOLTERMAN: I don't either, that's why I'm asking. Maybe somebody else can answer that. Thank you. [LR298]

SENATOR HOWARD: Senator Davis. [LR298]

SENATOR DAVIS: Just to follow up a little bit on your questions. So Gage...there are other communities in Gage County, I assume, that have services besides... [LR298]

JOHN BONTA: I believe so. [LR298]

SENATOR DAVIS: But only Wymore has been designated as a... [LR298]

JOHN BONTA: I don't believe that's the case. I believe that the county supports other rural services in Gage County. [LR298]

SENATOR DAVIS: And I assume that Wymore will put in for insurance reimbursement when that's an option for them with the patient transfer. [LR298]

JOHN BONTA: I would assume. I don't know. [LR298]

SENATOR DAVIS: But the funding that is going to the Wymore department is basically for supplies, for training, it's not salaries. [LR298]

JOHN BONTA: No. [LR298]

SENATOR DAVIS: So you're still having issue with volunteers and time. [LR298]

JOHN BONTA: We absolutely do. I think it's a crisis across the United States. I mean, recruitment and retention is the number one problem that we address in EMS at every national

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conference, every local conference, every EMS meeting, it's always at the forefront. We struggle with recruitment and retention. [LR298]

SENATOR DAVIS: So you heard my earlier questions about how you deal with this crisis in rural Nebraska. You don't want to lower the standards, which I understand, so what is the best practice then? [LR298]

JOHN BONTA: You know, I don't know what the best practice is. I think that there needs to be some research and studies that go into looking at how we deliver healthcare and how the government can support that and how local governments are able to support that. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Other questions? I have one. You mentioned that the volunteer model is failing. Do you feel as though it's failing specifically in Nebraska or it's failing nationwide? [LR298]

JOHN BONTA: I think it's failing nationwide. I mean, it's...you know, this meeting is...we're here discussing this. This is a problem. If it wasn't a problem, we wouldn't be discussing it. And I think it has continued to struggle and I think it's difficult for it to meet the needs completely, 100 percent solely on a volunteer-based service in terms of the advanced diagnostics and where medicine has jumped by leaps and bounds in the prehospital setting. [LR298]

SENATOR HOWARD: And so what are other states doing to address this issue? [LR298]

JOHN BONTA: I couldn't tell you specifically. I know, as Doctor Ernest alluded to, there are partially paid services. That's an option that I'm looking at in some of our volunteer-based services is a partially paid employee that's able to provide care during certain hours. I mean, it's difficult for people that have normal jobs and families to also provide medical care on a higher level, and I think that the public is demanding it. Our emergency departments are busier than ever. Our prehospital providers are busier than ever. And it's not going to change. It's only going

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to grow, so I think it would be detrimental to fall back on lack of education, lack of training at the expense of patient care. [LR298]

SENATOR HOWARD: Thank you. Any other questions? Thank you, Doctor, for your testimony today. We'll now go back to the invited testimony list with Doctor Joel Johnson. Good morning, Senator. [LR298]

JOEL JOHNSON: Good morning. And so say hello to your mother. (Laughter) [LR298]

SENATOR HOWARD: I will. Whenever you're ready. [LR298]

JOEL JOHNSON: (Exhibit 2) All right. Well, I'm Doctor Joel T. Johnson, I'm a retired surgeon from Kearney. And they took my list away from me of the questions that you want answered. But, I am from Kearney, Nebraska, and one of the things that I do want to do is to bring some good news to you. And that this group and others in this state are really to be complimented for the new approach and buildings out at the University of Nebraska at Kearney. It's a marvelous building and the teaching facility there is just going to be very helpful to all of western Nebraska. And so you've really done something there. And I personally would invite you to come out and see not only the structure, but the programs that are provided there, because it's a giant step forward. Well, what I want to talk about this morning is this, is you know, if you're going to look at where we go and the problems that we have and we might want to solve them, I like to look back, first, and see where we've come from and what we can do. And one of the things with the people who were testifying just before me, reminded me of one stunt that we did...is because we had some people from Washington, D.C., come out in the early 1970s to see what we were doing here in Nebraska. And they had the Washington, D.C., approach to looking at things. So we came up with the idea of having these people from Washington, D.C., land in Omaha, then drive by car on a two-lane road out to a community west of Broken Bow. And when they got up to speak, they talked about wow...is this really a big state. We didn't realize all this, and so on, and we said yeah, and you know, you're almost halfway across the state. (Laughter) And so I think we kind of want to remember this, and I'm actually going to end...or start with something I was going to end with. In the 2010 census for Nebraska, we had seven counties with the large gains, seven other counties had 1 percent or less, 79 counties lost population. One of the counties now

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is less than 300 people. Well, let's go back to where...really I intended to start here...and see...let's go back through a little bit of history. And one of the things that you'll kind of notice here is that it was kind of tragedies that kind of led to getting us thinking about how we ought to improve things. And so what I'm so happy about with this meeting here today is let's look and examine the problems and figure out how we can strengthen them, so that we don't have a tragedy that hits us in the face, and then are having a meeting of how to solve it. Let's think now. Anyhow, with this, what I'd like to do is nominate my friend Doctor Ken Kimball from Kearney who is unfortunately no longer with us, as the grand marshal of this parade in providing outstanding care. Ken was on the National Committee for Emergency Care and just did marvelous work and was involved in many of the nationwide programs. With us today, I would...I had intended to bring Mr. Ward Schrack with us, but he is ill today and not able to come. Ward saw what was going on in 1968 in Chicago at the Democratic National Convention. There were riots in downtown Chicago, all kinds of response units showed up, but what they found is they didn't have any ability to communicate between one and the other. The Robert Wood Johnson Foundation, which is Johnson and Johnson, they saw this and...how can we do this? Well, you can't try it out in Chicago or during a riot or anything, but so they offered moneys to try and come up with an integrated plan. Ward Schrack from Kearney wrote an application for these funds, got \$330,000, which is at least \$1 million today, and what they did with that, is took 18 counties to work together in south central Nebraska and developed a communications system. And Kearney, Nebraska, ended up having the first 911 call center in the United States. [LR298]

SENATOR HOWARD: Senator Johnson, is there any way you could summarize the rest of your statement for us? Thank you. [LR298]

JOEL JOHNSON: I certainly can. What the...the other person that I did want to do...is to introduce Wayne Olson, today, who is...and Wayne, if you would stand...Wayne is a graduate of the first EMT class in the United States. Now, I'm going to skip over a little bit, except about the ambulances. And what happened in the 1960s is one day up in Omaha, there was a situation where a doctor shows up almost crying as he shows up at the hospital. His friends ask him what's the matter, and he says that my best friend and neighbor had a heart attack during the night, and we called the ambulance, which at that time were hearses. And he says I couldn't do a darn thing and my friend died. Somebody else in the room said, gee, the plumbers and the electricians and

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everybody, they're all using these new vans...why don't we do that? They put together a package, worked with a van company out of Detroit, tried it out, not just in Omaha and Lincoln, but across the state in Valentine and Hildreth and other places, wrote up the results and obviously it was a huge success, because that's what we're still using today. And the other one...and I just want to touch on this one as well, is here in Lincoln, there was physician who was piloting a small aircraft, had a crash landing...and this is, you know, in the 1970s. His wife didn't survive. He makes the remark when he gets back to work, I think if those doctors had just had better training, I think she would have made it. Lincoln put together a class of...on this subject, and the...Doctor Paul Collicott from here in town was one of the leaders of this. When it was demonstrated to the National Committee, located in Chicago, they adopted it as not only the national plan, but the latest numbers I've seen is it's now taught in 13 languages and in 45 countries, and it started in this town. Now, to get back to the subject that we were talking about, and that is this...and just give this a little thought. Two of my favorite people are Winston Churchill and Yogi Berra, and I couldn't help but put those two with what we're talking about this morning. Winston Churchill, at the start of the Second World War, was addressing the U.S. Congress, both houses, about what was called the Lend-Lease Program, at that time. And what he said was "Give us the tools and we will finish the job." Yogi Berra said, "When you come to a fork in the road, take it." We're at a fork in the road. We need to supply these people with the tools and let's think in all directions as to what we might do. Is there state support that we could give them in some way? Just as an example, would it make any sense to make the EMT people part of the state health insurance plan? That would certainly be an incentive, but there's others that you might think of. Now, what I think is something that we need to go back to again here is we can't look at this from Omaha and Lincoln's perspective. We have to remember that there are 90...or excuse me, of our 93 counties, 79 of them are losing population, and it's significant loss. And they...we are in trouble recruiting the EMTs that we have now, even with the shortage...or shorting...the other things that are available to us. So we have to look at it from the perspective of outstate Nebraska, not just from Omaha and Lincoln. Any other questions? [LR298]

SENATOR HOWARD: Thank you, Senator. Are there any questions for Senator Johnson? Thank you so much for your testimony today. [LR298]

JOEL JOHNSON: You bet. Thank you very much. [LR298]

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SENATOR HOWARD: Have a good day. All right, could I see by a show of hands how many people are planning on testifying today. Okay, I am going to be a little more tougher about the light system. Could Mr. Micheal Dwyer from Arlington come up? [LR298]

MICHEAL DWYER: This is my testimony. This is also submitted testimony from someone who couldn't be here. [LR298]

SENATOR HOWARD: Good morning. [LR298]

MICHEAL DWYER: (Exhibits 3, 4) Good morning. I'm going to take a minute to get my blood pressure back to normal. Good morning, Chairman Howard and the members of the Health and Human Services Committee. My name is Micheal Dwyer, M-i-c-h-e-a-l D-w-y-e-r, and I'm here today to testify on LR298. I'm a 32-year member of the Arlington Volunteer Fire Department. I've responded to over 1,700 calls and endured over 500 hours of education. I'm a member of the Nebraska State Volunteer Firefighters Legislative Committee and President of the Arlington Board of Education. Thanks and kudos to Senator Watermeier, and thank you to the Health and Human Services Committee for being willing to tackle what all of us in the EMS--especially those of us who volunteer in EMS, know is a deeply important issue to the health and safety of Nebraskans. Last January, I wrote a letter to the NSVFA board, encouraging them to take a hard look at a dangerous imbalance in EMS in Nebraska. The letter prompted nine months of work by dozens of people, many more that you see here today, which culminated in today's hearing. First, we surveyed our membership, asking about EMS response, personnel, training, and our relationship with the Department of EMS, and about concerns about the future of EMS in Nebraska. We have spoken to senators, our lieutenant governor, the Nebraska Department of EMS. Seven surrounding states have done extensive research on the National Registry Exam and have reached out to several organizations with a stake in these issues, including the Nebraska Cattlemen, the Nebraska Farm Bureau, the Nebraska Hospital Association, the Nebraska Emergency Medical Services Association, NACO, and countless individual stakeholders. I believe we have done our homework and we can make a great case for meaningful change. Here's the imbalance: the state of Nebraska continues to require more and more of a smaller and smaller pool of volunteer EMS providers. Education, recordkeeping, certification requirements, and in many cases, call volume have more than doubled in the last ten years. However, the

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number of responders has decreased by more than 15 percent in the last two years, and most believe we will lose more when license renewals come up this December. On the other hand, the state of Nebraska has been unwilling to consider any meaningful incentives for volunteer providers. This shortage, as you'll hear significantly today, this shortage has already caused significant concerns for patient care, particularly in small communities. And as a state, we have yet to decide, as was pointed out earlier, who is ultimately responsible for EMS. To be sure, this is not a uniquely Nebraska problem. Again, as it was pointed out earlier, rural states across our nation face a shortage of EMS providers. However, most states have adopted some of the recommendations you'll hear outlined today. Perhaps more importantly, most states have adopted a cooperative, leadership-driven relationship between the agency that regulates EMS and their providers, as opposed to a bureaucratic, regulatory, penalty-based approach. Part of my particular focus was to research the standard test for EMS education, known as the National Registry Exam, the education that's necessary to pass it. I've given you a brief information sheet that outlines some of that information. The bottom line is that we're probably stuck with the National Registry Exam. All 50 states use it for part of their testing and 46 states use it exclusively. In addition, I've been unable to find any other viable alternatives, including creating our own test. According to the National Registry, they invest almost \$600,000 in each of the 120 questions to ensure the accuracy and integrity of the test. In addition, there are valid legal, liability, and security concerns if we write our own test. However, in the bigger picture, we can do a much better job of getting class hours down from over 200 in some cases, to a reasonable number, by being more efficient and effective in how we deliver EMT education, and by improving the 70 percent pass rate that wouldn't be acceptable in an other educational arena. One of the recommendations that you'll hear us ask for is incorporating on-line instruction. Currently, no EMS training agency in Nebraska offers that option. I've learned that the key is a blended class. Many other medical disciplines offer as much as 70 percent in on-line education. The Nebraska State Fire Marshal's office is close to offering an on-line class, and I know that NDE has hired a blended learning specialist. And I'm going to try to skip, because I see my yellow light. One of the things we need to do is to streamline the nine steps that it takes to get from the end of the class to actually being licensed. Hidden beneath Nebraska's 70 percent pass rate are the number of people who complete the course, but simply give up during the arduous process of registering, taking the exam, and then certifying with the state. According to the Department of EMS, for those who passed the test, the average time from class end to testing was 55 days for those who

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passed. Of those who failed the test, the average class to test waiting time was over 100 days. Utah has that...who is fairly new in the National Registry, has that down to two weeks. I will stop. [LR298]

SENATOR HOWARD: Thank you, Mr. Dwyer. [LR298]

MICHEAL DWYER: Thank you. [LR298]

SENATOR HOWARD: Are there questions for Mr. Dwyer? Seeing none...Senator Davis. [LR298]

SENATOR DAVIS: Tell me how these other states have been able to make these kind of gains. [LR298]

MICHEAL DWYER: Meaning a National Registry test? [LR298]

SENATOR DAVIS: Yes. [LR298]

MICHEAL DWYER: I don't know that it's...that I would characterize them as gains. I think a number of states have tried other stuff. Kansas...almost 90 percent of the volunteers down there are paid in some way. They have some kind of a stipend, typically provided by the county or the local municipality. But nationally, the pass rate is 67 percent. Wyoming, next to us, was high. But they have gone back...their pool of people who have taken the test is very small, so they've kind of gone up and down, and in 2011 and in 2013 they didn't use the National Registry test at all. [LR298]

SENATOR DAVIS: But you said...you were talking about the days between passing the test. And if you failed the test, you said 100 days, in Utah was two weeks, and that's when you got cut off. [LR298]

MICHEAL DWYER: Yeah, well quickly, I'll go through the ten steps: Complete the class; take the written test; take the physiomotor, (sic--psychomotor) or the practical portion of the test; you

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create your National Registry account; your training agency director then has to go to National Registry and say, yeah, that person has passed the class, they're good to take the test; then the online student pays the \$70; the student waits to receive a letter from National Registry, that takes 7 to 10 days; the student locates the proctor facility to be able to actually go take the test; completes and hopefully passes National Registry; and then has to submit his paperwork to the state. You can understand for volunteers with a real life, that's an arduous process. With that said, there's no question that we can...and I think that most of the responsibility for this falls on the instructor and the training agency, and that's why you'll see some encouragement here to support those training agencies. But clearly, that's part of the process. What you don't see in that 70 percent is that there are a lot of people that just fall off the end of the table. I had enough of that, particularly in the context that these are volunteers. [LR298]

SENATOR HOWARD: Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you, Chairwoman Howard. So I just want...so thank you for your testimony, I appreciate it. I just want to clarify, we're talking about those 55 days. That's 55 days from taking a class, so it includes...you're including all those steps of getting the test and taking the test. [LR298]

MICHEAL DWYER: Yes. [LR298]

SENATOR CRAWFORD: Do you know how long it is between someone completes the test and they get their license? Because that's another area where we might either do well, or do poorly. [LR298]

MICHEAL DWYER: Sure. I do not know the answer to that. I can speak from experience that...I know in our department we just completed...not just, two years ago completed an EMT class with six people...all six passed, by the way. And I think it's important I phrase it that I'm going to guess it was somewhere to eight to ten weeks. I know that we had one wonderful young candidate who is a nurse, wonderful caregiver, just fixed a compound fracture with me the other night, but couldn't actually directly take patient care, because she is still waiting on her license from that class two years ago. [LR298]

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SENATOR CRAWFORD: Okay. Thank you. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thank you, Senator Howard. You mentioned stipends, Micheal. What are states doing to encourage people to volunteer? Obviously... [LR298]

MICHEAL DWYER: I think there's two parts to that. In most states that are doing some kind of a stipend, most of those are some shared responsibility between the state, the county and/or the local municipality, and whatever billing funds that you get from the patient's insurance company...Medicaid, Medicare, whoever bills for that patient for that run. And that assumes that you transported. The difficulty with that is a couple of things. Let's be clear that the model that we were referring to earlier, the blended system...the Cass County model is great. There's no question there's good success stories about that, but it costs money. Somewhere along the line, you guys are going to have to decide that we're going to spend a significant amount of state money, or a significant amount...we're going to tell, somehow, the counties: you're going to spend a significant amount of money to provide for EMS. I doubt there's many people in this room that would oppose that, but sooner or later, you're going to have to say...if you decide that the volunteer model is broken, we're going to throw it out...sooner or later, you're going to have to decide...you're going to have to pay the piper. The imbalance that we have now, is...with respect, and I want to say this with all the respect I can muster, the state has decided that we're going to adopt a carrot and stick model of leadership with respect to EMS. The problem is they didn't buy any carrots. We don't have any carrots, we just have the stick. And you can understand, for a volunteer provider that simply wants to help his neighbor, what we get from the state is a stick, not necessarily because the state is doing a horrible job, or intends to do that. They just don't have any carrots. Did that answer your question? [LR298]

SENATOR KOLTERMAN: Yes. Let's take...I just have another...you work with a lot of volunteers. When you're recruiting somebody to serve on your volunteer fire department or to come in as an EMT or an EMS, in your particular county or your particular community, who foots the bill and how much does the volunteer themselves have to put out of pocket, other than time, to take care of all the costs associated with getting licensed? [LR298]

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MICHEAL DWYER: Great question, and I would preface this in saying that we are really blessed in Arlington that we have an active department, 31 members, 17 EMTs, I believe, this morning. So we're in really good shape. But to answer your question directly, of course we have a rural fire district, in our case, they're incredibly supportive, and a portion of that money that they tax for goes to...we're just in the process of spec-ing a new rescue squad and a portion of that tax money will go to that. But for the rest of that, if we're recruiting new members and trying to get them to join the department, we're also involved in fund-raising. In December, we would invite you to our pancake feed, and that's our biggest fund-raiser of the year. We have to do that portion and most volunteer departments have to do that, in addition to all this other stuff we're talking about, and making calls, they have to do that portion to be able to have any kind of funding to do recruiting and retention. In addition, to put...and I hope I'm saying this correctly, to put a student through EMT class ranges from \$800 to \$1,200, depending on the agency and the books and a bunch of stuff. The state reimburses the training agency for \$425 of that. The fire department...the volunteer fire department has to come up with the rest of that training money, so in our case, and we actually didn't get any reimbursement, but in our case so do the math: \$1,000 minus the \$425, we've got to come up with \$600 per student. I hope that opens your question. [LR298]

SENATOR KOLTERMAN: It does. [LR298]

MICHEAL DWYER: It's a difficult balancing act. When we were spec-ing our squad, that was part of the conversation that we had as a department. Do we want to do a whole bunch of fund-raising for this, or do we just want to be patient enough to wait on the squad until we can support it through the rural fire district? Tough decisions. [LR298]

SENATOR KOLTERMAN: But the rural fire district...that's what I was alluding to earlier, when I was asking some questions...in many counties, the rural fire district also services the fire safety as well as the emergency response teams, doesn't it? Am I correct in that? [LR298]

MICHEAL DWYER: In many districts it does, but in...it's incredibly individualized. [LR298]

SENATOR KOLTERMAN: But it's more for equipment, as I understand it. It's not for... [LR298]

