Health and Human Services Committee
February 24, 2016

[LB750 LB952 LB998 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, February 24, 2016, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB750, LB998, LB952, and gubernatorial appointments. Senators present: Kathy Campbell, Chairperson; Sara Howard, Vice Chairperson; Roy Baker; Sue Crawford; Nicole Fox; Mark Kolterman; and Merv Riepe. Senators absent: None.

SENATOR CAMPBELL: Good afternoon and welcome to the hearings of the Health and Human Services Committee. I apologize for being late. We are going to have introductions by the senators, and then we will go to talking to our guests this afternoon.

SENATOR FOX: All right. Senator Nicole Fox, District 7: downtown and south Omaha.

SENATOR KOLTERMAN: Senator Mark Kolterman, Seward, York, and Polk Counties.

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

SENATOR HOWARD: Senator Sara Howard, I represent District 9 in midtown Omaha.

SENATOR CAMPBELL: And I'm Kathy Campbell and I represent District 25 in Lincoln.

JOSELYN LUEDTKE: Joselyn Luedtke, legal counsel.

SENATOR CRAWFORD: Good afternoon. Senator Sue Crawford, District 45, which is eastern Sarpy County, Bellevue, and Offutt.

SENATOR RIEPE: I'm Merv Riepe, District 12, which is Omaha, Millard, and Ralston.

ELICE HUBBERT: I'm Elice Hubbert. I'm the committee clerk.

SENATOR CAMPBELL: And, pages, you want to introduce your...?

ASHLEE FISH: I'm Ashlee Fish. I'm from Seward, Nebraska, and I'm a business administration major at the university.

JAY LINTON: I am Jay Linton. I'm a senior ag economics major at UNL.

SENATOR CAMPBELL: I think we have everybody. One quick announcement before we start, and that is to make sure that you have turned off your cell phone or silenced it. That's the last thing we need is to have something going off while someone is testifying. We want to welcome...is it Bulger? [CONFIRMATION]

MARK BULGER: Yes. [CONFIRMATION]

SENATOR CAMPBELL: ...Bulger, Mr. Mark Bulger, for a confirmation hearing on the Commission for the Blind and Visually Impaired. This is pretty informal, so we don't ask any really probing questions. But we always start out and say, tell us a little bit about yourself. [CONFIRMATION]

MARK BULGER: (Exhibit 1) Okay. First of all, good afternoon, Senators. It's a pleasure to be here. I appreciate the opportunity. Like the senator said, my name is Mark Bulger. I currently live in Omaha, Nebraska. I am legally blind. Due to a degenerative disease of the retina, I've been legally blind for about 20 years. I grew up in southeast Iowa on a family farm, went to college at the University of Northern Iowa. I pursued a career in the food industry, working as an industrial engineer and then later as a project engineer, and had the opportunity to live in Wisconsin and South Carolina and California and Missouri and did a lot of traveling in between doing different projects. So I no longer work due to my vision loss. We now, like I said, call Omaha home. I'm fortunate to be here with my lovely wife Jackie (phonetic) that we've been married to for 28 years, and then my daughter that's a successful product of Nebraska's schools that's going to the University of Nebraska-Lincoln. And she's in her freshman year and doing really well. [CONFIRMATION]

SENATOR CAMPBELL: Good. [CONFIRMATION]

MARK BULGER: So it's a pleasure to be here. [CONFIRMATION]

SENATOR CAMPBELL: Yes, well, we're very glad to have you and we will always want to emphasize so much how much we appreciate people who volunteer their time and step forward to serve on the many boards for the state of Nebraska. We obviously could not do it without the volunteer nature of the people who do it. I notice that you had worked for the Oscar Mayer foods in Madison, Wisconsin. [CONFIRMATION]

MARK BULGER: Yeah. [CONFIRMATION]

SENATOR CAMPBELL: And you were a project manager for them? [CONFIRMATION]

MARK BULGER: Project engineer. What I did was I specialized in the workplace design, equipment installation and selection. And primarily I was an efficiency expert to try to make the processes efficient and as profitable as possible. [CONFIRMATION]

SENATOR CAMPBELL: I would be remiss if I didn't ask you if you rode in the Weinermobile (laughter). Did you? [CONFIRMATION]

MARK BULGER: I didn't hear what you... [CONFIRMATION]

SENATOR CAMPBELL: Did you take a ride in the Weinermobile? [CONFIRMATION]

MARK BULGER: Yep. No, I...no, I... [CONFIRMATION]

SENATOR CAMPBELL: Senator Lindstrom thinks that's pretty hilarious. [CONFIRMATION]

MARK BULGER: I will say that the...now we had a large engineering staff and we did design it in-house, so it's evolved over the years. [CONFIRMATION]

SENATOR CAMPBELL: Oh, really! Well, my kids used to sing that song all the time. [CONFIRMATION]

MARK BULGER: Yeah. [CONFIRMATION]

SENATOR CAMPBELL: And so it's probably why I'm indoctrinated under that, Mr. Bulger, I tell you. You obviously are going to be a new appointment to the commission. And so what has interested you in joining the commission? What do you hope to accomplish while you're there? [CONFIRMATION]

MARK BULGER: Okay, well, first of all, I am fortunate to be the American Council of the Blind of Nebraska designee on this five-commissioner board. And I represent a statewide organization that we meet regularly, so I get good feedback. The things that are interesting for me is I don't...I hope that you all know about the blind vendor program that we have where Randolph-Sheppard Act provides the opportunity for blind vendors to have vending machines in state...or, excuse me, in federal buildings. I know we have blind vendors here in the State Capitol. I'd love to see a law passed that would give us preference in all of the state buildings,

and maybe even in some of the county buildings, because that helps create jobs for the blind. And that also gives people that go into the people's place of business opportunities to see blind people working. So I would certainly love to see that grow. Another thing I'd like to see is, you know, we live in an information, instant-access society now and I would love to see all the state and federal Web sites, you know, accessible for the blind so we can be equal participants in the process. And another important thing is, you know, we need funding and we always appreciate that Nebraska steps forward and, you know, funds our Nebraska Commission for the Blind and Visually Impaired very well. And even, matter of fact, last year the state was generous enough to give us some extra funding for WIOA, which is the Workforce Innovation and Opportunity Act that is fairly newly passed by the federal government and still being defined. So those are primary, the things that, if I was to say them, are the top couple items that I'm really interested in. [CONFIRMATION]

SENATOR CAMPBELL: That's very interesting that you should bring up WIOA, because a number of agencies who are sitting on the Intergenerational Poverty Task Force are very connected with that and have gone to a lot of the hearings and discussions, so what had not been on my radar until they started talking about it. So, other questions, Senators, that you might have? Senator Riepe. [CONFIRMATION]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you for being here. A question that I have, because I like to avoid needless duplication, is, are you familiar with Outlook Nebraska? They're in...do you have a...does the commission have a connection to Outlook Nebraska? [CONFIRMATION]

MARK BULGER: Absolutely. Outlook Nebraska is the state's largest employer of blind people. It's what you would call segregated employment, which means 75 percent of the work force is blind. And they have preference over providing products to the federal government. And, yes, the commission is involved, they...especially in the office where technology is involved in, you know, making it accessible and helping with any accommodations that are needed so that the blind can be productively employed and gainfully employed. [CONFIRMATION]

SENATOR RIEPE: Okay, so there is a working relationship. [CONFIRMATION]

MARK BULGER: Yes, there is. [CONFIRMATION]

SENATOR RIEPE: That was a curiosity question. Okay, thank you. [CONFIRMATION]

SENATOR CAMPBELL: Any other questions, Senator? Mr. Bulger, how this process works, and judging from the favorable nature of my colleagues, we expect to send your confirmation to the floor of the Legislature and then you will be informed. And once again, we very much appreciate your expertise. Looking over the information that you have supplied to the committee, you will be a very keen expert for them and bring lots of good ideas. So thank you very much for serving. [CONFIRMATION]

MARK BULGER: Well, thank you, Senators, for your service too. [CONFIRMATION]

SENATOR CAMPBELL: Um-hum. Thanks for coming. [CONFIRMATION]

MARK BULGER: Thank you. Bye. [CONFIRMATION]

SENATOR CAMPBELL: Is there anyone who wishes to make comment in the room regarding Mr... [CONFIRMATION]

MARK BULGER: I'm done, right? [CONFIRMATION]

SENATOR CAMPBELL: You absolutely are finished. Thank you, Mr. Bulger. [CONFIRMATION]

MARK BULGER: I didn't want to run. I know your time is valuable. [CONFIRMATION]

SENATOR CAMPBELL: Anyone who wishes to make comment? Yes. [CONFIRMATION]

PEARL VAN ZANDT: Yes, thank you. Good afternoon. Good afternoon, Senators. I won't take much of your time. I'm Pearl Van Zandt; it's V-a-n Z-a-n-d-t. You want my address, right? [CONFIRMATION]

SENATOR CAMPBELL: No, just... [CONFIRMATION]

PEARL VAN ZANDT: No? Okay. [CONFIRMATION]

SENATOR CAMPBELL: ...just the spelling. That's good. [CONFIRMATION]

PEARL VAN ZANDT: All right, thank you very much. I just want to commend Mr. Bulger for being willing to serve on our commission board. We really do value his time, and I know that when you confirm him you will have made a very good choice. So thank you very much. [CONFIRMATION]

SENATOR CAMPBELL: Thank you for coming, always good to see you. [CONFIRMATION]

PEARL VAN ZANDT: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: All right. We will proceed with our regular hearings this afternoon. And just a few procedures for those people: If you are planning to testify this afternoon, you need to complete one of the orange sheets on either side. And as you come forward you can hand that to Elice, who is the clerk, on my far left, and have a seat. And we will ask you to state your name and spell it for the record. And then we allow five minutes per testifier, opening senators not; they can have as much time as they want. And you will see a green light and it will be green for a long time; that's four minutes. It'll go to yellow and you have one minute left. And when it gets to red, I'll be trying to get your attention. So we appreciate your taking time to testify on all the bills today. Senator Lindstrom, thank you so much for your patience while we got started here.