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MICHEAL DWYER: Yes, with rare exceptions. I know in my experience, not only with our own department, but also in the other departments across the state, best case scenario, they're providing you equipment. [LR298]

SENATOR KOLTERMAN: They wouldn't give you money for training? [LR298]

MICHEAL DWYER: Rarely...with some exceptions. Now, they will typically pay for our portion of fire school, which primarily is fire-service stuff, but they do have some EMS classes. But I can also tell you, and I think our legal counsel will speak to this later, that there are some incredibly supportive fire districts across the state of Nebraska and there are some fire districts that not so much. [LR298]

SENATOR KOLTERMAN: Right. And we addressed that last year in the session. [LR298]

MICHEAL DWYER: Right. Yes, and if what the doctor said earlier, and I...there's no way I could disagree with that. If the goal in Nebraska is to have the standard of care be the same...we have a business, roughly 144th and L in Omaha. My family...my mom's family is from Chambers, Nebraska. If the goal is to have the standard of care be the same for the two of those, how would you argue with that? That's a laudable goal. But the reality is that the resources at 144th and L, and the resources in Chambers, Nebraska, are completely different. And yet, we don't seem to be able to have that conversation. It's not so much that either one of those is wrong, that we want to have vast resources in Chambers or different things at 144th and L, or not have the same standard of care. We have to have a better balance between the two of those. If you're going to require the same standard of care, then you have to fund it. And so far, we haven't found a way to do that. [LR298]

SENATOR KOLTERMAN: And one last question. What's the response time...or what's your closest hospital in Arlington, Nebraska? [LR298]

MICHEAL DWYER: Again, you're preaching to the leader of the choir. We have great response time. As squad captain...I'm not currently squad captain, but I always look to four minutes. We wanted to be out the door in four minutes. Large district, 25-ish square miles or so, so some of

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the actual response time...typically you track door to door, from the time you actually get hands on patient. That can depend whether the patient's a block from the fire hall or nine miles north. But that four minutes out the door is kind of a big deal to us. [LR298]

SENATOR KOLTERMAN: And closest hospital? [LR298]

MICHEAL DWYER: Sorry. The closest hospital for us is Fremont. One point I would make is that I'm sometimes chided on our department that I'm the first one to press the panic button, the first one on the department...not the first one, that's not fair, but one of the first ones to ask for...what we call ALS interceptor, advanced life support. I'm the first one to ask for a flight if I've got a patient that I think is crumping, but I would also tell you that there...what sometimes doesn't get said about volunteer EMS is that there's a difference between just grabbing that patient and going to Fremont, which we're happy to do, that's our protocol, typically, is closest facility, and turning over that patient to ALS or to fly them on the helicopter. There's no question that the medical...I don't even know if this is a word that...that the clinicals that they can offer that patient are incredibly important, particularly in a patient that is very, very serious. What I don't think gets talked about is that there's also a level of personal care that I see in volunteer EMS, that I see with the people that I work with next to me, on a call when somebody's crumping. That with tremendous respect, you don't always see from a professional service that's on their seventh call towards the end of their shift. With...I mean it with tremendous respect, but there's a difference when you're providing care to somebody that you know, and you care about, and you go to church with, and their kids are at the ball game. There's just a difference. I don't think that gets talked about in the balance between trying to provide the absolute best clinical care that we can, no question. But also, if we throw the volunteer model out with the bathwater, you're going to lose that. And I don't think anybody in Nebraska, particularly the small communities, wants that. Sorry if I'm long-winded. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you Mr. Dwyer. [LR298]

MICHEAL DWYER: Thank you. I did submit testimony from another gentleman that couldn't be here today. Thank you very much. [LR298]

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SENATOR HOWARD: Thank you. All right, Andrew Snodgrass. [LR298]

ANDREW SNODGRASS: Thank you. [LR298]

SENATOR HOWARD: Good morning. [LR298]

ANDREW SNODGRASS: (Exhibit 5) Good morning. I'm Andrew Snodgrass, S-n-o-d-g-r-a-s-s. I'm the assistant chief of EMS and the paramedic manager for Nebraska City Fire and Rescue. Thank you, committee members, for giving me the opportunity to speak this morning. I have been asked to discuss the cost of emergency medical services apparatus equipment, as well as the costs of training and sources of funds for those. As the department leader for Nebraska City Fire and Rescue, we have seen the struggles of EMS. Not too long ago it was an all private volunteer agency until 2008. After years of failing membership, prolonged response times, and unstable finances, the city of Nebraska City took over the rescue service, placed it underneath the city itself, underneath the fire department. This was necessary, due to the volunteers not being able to provide the service that was necessary. We are now a fully paid EMS system, has a call volume of over 1,000 runs per year, up from just over 600 when it was all volunteer. This was not an easy task to take on. We had a large amount of diversity and animosity between the two entities: the fire department and the rescue squad due to history. And I'm here to tell you today, in my opinion, volunteerism is declining and is dying across the nation. With the support of the community, guidance from the state EMS Trauma Program, and many hours of work, we have become a fully functioning and fully paid ALS rescue department. We serve 160 square miles, currently, with a population of near 10,000. Our staff, currently, is 4 full-time paramedics, 8 part-time paramedics, and 18 part-time EMTs. Now to get to the finance side of it: to run our service, we have a total budget of \$640,000 annually. Broken down, it's on the sheets you can see, the salary budget is nearly \$300,000, fuel \$16,000, repair \$10,000 and a supply budget of nearly \$30,000. And those are fairly consistent, year to year. So the equipment that we have that causes this financial burden: an ambulance, and their expected life expectancy, an ambulance in our department and I feel for many others...ambulance is \$200,000-plus, depending on what type, you know, bells and whistles, all that kind of good stuff, and it has an average life expectancy of about 10 years. A stretcher and lift system like we have is \$40,000, life expectancy: 12 to 15. Cardiac monitors, nearly \$30,000 each: 10 years. Computers, over \$1,000 if the service has

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them: 3 to 5 years. Mechanical CPR devices, over \$15,000, and have a life expectancy of 7 to 10 years. A lot of money that needs to be budgeted for. Training is another cost for EMS departments around the state. Although the state does offer reimbursement for partial cost of EMT...excuse me, of EMS classes of successful students who gain certification, it still is a financial burden to departments. Through my research I've found most EMT classes in the state of Nebraska currently cost anywhere from \$800 to \$1,200, depending on the training agency, again, like Mike stated, books and uniforms and so on. The costs of classes greatly increase with a higher certification level, so if you're an advanced certification level, a higher class costs. But on the tradeoff on it, you get a higher level of care and a more expansive knowledge base and more treatments. In my mind, that is seen as a very good tradeoff. I'd rather pay a little more to have a better treatment. Again, more education could increase the level of treatment in the field...with those in need. They talked briefly about CUs earlier. On the positive side, Nebraska requires the lowest amount of continuing educations for EMS certifications: every two years. With nearly every border state that we have, we're the lowest. This gives those certified in the state an opportunity to keep certification without a large commitment, besides what additional requirements their department may have on them. As you can see through all these numbers, EMS is a very expensive business to be involved in. With personal equipment, many other costs, this makes it difficult for even paid and volunteer agencies to keep up. It is even more difficult with low reimbursement rates from Medicare and Medicaid. For my service...our service, we billed out nearly \$1 million worth of services last year. We received \$450,000 for that...of what we billed. Out of that \$450,000, 24 percent was from private insurance, 11 percent was wrote off that we did not collect, from those that didn't have payment, 3 percent made payments with no insurance, and the final 62 percent came from Medicare and Medicaid. These are low reimbursement rates and they make it extremely hard to maintain revenue when they do not even cover the cost of our service to go out the door. To run on a patient with Medicare or Medicaid, we lose money as soon as they call 911 for a paid service. There's also other funding techniques that I would like to discuss, but I'd refer you to the document Funding Alternatives for Emergency Medical and Fire Services that was developed by the United States Fire Administration in 2012. It is a document on-line and is very large. It goes over many different funding techniques from EMS revenue, taxing ideas, grants, and so on. Finally, along with funding, there's also state statutes already in place to help funding. There's statutes 13-303 and 35-514 who are already established in Nebraska state. One is a county base and one is a rural fire

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base, so there is taxing options available, they are just very limited. In closing, I leave you with this: I know that if I were having a medical emergency, I'd rather have the person with the larger knowledge base and skill set to come take care of me, not the person who took the class and had to just only do 150 hours, that had material cut. Thank you. [LR298]

SENATOR HOWARD: Thank you. Are there questions? Senator Davis. [LR298]

SENATOR DAVIS: Thank you, Senator Howard. With regards to your payment, which I understand and think the Medicaid, Medicare issue is a big issue in every part... [LR298]

ANDREW SNODGRASS: Absolutely. [LR298]

SENATOR DAVIS: What percentage of your client base is Medicaid, Medicare? [LR298]

ANDREW SNODGRASS: Of the total patient base? We do about 65 percent Medicare, Medicaid base. And in my city, that's growing every year. That's from an economic development standpoint. We don't have newer, younger people moving to town, more industry coming to town, it's turning into more of a bedroom community. So those numbers will continue...we expect those numbers to continue to rise. [LR298]

SENATOR DAVIS: And then you had 11 percent who wrote...11 percent of your total was written off. Do you have any idea what percentage of the population that would have been of your calls? [LR298]

ANDREW SNODGRASS: Not off the top of my head, I don't. I apologize. No. Although, what we do currently see with that 11 percent...so we have 1,000 calls, so whether 1 person called 1 time or 10 times, that's still counted as 10 runs, or how many times they run. So a lot of these 11 percent are repeat...what I call repeat offenders. They use the system a lot, but yet they don't pay any portion. So if they use the service 30 times over a year, that's still 30 unpaid bills that are being sent to them. [LR298]

SENATOR DAVIS: Do you make any effort to try to recapture these funds? [LR298]

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ANDREW SNODGRASS: We do. We have a system in place and we're currently looking at expanding our system to a collections. Right now, we have a contract billing agency that works very well with them, tries...they work with them to give them payment plans. If they can pay \$50 a month, we'll work with you. They get a lot of opportunity. We also have our county attorney try to work with them, excuse me. We send them a letter notifying them that they are delinquent, please call so we can set up some kind of arrangement. We know it's hardship. We know if we took you to the hospital for a major event that you have hundreds-of-thousands of dollars, you know, we're just a small portion in the grand scheme, but please call and we'll try and make some kind of arrangement with you to get this taken care of. [LR298]

SENATOR DAVIS: And what would be the average cost of a run with you? [LR298]

ANDREW SNODGRASS: An average run in the city of Nebraska City is nearly...about \$800. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Other questions? May I ask who manages your billing? [LR298]

ANDREW SNODGRASS: We use a private billing services out of Omaha, called EMS Billing Services Incorporated. [LR298]

SENATOR HOWARD: Okay, and then is that included in your salary budget? [LR298]

ANDREW SNODGRASS: No, that is a separate line item. They collect a percentage of...they keep a percentage of what we collect. That is contracted. [LR298]

SENATOR HOWARD: We hear very often that our Medicaid rates are not high enough for providers. [LR298]

ANDREW SNODGRASS: That's correct. [LR298]

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SENATOR HOWARD: And I know two years ago, our Medicaid rates went up to our Medicare rates, which a lot of providers were very happy about. [LR298]

ANDREW SNODGRASS: Yes, ma'am. [LR298]

SENATOR HOWARD: They're still not meeting your costs? [LR298]

ANDREW SNODGRASS: So for my service...how I have it broke down is I broke down what we need to make protocol to make my budget work. So what...basically to make it easier, I took \$640,000, we have just a little bit over \$1,000 a run. When I did the math at the time, it was \$620 per run, is what we need to try and capture. Now obviously, some of those runs...that's just an average, some runs are getting paid at the full, you know, \$1,000 or \$2,000, depending on it, some are paid at \$0. So that's how I look at that. So the average Medicaid...and I'm just going to guess here without knowing the exact figures in front of me, the average Medicaid recipient that we get usually pays about \$350 to \$400, if it is deemed medically necessary by the Medicaid system. If it's deemed not medically necessary, the state pays \$0, where Medicare, they both have the same system, pays \$0 and that is put on the patient to pay. [LR298]

SENATOR HOWARD: And just as a hypothetical, would it help you if every one of your patients had insurance, either through Medicaid or private insurance? [LR298]

ANDREW SNODGRASS: Oh, absolutely. Absolutely. Not to get into a long drawn-out conversation about that, but what we have seen recently is with the healthcare mandate, the Affordable Healthcare Act, more patients have insurance, yes, but they also have high deductibles. They get cheaper insurance, so they pay less premium per month to keep a higher deductible rate. They are still responsible for, say, the first \$5,000 or \$10,000. If they don't pay that first \$5,000 to \$10,000, insurance still doesn't pay, because they haven't met the deductible. So although they have insurance, we haven't seen a whole lot change with revenues in respect to that. [LR298]

SENATOR HOWARD: Sure, thank you. Any other questions? Senator Davis. [LR298]

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SENATOR DAVIS: Everything that is said brings up something else. So is there any effort on your part to work with the hospitals and the physicians to sort of pool the...I'm going to say the cost of these people with the high deductibles so that everybody gets a little piece of that pie when you come at it? [LR298]

ANDREW SNODGRASS: We defer that to our billing company. They work with that side of it. I personally do not, that's part of their agreement. The contract we have with them is to make those arrangements with those to try and get that portion. [LR298]

SENATOR DAVIS: So I'm thinking if the all the entities went together and pooled their cost and everybody got a share out of that. You know, in my...at least you'd get something. [LR298]

ANDREW SNODGRASS: Right. Right. I do know they do that. I don't know the extension of it and how they do it. We just refer that to them and rely on them to perform that for us. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Other questions for Mr. Snodgrass? [LR298]

SENATOR KOLTERMAN: Can I just... [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: I apologize for not hearing all of your testimony, but you have four...you cover a pretty large area and it makes it sound like you're somewhat understaffed. Would that be... [LR298]

ANDREW SNODGRASS: We are understaffed. I would agree with that. [LR298]

SENATOR KOLTERMAN: So if you're understaffed, how much more would it take to get you to full, full being fully staffed? In other words, I'm kind of looking at how much more is it going to cost to get you where you need to be? [LR298]

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ANDREW SNODGRASS: To get Nebraska City, where I serve, to get us up to staff, it would basically take us another \$250,000 in salaries. That covers insurance and benefits and all those costs. [LR298]

SENATOR KOLTERMAN: How many people is that? [LR298]

ANDREW SNODGRASS: That would get us approximately...it would give us our full-time EMTs that we are asking for, or working towards, I should say, with our local government. And that would give us one more paid paramedic, that way we could staff appropriately during different peak times to help minimize...and we track, you know, calls...what time of the day and such, so we can help staff that if we were full staff. [LR298]

SENATOR KOLTERMAN: Thank you. [LR298]

SENATOR HOWARD: Right. Any other questions? Seeing none, thank you for your testimony today. [LR298]

ANDREW SNODGRASS: Thank you very much. [LR298]

SENATOR HOWARD: All right, our next testifier is Justin Scamehorn. [LR298]

JUSTIN SCAMEHORN: Scamehorn. [LR298]

SENATOR HOWARD: (Laugh) Thank you so much. Good morning. [LR298]

JUSTIN SCAMEHORN: (Exhibit 6) Good morning. My name is Justin Scamehorn. I'm the second vice president for the Nebraska State Volunteer Firefighters Association. [LR298]

SENATOR HOWARD: Could you spell your last name for us? [LR298]

JUSTIN SCAMEHORN: I'm sorry, S-c-a-m-e-h-o-r-n. I'm also the EMT captain for the Waco Volunteer Fire Department. [LR298]

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SENATOR HOWARD: Thank you. [LR298]

JUSTIN SCAMEHORN: On behalf of the Nebraska Volunteer Firefighters Association, I want to thank you for taking time to listen to us today. As you can see, there's a lot of serious considerations that we need to take into account for EMS Nebraska. One of the things that we have discovered is that the EMS board, the body that governs us as far as volunteers in EMS in the state, there seems to be a major disconnect between them and rural Nebraska. Recruiting and retention of quality emergency responders are at all-time lows. We as a state cannot afford to continue down the path that we are currently on and a lot of that, I believe, is retention and recruitment and the fact that we have an EMS board that is primarily based out of Omaha and Lincoln: 4 of the 17 members are based out of Omaha. And we have a 17-member board, 4 of them come from the only metropolitan class city in the state, 4 more come from the only primary city in the state, that's Lincoln, so 48 percent of the people representing the EMS board come from the two major cities in Nebraska. There is no possible way that they have a true representation of volunteers in lesser Nebraska. I know the resources from the village I live in, Waco, is different from York. York is the closest, what I would consider major city to us. Our resources are night and day different. They are a paid department, they don't have...well they have a problem with retention and recruitment, but they can pay for EMTs and for paramedics to be there. We can't. Those resources are night and day different from Lincoln and Omaha. It's the view of our membership that we need to look statutorily at a way to look at the board and its makeup. Why is it so heavily based in the major cities? Even the remaining 52 percent of those other 17...out of 17 board members, 8 of them live in Lincoln or Omaha, and I believe it's only 2 of the other 9 live in a village or a less than a class A city (sic). I believe the number is 9, live in a class A city (sic). So only 2 members of that board have any idea of rural fire volunteers, rural fire district...you know, what I consider rural EMS. There's a major disconnect between that is what our membership feels. Statutorily, we'd like to see a way of maybe including these villages in the smaller rural areas into the EMS board and not make it so heavily focused on the cities. For 52 percent of the board...or 48 percent of the board, I'm sorry...48 percent of the board to be...represent 2 of the major cities, I don't think represents the state very well. One of the other issues...and I do agree that...I applaud them for trying to maintain a high standard of care. I mean, their goals are admirable, they want to provide a high standard of care throughout the state. But the high standard of care that can be provided in Lincoln and Omaha cannot be

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provided in all the...most of the state. I mean, there's no way that Waco could give the quality of care that Omaha and Lincoln can, right? And we are technically on this side of the state. I can't even imagine, you know, a 40-minute commute to pick somebody up. One of the other things that we'd like to see changed...only after the Nebraska State Volunteer Fire Fighters Association, you know, surveyed our members, discovered issues and approached senators to get this hearing in place. Only after this hearing got scheduled and in place, did the board decide that they're going to go out and have community forums. To me, that EMS board should have community forums yearly. They should be out there every year talking to the various departments of various cities and finding out what issues we have, not doing it retroactively because another organization has found out those issues and has come forward. But they should be out there, you know, statutorily saying...you know, a couple times a year, go out and talk to these people and find out what issues they have, not just because another organization has taken the lead on this. I thank you for your time. [LR298]

SENATOR HOWARD: Thank you. Are there questions? Can you remind me, for the EMS Board, are those folks appointed by the Governor? [LR298]

JUSTIN SCAMEHORN: Yes, I believe so. They're all...yeah, they're appointed by the Governor. [LR298]

SENATOR HOWARD: And then is the makeup of the body somewhere in statute? [LR298]

JUSTIN SCAMEHORN: Yes. No, the entire EMS Board is made up by statutes I believe. [LR298]

SENATOR HOWARD: And that dictates how many folks are from urban areas and how many folks are from rural? [LR298]

JUSTIN SCAMEHORN: Yeah, yeah. Statutorily the way I understand it is that there's five people from each congressional district, and then there's two people that are at large that can come from anywhere. [LR298]

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SENATOR HOWARD: Okay. [LR298]

JUSTIN SCAMEHORN: Now statutes don't say that you have to pull some people from the rural areas. That's why Lincoln or, like, the 1st and 2nd Districts have, you know, four people living in the two major cities. Right? That's why the District 3, there...almost all of them come from a class A (sic) city. There's no statute saying that you'd have to have board members from various areas or various, I don't know, populations, I should say. [LR298]

SENATOR HOWARD: Okay. Senator Davis. [LR298]

SENATOR DAVIS: Thank you, Senator Howard. Can you talk a little bit about these community forums that were held? [LR298]

JUSTIN SCAMEHORN: Well, they just announced them I believe last month. [LR298]

SENATOR DAVIS: So they have been held or they have not? [LR298]

JUSTIN SCAMEHORN: What's that? [LR298]

SENATOR DAVIS: They have been held or they have not been held? [LR298]

JUSTIN SCAMEHORN: They're in the process of being held. I believe they've had one so far. They've had one out in North Platte. There's another one scheduled for Columbus, Blair, Lincoln, I believe, Omaha. I think there's two other ones. I don't remember where they're all located right now. They're in the process of being held right now. [LR298]

SENATOR DAVIS: And what it is that they intend to...what is the objective that they have for this? [LR298]

JUSTIN SCAMEHORN: From the e-mails that I've read, they just...they're coming out to get the opinions of people in the different areas. They don't want a complaint session, but they want to

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know what they can do different; you know, what problems are people having and what can be done to fix them, from what I've gathered, is the goal of these forums. [LR298]

SENATOR DAVIS: And so this is the first outreach that you know of for a number of years? [LR298]

JUSTIN SCAMEHORN: This is the first outreach I've ever heard of from the EMS Board as far as contact or going out in the state and getting information and talking to the local areas. [LR298]

SENATOR DAVIS: Well, I'm glad you brought that to our attention because I agree with you. If we're going to have EMS statewide, we need to have rural voices heard. Thank you. [LR298]

JUSTIN SCAMEHORN: Thank you. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thank you, Senator Howard. Justin, first of all, thanks for volunteering... [LR298]

JUSTIN SCAMEHORN: Thank you. [LR298]

SENATOR KOLTERMAN: ...and the service. Can you tell me, on the makeup of the board, are the two at large, are they from rural, what you'd consider rural Nebraska? [LR298]

JUSTIN SCAMEHORN: I don't believe the two at large are rural Nebraska, no. [LR298]

SENATOR KOLTERMAN: Okay. [LR298]

JUSTIN SCAMEHORN: There's a paramedic from Ansley, and there's another gentleman from Alliance I believe. [LR298]

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SENATOR KOLTERMAN: Okay. [LR298]

JUSTIN SCAMEHORN: And I don't believe...those are not the members at large. [LR298]

SENATOR KOLTERMAN: Okay, thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony today. [LR298]

JUSTIN SCAMEHORN: Thank you. [LR298]

SENATOR HOWARD: Our next testifier will be Mr. Jim Horn. Good morning. [LR298]

JIM HORN: Good morning. My name is Jim Horn, J-i-m H-o-r-n. I am president of the Nebraska State Volunteer Firefighters Association. I'm also a 43-year member and senior captain of the Schuyler Fire and Rescue, as well as secretary/treasurer of Schuyler Rural Fire District Number 3. I'm here today to talk about the passage rate for the National Registry exam for agencies which employ instructors to teach emergency medical technician classes and other out-of-hospital emergency care provider classes. The current...currently the minimum pass rate is 70 percent for the entire agency with no requirements per instructor. This requirement is stated in Nebraska regulation 17 (sic--172) NAC 13-004.09. Between 2011 and 2013, Schuyler Fire and Rescue sent 12 members through an EMT class and not one passed. That is a cost of \$12,000 taxpayer dollars, and none have retaken that class. In 2014 we sent four different members to a different instructor. Three out of the four passed. We feel that individual instructors should be held accountable and that they should be required to have a 70 percent pass rate. Each student should have the best instructor that is available and that will give them a fair chance to pass the National Registry test. This is one of the requests we are submitting to the committee: that a directive be included in the statutes setting the minimum pass rate at 70 percent for instructors, individual, and not the entire agency. Thank you for giving me the opportunity to testify today. Are there any questions? [LR298]

SENATOR HOWARD: Thank you, Mr. Horn. Are there any questions? Senator Davis. [LR298]

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SENATOR DAVIS: Tell me who/where does the instruction come from? Is it the community college level? [LR298]

JIM HORN: There's community colleges; there are private entities that teach. [LR298]

SENATOR DAVIS: So this particular instructor who was not able to see anyone pass, where did that instructor come from? [LR298]

JIM HORN: He actually came from ALS Affiliates in Fremont, Nebraska. [LR298]

SENATOR DAVIS: And are they aware of the dismal record that he had? [LR298]

JIM HORN: I expressed my concern. [LR298]

SENATOR DAVIS: Good for you (laughter). [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thanks, Jim. My question deals with the 12 that didn't pass. Are they still volunteer firemen? [LR298]

JIM HORN: Yes, they are. [LR298]

SENATOR KOLTERMAN: They just don't go out on rescue calls? [LR298]

JIM HORN: No, they're...no, they don't. They will drive occasionally. [LR298]

SENATOR KOLTERMAN: And they...if they don't pass the EMT, can they become EMS, or is it all... [LR298]

JIM HORN: No. [LR298]

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SENATOR KOLTERMAN: There's no differentiation? [LR298]

JIM HORN: We're fire and rescue. [LR298]

SENATOR KOLTERMAN: Right. [LR298]

JIM HORN: Most of our firefighters are firefighter I certified. On the rescue squad, you have to be an EMT to be on our rescue squad even though we are in...we're all housed together and we are considered one organization. [LR298]

SENATOR KOLTERMAN: And how many EMTs do you have in Schuyler, Nebraska? [LR298]

JIM HORN: We have 12 right now, not near enough. [LR298]

SENATOR KOLTERMAN: Right. Thanks for serving. [LR298]

JIM HORN: Thank you. [LR298]

SENATOR HOWARD: Other questions? What would be enough? [LR298]

JIM HORN: You never have enough. (Laughter) [LR298]

SENATOR HOWARD: All right. [LR298]

JIM HORN: You know, if we had 15 or 17 would be a...you know, we run 360-380 calls a year, and that's asking a lot from 12 EMTs. [LR298]

SENATOR KOLTERMAN: I have another question. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

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SENATOR KOLTERMAN: Thank you, Senator Howard. One question that just came to mind: When we think about volunteers, we're thinking typically about the person that's leaving their job; are you still...are the communities still, the community employers still as supportive that they always traditionally have been as it pertains to giving employees the ability to leave their job and go out and volunteer and not dock them for pay or not...is that still the atmosphere in rural Nebraska? Because you're rural... [LR298]

JIM HORN: Yes, we are. And I would say, yes, that the community is very supportive. We have a major industry in Schuyler, Nebraska: Cargill meat industries. They're very good about letting their employees go. There's also a state statute--and forgive me, but I don't remember what it is--where you can fill out a form and take it to your employer and you can't be terminated for being late for work as long as you're on a call. [LR298]

SENATOR KOLTERMAN: Okay. [LR298]

JIM HORN: But other than that, we're very fortunate. And I think probably only in a small community that...I'm not saying that's the only small communities where that happened, but we're probably fortunate that it does happen. We're very fortunate that it does happen in Schuyler. [LR298]

SENATOR KOLTERMAN: Okay. Thank you. [LR298]

SENATOR HOWARD: Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you, Chairwoman Howard. And thank you, Mr. Horn, for your service. So as you are trying to figure out where to send recruits, do you have any information from these agencies on their passage rates? Is that something that they're required to post somewhere or have accessible for you to use as you're deciding whether to send your recruits to a particular agency? [LR298]

JIM HORN: Basically the last class that we sent, the class of...the four members we sent to a class, I did a little research on my own, talked to that instructor, and he showed me verification

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of his pass rate which was 97 percent. I'm not aware whether that's information that I can receive from the college. I'm pretty certain that I wouldn't receive that information from Fremont, Nebraska, again if I asked but... [LR298]

SENATOR CRAWFORD: Right. Right. But if to provide this service in the state they were...the agencies were required to post their passage rates, would that have been helpful to you? [LR298]

JIM HORN: CCC, in Columbus, pass rate is 70 percent. That's the minimum. What I see or what we see is our last instructor had a 97 percent pass rate and their average is only 70, which tells me that there are a lot of instructors below that 70 percent to bring... [LR298]

SENATOR CRAWFORD: Good point. [LR298]

JIM HORN: And that's why I'm asking that each instructor be accountable. It may hurt our instructor pool, but you know what? It's about the people taking the class. They need the best instructor that they can get. That's a tough class. [LR298]

SENATOR CRAWFORD: Right. So even if we had information on the agency passage rate that still might not be sufficient because the instructor is so essential, is what I'm hearing you say. [LR298]

JIM HORN: We need to know what the instructor's pass rate is. [LR298]

SENATOR CRAWFORD: Instructor, um-hum. [LR298]

JIM HORN: And that may be available. I couldn't answer. [LR298]

SENATOR CRAWFORD: Thank you. [LR298]

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JIM HORN: But then again, with their limited instructors you may have to wait quite awhile to get the instructor that you want because word travels who the good instructors are. We found out who the bad instructors... [LR298]

SENATOR CRAWFORD: Thank you. [LR298]

SENATOR HOWARD: Senator Davis. [LR298]

SENATOR DAVIS: Just a couple more. The Fremont entity you're talking about is a private business, a for-profit business, is that correct? [LR298]

JIM HORN: Yes. [LR298]

SENATOR DAVIS: How many people are on a run, a typical run? [LR298]

JIM HORN: Well, we try to have at least three. We'll run with two and a volunteer driver, a minimum of two. [LR298]

SENATOR DAVIS: And what is your average run time? What...from the time they are called until they get finished with...finishing up the paperwork, etcetera? [LR298]

JIM HORN: I would say about an hour. We're very, very fortunate we have a hospital in Schuyler. [LR298]

SENATOR DAVIS: I just was kind of playing with some numbers. That's probably about 90 hours per volunteer per year at a minimum. [LR298]

JIM HORN: And that doesn't count training or drills or... [LR298]

SENATOR DAVIS: Right, right. [LR298]

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JIM HORN: We're not fortunate enough to be able to take transfers into Omaha or Lincoln. And I'm speaking as treasurer of the rural fire district. That's basically where your money is, is on a transfer. [LR298]

SENATOR DAVIS: And why can't you do that? [LR298]

JIM HORN: We don't have the manpower. We will not leave our city short of help. [LR298]

SENATOR DAVIS: You heard the Nebraska City representative talk about the funding. Are you dealing with the same kind of problems there in terms of lack of reimbursement and Medicaid and Medicare issues? [LR298]

JIM HORN: I'm not seeing that. We use the same billing company that Nebraska City does. We have a rural population, a lot of retired people in Schuyler. And I probably shouldn't say this, but the old Bohemian folks pay their bills (laughter), so...not saying that others don't, but... [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony today. [LR298]

JIM HORN: Thank you very much. [LR298]

SENATOR HOWARD: Our next testifier will be Jim Egr from David City. Good morning. [LR298]

JAMES EGR: (Exhibit 7) Good morning. My name is Jim Egr, J-i-m E-g-r, just three letters. When my great-grandfather came from Bohemia in 1884, he didn't bring any extra vowels (laughter). My job is to address to you what we would suggest after the study that was done by the NSVFA. Who should take jurisdiction over EMS? When I say jurisdiction, I'm talking about what happens and I'm...excuse me. I can't remember which senator it is that has Polk County. Is that you? Okay, Senator Kolterman. If Shelby, Osceola, Stromsburg, and Polk said, we don't

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have enough people and we're going to get out of it, there is no Nebraska statute that says who takes charge to see that Polk County has got EMS services. Okay. And in making the suggestion that I'm going to make I need to give you a little background on myself so you know where I'm coming from, and then it was the group that has been mentioned before that has been doing the studies over the last nine months. I was an EMT for 23 years. I'm legal counsel for the Nebraska State Volunteer Firefighters Association for 39 years. I have taught fire school, elected officials in their responsibilities and duties for 35 years, and then I go out and do seminars for rural fire protection districts, for mutual aid districts, for fire departments, and so forth. I happen to represent a number of rural fire protection districts. I represent Scottsbluff Rural Fire Protection District. I do work for Valentine. I do work for Superior. I do work for Bennington and everybody in between. I'm not saying this to brag; I just give you a little background here. I'm also...I've been fortunate to be appointed by the Butler County Board to be on the board of trustees for the Butler County Health Care Center, our hospital in Butler County. And we have requirements that we have to go to at least two seminars a year, that being: the rural health conference which I just attended about three weeks ago; the Nebraska Hospital Association; and the Western Trustees Symposium which takes in the conglomeration of about nine states in the western part of the United States. With this background and the conclusions that we've come to in the studies that the NSVFA have done is that the entity that should take charge or we suggest take charge, seeing that they're an EMS provider, would be the counties but with the caveat that they would also be given the authority to make arrangements with the rural fire protection districts. The rural fire protection districts, there are some that are really good and they're involved in EMS as well as the fire, and from that standpoint they have been handling things in different counties. And this would give that county board that option to deal with that. Plus, the other factor, and I had passed out...I'm sorry I didn't bring the 15. We already have an existing statute, 13-303 of the statutes, that provide about somebody stepping...or about how to deal with these situations, but we do not have a statute that addresses who really takes charge if I...when I told Senator Kolterman, if Polk County says we're not going to have it, who takes charge? I believe by modifying the statute or having 13-303.01 or .02 or whatever the bill writers--sorry, legal counsel--would be able to say, okay, the counties take charge and they have the ability in taking charge to also deal with making arrangements with the rural fire protection districts. Then, all the rural fire protection districts, they'll know what they're able to do and that may take some of that burden off of some of these particular counties. And I would not suggest hospitals. The

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reason I mention the hospital involvement is because rural hospitals just don't have the personnel. We're short of nurses. We're short of drivers. Just this last month for Butler County Health Care Center, we had to call in Midwest Medical to help with some transportation from David City to Bryan-LGH east and west, and that's only about an hour and 15 minutes for us, because one driver was on vacation and one driver caught that stomach flu and we only had one driver left. Our nurses, the young ones coming in--no disrespect--don't want to ride those squads, and we have problems with that. And I think rural areas, and that will be addressed, have that same situation. They do make use of the volunteers from the departments and that. But some of the places are traveling a six-hour round trip to take off, and some of these folks aren't getting paid. And so hospitals don't want that. So I'll end that because I'm on a red light. Thank you. Any questions? [LR298]

SENATOR HOWARD: Thank you, Mr. Egr. Are there any questions for Mr. Egr? You did too good of a job. [LR298]

JAMES EGR: Okay. [LR298]

SENATOR HOWARD: Thank you. [LR298]

JAMES EGR: Thank you very much. [LR298]

SENATOR HOWARD: Our next testifier is Collin Warren from Tekamah. Good morning. [LR298]

COLLIN WARREN: Good morning, Senators. My name is Collin Warren, C-o-l-l-i-n W-a-r-r-e-n. I am here on behalf of the Nebraska Emergency Medical Services Association and I am also here to talk about the jurisdiction problem. With that being said, I would like to begin with the idea of jurisdiction would not be the problem because the problem right now is any EMS department can go put their squads away, shut their doors, lock them, walk away, and nobody can do anything about it. Nobody has any ownership over the EMS in the state of Nebraska which is very concerning to anybody of any age. With that being said, I would say that accountability with essential service would help our cause. Right now the public believes when

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they call 911 that we will respond. They believe this is a standard of care. It is not. We are not required to go help them even though we take classes saying that we would feel negligent if we didn't. I do want to correct one thing that I did hear. EMS is not tax based; fire is. Right now, Medicare, Medicaid, and money out of the person's pocket is what pays for EMS in the state of Nebraska. This does not pay for volunteers providing the care. This only pays for their travel, as well as the equipment that is used on the call. There are several states that do have some sort of essential service. Each state is different. I do not have the exact models from each state. I am still working on getting them so I can pass them along to you once I do get them. This would also help create a position at the EMS at the state level with an EMS office. We right now have no representation of EMS on the State Board of Health. This does upset me a little because we are healthcare providers. Police is an essential service; we have to have them. Fire is an essential service; we have to have them. We have to have healthcare in our communities as well as our rural areas. Why is EMS not an essential service? Thank you. [LR298]

SENATOR HOWARD: Are there any questions for Mr. Warren? Seeing none, thank you for your testimony today. Our next testifier is Jerry Stilmock. [LR298]

JERRY STILMOCK: Senator Howard, Senators, in deference to the volunteers that have traveled many hours, some sacrificing their vacation time, going days without pay, I would like to go to the end if at all possible so that you can hear from the volunteers, those people most important to hear from. Thank you. [LR298]

SENATOR HOWARD: Sure. For the transcriber, would you say your name? [LR298]

JERRY STILMOCK: Jerry Stilmock: Jerry, J-e-r-r-y; Stilmock, S-t-i-l-m-o-c-k. Thank you, Senators. [LR298]

SENATOR HOWARD: Do you still want Tom Hamernik? [LR298]

JERRY STILMOCK: Tom? Tom is coming, yes. [LR298]

SENATOR HOWARD: Okay. [LR298]

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JERRY STILMOCK: He's a volunteer that will testify next. [LR298]

SENATOR HOWARD: Okay. [LR298]

JERRY STILMOCK: Thank you. [LR298]

SENATOR HOWARD: Thank you. [LR298]

TOM HAMERNIK: (Exhibits 8 and 9) Didn't think Jerry would be quite that quick (laughter). Good morning, Senator Howard... [LR298]

SENATOR HOWARD: Good morning. [LR298]

TOM HAMERNIK: ...and members of the HHS Committee. My name is Tom Hamernik, H-a-m-e-r-n-i-k, and I'm the fire chief at Clarkson and I served as the chair of the NSVFA legislation committee through this nine-month-long process. I've also been a volunteer EMT since March of 1979 with Clarkson Fire and Rescue, and I've been very active. My family runs a family business. Both my brothers are EMTs. My son-in-law is one of our rescue cocaptains. My family revolves around fire and EMS and our company and family have made a lifelong commitment to EMS and serving our community. There is a tremendous amount of pride out there in rural Nebraska, and I was about ready to cry when I heard that the volunteer model is dead. I am not ready to give up on it. I don't think many of our communities in out-state Nebraska can. While I have personally stated I don't want to see the level of service decline, there is a tradeoff between having that extremely high level of service that we can do in Lincoln and Omaha and having no service at all or an hour or more delay for an ALS service in rural Nebraska. I did provide written testimony. I'm going to vary from it on the basis of time to respond to a couple of questions here. I do want to pass out the NSVFA survey that we did. And we've provided it also to NEMSA, the Nebraska EMS Association. There's some very interesting reading in there. I hope you'll take the time to look through it. The meat of that survey is in the comments that were provided by the people that took it. It was directed towards fire chiefs and EMS supervisors, EMS captains, rescue captains, but we also had almost a third of the responders were considered other: other interested parties in EMS. And it was through the Nebraska Volunteer Firemen (sic--

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Firefighters) Association, so it was directed towards primarily volunteer departments. Senator Davis asked about the time for a call. Clarkson is centrally located to Columbus, Norfolk, Schuyler, West Point, and just a little farther is Fremont. And many of our patrons doctor at those different places. Alegent Creighton has the hospital in Schuyler; they have a clinic in Clarkson; they have a clinic in Howells six miles away. West Point Hospital has a clinic in Howells. We're only 30 minutes from Columbus and Norfolk. Those are good hospitals. They have 24-hour emergency room services. Many of our folks doctor there too. So depending on how badly you're sick or injured, depending where you are in our long and skinny fire district, you could go to any one of those five hospitals or we could ask to bring in the helicopter to have you brought into one of the trauma centers. But from start to finish, a call is about two hours and 15 minutes for us, and then there's about an hour of electronic record keeping that has to take place in the next day or two. It would be ideal if we could do that record keeping during the course of the call, but generally that's not possible when we're dealing with patient care and we have an at least 30-minute transport time to any one of those hospitals. We do have a nursing home in Clarkson and that provides a lot of work for us. Many times we have discussed stopping the transfers and insisting on a private ambulance to do that. Our rationale has been we need to keep our squad members active; we need them familiar with the equipment; we want them to handle patients consistently; we want to maintain that. And so we're proud of the service we offer to our community and we're proud to be able to do that for our community members. So we've continued to do our transfers. There was some talk about the EMS community forums. I just found out this week through the channels, through my rescue captain, that these EMS community forums were going to take place. And as of today, three of the seven...eight, three of the eight have taken place already. So I did find out through somebody else that they were going to happen a few days ago but actually through channels I just found out I believe on Wednesday that they were going to occur. My written testimony does speak about an incentive, and I believe that is somewhere that we did not, our committee did not initially start at, but that is where we gravitated after three or four months: to providing a meaningful incentive for volunteer providers to continue to provide that service, especially in rural Nebraska. In 2013, Senator Gloor sponsored an incentive plan for fire and EMS providers that was based on a point system that's been around for a long time. That is still a valid system. It will work very well and I hope that the Legislature will consider that--it's for a tax credit--will consider that in the future because, like I've said, I'm not ready to give up on the volunteer model that we have today. One of the