SENATOR LINDSTROM: Absolutely.

SENATOR CAMPBELL: We are today hearing testimony about LB750, the change Uniform Credentialing Act provisions relating to confidentiality and prohibit retaliation as prescribed. Welcome to the committee. We're glad to have you. [LB750]

SENATOR LINDSTROM: Glad to be here, first time here, so. [LB750]

SENATOR CAMPBELL: Yes. [LB750]

SENATOR LINDSTROM: It's probably the best-looking committee I think I've ever sat in front of. [LB750]

SENATOR CAMPBELL: Oh. [LB750]

SENATOR KOLTERMAN: Thank you so much. [LB750]

SENATOR CAMPBELL: That's a lot to live up to, Senator, I don't know (laughter). [LB750]

SENATOR RIEPE: I move we approve what he wants (laughter). [LB750]

SENATOR LINDSTROM: (Exhibits 1 and 2) Yeah. Well, good afternoon, Chairman Campbell and members of the Health and Human Services Committee. I am Senator Brett Lindstrom, L-i-n-d-s-t-r-o-m, representing Legislative District 18 out of northwest Omaha. Today I'm bringing LB750 for your consideration. This bill will protect healthcare professionals from retaliation for reporting conduct that they are mandated to report under the Uniform Credentialing Act. The bill also clarifies that confidentiality of reports extends to the identity of health professionals making such mandated reports. The idea for LB750 came to me last year after learning about a few nurses who had been fired after they had filed reports under the Uniform Credentialing Act and their identities were prematurely released to their supervisors by the Department of HHS. Antiretaliation language already in statute under HHS statutes can be found in the Health Care Facility Licensure Act. I have presented an amendment for your consideration that aligns the language in the retaliation section of LB750 with that of the Health Care Facility Licensure Act. There is a growing trend across the country to create protections specifically for healthcare professionals. In a number of states, healthcare professionals still fall under OSHA protections while states such as California, Illinois, Maryland, Michigan, Montana, Ohio, Texas, Vermont, Washington, and Wisconsin have specifically carved out protections for healthcare workers and, for a number of states, have recently introduced bills like LB750. I'm aware that there are some concerns with the requirements of confidentiality in certain sections of the bill and I will work with the committee to address these issues while keeping the integrity of what I'm trying to accomplish. I've also handed you an article that details reasons for underreporting in the healthcare profession, the dilemmas that nurses face in deciding whether or not to report, and what nurses should prepare for should he or she decide to report. If we are going to mandate that certain conduct be reported, we must protect those who do the right thing and report. I urge you to vote for LB750 out of committee and, with that, I will take any questions you have. [LB750]

SENATOR CAMPBELL: Thank you, Senator. Questions? Senator Howard. [LB750]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for bringing us this bill today. I know that it was brought to you by some nurses. But it covers all healthcare providers, not just nurses? [LB750]

SENATOR LINDSTROM: Um-hum. [LB750]

SENATOR HOWARD: Okay, I just wanted to clarify. Thank you. [LB750]

SENATOR LINDSTROM: Okay. [LB750]

SENATOR CAMPBELL: Okay. Senator Riepe. [LB750]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you, Senator Lindstrom, for being here. [LB750]

SENATOR LINDSTROM: Thank you. [LB750]

SENATOR RIEPE: Do you know, on the issue at hand, was this a HIPAA violation or was it some very serious...I mean, you know, we're going to get into degrees here probably about what would result in...whether it was immediate action or retaliation. Was that...sometimes on a HIPAA violation or a theft, those things--or, you know, there's a list usually--those things happen very quickly. [LB750]

SENATOR LINDSTROM: This, in these particular cases that I had read about and heard about, took a little bit of time. But it was part of the evaluation after the fact of what had occurred, and when they came up for their evaluation they were let go. [LB750]

SENATOR RIEPE: Okay. [LB750]

SENATOR LINDSTROM: And you'll hear a couple of those stories today. [LB750]

SENATOR RIEPE: Okay. Okay, thank you very much. [LB750]

SENATOR CAMPBELL: Any other questions, Senators? Senator, will you be staying to close? [LB750]

SENATOR LINDSTROM: Yes; yes, I will. [LB750]