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things I want to mention is the culture that is present in the state agency of Health and Human Services' EMS department. It contrasts greatly with the culture that exists in the Nebraska State Fire Marshal Training Division. The Fire Marshal Training Division is very open to discussion--what can we do for you? how can we make this better? what do we have to do to make this fit your firefighters for this training--versus a standoffish attitude that we get from HHS. Representatives of our committee, the Nebraska State Volunteer Firemen's (sic--Firefighters) legislative committee, met with HHS EMS representatives to bring them up to speed on what we were looking at, what our process was going to be, just to bring them up to speed and express our concerns to them, and we were met with multiple derogatory comments about the fire service. And it was absolutely unprofessional and uncalled for and it kind of sets the stage for this. It's been an ongoing battle between many of our fire-based EMS services and the state EMS department. [LR298]

SENATOR HOWARD: Mr. Hamernik, I'm going to stop you right there... [LR298]

TOM HAMERNIK: I'm done. [LR298]

SENATOR HOWARD: ...to make sure we have time for questions. Are there questions for this...yes, Senator Davis. [LR298]

SENATOR DAVIS: Thanks, Tom, for your service, and to all those here who are volunteers. I appreciate it very much. You just learned that these forums were going to be taking place? [LR298]

TOM HAMERNIK: Yes, I did. [LR298]

SENATOR DAVIS: There was no outreach made to any of the volunteers in the state to let them know this was coming? [LR298]

TOM HAMERNIK: If they did, it took time to get through. The EMS department has regional representatives and right now we don't have one in our part of Nebraska and to get through from

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the state to the regional representatives to our individual squad captains and out to our members. We just found out about it. [LR298]

SENATOR DAVIS: Doesn't EMS have a list of all the departments in the state with e-mail addresses? [LR298]

TOM HAMERNIK: I'm sure that they do. [LR298]

SENATOR DAVIS: And then you talked about transfers. I just have a couple questions about that. There are private ambulance services in your part of the state which would be willing to take those on. [LR298]

TOM HAMERNIK: Yes. [LR298]

SENATOR DAVIS: That isn't true in all of Nebraska, is it? [LR298]

TOM HAMERNIK: I'm sure it's not. [LR298]

SENATOR DAVIS: So, and many times EMS is the last resort for those things. I'd like to give you just a few minutes to finish up your point if you would like to do that. [LR298]

TOM HAMERNIK: I've finished my points. There's other people that want to speak. [LR298]

SENATOR DAVIS: Thank you. [LR298]

TOM HAMERNIK: And I appreciate your time sincerely. [LR298]

SENATOR KOLTERMAN: I have a...oh, go ahead. Senator, go ahead. [LR298]

SENATOR HOWARD: Senator Crawford. [LR298]

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SENATOR CRAWFORD: All right. All right, thank you. I noticed that you mentioned and the testimony mentions Senator Gloor's proposal to provide that \$500 tax credit incentive. I just wondered if you'd care to share with us either (1) other incentives you discussed that you would like to have on the record as possible ideas to consider; and then (2) if you have any comment to the idea that was raised earlier about something like health insurance as a tax...as an incentive. [LR298]

TOM HAMERNIK: That would be wonderful. A credit towards health insurance would be wonderful. Many of the people in our small communities, the cost of health insurance is a struggle for them. [LR298]

SENATOR CRAWFORD: Thank you. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thank you, Senator Crawford. Tom, do you know, are you familiar with what any other states are doing as some sort of a stipend for volunteer firefighters, or will somebody be able to address that coming forth? [LR298]

TOM HAMERNIK: I know that Colorado has one, and Iowa has a \$100 tax credit but it is only based on if you're qualified and you're part of a service. There is paperwork filed and you receive that \$100 credit. It doesn't encourage activity within your individual department, and that's one thing that our squads face is we might have 14 EMTs but 5 are making the vast majority of the calls. And so somehow we need to incentivize making the calls. [LR298]

SENATOR KOLTERMAN: Okay. Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony. [LR298]

TOM HAMERNIK: Thank you very much. [LR298]

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SENATOR HOWARD: That concludes invited testimony. How many folks still wish to testify, by a show of hands? Seven...now hands are going down. Okay. All right. We're just going to truck along. Before I forget, Brennen, are there items for the record? [LR298]

BRENNEN MILLER: (Exhibits 10 and 11) There are: a letter from Donald T. Rice and a letter from Governor Pete Ricketts. [LR298]

SENATOR HOWARD: Fantastic. Thank you. Good morning. [LR298]

ANN FIALA: Good morning. I'm Ann Fiala. That's A-n-n F-i-a-l-a. I'm an EMT, a licensed EMT, and president of the Brown County Ambulance Association in Ainsworth. I'm also a member of the state of Nebraska Emergency Medical Services Board. However, my opinions today that are expressed in no way reflect any opinion from the Nebraska Board of EMS. My paying career is administrator of the assisted living in Ainsworth. I've been a volunteer, a passionate volunteer, with the Brown County Ambulance for 18 years, and the Ainsworth Fire Department. I also am a 16-year active volunteer member of the Troop B Critical Incident Stress Management Team. I am also a certified trustee on our Brown County Hospital Board of Trustees for five years. A successful emergency medical service takes commitment and time, incalculable hours of time and people to commit to the this time. As you're aware, the number of EMS volunteers has been on a steady decline for several years now to the point that it's become a blatantly ignored crisis. Communities refuse to see this crisis for what it is because of the crushing impact it potentially has in regard to rural communities being threatened with no ambulance service and/or being threatened with a crippling price tag if or when they find they must go to a paid service rather than a volunteer service. I volunteer in a very rural area in north-central Nebraska. Ainsworth is 45 minutes east of Valentine and 45 minutes west of Atkinson, the two closest communities that have advanced life support service, or ALS. Brown, Rock, Keya Paha, and Blaine Counties are all basic life support counties with only skeleton EMS crews, one of each, in each community in an area of 3,725 total square miles, and two critical access hospitals available to them. The option of tiering up to ALS is nonexistent for 911 calls. A couple of these counties are so understaffed, if you will, with EMTs that I am fully aware of certain occasions when the ambulance can't leave the barn because they don't have anybody there. And so the patient is forced to either be transported by private vehicle, and some have even

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gone in the back of the sheriff's vehicle. A more frequent occurrence in the counties with the hospitals: When critical patients require transfers to larger hospitals for higher care, local ambulance services can't get a crew together to take the ambulance with a patient to the larger hospital, thus causing a minimum two-and-a-half-hour wait time for the patient before they can even leave our hospital because they're waiting for the paid service to show up. From our hospital the shortest round-trip transfer is a minimum of six hours for the EMS providers to take it. The maximum is 12 hours, and that's coming down to Lincoln or Omaha, and we do that often. That's a lot of time away from work if it's during the day and a lot of...a large chunk of sleeping hours if it's during the night, and then we have to show up for work the next day. The average age of EMS volunteer in the north-central region is 46 years. The average length of membership on a squad in our area is only eight years. Young adults are not volunteering like they used to. Generational differences appear to be a factor that demands our attention when recruiting new volunteers. We must recruit in the same manner that we hire young adults for career work force. Our nation as a whole is on a cusp of the impact of the population not being available to hire for our career work force, let alone our volunteer work force, as we have youth of what I'll loosely term the small-family generation becoming adults. And at the same time we're just beginning to see the impact of the baby-boomer generation reaching the age group that utilizes ambulance service the most. As we move forward as a state and a nation these next few years, this population shift needs to be considered and planned for. I understand LR298 includes studying the instruction and training of emergency services personnel at all levels and potential barriers that hinder passage of the National Registry exam. I do not feel that we should take the National Registry exam out of the requirement for obtaining licensure. I contend success of passing this exam is largely contingent upon two main factors: (1) the ability of the student to comprehend the material content; and (2) the instructor being competent to teach adult students, both equally vitally important. How quickly the person tests after completing the course is another factor that should be considered for its impact on passing the test. I never want to lower the standard of care to our patients we serve, and Nebraska has been and should continue to be a frontrunner of successful emergency medical service in the nation. I have...I'm out of time but I do have some answers to a local rural ambulance service if you so wish to question; now or at a later time I would be available. I thank you for allowing me to testify today. [LR298]

SENATOR HOWARD: Thank you. Are there questions? Senator Davis. [LR298]

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SENATOR DAVIS: Thank you, Senator Howard. Good to see you, Ann. Thank you for coming.
[LR298]

ANN FIALA: Thank you. [LR298]

SENATOR DAVIS: When you have the test, is that coming through the community college or...?
[LR298]

ANN FIALA: Yes. [LR298]

SENATOR DAVIS: Have your instructors been competent? [LR298]

ANN FIALA: Personally, opinion: not all of them, no. [LR298]

SENATOR DAVIS: So can you...do you have any idea about the pass or fail rate in Ainsworth?
[LR298]

ANN FIALA: We have just recently in the last year put seven through the class. Two have passed the test. Three are currently going through the refresher class to try to take it again because they've failed the first three times. [LR298]

SENATOR DAVIS: And the funding for taking the test and going through the class is coming from...? [LR298]

ANN FIALA: The county actually pays for the class itself. However, if the person doesn't pass the test, they're required to pay the county back. If they don't pass the test, the test is on the student themselves to pay for. [LR298]

SENATOR DAVIS: You talked about Keya Paha County and...Rock, was that your...the other one? [LR298]

ANN FIALA: Yes, um-hum. [LR298]

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SENATOR DAVIS: Are they essentially dealing with the same problems in terms of the pass-fail ratios that... [LR298]

ANN FIALA: Keya Paha passed 13. They took...had a class of 13 and 10 passed. In Rock County they just haven't had anybody to take a test, take the class recently. [LR298]

SENATOR DAVIS: If a private ambulance comes in that takes...where does that come from? [LR298]

ANN FIALA: It comes out of...our closest is Neligh or North Platte and takes them two-and-a-half hours to get there if there's somebody...if those services aren't already out on a run from those communities. [LR298]

SENATOR DAVIS: And then we...you heard the Nebraska City representative and Mr. Hamernik talk a little bit about...not Mr. Hamernik, but about reimbursement rates. Do you deal with the same problem there in terms of lack of compensation for the cost? [LR298]

ANN FIALA: We've been very fortunate. Our billing clerk...our Brown County Ambulance Service has never required taxpayers' money to operate. And we compensate our EMTs and our people who drive the ambulances financially. It's all out of our...what we bill for. And so we have had quite good reimbursement rates for Medicare, Medicaid, and personnel or personal... [LR298]

SENATOR DAVIS: So you're actually able to compensate your staff somewhat. [LR298]

ANN FIALA: Yes, we do. We compensate them very well: \$20 per 911 call. And the commissioners voted in last year to pay us \$30 an hour for our transfer runs. [LR298]

SENATOR DAVIS: That is (inaudible), yeah. [LR298]

ANN FIALA: That is good. That's for each one. [LR298]

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SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Other questions? Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you. You mentioned that one of the other factors was time between the class and the test. Do you mean too much time or too little time? [LR298]

ANN FIALA: Too much time. [LR298]

SENATOR CRAWFORD: Okay, so a delay in when they can take the test. [LR298]

ANN FIALA: Yes, either...I think it is partly in getting the test set up and registered for and getting to that proctored test. It takes too much time. Plus, then the student is allowed to dilly-dally, if you will, out of fear probably. [LR298]

SENATOR CRAWFORD: Okay. Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony today. [LR298]

ANN FIALA: Thank you. [LR298]

SENATOR HOWARD: Good morning. [LR298]

PAUL PAULMAN: (Exhibit 12) Thank you. I'm not a volunteer, but thank you for the opportunity to testify on LR298. My name is Paul Paulman, P-a-u-l-m-a-n, first name P-a-u-l. I live in Omaha. I'm a family physician and serve as assistant dean for clinical skills and quality at the University of Nebraska College of Medicine. I am principal investigator for the Simulation in Motion mobile simulation project grant which UNMC will submit to the Helmsley foundation. I do not represent the University of Nebraska this morning. My purpose for testifying is to provide information about this outreach training program for our rural first responders using mobile simulation. Having grown up in a small farming community in Nebraska and practicing in an

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even smaller community for a time, I'm keenly aware of the importance of our rural first responders and applaud their work. Thank you, folks. I also applaud the Legislature for your efforts to provide and support assistance to these great people. The University of Nebraska Medical Center will soon respond to an invitation to apply for an \$8 million, three-year grant from the Helmsley foundation to purchase four state-of-the-art mobile simulation vans with five simulation mannequins for each of the vehicles. The grant will provide 100 percent funding for year one, 66 percent for year two, 33 percent for year three. UNMC is working in collaboration with Nebraska HHS, NEMSA, and community colleges as this project develops. Similar programs are currently operating in South Dakota and North Dakota. These mobile simulation vehicles will be stationed at UNMC's nursing campuses in Norfolk, Scottsbluff, Kearney, and Lincoln. The primary objective of this project is to provide resources for simulation training for our rural first responders annually at a location close to their homes and at no charge to the first responders during the life of the grant. The vans will be made available to EMS instructors, community college faculty, others who provide ongoing training for our EMS community to use in cooperation and collaboration with UNMC. In addition, we hope the availability of the state-of-the-art mobile simulation training labs will serve as recruiting tools to attract more people to become first responders. We have seen the vehicles. They are very impressive. Time line for the project consists of a grant application deadline of October 9, so we'll submit next week, award date of December 2, 2015. If funds are available, the vehicles will be available in late 2016 and the first training programs will take place in...or late 2016 or early 2017. Although volunteers receiving training will not be UNMC students, this program can be viewed as an extension of UNMC's iEXCEL program which the Legislature is supporting. The iEXCEL program aims to immerse all UNMC students in 3D immersive reality environments for clinical training. The programs in North and South Dakota have demonstrated improvement in first responder knowledge and skills as a result of training using similar equipment. They also have a number of stories. The one that I liked the most from the South Dakota folks was a training that they did on a rollover with massive crush injuries to the patient, simulated patient. And the...there was a squad that responded to an actual rollover injury and they were able to appropriately call in the chopper, bypass the critical access hospital, and get this patient to the trauma center, chop-chop, no pun intended. The program of providing resources for simulation training for our rural first responders is consistent with UNMC's historical outreach mission to Nebraska, has potential to improve the training for key personnel in our healthcare work force, and will provide education

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resources for training and simulation across the state. So in summary, thank you for looking at ways to support our rural first responders. I'm learning a lot today. I was pretty ignorant on the topic and I do appreciate hearing the testimony. I also thank you for the opportunity to provide information about our planned mobile simulation training resources program. We hope to be able to support these great people in their communities. I would be happy to answer questions if you have any. [LR298]

SENATOR HOWARD: Are there questions for Dr. Paulman? Seeing none, thank you for your testimony today. [LR298]

PAUL PAULMAN: Thank you. [LR298]

SENATOR HOWARD: Our next testifier. Good morning. [LR298]

ROSE CHAPPELL: (Exhibit 13) Good morning, Senators. My name is Rose Chappell. I'm from Merriman, Nebraska. It's a...Chappell is C-h-a-p-p-e-l-l. I just want to share with you about our service. I serve Merriman, Nebraska. And if you flip to the back of that folder that I just handed you, I actually have printed a map for you of our service area. I serve western Cherry County. We...Cherry County is 5,961 square miles. Of that 5,000 square miles, we serve 1,500 square miles. Currently we have two EMTs to do that. I have been an EMT since 2004, so I have been on there for 11 years. When I first started we had a lot of volunteers, but those volunteers were on there since 1977 when the service first began. Our service is nonprofit. They're all volunteers. We are not affiliated with a rural fire board. We are actually...get our funds, if they...if our runs are paid, we bill through EMS billing. If those bills are paid, which we...for...when the laws changed and we had to use a medical service to bill, we actually had not been paid for over four years. We actually got our first payment thanks to the EMS billing, so we're pretty excited about that. But we have a, really, a huge issue. We have one person per square mile because we have...serve such a large area. Seventy-five percent of those are elderly. And when you go on a call, most of the time you're going to know that person that you're picking up. Because of that reason, I think that keeps a lot of people from volunteering their time and their services to come as a volunteer because they know that that call could be somebody they know. We serve three major...three towns. The village of Merriman is 118 people. We serve Cody and Nenzel.

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Valentine is having to cover us on part of that because we have so...you know, we're down to two volunteers and we have regular jobs and families and stuff to attend to, too, so we may not be available. Right now that 1,500 square miles is unattended. The other EMT is a state worker and he may be allowed to leave work. But if he's allowed...if he does leave work, he has to take volunteer...he has to take vacation time to do that. And he works for the State Roads Department. He's also on the fire department and same thing: He would have to take vacation time to leave work. We have an average of ten calls per year. It doesn't seem like very much, but one person per square mile. And we also live in an area that is ranchers and they are highly independent. So if...unless they absolutely cannot, they will take themselves in to the hospital. Our average call, Merriman is located 30 miles to Gordon is the nearest hospital west. Sixty miles east and the other ...we're 67 from Hyannis, and that's not even to their hospital yet. That's just to the next service. In January our medical director, he messed up on our license and signed in the wrong spot, so we lost our license for four months. So that area that you're looking at was not covered; we didn't have an ambulance service to cover that area. So the next closest ambulance service was Gordon or Valentine, and that put a real strain on them because they're already shorthanded as well. Like I said, we can't cover 24/7 because we do have families and stuff, other things that are needed. (Inaudible), like I said, was out of the service for that long, it really took a toll on it. We have the educational part of it. We're looking at trying to...we don't get paid, so we're, you know...we have to do a lot of donations. We did go to Cherry County Commissioners and they did help us raise enough funds to put on a class. But now we have to get the volunteers. We...it's going to cost us \$1,000 per student and we have to have eight students in order to put on a class. The instructors said that they may not be able to get anybody to come out to us, so we need to go to them. Merriman is on Mountain Time. Valentine is on Central Time. So if you figure this out, they want us to go to Valentine to take the training. That's 60 miles twice a week. That's 240 miles a week that they want volunteers to put out. Not only that, they would have to leave work early because it takes the time to go. So if the class is at 7:00, that's actually 6:00 our time. They would have to leave work by at least 5:00, which is an hour that they are losing pay, to go to that training. And the training would last six to nine months. That is a lot of out-of-pocket expense. We don't have any training funds. We rely on donations. We can't pay our volunteers to be trained. You know, they either have to do it out of pocket or get donations. And then when it comes to continuing education, we have the same problems. It's distance. Some of the things that we'd asked about was, can we do trainings via Skype, you know, Internet, you know, do part of

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the training through that? They told us it's not available. And continuing education, we're only allowed ten hours over at the computer. So for us, it puts a real strain on the volunteers that are trying to get out there. If we can get them to volunteer, with small children and stuff, to add that much extra time is a strain and they usually don't volunteer. [LR298]

SENATOR HOWARD: Thank you. Are there questions? Senator Davis. [LR298]

SENATOR DAVIS: Thank you. Thank you, Rose. Appreciate you coming down on this issue. With regard to the educational element of this, and you're going to get some funding from the county, would it be... [LR298]

ROSE CHAPPELL: We've...they've raised \$8,000 so far. [LR298]

SENATOR DAVIS: Would it be provided by the community college? Is that who the provider would be of the class? [LR298]

ROSE CHAPPELL: We...I checked with Mid-Plains Community College, yes, and then I tried to get ahold of Scottsbluff to see if they would be willing and they never returned my calls. [LR298]

SENATOR DAVIS: I'm not sure if you're aware, but Cherry County sends over \$500,000 a year to Mid-Plains Community College in tax dollars, so I would think Mid-Plains Community College should step up. [LR298]

ROSE CHAPPELL: Yeah. The reply I got from her was they was (sic) not sure if an instructor would be willing to come out there because in Merriman we have no motels. It's a small area. And they're like, well, they...for them to send an instructor that far would be, you know, out of their pocket, but yet they want eight of us to go to them. So it's kind of one-sided. [LR298]

SENATOR DAVIS: So when you lost your registration in January... [LR298]

ROSE CHAPPELL: Uh-huh. [LR298]

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SENATOR DAVIS: And you said that was because a signature was misplaced. [LR298]

ROSE CHAPPELL: Yes. [LR298]

SENATOR DAVIS: Why did it take four months for the paperwork to get straightened out?
[LR298]

ROSE CHAPPELL: He was on vacation and...the medical director was on vacation. And then when we finally did get ahold of him, he decided to quit. So then we had to try to quickly find a medical director that would take us on. And we did have a problem trying to find a medical director or a doctor that would take on a small community, a small ambulance service like that, that we're basically a nonprofit. And we looked at having other people and possibly even the hospital thought about taking it on, but it's a pit. I mean you're tossing money in and not getting a return. So the hospitals didn't want nothing to do with it. The hospital in Gordon actually did not want to even allow us to have a medical director from their hospital because they figured it was a liability. So it took a lot of time and convincing to get a medical director to take us on. [LR298]

SENATOR DAVIS: You talked about Cody and Nenzel. [LR298]

ROSE CHAPPELL: Um-hum. [LR298]

SENATOR DAVIS: Is there no...there's no service in Cody then? [LR298]

ROSE CHAPPELL: No. In Cody there is a couple EMTs, but they are on the Valentine service. So a lot of times, when somebody from Cody calls, they'll request Valentine and then Valentine will come over, which is 45 miles for Valentine to come over to Cody, but it's only 25 for us. But a lot of times that's who they request and the dispatcher will send who they request. [LR298]

SENATOR DAVIS: Are there things that you think need to be done in terms of the educational element in order to get more volunteers? And recognizing that Merriman is a town of probably...you said 118 people... [LR298]

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ROSE CHAPPELL: Um-hum. [LR298]

SENATOR DAVIS: ...with probably 90 people who are over 60. [LR298]

ROSE CHAPPELL: Yeah. One of the things that, like I said, if we could get the education more accessible to where we could actually take some of those via Internet, and we have technology at our fingertips yet we're not using it, you know, we could...we have web cameras where you could do virtual classes. You can...the instructor is still there. You can still ask questions. You can still talk and then do the hands-on training, you know, get together for the hands-on training. That would be...it would take down expenses hugely. Another avenue that's out there is the State Fire Marshal. They will come to us and train us for free, but those continuing education hours will not count towards our license. And we...they...I asked him the last time he was out. We had hazmat training and I asked him about that and they said they was (sic) still trying to work that out. They're not sure what the glitch is, but somewhere in the system there is a glitch where they're not allowing us to count those hours. So making them...the continuing education and the initial education a little bit more flexible for the rural areas that are clear out there so that we can...if we can do that at the community hall, people can come in 45 miles to Merriman, but then to ask them to go another hour past that is really putting a strain on them and they won't do it. I have two EMTs now that have...or two that are willing to take the class. They have small children and they said they will not take it unless it's in Merriman. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Any other questions? One of the previous testifiers mentioned that they had maybe a less than pleasant experience with the Department of Health and Human Services. [LR298]

ROSE CHAPPELL: Yeah. [LR298]

SENATOR HOWARD: What has your experience been like with them? [LR298]

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ROSE CHAPPELL: (Laugh) When I called to find out about the license, because I kept calling to find out why we hadn't got it, she said, oh, we've got the paperwork right here. And she laughed and she said, but your medical director signed the wrong page at the wrong spot, and she laughed. And she said, I know, I'm sorry, this is not funny, but just call the department down the street to cover for you until we get this straightened out (laughter). And I said, the closest one is 30 miles. So, you know, they really don't have an understanding of the rural setting. That's why I've made the map for you guys, so you could physically see with your eyes what we're dealing with. You know, we are looking...we may not have a lot of calls. But if one of you guys is in a car accident 60 miles south of us in...you know, that's right in between us, going to be, you know, in between us, and nobody is available, it takes an hour for a helicopter to get there, you know, and that's if they're called immediately. So, you know, you're looking at a long wait time. And to be perfectly honest, there's been times that I have wondered why I'm doing it, you know, and I thought about stepping down. But then you end up taking a little girl in and losing her but you gave her every chance that she had to survive. And if we hadn't been there she wouldn't have had a chance at all, so that pushes us on to keep going. [LR298]

SENATOR HOWARD: Thank you for your service. [LR298]

ROSE CHAPPELL: Thank you. [LR298]

SENATOR HOWARD: Thank you. Any other questions? Thank you, Rose. [LR298]

ROSE CHAPPELL: Thank you. [LR298]

SENATOR HOWARD: Our next testifier. Morning. [LR298]

LORI PANKO: Hi. That really hit home. My name is Lori Panko, L-o-r-i P-a-n-k-o, and I am a volunteer EMT with the Cook Rescue Squad which is located in Johnson County just southeast of here. We...I am here today to just address our concerns that our little community is having. We cover approximately 50-60 square miles. We are...we have currently seven EMTs, one EMR, and one RN. But like someone previously has said, not all of those seven are as active as others. Our biggest concern is our daytime coverage for the area. We have actually one EMT, which is me,

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that is able to respond most of the times during the workday Monday through Friday. And I happen to work in Tecumseh, which is ten miles away, so I am coming ten miles. If I am unavailable or everyone is unavailable, then they dispatch a neighboring town, which is either 10-20 miles away, which slows down the process of getting to the patient, which can be detrimental to the patient, I feel. So we work very closely with our volunteer fire department. They are very good in responding with us. They drive. They run for equipment. They also help lift. We could not do it without them. We're in a very rural area and most of them are farmers. Our...you know, we would like to get them as licensed EMTs. However, the time requirement for the education--they usually start in the fall--it's just impossible for them to stop their workday at 5:00 or 5:30, sit in class two nights a week and a full day on Saturday when, you know, 5:00 is still afternoon to them. So, you know, they are very helpful. We couldn't do it without them. But we would like to get some of them able to help during the day especially. I am employed full time with Farmers Bank of Cook, and they are very community service minded and let me leave at the drop of a hat to respond. However, there are times due to staffing or me being out of town that I cannot respond during the day. So I am grateful for them. They do not dock me any pay or time off or anything, so I am very appreciative of that. I also serve on the Johnson County Ambulance Service, and that is comprised of the Tecumseh...two members of the Tecumseh squad and two members of the Sterling squad and, you know, they're having the same issues that we are too. So I just want to thank you for taking your time to address this very important issue and allowing me to testify. [LR298]

SENATOR HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today. [LR298]

LORI PANKO: Thank you. Thank you. [LR298]

SENATOR HOWARD: Our next testifier. Good morning. [LR298]

GRANT ANDERSON: Good morning. My name is Grant, G-r-a-n-t, Anderson. I'm here. I'm a full-time paid paramedic supervisor for Cass County Emergency Management Agency. I also work outside of my job as a volunteer paramedic for a very busy, 100-percent volunteer EMS service. Thank you for this time this morning. One thing I want to talk about is my opinion of

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some of the changes that are discussed earlier today. One thing that I want to advocate for is the driving force for how we make our decisions for EMS in the state of Nebraska. It's important that changes are implemented to improve the staffing situation, and that's no secret. The one thing I want to assure is that we don't implement any change that will lessen the chance of a positive outcome for our patients. Myself and many of my colleagues have some deep concerns about lessening requirements of the education for new EMTs and we do not agree that creating a cap or lessening the guidelines will benefit the state at all. Requirements have increased for EMS personnel over the years; continuing education standards have increased; and time commitments to perform the duties of the job have increased as well. We should not implement changes simply to bring our numbers up and to make things easier. We should implement changes to prepare the EMTs and paramedics for the increase in responsibilities of the job. With shortages of all other healthcare professionals, the changes that we make do not originate at the education level. The changes we make are beyond that to help bring staff to those areas. For example, with the short it's no doubt that we have a shortage of RNs and doctors in rural Nebraska. But I don't think changing their education requirement is a solution to bring them to rural Nebraska. I think we have to think of other avenues without trying to "unimprove" the care that's provided or the education that's provided. EMS has evolved from just a ride to the hospital, and it evolved more away from a technician to a true practitioner. Doesn't matter whether you're at the EMT or the paramedic level, we see the change in EMS and it's always beneficial when it comes to interpreting and transmitting electrocardiograms or advanced airway techniques or IV administration. That's all extra stuff on top of an EMT class to get to improve the outcomes for our patients. Yes, it does take more time, but if it helps save a life or improve an outcome, it's important and we need to consider that. The EMS profession has transitioned into a true professional environment and we need to face the realism that it's our duty to keep up and move forward and not slow the process. As a paramedic for Cass County Emergency Management Agency we have...they, the county, has implemented some changes to help fight the lack of volunteerism and to (1) provide better care for the patients; and (2) subsidize the volunteers within the county. We're an agency that covers the entire county. Except for one agency within the county, we do not offer any transport services. We just supplement the volunteers with a paramedic-level service. We normally provide ALS service for the county, but the goal of the program was to provide staffing to supplement the volunteers. So even if the volunteer squad in Greenwood or Weeping Water or Nehawka can only provide one driver, our contractual

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agreement states that we can transport on their ambulance and provide the care for that patient. One, it improves the response times for the county; (2) it prevents the delay on scene without the need for mutual aid from other agencies; and (3) it gets them to the hospital quicker. With the ALS aspect of that, it's eliminated the use of helicopters as often because Cass County seems like it's in a metropolitan area but it's at least 30 minutes from any hospital and even more to get to a trauma center, so the helicopters were very popular in use prior to our arrival. Now our paramedics can provide a level of care that: (1) will save your patient money, because we all know helicopter rides aren't cheap, and (2) provide a high level of care. Another benefit for the volunteer services: because we do not charge for our service, our service is subsidized entirely by the county board of commissioners and we do not charge. The county board does not charge the volunteer services to utilize our service, but they also get a benefit on the end for their patients and they're also allowed to bill at the advanced life support rate. So we talked about billing rates previously this morning. The BLS billing rates are lower than the ALS billing rates, so they're not paying anything for our service and they're able to make more money and hopefully, you know, improve their equipment, use it for staffing needs, or whatever it might be. So that's another benefit to our program as well. Thank you for your time this morning. That's all I have. And does anybody have any questions? [LR298]

SENATOR HOWARD: Are there any questions for Mr. Anderson? Seeing none, thank you for your testimony today. [LR298]

GRANT ANDERSON: Thank you. [LR298]

PAT McNAUGHT: Good morning. [LR298]

SENATOR HOWARD: Morning. [LR298]

PAT McNAUGHT: Pat McNaught, P-a-t M-c-N-a-u-g-h-t. I'm the assistant... [LR298]

SENATOR HOWARD: Will you give your orange sheet to Brandon. [LR298]

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PAT McNAUGHT: Oh, sure. I'm the assistant fire chief of Polk, Nebraska. And before I read my prepared comments I'd like to make a comment on a statement heard earlier today that the rural volunteer model is dying. I can guarantee you there are 25 firefighters, 11 EMTs, and 2 first responders in Polk, Nebraska, that would throw that guy clean out of the room. [LR298]

SENATOR HOWARD: I don't think that's allowed (laughter). [LR298]

PAT McNAUGHT: Maybe a different room (laughter). It is an honor and a privilege to speak to you today. As the son of a career-long American history teacher, civic duty is paramount in my family and I understand that discussions in this room are for the betterment of our society in general. I'm even more humbled to represent a group of men and women who I believe are the finest our state has to offer, people who voluntarily put themselves in harm's way for no compensation merely to help their neighbors in a time of crisis. I am proud to be associated with such an outstanding group. I'm here to speak to you today to continue an ongoing discussion on how we might better provide the care via rural EMS squads in our state. Based on experiences we have had in Polk, I think some changes in the way that we are governed is necessary. I'm going to address three specific issues that we have had and continue to have in Polk, two pertaining to HHS and the other focused on recruiting new volunteers and keeping current volunteers active. Recently our ambulance service was audited by HHS. This is a common practice, not anything out of the ordinary. I think that the audit itself is an important process and necessary to keep the quality of care administered by EMS squads at the highest levels possible. I admit I was surprised at how involved the audit was and the amount of items and records that were audited. Again, I want to be clear: I believe that this audit process is important and should continue. That being said, I believe our squad was inappropriately punished for the infractions that were found. Our ambulance was taken out of service upon completion on the audit based on two violations. The first was that our inventory of equipment and supplies on our ambulance did not match our written inventory. An example would be that our written inventory says that we have five adult nonrebreather masks. When the auditor did his count, we had nine. All of our inventory was over. We had nothing under. But that is a violation and we were taken out of service because of that. Secondly, the auditor informed us that our training records were incomplete. The continuing education hours that our EMTs have to complete for us to remain accredited are individually placed in each EMT's file within the fire hall. All classes are taken

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through an accredited agency, such as Central Community College in Columbus. And every time we complete and pass a class we receive a certificate from said agency. However, according to the auditor, because we didn't have a sign-up sheet that said we attended a class, we were out of compliance. For those two reasons and those two reasons only, our ambulance was taken out of service. If we had drugs that were out of date, the wrong drugs, or an ambulance that was sitting in the barn on six flat tires, I could understand that level of punishment. Could there not have been a fix-it ticket solution? Time to complete the necessary changes to bring ourselves into compliance without taking our squad out of service would have been more appropriate. Ultimately, it hurt the patrons within our district. I think a commonsense approach to these issues needs to be discussed. The second issue with HHS is one that I personally had. The last time...I've been an EMT for nine years. The last time I went to reinstate my license I did it on-line and I got a letter from HHS informing me that because of two nonmoving vehicle violations that I had occurred, I needed to prove to HHS that I had paid those fines. All of my training requirements had been met and there had been no judgments against me on the ambulance. The two incidents in question were I was pulled over in Lincoln because I forgot to put the stickers on my plate of my pickup. I had a current registration, forgot to put the stickers on it. Okay, my bad. I get that. And when he pulled me over, I was not wearing my seat belt. I contacted Lancaster County Court, requested the documents. And I'll make myself short. Long story short, in the time it took the court to get me the documents, the renewal date passed. I called HHS, asked for an extension, that I was waiting on somebody else, and they said, sure, no problem, everything will be fine, no big deal. When I got the documents I sent them on to HHS, called down there to make sure they received them. They said they had and my license would be forthcoming. Several weeks later I called back and I was informed that my license was revoked. Consequently, I took the class again at the cost of the taxpayers in our district and my time. But it was important enough to me to become an EMT again. And the last issue I would like to talk about is the issue of recruitment and retention. I have a real problem with this subject because all of us in this room and all of the people in my fire department, we volunteered for the right reasons, and it wasn't because we were going to receive an incentive to join a department and that's a little frustrating. However, with increasing age population and dwindling numbers, all avenues need to be pursued. I would only ask that you would make two stipulations within any sort of incentive: (1) that it is retroactive to current members; and (2) that there is some sort of verbiage within keeping members active so that we don't have people joining the fire department

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or the EMS squad to get an incentive and then never showing up for anything. Thank you.
[LR298]

SENATOR HOWARD: Thank you, Mr. McNaught. You are popular. Senator Baker. [LR298]

SENATOR BAKER: Thank you, Senator Howard. Is it Mr. McNaught? [LR298]

PAT McNAUGHT: Pat is fine. [LR298]

SENATOR BAKER: As in Wally or Bill? [LR298]

PAT McNAUGHT: Wally is my dad. [LR298]

SENATOR BAKER: Very good. Talk to me about...what agency took your ambulance out of service? I mean how did... [LR298]

PAT McNAUGHT: Health and Human Services. [LR298]

SENATOR BAKER: Talk to how that happened. [LR298]

PAT McNAUGHT: We were informed that we would be audited which... [LR298]

SENATOR BAKER: By? [LR298]

PAT McNAUGHT: HHS, Health and Human Services,... [LR298]

SENATOR BAKER: Okay. [LR298]

PAT McNAUGHT: ...the EMS side of HHS, which I understand now is a common practice and they audit ambulance services throughout the state on a regular basis. As I stated, this is an important process and it should continue. What I don't understand is their punishment process.

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For something as minor as having too much inventory on the ambulance, is taking an ambulance service out or taking an ambulance out of service appropriate? [LR298]

SENATOR BAKER: Well, I agree with you. I just wanted to know more about how that happened. [LR298]

PAT McNAUGHT: Sure. [LR298]

SENATOR BAKER: So someone came out to your place. [LR298]

PAT McNAUGHT: Absolutely. It took I think just this side of six hours to complete the audit. [LR298]

SENATOR BAKER: Okay. Thank you. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Thank you, Senator Howard. Pat, we've talked in the past. And thanks for your service. I agree with you wholeheartedly on your concerns. How long were you out of service as a result of that? [LR298]

PAT McNAUGHT: It was somewhere around a month by the time that we corrected our inventory, corrected...and the silly thing about it was that I asked the auditor what did we need to do to take care of the sign-up sheet issue. He said, well, just make up sheets and have people sign them. (Laugh) So by the time we did that, had everybody sign them and send them into HHS, it was about a month. Consequently, the next closest ambulance is Stromsburg, which is, oh, 15 miles away. Thankfully, there were no serious calls during that time frame, but that could have been life threatening for what I consider trivial. [LR298]

SENATOR KOLTERMAN: Okay. That was my next question: Who serviced you? It was Stromsburg? [LR298]

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PAT McNAUGHT: Stromsburg. [LR298]

SENATOR KOLTERMAN: Thank you. [LR298]

SENATOR HOWARD: Senator Davis. [LR298]

SENATOR DAVIS: What kind of...do you have any idea if the rules and regs that we're talking about that are in HHS are...is that discretionary on the part of the auditor or is that just a mandatory rule that they have to suspend you? [LR298]

PAT McNAUGHT: That is the ultimate question. I've been on the fire department 13 years. I have seen someone from HHS twice. They send us a stack of papers about the size of a Tom Clancy novel every year that says, these are your protocols, read them and understand them, and that's it. We have no...and obviously we do sit down and go through them, but we have no direction or very little direction from them. So I think some training--webinars, conference class, any means--could be used to pertinently inform us of what we need to know. [LR298]

SENATOR DAVIS: So with...specifically, with regard to this audit and the two...and the violations which seem trivial to me and endangering the public health... [LR298]

PAT McNAUGHT: Absolutely. [LR298]

SENATOR DAVIS: ...were for a bureaucrat's purpose. I don't understand that. And what I'm trying to get at: Is that something that HHS has...there's no discretion at all, if you've got a violation you're automatically kicked out, or is that an employee decision? [LR298]

PAT McNAUGHT: I honestly do not know the answer to that question. [LR298]

SENATOR DAVIS: It's something that we ought to find out. Same question with regard to your own personal issues: You had assurances from HHS that your license was going to be certified? [LR298]

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PAT McNAUGHT: Over the phone. [LR298]

SENATOR DAVIS: Did you ever appeal that decision of... [LR298]

PAT McNAUGHT: No, I did not. I had an assurance over the phone. Obviously I had nothing in writing. Hindsight: I should have. [LR298]

SENATOR DAVIS: And then the same question: Is there an appeal process that you know of or services? [LR298]

PAT McNAUGHT: Not that I'm aware of, not that I'm aware of. [LR298]

SENATOR DAVIS: Okay. Thank you. [LR298]

SENATOR HOWARD: I just want to clarify the audit. So you were audited by the EMS section of DHHS? [LR298]

PAT McNAUGHT: Correct. [LR298]

SENATOR HOWARD: So it wasn't a billing audit. [LR298]

PAT McNAUGHT: Correct. [LR298]

SENATOR HOWARD: And so it was the accrediting agency for your service. [LR298]

PAT McNAUGHT: Correct. [LR298]

SENATOR HOWARD: And it's not the licensure division within public health? It's separate from that? [LR298]

PAT McNAUGHT: I believe so, yes. [LR298]

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SENATOR HOWARD: Okay. All right. [LR298]

SENATOR DAVIS: Senator Howard, I've got one more question. [LR298]

SENATOR HOWARD: Oh, yes, Senator Davis. Go ahead. [LR298]

SENATOR DAVIS: Do you think that the EMS system is hostile to the volunteer system?
[LR298]

PAT McNAUGHT: Pardon me? [LR298]

SENATOR DAVIS: Do you think the EMS system is...the board is hostile to the volunteer system? [LR298]

PAT McNAUGHT: These are my only two experiences directly with HHS and obviously they've not been good. So I'm not going to speculate on whether they're hostile to us or not on a broad scale. I think they've been pretty hostile to us in Polk over some real minor issues. But I can't honestly comment on a broad scale. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: And just to clarify, it wasn't a third-party auditor that came in. It was a representative from the department. [LR298]

PAT McNAUGHT: Correct, um-hum. [LR298]

SENATOR HOWARD: Okay. Any other questions? Thank you for your testimony today.
[LR298]

PAT McNAUGHT: Thank you. Thank you for your time. [LR298]

SENATOR HOWARD: Our next testifier. [LR298]

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BRUCE BEINS: Good morning, Senator Howard. Senators, thank you for this opportunity to be here. My name is Bruce Beins. It's B-r-u-c-e B-e-i-n-s. I'm from Republican City, Nebraska. I've been a firefighter for 35 years, an EMT for 30-plus years, a paramedic for about 20 years, an EMS instructor for 25 years. I served ten years on the State Board of EMS, including the initial years when that board was first formed by statute. I helped write a lot of the rules and regulations that we're still struggling with today, for good or bad. I'm also on the hospital board of a critical access hospital in rural Nebraska for about 15 years and I currently serve as chair of that hospital board. This is my either fourth or fifth time testifying at a legislative resolution hearing on recruitment and retention. The first time was in 2000. And as I look back at the purposes of those resolution hearings and my testimony, I could probably just pull out one of the sheets and read from the testimony. This problem has been around a long time. In 2004 hearing, part of it was talked about who's responsible for EMS, and it was a direct result of a report to the Legislature by the EMS Board that said that that was a problem. And so we had a resolution hearing to talk about it but nothing still substantial has been done in all these years. It's a slippery slope. We are so diverse from one end of this state to the other. You've heard about areas that have advanced life support and paid people to areas that only have two or three EMTs. My town is 200 people. When I testified in 2000, I was complaining that we had went from 18 EMTs to 9 EMTs. Today we have three. It is a volunteer problem. We have literally taken maps of our district and went house by house trying to see who it was we could recruit to help us on the ambulance squad. Society has shifted. My kids didn't come back to a town of 200 because there's no jobs for them. We're a largely agricultural area. We do have some vacation areas there. But it's really gotten to be a problem with our system is our volunteer system is not going to keep working in my area. I've already told them that I've only got a few more years that I can still keep doing this. And then what are they going to do because they don't have any other people to look at? So if Republican City Fire and Rescue decides it's time to close up shop, right now there's nobody responsible that's going to pick that up. We have a rural fire district and they work with us what they can, but they're limited by what they can tax. We've got hundreds of thousands of dollars of fire trucks, which we need, but yet we're having bake sales and soup suppers to buy a ten-year-old ambulance. That's not right. EMS needs to be an essential service. It needs to be right up there with fire and police. It needs to have a tax structure because everything you've heard today to fix any of it, it's going to take some money somewhere, especially in the rural areas and the super-rural areas and the frontier areas that can't get private services to come in. There's not

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enough volume. They're going to have to be reimbursed somehow to make that work. So with all my different experiences I hope you can ask me some good questions. Nobody's asked any questions about hospitals yet, so I'd like to tackle that one. But if I could wave my magic wand, or if I was sitting where you are and wanted to know what is it you expect us, the Legislature, to do, well, (1) we need a champion. We probably haven't had a true champion in the Legislature for EMS since Bob Wickersham, and he was the one that created the current EMS statutes that we have now. We've had different people that have helped us out on some different issues, but to really have somebody stand up and really champion this cause for the future of Nebraskans is something we really need. We've got to eventually have somebody responsible. There's lots of models. It's going to have to be a blended model, because of the diversity of this state, of some kind. But somebody eventually is going to have to say, okay, the county board is ultimately responsible. Maybe it's ambulance districts. We already have a statute that allows creation of ambulance district. It just doesn't make anybody create them. They can if they want to, but they don't have to. It has to have some taxing authority. That's the only way it's going to work. EMS needs to be recognized as an essential service. Now you've heard lots of problems about HHS and there's a ton of stories in the room, some good, some bad. I know the people at HHS. They are strung out so thin and so far it's not just EMS that they have to deal with. They have to deal with a lot of other things, those individuals. Back before we crammed all this together in what we call HHS now, we had a division of EMS that all they did was EMS and we had people that come out and supported us. And we had federal block grant money. We need to pull EMS back out of what I call the black hole of HHS and make somebody responsible for providing the things that we need to carry on these services. It's been a huge issue and it just seems to be getting a little worse all the time. Over the last ten years we've come to the Legislature several times and asked for money. They've been very good to us, including this last year. Two years ago we came. We asked for a specific line item because even though the Legislature was giving us some money to help defray some cost for recruitment and retention it was going into the black hole of HHS, never to be seen again. So we hope we're headed in the right direction with at least some of the funding now that the Legislature has provided to help offset some of these costs because largely we are volunteers and paying for this out of our pocket. So to kind of close up, societal changes aren't going to stop. I mean propping up the volunteer system, while I think it's a good idea for now, I think, if you're really thinking long term, in our rural and super-rural areas are we going to be able to continue providing EMS as volunteers? And as much as I hate it, it's

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like one of the other guys said: I've been a volunteer for a long time; I love volunteers; it's pure service. But if you really want to think about our kids and our grand-kids and who is going to pick them up, I don't think you're going to be able to count on volunteers unless something changes in our society. So we need a safety net. With that, I would be happy to answer any questions. [LR298]

SENATOR HOWARD: Are there any questions for the testifier? Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you, Senator Howard. And thank you for your service and for being here. I have a couple of questions. I guess I'll start with the jurisdiction one. So if, for example, the statute were to change from the county may contract, you know, and all of the EMS language to must with some provisions that they could, you know, have agreements with the hospital district or fire district, you know, allowing that flexibility, do...what do you think of that as a possible solution or... [LR298]

BRUCE BEINS: Well, I think that's an obvious solution. How that's going to be worded is up to you guys. Kansas has a model where the county can either hire a third party, the county just south of me hires a mom and pop...I'll call them EMS service. They've been doing it for 30 years, they're very good EMS service, but it's a private, local EMS service. The county next to that has a county ambulance service where they're actually county employees and they run an ambulance service. I believe Kansas can also use that tax money that those counties collect to support a volunteer system if that's so what they want, or some sort of a blended system. [LR298]

SENATOR CRAWFORD: So Kansas has the county as the key. [LR298]

BRUCE BEINS: Right, the county is the responsible party. I think something that you'll also want to consider is our hospitals, and especially in the rural areas, are critical access hospitals. Now that's what I'm the chair of: a health system that's critical access. And because of some of the reimbursement models available there, it makes sense in some areas that the county...the rural access hospital is kind of the hub for some of the EMS services anyway, that these could even be multiple counties that would go together into some sort of an ambulance district that would come to this hospital. I think what you've seen, and the Beatrice area is a pretty good model of it and

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so is Cass County, that if you get to where you can have at least some paid people there, then you're having a higher level of care. You're having paramedics that can bring advanced care out to the ambulances coming in, so you're getting a higher quality of care sooner to those patients, which will improve outcomes. In our area there is no ALS. I mean, we go to a critical access hospital. ALS is at least an hour off...they generally come to the hospital, or you're talking about a helicopter which is 45 minutes off. So to get that advanced care out, I think you're going to have to see some paid professionals in rural areas to supplement volunteers or other parts of the system. [LR298]

SENATOR CRAWFORD: So if this happened in your county...then would you see your own county working with other surrounding counties in a hospital arrangement? Or what would you imagine would happen in your own county? [LR298]

BRUCE BEINS: Yeah, I would think so. My county has four rescue services, three that are struggling towns the size of mine, and then one, the larger community where the critical access hospital. I could see that all becoming one service, but not necessarily losing the ambulances in the little communities. If you had a paramedic or paramedics that would leave the hospital and come out and tier, not only would they be able to back up on those times that the volunteers...there's not enough of us to run the ambulance, but they'd bring that higher level care out. But that costs money. Now as a critical access hospital, those EMTs/paramedics can work in the hospital, but they're only reimbursed critical access hospitalwise while they're in the hospital. [LR298]

SENATOR CRAWFORD: Right, right. [LR298]

BRUCE BEINS: And so once they go out that door, they're no longer...the hospital no longer gets that reimbursement. Now you'd be on the county's dime or whatever you could bill. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

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SENATOR KOLTERMAN: Yeah, I was just curious. We've alluded to the...several models, Beatrice was one and Cass County. Are you...we didn't really talk about those models as a total package. Are you familiar with Cass County and how that's working? [LR298]

BRUCE BEINS: I'm not familiar with how successful it is as a business model. I'm familiar with how they're set up and how that's working, but I don't know as far as financially, how that's working. [LR298]

SENATOR KOLTERMAN: Okay, and then in your district, in your area you say you have four small...or three small communities and one larger...is that Alma? [LR298]

BRUCE BEINS: Alma would be the larger. [LR298]

SENATOR KOLTERMAN: That would be your closest one? And that's where your critical access hospital is at? So what is that, 12 miles away? [LR298]

BRUCE BEINS: Right. Yeah, for us it's 12 miles. Depends on where we pick up within our district. [LR298]

SENATOR KOLTERMAN: Okay, thank you. I'm just curious if somebody's going to address the Cass County model. Okay, thank you. [LR298]

SENATOR HOWARD: Senator Crawford. [LR298]

SENATOR CRAWFORD: Thank you, and again, thank you for coming here with multiple hats. So I'm going to ask you a question with your...from your instructor role. So how would you respond to the proposal that the instructors would be held accountable for their pass rates or there would at least be transparency on pass rates for EMS instructors? [LR298]

BRUCE BEINS: I've got no problem with transparency at all. As far as the percentage of pass rate, I enjoyed a very high pass rate. But if you're going to require that, then let me choose my

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students. (Laughter) Because when you're teaching for a college, so forth, there's no discrimination. That person...I've seen people come into my classes that can't read. [LR298]

SENATOR CRAWFORD: Right. I hear you. [LR298]

BRUCE BEINS: And so, unfortunately, some of the training agencies exclude people through the process of the class and never even allow them to take the National Registry test and some for good reasons. I mean, they've got to study. I mean, you can't just show up and be an EMT. Not everybody should be an EMT, just like not everybody can be a doctor who wants to be or a lawyer that wants to be. I mean, it takes some dedication, some study, and you've got to be motivated. And as an instructor, that's number one, is you've got to motivate them early on that this is important stuff and they really want to learn this. You've got to make them want to do it and not they're there because their captain said you need to go take an EMT class. [LR298]

SENATOR CRAWFORD: Thank you. [LR298]

SENATOR HOWARD: Any other questions? Senator Davis. [LR298]

SENATOR DAVIS: With regard to the classes, and we did hear that 12 of 12 failed, which to me, speaks very poorly of that instructor. [LR298]

BRUCE BEINS: Very much. [LR298]

SENATOR DAVIS: And coming from Hyannis and knowing how costly these classes are, does it make sense for us to essentially put the onus of educating those people on the community colleges and say you will do this? Since they are recipients of significant amounts... [LR298]

BRUCE BEINS: I've got in trouble before (laughter) by commenting about the community colleges per se. This has been years ago, and maybe I've modified a little bit, but my comments at a state board of EMS meeting was that the training agencies are not concerned with pass rates. They're concerned with getting butts in the chairs, so not only do they get that piece of the pie, because they've taught more people, than they are with actual outcomes. And the reason I said it

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at the time was is because as an instructor, the last class was the practical skills testing, and then as an instructor, I was done. Then the students had to go on and take the National Registry test. And it was all set up for them, all they had to do was pick up the phone and set their date and go take the National Registry test. But if they struggled, there was no process of remediation, there was no tutoring, there was no anything for them. I've had students get a hold of me, want to know if I would come do a study night or two with them to help them get ready, which I was glad to do on my own time. But as far as the college goes, you were done. Now, some of the colleges have changed since then. There is a lot of them now that will allow the instructor...pay the instructor extra hours to do a little mentoring, but there's no plan. I mean, there's no plan that I know of from any of the training agencies, that what do we do when they fail the National Registry test? I mean, there's not the okay, this is what we're going to do to get them up and...because they can take that test up to three times. So I think that's an important part of it. I mean, number one, they need to go take that test within a week or 10 days of finishing that class, there's no reason they can't. [LR298]

SENATOR DAVIS: And we heard some testimony that it takes months...if you fail the class, it takes two months or three months, I believe. [LR298]

BRUCE BEINS: If you fail the National Registry test, there's a waiting period before you can test again. And I can't tell you exactly what that is, it's like 30 days or longer. [LR298]

SENATOR DAVIS: And I didn't follow... [LR298]

BRUCE BEINS: But from finishing the EMT class to taking the National Registry test, it's just a matter of distance. You have to go to a testing center...it's computerized, just like all the other healthcare professions. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony today. [LR298]

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BRUCE BEINS: Thank you very much. [LR298]

ROD RENKEN: Hello. Thank you for letting me come today. I'm Rod Renken, R-o-d R-e-n-k-e-n. I'm probably in a little bit of a unique circumstance, we're trying to start a new program in Fillmore County. But I'm here representing Geneva Rescue Squad, and my fire chief probably would kill me if I didn't mention this: he thinks the National Registry is wrong. He doesn't think we should have it, and from the fire chiefs he's talked to, they agree with him, is what I've been told. I personally believe we need national standards. I am an EMT instructor. I'm also a paramedic with Fillmore County Hospital in Geneva and I run...as an EMT, I guess you would have to say on Geneva Rescue, because it's not an ALS rescue service. As an instructor, I agree with Bruce. If you want percentages...my pass percentages, and I have a reasonably high pass rate, but I don't get to select my students. I teach for ALS, and I know...I think the circumstance that was testified to earlier has been remedied. Number one, I don't know the students, but now, to teach for ALS, the student has to maintain a certain grade point average through the class. If they drop below that, they have one test after that, and if they don't get it above that average, they're out of class. And that puts a little bit of the responsibility on the student themselves. On the training side, I took EMT class when it was 80-hours in 1977. I don't believe that those people were less trained than the 160-hour people today. They went...they go a lot more in depth in a lot of the stuff that we are trained. And we have a lot more equipment, which if you look at it, we have a lot more equipment today than we used to have: automatic blood pressure cuffs, pulse oximeters, 12 lead EKGs, the new autopulse. And all of those, yes, require some training, but if you look at it, unless the instructor insists that people maintain their skills, why should I know how to take blood pressure? I just put that machine on. If I know how to put the machine on, I got a blood pressure, I got Pulse Ox. My thinking is that I don't want lesser care out in the rural area, but we cannot figure we're going to have advanced life support in a town of 1,200 people as paid personnel. It's not cost effective. The government can't pay for it, I mean, the government is us. We're going to have to pay for it if we want it. But I think if we have educational standards, say, go back to an 80- or 100-hour class, that we teach really good the basics and the skills needed to take care of patients 15, 20 minutes, a half-hour, which for us, that would be an average call or a little over an average call. In our county, that would probably be an average call, and get them to a hospital. And then have classes for the 12 lead EKG. If your squad is going to be doing transmissions of 12 lead EKG, have specific classes and certification

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for that class that you can put on your squad. They did that at one time with advanced airway. They did it when they initially came out with the AED...that this is a 20-hour class that the squad can take as a squad and update their licensing or their certification. I don't want it to come across that I am saying I want lesser trained people in the field. I don't, but I think some of the requirements and some of the depth we're going into today is way too deep. I think we need, as a state, the paracommunity, paramedicine program, which has kind of been shaded in here, I think is a program that our hospital...I don't think we're looking at it, but I think we will be looking at it with our medical director. And that would be having a tiered system out of a critical access hospital, where a paramedic would meet EMS at their community. In our case, the furthest one away is probably 15, 18 miles, so a call would go out and it would be a tiered response. Right now, we don't do that, and I don't know, I mean, the hospital is looking at it or has talked about it with the medical director, but that's about as far as it's gone, so... [LR298]

SENATOR HOWARD: Thank you. Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Yeah, thanks for coming and thanks for serving. You indicated that when you originally took the test, it was an 80-hour test. [LR298]

ROD RENKEN: Class, yes. [LR298]

SENATOR KOLTERMAN: Class, excuse me. Did you have to then go in and recertify and take the additional classwork? Obviously, you have. [LR298]

ROD RENKEN: I have, only because I'm an instructor. To be an instructor in the state of Nebraska, you have to be nationally registered. [LR298]

SENATOR KOLTERMAN: Okay, but if I was...I took that same 80-hour class and I got certified, could I still be an EMT if I kept up my continuing education, without going through the 180 hours? [LR298]

ROD RENKEN: Yes. To my knowledge, you could, yes. [LR298]

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SENATOR KOLTERMAN: Thank you. [LR298]

SENATOR HOWARD: Other questions from the committee? [LR298]

ROD RENKEN: Now, could I go further? But those people who took that 80-hour class, we did do an AED class, we did do advanced airway class, and those were on top of that. But those aren't included in the EMT 160-hour class today. The AED is, but... [LR298]

SENATOR DAVIS: So do you think the continuing demand for more hours is driven by, essentially, the paid EMT squads in the country? [LR298]

ROD RENKEN: I guess my thinking is...I hate to say that it's pushed by that, but to become...I'm a paramedic, so, and I went and did that on my own and I paid for it out of pocket, but that's because I have the passion. And people who are in the community in EMS have the passion to take care of people and they want to do the best they possibly can. And they need the training to do that, but if we take that training too far, then people are saying I can't take that much time away from my family. I mean, you know, I don't...my job and my family, no, I'm not going to do it. But if you can break it up and have the same amount of training available to squads that want it and need it, I think it's a viable option. [LR298]

SENATOR DAVIS: And you heard Mr. Scamehorn talk about the membership on the board, essentially, which is, I think, maybe four volunteers on that board. Is that sufficient? [LR298]

ROD RENKEN: I think that the problem with it is it probably goes by district and where the biggest population is. And that does not give a good representation of small, real rural areas, which I can't even confess to be...I'm in a town of 1,200, but we have a critical access hospital. So I don't have the problems that some of these people have talked about. We have a larger...we have 111 square miles that we cover, but we have small communities that...the longest distance of the communities in our county is about, well, from the end of their district, maybe 20 miles to the hospital. And that would be a long call. So I don't think it adequately represents those smaller areas, just because the population is not there to support it. You know, I mean...and that doesn't...that means we probably don't see their side of it as well. [LR298]

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SENATOR DAVIS: So would it make sense to try to, perhaps, redraw that and assure that some very sparsely populated people are represented on that board, so they can speak to the needs of those areas? [LR298]

ROD RENKEN: I think it would be. The problem then you run into is a lot of these people are using their own time to be here, like myself. I mean, they take time off to come to this hearing or come to those board meetings, and most of them, honestly, would do it in a heartbeat. They wouldn't think about it. [LR298]

SENATOR DAVIS: Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony, Mr. Renken. [LR298]

ROD RENKEN: Thank you. [LR298]

SENATOR HOWARD: Our next testifier. [LR298]

RHONDA MEYER: Thank you for allowing me to testify today. My name is Rhonda Meyer, R-h-o-n-d-a M-e-y-e-r. I'm a volunteer for Blair Volunteer Fire and Rescue. I am a registered nurse. I've been a nurse for 29 years. I work for CHI Health in Omaha, Nebraska, and I do live in the rural community outside of Omaha, Nebraska. I have been an EMT since 2002 and a volunteer firefighter with the Blair Volunteer Fire and Rescue, and I currently hold the office as rescue chief for that department. I feel very strongly with regards to the education that the EMT obtains out in the field. I have a situation where I also own property in the rural community, next to me. Our community is 8,000 people, but the town of 300 next to me is the village of Herman, Nebraska, that I own property and my children live there. They struggle. They have about 40 calls per year. They currently have 16 members on their department: they have three EMTs and one EMR in the department. They rely heavily upon the other areas in the community, and they struggle with education. My son is a person that took the EMT class, he did very well, both him and his wife. They scored 90s-plus on their test that they took, completed all their pre-things that they needed to take the National Registry, and then when it came time to take the National

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Registry, there was a delay. So like they said, you have to wait for your instructor to push it out to National Registry that you can take the test, then once you can do that, then getting to the site where you can test, and getting those dates taken. When they took the test, of course it's a computerized test and you have a time limit. And so, you're pushing the...okay, I've got to answer this question, and instead of having the time to be able to think through that question, which we have all different populations of learners here. Some are quick learners. We have our younger population that work on computers, but some people need to digest what they're learning and what they're answering to those questions and that can be a challenge to them. And so he personally felt that as he was taking that test, it's like I've got to take the next question, I've got to take the next question, because I only have so much time to do it. Even though he knew the answers, the right things to do...he's very strongly minded. I mean, he's been in the fire service for a number of years, his dad was a fire chief, I'm a registered nurse, I've been involved with EMS service...emergency services for years. He came and asked questions. He knows everything, but he didn't pass the test. Then, once again, you have to wait for that period of time in order to get your path from the National Registry before you can test again. And that amount of time in between there, they work full-time, they have kids, they have families, that takes away from a lot of it. I currently, as the rescue chief of the department, I have new members on the department and they want to take the EMT class. They want to be that, they want to be the volunteers, they are involved. They work a lot at the fire service, we do training in-house. They come to the EMT trainings that we have for all of our members on the department that we have in-house, which is excellent. But to dedicate two nights a week, like everyone else says, and a Saturday a month for a three-to four-month period of time--working in rural communities where we have farmers, we have the industrial community to be able to get out of work on time--are there other options for them to be able to have their training and their education with what's happening there? Can we do something that maybe isn't on-line, where it is like a telehealth thing with the tele-education, where you have your classrooms and you meet periodically together? So just like those people in Merriman that had to travel an hour one way to go do things, could they do a lot of that over the communication, where they're meeting in one central location and then having that available to them to provide that services? I talked with my medical director in regards to the concerns that we have. A lot of people don't like going on calls because of the amount of time it takes to do the paperwork. For us, the hospital...we live in town...the hospital, our average response time to a call...I ran that, is six minutes to be out the door and en

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route to the call. And that's a volunteer service and I think that's pretty well. Our goal is to be less than four, but I've been seeing trends where we've been improving that as I've been in this role over the past year. But as we go through that, and then I have to spend all this time, because I have to have my paperwork submitted...with my people that took that 80-hour class, when we first started it was a paper form. You did your check marks. When I was in the emergency room, I had a copy of it right there. I did my tallies. I could identify if they were a trauma patient, and I got all that information right there, right then and now. Now it's taking an hour-plus time to do that. And now we're going to NARSIS Elite, which is great, they need that for the statistics for the state, but it's taking more time to get that training involved. I've been working for two and half months to try and get someone from the state to do the training. We've contacted them multiple times, with the DHHS, well we have a new person there, I'm involving that with it. I finally got a hold of him and he said, well, there's a person in your community that does it. I'll work with that person in my community, but we have to have this up and running by the end of the year. And then all these people trained on this process. And that's what drags people down with wanting to be volunteering in the community. I have the volunteers out there, they want to be involved. They do the right things. Do we need a paid service for that? I really don't think we need the paid service. I went to my medical director, and he says, well, you guys really need to be a paid service, they're asking the EMTs to do too much. And it's like, no, they're not. They're doing what they need to do: they're doing the assessments, they're asking the questions, they're finding out what needs to happen, they take care of that trauma patient. You got a code 99 or a cardiac arrest patient, they're in synchrony with what needs to happen for those patients, and that's the education that we provide. Yet those people outstate, that are out there in Alliance, they need to be able to afford the opportunities to have that education to them also so that they can have that continuing opportunity, just like my neighboring town of Herman. They need to have that opportunity there. A week ago, my brother-in-law and my son came to me in the alley, and he come flying up the street. He called me first...mom, get in the truck, Uncle Merle's blue in the alley, he's not breathing. So I got in the truck, went up there, they're trying to reach 911 dispatch. I said, Justin, go get the rescue squad, he's on the fire department, go get the rescue squad. He did. We continued emergency efforts there, he got the squad, the department came. Neighboring department was there within 7 minutes, it's a 10-mile drive...was there within 7 minutes. And that was heaven when I saw the eagle on my squad there. All the work that we were doing there, the eagle on the squad, for those people that had the advanced skills, that were all volunteers that

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came to the service of that individual. He didn't make it, but we did every effort we could as being volunteers in that community, and that's what we're about. Thank you. [LR298]

SENATOR HOWARD: I'm so sorry for your loss. [LR298]

RHONDA MEYER: Thank you. [LR298]

SENATOR HOWARD: Are there any questions for Ms. Meyer? Thank you so much for sharing with us. [LR298]

RHONDA MEYER: Thank you. [LR298]

SENATOR HOWARD: Good afternoon. [LR298]

ERIC WILLIAMS: Good afternoon. Eric Williams, E-r-i-c W-i-l-l-i-a-m-s, also from Geneva. And I'm here representing Fillmore County EMS. I'm also one of those veterans that took the National Registry a long time ago and wasn't able to keep up my hours so I sat through the course again. I am fortunate to have had two of the gentlemen that testified ahead of me as my instructors, Bruce and Rod. On the educational side of it, I'll just say they both left me with the feeling and knowledge that I needed to continue my training for as long as I was going to be an EMT. There was always going to be something new to learn and things to do. As the EMS coordinator in Fillmore County, which is kind of a unique position, I help seven other departments, and mostly what I do is the bureaucratic part of working with HHS: trying to help each department meet the requirements of their training, licensing, and all those facts that they have whenever they get a letter from HHS...I'm there to help them. And we have quite a diversity of calls. Geneva does about 120 calls a year, and we have 1 department that did 6 last year. And we have departments that continually have needs for EMTs. What we've decided to do as part of our issue...because we've had some EMT classes where we didn't have a very high pass rate, but we believe we had good instructors, so what we're actually going to do is offer the EMR class and get people's foot in the door with the education and then bridge up. That's our approach at this time. I think you've heard it a couple of times today, you know, we realize that there's an issue, but we don't really belong to anybody. I don't know how many times I've been before a

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rural fire board or, you know, the county, or the village departments, and the first thing they say is, hey, we'd love to help you, we love what you guys do, but we're not obligated and we're stretched pretty thin the way it is on finances. So I think the first part of the problem is somebody has to be responsible for the problem, whether that's county or however you guys decide to make it out. [LR298]

SENATOR HOWARD: Thank you. [LR298]

ERIC WILLIAMS: All right. [LR298]

SENATOR HOWARD: Any questions for Mr. Williams? [LR298]

ERIC WILLIAMS: All right, thank you. [LR298]

SENATOR HOWARD: Thank you. How many more testifiers do we have in the room? One, two, three, four...Gary, you've already gone. (Laughter) Okay, all right, we'll keep going, then. [LR298]

JIM PETERSON: (Exhibit 14) Good afternoon, now, Senator, and thank you very much for allowing me to testify and having this hearing. My name is Jim Peterson, J-i-m P-e-t-e-r-s-o-n. I'm a Cass County commissioner, third term. I apologize that I've only submitted three copies of our Cass County assessment, however, I will make sure that the full committee does receive a copy of it. Unfortunately, Senator Kolterman, who asked to have some information about Cass County's model, I'll have to talk to him personally. As a commissioner, I am the one that was responsible for doing the research originally into the Cass County EMS product that we have today. I live in Eagle, Nebraska. I've lived in Cass County the majority of my life, and I've been in the property and casualty insurance business for 41 years. I say that, because that was the primary reason why I became interested in examining our situations with our volunteer fire and rescue in our community. In June of 2012, one of my clients experienced a fire at his home, and unfortunately, the fire occurred during the daytime hours and we didn't have any volunteers available to handle the fire trucks and respond. However, our mutual aid agreements with our community is that they did respond, however the home was a total loss. Because of that, I

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decided I wanted to do some research into the volunteer fire and rescue. My friends, my neighbors, my relatives, had served on it. I had not been a volunteer EMT or fireman in my life, but I did some research with them, and talking it over with them, there was no doubt of the stress that they were under, trying to perform their duties for our community. Some of the things that I found out when I started doing my research was that Cass County is an unusual county in many respects, and that we have our population of 26,000 people. However, in the summer months and at different times, our population can bloom up to 75,000 to 80,000 people. In Cass County, we have the Mahoney State Park, we have Platte River State Park, we have Louisville State Park, we have the Air museum, we have I-80 going across through our community, we have 2 racetracks, and on weekends are at capacity. So the rural departments are under a lot of stress in order to provide the services that are needed. In doing the research, I've found that the Nebraska Department of Health and Human Services had a grant program available that we could apply for, and that they would come out and do an assessment of, in this case, our whole county. I took this to our Cass County Board of Commissioners and they unanimously approved the request to apply for that grant. We received it. I cannot say enough good things about the experiences we've had with working with the Nebraska Department of Health and Human Services, specifically, Dean Cole and Deb Kuhn. With their assistance, we were able to begin the program. The program with DHHS is, is that they actually contract with the company and the company comes into your county and performs the assessment process. We began in April of 2013, and I won't go into all the particulars about all the meetings we had and the interviews we had and the community gatherings to get all the information we could, before we got to the point of designing a program. The program we went from the....back in April 2013 to where in September of 2014, we had come up with the model that we felt that would be appropriate. And that model was to take the board of commissioners to start up a separate Cass County EMS program. We were able to hire Dr. Ernest to be our county medical director. We proceeded to hire our full-time paramedical people, we hired part-time EMT people, and the board funded the project in the nature of around \$300,000 with the use of the inheritance tax fund. Cass County has been very judicious at handling of the inheritance tax funds. We don't put that money into our budget every year for our mill levy, and so we were able to fund it. That is one of our major concerns is that...and you've heard that testimony already today, is that we really have a lack of a proper funding mechanism for providing EMS services, and I think that must be addressed. Cass County doesn't have a hospital. All of our people are either going to Omaha, to Papillion, or to

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Lincoln. In the southeast corner, they'll be going to Nebraska City, and so it's a real difficult situation. But our program has been very successful. As we were speaking today, we had three calls for our ALS people, that are located in the central part of the county. So we are very, very busy, and the program has been working very well. [LR298]

SENATOR HOWARD: I'm going to stop you right there, just to make sure there aren't any questions. [LR298]

JIM PETERSON: That's fine. [LR298]

SENATOR HOWARD: You have any questions for him? [LR298]

SENATOR KOLTERMAN: Yeah, the questions I have...you said it cost...you took \$300,000 out of your inheritance moneys that the county has, which is discretionary moneys. [LR298]

JIM PETERSON: Correct. [LR298]

SENATOR KOLTERMAN: What are they going to do next year? [LR298]

JIM PETERSON: That's this year, and from the original \$300,000, we had about \$150,000 to \$160,000 of it that we felt was going to be necessary for the purchase of equipment and all the things that we need from that standpoint, and the rest was going to be salaries and that type of thing. We started the program in January of 2015, going from 6:00 a.m. to 6:00 p.m. We...by June, the demand for our services from our communities had increased to where we changed the program and went from 6:00 a.m. to 10:00 p.m. The demand has continued to grow and we are...within this particular budget year, we have changed the program to go to 2:00 a.m. and we're doing that 7 days a week. Now, that of course, had a major effect on our budget, and this year we have budgeted out of the inheritance tax fund \$400,000. [LR298]

SENATOR KOLTERMAN: Now, you're talking...on these hours that you're talking about, those are all paid people that you're using? [LR298]

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JIM PETERSON: We...yes, we have paid paramedics and we have paid EMTs that ride with those parameds. The EMTs are limited on the number of hours, so they're not into the full-time category, but whenever we respond to a call, we have a full-time paramed and an EMT riding in our vehicle. [LR298]

SENATOR KOLTERMAN: That are paid? [LR298]

JIM PETERSON: Pardon? [LR298]

SENATOR KOLTERMAN: That are paid? [LR298]

JIM PETERSON: That are paid. [LR298]

SENATOR KOLTERMAN: And then on top of that, do you have volunteers that would ride with them as well? [LR298]

JIM PETERSON: No, the volunteers...and this is what I think is one of the neatest parts about our program in Cass County, is this is a team effort. This is a program that we're working with our communities. We have 10 different rescue departments within our county, and we have an interlocal agreement with those communities to provide the transport of those patients. We respond to provide emergency medical services to help save the lives and ride with them to whatever hospital the patient is going to be transported to. [LR298]

SENATOR KOLTERMAN: So you haven't diminished the need of the volunteer. You've just added another layer of... [LR298]

JIM PETERSON: Absolutely not. I...well, you can see what the cost of the program is...the number of hours we have now, which our citizens really have come to us and asked us to do it. Without the volunteers, without our communities, without us all working together to be a community, the program wouldn't work. [LR298]

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SENATOR KOLTERMAN: What is the transport time...you know, your closest hospital, you say, Nebraska City? [LR298]

JIM PETERSON: No. Senator Kolterman, it's going to take...it can vary, because if you're in the northeast quadrant...and I happen to forget, in the northeast quadrant Plattsmouth is located, and they have a full-time paramedic department...full-time ALS service. But people that live in that area of our county, more than likely go to Bellevue Hospital or to UNMC. If you're in the central part of our county, in the Louisville area, you'll probably be transported to Midlands in Papillion. If you're from Highway 50 on to the west, you'll probably either go to St. E's or to the Bryan West Trauma Center. And you're always going to be looking at a minimum of a 20-to 25-minute transport. The problem we were having in within our county was that when a call was dispatched, especially during the daytime hours, our volunteers who really wanted to do a good job, just weren't there. We're a bedroom community...or a bedroom county. Our citizens either work in Omaha or Lincoln for the most part, so there's at least 12 hours a day that are extremely difficult. [LR298]

SENATOR KOLTERMAN: The other question...can I? [LR298]

SENATOR HOWARD: Oh, yes. [LR298]

SENATOR KOLTERMAN: Thank you, Senator. The other question that I have is: the first year, the cost of the county was \$300,000 this year? [LR298]

JIM PETERSON: It actually didn't go that high. We just budgeted approximately that amount. [LR298]

SENATOR KOLTERMAN: Well, but you budgeted \$300,000. [LR298]

JIM PETERSON: Right. [LR298]

SENATOR KOLTERMAN: This year it was \$400,000. Is that primarily for just the staffing or does that include the equipment? [LR298]

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JIM PETERSON: Everything. It's the complete budget. [LR298]

SENATOR KOLTERMAN: Did you have to go out and buy new equipment? [LR298]

JIM PETERSON: Oh, yes. We were...we have purchased vehicles. We're actually building a new facility for storage of our vehicles, so that they're out of the climate, so that our drugs and then all of the paraphernalia are not in the freezing temperatures. So, yeah it's... [LR298]

SENATOR KOLTERMAN: So that was all done by the county? [LR298]

JIM PETERSON: Yes, it was. [LR298]

SENATOR KOLTERMAN: And you didn't do any bonding...bond issue to get the building, or anything of that nature? [LR298]

JIM PETERSON: No, we did not. We did not, and we don't charge for any of our services. The transport agency...that community, they get to do the charging and that's...so far it's worked out really well. Am I afraid or am I nervous about the future? You know, there's a lot of pressure on the inheritance tax fund, there's a lot of pressure on our taxes, but we feel that we are properly financed to go a long time in the future. But we do need help from the state Legislature in finding ways to take...finding ways to pay for these programs that are not included in the mill levy, and I think that's our biggest concern. And especially in a county without a hospital, we're very limited and I believe, you know, back when those laws were established, things were different and I think we need to reexamine it at this time. But as far as the education...I would like just to hit that real quick. I was a teacher prior to being an insurance agent. You and I both know what it's like to become an insurance agent, but you have to go to school and you have to take continuing ed after you have your license. If you're a real estate agent, if you're a lawyer, if you're a doctor, you have to continue to take classes and continue your education. And I personally am against lowering the educational requirements. And believe me, I'm on the side of our volunteers, but I know things are changing. Medical services and the types of care that they provide are changing and improving. And if we're not keeping up with all those changes, then

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how do we know...how do they know that they can save someone's life when they arrive? And so, I would not like to see that change. So... [LR298]

SENATOR KOLTERMAN: Thank you. [LR298]

JIM PETERSON: Thank you. [LR298]

SENATOR HOWARD: Any other questions? Seeing none, thank you for your testimony today. [LR298]

JIM PETERSON: Thank you. [LR298]

SENATOR HOWARD: If you plan on testifying, if you'd want to come up to the front and be ready, that would be great. [LR298]

CHUCK HAMERNIK: (Exhibit 15) Good afternoon, Senators. My name is Chuck Hamernik, H-a-m-e-r-n-i-k. Yes, that is my big brother in the back. I am the mayor of Clarkson, Nebraska, have been for 17 years. I'm also a volunteer firefighter and EMT for 36 years. Almost 37 years ago, I took an EMT class. It was an 81-hour class with 10 hours in a big city emergency room. Today, the class time is essentially double that. Thirty-six years ago, the state of Nebraska had their own EMT test. It was closely related to the study material and nearly everyone passed the test. Today, Nebraska uses the National Registry test and hopefully, your instructor covered all the material that could be on that test. There's multiple tests that can be made available and hopefully, your instructor did that. But today, many that take that new improved test fail and fail again and then quit forever. Is a 160-hour EMT twice as good as me? I've been doing this for a long time and book smarts are just a small part of the whole picture. My dad was one of the founding fathers of the Clarkson Rescue Squad. He took a 30-or 40-hour Red Cross class and served our community for over 50 years. If I was hurt, I would have wanted him in the back of that unit. A cool head, compassion, and reassurance are hard things to teach, but essential on a call. HHS keeps raising the requirements, qualifications, and recordkeeping to become and maintain an EMT license, and then they turn around and tell us that recruitment and retention is a local problem. In addition to taking that initial class, there are also additional class times that

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you would have to take to do a...to run an automatic defibrillator. These...I'm sure there's one of these in the hallway here, there's one in our high school, they're at the airport and any "Joe Blow" can...any "John Q. Public" can go run the thing, but as an EMT, I had to take a class, I have to recertify every six months. Same goes for blood glucose monitor, EpiPens and a bunch of other add-ons. Even this little O2 monitor requires me to take a class. You can buy this at Walgreens for \$14 and an Emergency Medical Responder, an EMR, can't even use this simple thing. I guess what I'm trying to say is that I think HHS is a little out of touch. They might know how things are going in Omaha and Lincoln, but they are way out of touch with rural Nebraska. They want to turn us all into paramedics, but I don't have the time for that. My community can't afford a paid squad. We don't need EMS districts with levy authority and governing boards, that is more and more government. It makes more sense to me to support the current volunteer system that has been working for more than 50 years. If we have the support of the state level, the county level, along with our existing local support, we would do just fine. We need common sense. Local control is always best. We aren't Omaha and Lincoln, we're a town of 650 people, we take care of our own. I've missed Christmas and Thanksgiving dinners because I've been on calls. I've missed my kids' birthday parties and other things being on calls, but that's the price you pay for being a volunteer firefighter and EMT in rural Nebraska. And I don't mind paying that tab for my friends and neighbors. Attached...my brother distributed the survey and I wanted to point out one of the comments I took verbatim out the survey, just because I think it hits the nail on the head: "Daytime help" ...and here it is verbatim, I'll be quick..."Daytime help is a big challenge, as most our EMTs work out of town. We have had some interest from members to take the EMS training, but the commitment is great. We have EMTs who took the 81-hour course, the 110-hour course, the 160-hour course; and I still believe we have EMTs who had the initial 81-hour course who can treat patients and save lives just as well as the 160-hour EMTs. A big reason why we cannot get people to take the training is the time commitment. There's also the push to be...for ALS services to take over in some of rural Nebraska. I don't think it is acceptable to our residents to have to wait 30 minutes for ALS when a BLS squad can be there in one-third, or at worst, one-half the time. BLS has worked for years to save lives and get patients comfortably to a higher level of care. Somewhere along the line, people have lost their way. I still believe in ABCs, package and transport" is the way to go. Any questions? [LR298]

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SENATOR HOWARD: Thank you, Mayor. Are there any questions? Between you and your brother, you've got everything covered then. [LR298]

CHUCK HAMERNIK: Well, he's on the school board and I'm the mayor, so... [LR298]

SENATOR KOLTERMAN: I have a question. [LR298]

CHUCK HAMERNIK: Okay. [LR298]

SENATOR KOLTERMAN: Who's running the shop in Clarkson, today? (Laughter) [LR298]

CHUCK HAMERNIK: Nobody. Our little brother is on his way back from Guam. He's with the Air National Guard. He's been in Guam for almost four weeks, so... [LR298]

SENATOR HOWARD: Thank you for your testimony today. [LR298]

CHUCK HAMERNIK: You bet. Thank you. [LR298]

JESSICA KOLTERMAN: Hello. [LR298]

SENATOR HOWARD: Good afternoon. [LR298]

JESSICA KOLTERMAN: Senators, my name is Jessica Kolterman, J-e-s-s-i-c-a K-o-l-t-e-r-m-a-n. I come here for you today on behalf of Nebraska Farm Bureau Federation and our 60,000 members across the state. Basically, we have had a lot of interest in this issue over the last several years and our members are in the process of developing policy through our policy process...which we'll have our annual convention in December. And so it's my expectation that as the session gears up, we'll have something in our policy manual on this topic. The basis of what we're hearing from our members is kind of all the different things you've heard today from different people across the state. There's the concern that there's a shortage of volunteers and it's not for lack of wanting to volunteer, it's because of the requirements and also the challenges with the test taking, and so that's been brought to our attention. We also learned recently about...I'm

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going to call it the paperwork challenge. So if you are...I'm just going to take myself...if I live in Seward and I am in town and I work at a retail establishment on the square and my employer is very supportive of these programs and he or she gives me the flexibility to, you know, run out when there's a call...it works for them when, you know, it was a 45-minute to an hour process. But now with all the paperwork that has been piled on over the years, you're talking about somebody being away from their establishment for two to three hours. I grew up in a firefighter family, and funny story, I was left in front of the TV with cartoons as the baby sitter when there was a call. Well, if a parent is going to run out for three hours, you know, those kind of situations can't work with the neighbors watching you. Another challenge that was brought up yesterday, one of my members called me, she was very upset about a situation that happened in their community with their local fire department going out...EMTs, and an accident, you know, as you hear about. And she had said that there were some members of their team that were going to quit because they were concerned about it. She told me this story, it happened in the last, I think, six weeks, but they brought in a service called CISM, the Critical Incident Stress Management Program, and she was just so complimentary of that program. She said it really helped their local people work through some of the challenges of kind of a posttraumatic stress situation. And so she wanted me to emphasize the importance of programs like that and the importance of the state supporting such programs. Finally, I think the overall challenge you're going to see is local communities that are trying to support these programs and not feeling like they have support from the state. And so our members certainly appreciate whatever you can do to support and help these people in the rural communities that are giving their time and energy to help their friends and neighbors. I'd be happy to answer any questions you have. We certainly stand ready to work with the committee as you move forward. [LR298]

SENATOR HOWARD: Are there any questions? [LR298]

SENATOR KOLTERMAN: I have one question. [LR298]

SENATOR HOWARD: Senator Kolterman. [LR298]

SENATOR KOLTERMAN: Jessica, who handles CISM? Who administers that program?
[LR298]

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JESSICA KOLTERMAN: I am not sure who administers it, but I will be sure to get you that answer. [LR298]

SENATOR KOLTERMAN: Thank you. [LR298]

SENATOR HOWARD: I thought you were going to ask her something tougher than that, like who's the best dad ever? [LR298]

JESSICA KOLTERMAN: Or who left you in front of the TV with the cartoons? (Laughter) [LR298]

SENATOR KOLTERMAN: That would be called child abuse today. [LR298]

SENATOR HOWARD: Yeah, or who left you in front of the TV? Any other questions? Seeing none, thank you for your testimony today. [LR298]

JESSICA KOLTERMAN: Thank you for taking your time on this issue. It's an important one to our state. [LR298]

SENATOR HOWARD: Thank you. Our next testifier. [LR298]

TIM WILSON: Hi, my name is Tim Wilson. I'm the chief of Syracuse Rescue Service in Syracuse, Nebraska. [LR298]

SENATOR HOWARD: Will you spell your last name for me? [LR298]

TIM WILSON: Wilson, W-i-l-s-o-n. A lot of what I have to say is repeats. In addition to working at Syracuse Rescue, I should also state that I am a paramedic and work at Phelps Memorial Hospital in Holdrege as well. I am not representing them at this time. A lot of what...that has already been said is basically what I agree with. The education standards I think are paramount. We're holding our profession, and regardless of if we're volunteers or not, there's someone paying that workmen's comp insurance. At some point in time, we are an employee of some

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entity, whether it's our own entity or the city or county, so we should be held to a standard. There's workmen's comp, there's liability issues. Healthcare is moving more towards the EMS side. We're looking at STEMI programs where we transport directly from the scene to a CATH lab, rather than going to a critical access hospital, if you have that capability. And obviously, not every service is going to be able to do that, because of the basic life support versus advanced life support. My particular service is a stand-alone service, meaning we are not part of a fire-based service. We are also an advanced life support service and we are also volunteer. The only thing that I pay my volunteers for is when they do a transfer from Syracuse to Lincoln or Omaha hospitals. I will provide them a stipend for the time they take out of their day and from work to do those. Ongoing education should also be a priority to maintain our skills. When we're looking at small squads, especially when I see in the ER and intercepts for some of these smaller services, I do see very well educated and skilled professionals bringing patients to me, and I also see the other half...aspect of that where they're not trained, they're not keeping up their skills, they run the five calls a year. And when I get there, I don't even have a set of vitals to run on. So maintaining some type of standard of care should be important in those situations as well. Some of the things that I see as problems, especially in my local service, isn't the fact that we have a problem with the number of hours in the class, because when we do have dedicated people, fortunately, who do want to do it, the problems that I see is the volunteer pool. We are a bedroom community and they travel to and from work. By the time they get home, they don't want to do anything else. They want to spend time with their family, they want to spend time with their kids, and they don't want to dedicate the volunteer time to the service, especially when they find out how busy that my particular service is. We average one call a day, so anywhere from 350 to 365 calls a year. And it's something that, as was stated before, this is a national problem. Just recently in South Dakota there was a volunteer fire and rescue service that has voted to close their doors come year 2016, citing the reasons of no leadership, aging leadership and decreasing volunteer numbers, as well as funding. And speaking as chief of rescue, I can say that as a volunteer squad, it has turned almost into a almost full-time position for me to manage a volunteer service in the current situation. Funding is always the issue and part of that is we receive no tax funding. I don't get any money...I'll take that back, I do receive...the county does pay the insurance on my ambulances. Other than that, I receive no money from the county. We are a city-owned service by the city of Syracuse, so I have some pressure on here since my city attorney's here. But I do receive no funds from the city as well. All the funds that I get are from the runs that we bill for,

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Medicare being my largest. I do think that we need to have some type of management system in place for EMS. It's not, as stated before, it's not an essential service. We don't have a home, we're volunteer, we can close up and shut our doors tomorrow and we're not here. We don't have that priority. And just some type of home would be nice. I think some accrediting, whether we say that the county is the one who does it and from there they have these different options to say this is where you belong, this is what you're going to provide, this is what the expectations are, would be nice to have, since we don't have that kind of governance right now. We're not recognized anywhere and that would be nice to have in our service. And I think, just we're...since the time is up, that's pretty much it. [LR298]

SENATOR HOWARD: Thank you. Any questions for Mr. Wilson? Seeing none, thank you for your testimony today. [LR298]

TIM WILSON: Okay. Thank you. [LR298]

DOUG DEKKER: Good afternoon. [LR298]

SENATOR HOWARD: Good afternoon. [LR298]

DOUG DEKKER: My name is Doug Dekker, and the last name is spelled D-e-k-k-e-r. I am currently the director of EMS and paramedic programs at Northeast Community College. And as most everyone in this room, wear a lot of different hats. I'm an EMS instructor, this is my 30th year in EMS: 10 as an EMT and 20 as a paramedic. I spent about 14 of those years as a volunteer and was fortunate enough to spend about 18 as a career provider. There have been a lot of things talked about today and I just want to bring up a couple of things. Senator Kolterman, you mentioned early on that you took the 81-hour...80-hour class. I also did that back in...like 30 years ago. At that time though, I don't think you did anything to compromise care, you were given the best training available at the time. Since that time, there have been a lot of advances in medicine. Medicine for EMS is in its infancy. It's not very old. Things that are out there now, that EMTs can do that we could not do back at that time are: using an AED, use of mechanical CPR devices, pulse oximetry, monitoring carbon monoxide without waveform interpretation, monitoring carbon dioxide without waveform interpretation, 12 lead EKG application

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transmission without interpretation, patient-assisted medications including inhalers and nitro and the use of continuous positive airway pressure devices. So there have been a lot of things that have added to the scope of practice. And I understand, one of the earlier testifiers said, you know, have some of these classes and skills be brought on after the initial EMT class. The issue that we have, and I think that most people will agree, the National Registry testing is not going to go away. They are going to be tested on these skills. It is my responsibility as a director of an education program to make sure that the students are provided with this information. And so I need the time to do that. I can't do that in 81 or 100 hours. A couple other things that have been brought up that I just want to clarify. When a class is finished...you hear the testifiers also talking about the paperwork. We have paperwork on the education side too. My particular program has myself and a full-time administrative assistant. When a class comes in, there are 35 pieces of paper that we need to verify have all been completed and requirements have been met before I can certify that someone can take the National Registry test. We typically turn those around in about two days. We've had people who have finished the class and been able to test within...they finished on a Wednesday and we did everything we could to have them be able to test by Friday. We typically turn them around in about a week at the most and then it is on the student to follow up and do the things that they need to do to take the test. One of the things that was mentioned earlier today was about 65 days to get in to pass the test. And if it's the statistic that I think it is, provided by the state, when someone takes that test within 65 days, their chance of passing on the first attempt is much greater than if they wait more than 65 days. Again, it's on the student to take that time to get in there. The National Registry testing is not a requirement of an EMT class. We don't require the person to take that when they're done, it is not part of the class. That is on the student to go ahead and take that next step. We also teach people that are going to many different places, we don't just necessarily teach to people that are going to one service or another. And different services require different things, so we'd still need to get that whole package in there when we go ahead and test the...excuse me, to instruct the folks. Northeast Community College covers about 14,000 square miles, including Ainsworth, where Miss Fiala testified about earlier. I have one instructor west of Norfolk and that's it...that's busy. Much like the EMS services, I have a lot of instructors, some more active than others. So it's been my job over the last three years to try and recruit more folks and I am struggling with that also. One other thing that I just want to bring up, that they talked about the Registry pass rates being pushed onto the instructors. One of the things that I did this year was went ahead and taught a class myself, even

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though I'm the director of the program, I went and taught it. Typically, we've required eight people to be in a class...we're in year two of a pilot where we'll teach for four people, so I taught a class for four people. And of that four, one person has not tested yet, the other three have. Two of the three have passed, my pass rate is 66 percent. If I am going to be an instructor and I know that there's going to be some sort of sanctions or penalties or whatever for me not getting a good pass rate, I'm not going to teach for four people. So I think that can be a detriment to how it's handled. We also have computerized tests that we give to our students to help with the National Registry. They'll take nine computerized tests before they're done. So that hopefully helps them get through to where they need to be. So that's all I have. I do have an answer to one of your questions, though. You asked about the CISM, and that's the Department of Health and Human Services is who administers that program. The folks that go out and do the debriefings as mentioned, they are volunteers. They have peer folks...I served on that committee for quite a while and they also have professionals that go along with them...professional counselors and then two or three peer that go along with them to do the debriefing. And that's all volunteer time also. [LR298]

SENATOR HOWARD: Thank you. [LR298]

DOUG DEKKER: Are there any other questions? [LR298]

SENATOR HOWARD: Any questions? Mr. Dekker, thank you so much for your testimony today. Good afternoon. [LR298]

DARREN GARREAN: Good afternoon. My name is Darren Garrean, last name G-a-r-r-e-a-n. Thank you, Senators, for your time and staying the course. I realize this has been a long morning. Throughout the testimony that you've heard today and for everybody in the room, including, I think, the Nebraska Legislature, I think everybody's goal is to have the best possible patient care and the best patient possible outcome. Those two things being in mind, how do we provide that to the citizens? Throughout this process, Senator, there's been some questions back and forth as far as reduction of hours, things of that. I have to emphasize what Dr. Ernest said and I think being regressive in hours and reducing the requirements of making an EMT, whether it's a basic an EMT or EMR, whatever...paramedic, regressing those hours I don't think is going

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to help in that sense. I do understand that if nobody shows up that the patient care...there is no patient care and the patient outcome will be detrimental. I think everybody understands that. Nebraska Administrative Code chapter...I think it's 11-12-13-14, dictates the different licenses that the state provides, whether it's on an educational aspect of providing a service to the citizens, an EMS agency getting a license, the licensure of an ambulance, things of that nature, and that's all in current Nebraska administrative code and it is pretty thorough. And, you know, the discussion really is them coming out and doing audits, things of that nature. That's all in current code. There were four things that really rose to differences in this LR298 that I saw: one is you have the initial licensure, those hours and going to class and things of that nature at the different levels. And like I said, I don't think decreasing or regressing in those hours is going to help the patient care or patient outcome. You have the issue of the ongoing education and those requirements from the state. Reducing and going regressive in those hours I don't think is going to change patient care or patient outcome. I think we need to keep those at the standard that has been set. Particularly, there is becoming a national standard at the paramedic level. It gives a standard nationwide of what you've come to expect for when you dial 911, what kind of services that you expect and should get. You also have the issue about money. The issue about money, whether it's from the taxpayers, from the county, going backwards into the system that's been discussed or the capture rates of the money coming in. That is a driving force of a lot of this. I think that's one of the things that needs to be discussed. And I think the final and most prevalent aspect of this issue is delivery of patient care. The model has been: you dial 911, an ambulance shows up whether it's paid, volunteer, whatever...they show up, they treat and then they transport. With healthcare reform, there's been some possible changes to community paramedicine that's been discussed. I think there's a paradigm shift in how EMS probably will be delivered, particularly in a rural aspect. And I think the Cass County model that Dr. Ernest and they have provided is one that I think should be looked at in a rural setting. That being said, I wanted to be brief and I thank you for your time. [LR298]

SENATOR HOWARD: Thank you. [LR298]

DARREN GARREAN: So if there are any questions... [LR298]

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SENATOR HOWARD: Are there any questions? Thank you so much for your testimony.
[LR298]

DARREN GARREAN: Thank you. [LR298]

SENATOR HOWARD: Is there anyone else wishing to testify after Jerry? No, okay. Senator Watermeier, did you want to make some closing remarks? Okay. [LR298]

JERRY STILMOCK: (Exhibits 16, 17) Thank you, Senator. I'm Jerry Stilmock, J-e-r-r-y, Stilmock, S-t-i-l-m-o-c-k, testifying on behalf of my clients at the Nebraska State Volunteer Firefighters Association and the Nebraska Fire Chiefs Association. Thank you to Senator Watermeier, Senator Kolterman, and Senator Davis for sponsoring this interim study. Thank you to all of you senators for staying through the duration. I want to make one thing perfectly clear: that the clients that I represent are not advocating for a different test nor are they advocating that the curriculum be changed for instruction. All the research shows...you've heard testimony, so I won't repeat any of it. There is only one state that I spoke to nearby, Wyoming, that is using their own state test and they are gravitating toward the National Registry. We accept the National Registry. In terms of classroom instruction, we've heard a range this morning and this afternoon, 150 to 200 hours. You've heard all the stories about what it takes for those volunteers to get there. We've also talked to the state of Utah, 120 hours is what they use to teach their EMTs. So to be perfectly clear, we are not advocating for a reduction of the curriculum. We are advocating to condense the classroom time so that we don't have people not answering an emergency call. Utah also allows up to 50 percent of its time on on-line instruction. I have a...my testimony on what other states have done in the surrounding area just...what they're taking for...mister...page, please...Brandon, thank you, sir. But I want to...let me do one thing. Let me make sure...I'm sorry Brandon. I want to apologize to Senator Watermeier and to the volunteers that traveled in today. I understood that the two people that were taken up...they had to go back to their work. And I just think it was important for me to know, you know, they stayed for two hours...for three and a half hours. And these volunteers, some traveled yesterday...left their jobs yesterday so they could be here tonight. And I had requested Senator Watermeier to allow those two to go first. I understood that they had to go back to their emergency room jobs and I felt compelled to apologize to Senator Watermeier and to the volunteers that sacrificed in order to be here. Thank you for

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allowing me to present this morning. And Brandon, if you would, please. Thank you, sir.
[LR298]

SENATOR HOWARD: Thank you. Are there any questions for Mr. Stilmock? No? Seeing none, thank you. [LR298]

JERRY STILMOCK: Thank you, Senators. I appreciate it. [LR298]

SENATOR HOWARD: All right, Senator Watermeier. You're up. [LR298]

SENATOR WATERMEIER: Is that it? All right. Appreciate that. I bet you looked at the schedule today and thought, well this will be a 45-minute hearing. We'll just whip right through this and be at home, right? No. Patient care, patient care, patient care. That was the gist of this hearing, the gist of this resolution, but as it started off...and I didn't even plan on closing today. As it started off, it sounded like it was a debate about things that were not on the table. It's all about patient care from these volunteers. Make no mistake about it, there's lots of problems in the state of Nebraska with how we do this. I don't believe volunteerism is dead or failing in the state of Nebraska. If you want to describe it, I'd say the state of Nebraska may have failed its volunteers, but it's going on across the country, so we know it's an issue. And I think Senator Davis would probably certainly defend what I'm going to say here, too. If you were to try to regionalize an EMS service, that's going to come at a cost. It's not only going to come at a cost of dollars, it's going to come at a cost of patient care. Because if you try to regionalize something, put it on a bigger scope, there's no way you're going to get someone there in four minutes. It's just not going to happen. And so as we look at this problem, I don't look for the answer to be very easy. This is a lot like property taxes in the state of Nebraska. We've got a lot of concerns and it's not going to be one issue that's going to solve it. It's going to be lots of things that we can do different. It's going to be on the education side, it's going to be on the statute side, and a lot of it could just very well be in the executive branch, when it comes right down to it. So I think this hearing today was very helpful. I appreciate you sticking it out. It's a four and half...what was it...four and a half hour hearing. I really appreciate it. So thank you very much, Chairman Howard.
[LR298]

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SENATOR HOWARD: Thank you, Senator Watermeier. Any questions in closing? All right, this concludes our hearing on LR298. Thank you all for coming. [LR298]