SENATOR CAMPBELL: Okay, excellent. Thank you. We'll take the first proponent for LB750, those who are in favor of the bill. Good afternoon. [LB750]

PAM McNALLY: Hi. Good afternoon. My name is Pam McNally, P-a-m M-c-N-a-l-l-y. First I would like to thank Senator Lindstrom for introducing LB750. I'd like to thank the senators on the Health and Human Services Committee for considering my testimony; and finally, a big thanks to Melissa Florell and the Nebraska Nurses Association for rallying behind our cause and

advocating for a culture of safety and a culture of ethics in nursing. I've been an RN for 24 years. Due to events beyond my control, I'm also a nurse whistle-blower. I reported two class one patient safety incidents to HHS in 2013. Both were investigated and in both incidents HHS released my complaint and/or correspondence to my employer without my permission, which is a direct violation of their policy. The retaliation that followed can only be described as swift and brutal. I reported the retaliation to the HHS investigator, as instructed, after being placed by my manager in an area of nursing that I had not received training in. Four hours into the shift, I was taken aside and counseled for substandard patient care by my manager, the inpatient manager, and the HR manager. The counseling occurred one day--just one day--after my personal mail had been opened by my employer that stated HHS was going to be investigating my complaint. I asked the investigator why confidential mail with my name on it was sent to my employer's address. She gave no answer. I reported further retaliation incidents to the HR manager and quickly learned that the role of human resources is to protect managers in the hospital from liability. Sadly, my place of employment did not appear to be an organization that supports a nurse's ethical obligation to report safety violations as required by law. The retaliation escalated. The terms of my employment were changed without notice, including the backdating of policies by my manager with the support of the HR manager and CEO. My boss openly told subordinates that I was trying to get her fired, which fostered an antagonistic attitude toward me by my peers. This led to a culture where relational aggression, also known as bullying, was an acceptable act. Nurses used an internal ethics hot line anonymously to engage in character assassination. This led to a session in the CEO's office where he began the discussion with the suggestion that if he didn't like his boss he'd be looking for another job. I stated my intent to stay and requested that retaliation by my manager stop. He placed me under investigation even though most of the calls to the hot line had no specific dates, times, or content that would make them identifiable as actual events. The calls started the day following the conclusion of a three-and-a-half month long internal hospital investigation regarding an incident that I reported of practicing out of the scope of an RN. Finally, after consistently receiving "exceeds standards" employment evaluations, I resigned, knowing that I was on the fast track to being terminated. Because I was under investigation at the time of my resignation, I was required by law to report this to HHS. They would determine whether or not they would investigate me and take action against my license. Cheryl Dellasega, she's a nurse practitioner and Ph.D., states in an article entitled "When 'Mean Girls' Wear Scrubs" that 67.5 percent of nurses questioned have been bullied by their supervisors; 77.6 have been bullied by their coworkers. In another study by Lisa Black, Ph.D., RN, on nurses' attitudes regarding advocacy activities in Nevada, the data collected from nurses did not bode well for patient safety. Thirty-four percent of nurses have been aware of a situation that could cause harm to a patient and did not report it. Of those who did not report, 44 percent cited a concern about experiencing retaliation. Another 38 percent of nurses reported the reason as being they didn't believe anything would come of the report. The statistics show that the white wall of silence in healthcare is a thriving underground culture. I know of many nurses who did not report patient safety violations out of fear. I will give examples if requested. Fear and silence

should not be the dominant culture in healthcare. Nebraska is an at-will state for employment, which causes a Catch-22 situation for nurses. Employees can be terminated for good cause, bad cause, or no cause at all. If nurses report unsafe practices, they lose their jobs; if they don't, they risk losing their licenses. Nurses find themselves forced to gamble with the patient's safety in order to keep their jobs and reputations, especially when they lack confidence in their facility's reporting system. As a result of this study, Nevada passed a whistle-blower statute to protect nurses. It creates a policy structure that encourages open reporting of patient safety concerns by extending protections for a nurse or a nursing assistant who, in good faith, report patient safety concerns. Nebraska nurses deserve this protection. Our patients who place their trust in us as professionals deserve to be safe. Please pass LB750. And thank you very much and I'll take questions if anybody has any. [LB750]

SENATOR CAMPBELL: Thank you, Ms. McNally. Questions? We'll start over here and then come around. [LB750]

SENATOR RIEPE: (Inaudible). Going to start here? [LB750]

SENATOR CAMPBELL: Yes. [LB750]

SENATOR RIEPE: Okay, thank you very much, Chairman. Thank you for being here. The question that I have is, is it...I guess maybe starting off with a statement. Sounds like maybe an issue of culture and I don't want to go to...I don't want to know the name of your employer at the time. But that's just a comment I (inaudible). But along with that, you talked about some mail that was opened? [LB750]

PAM McNALLY: Yes. [LB750]

SENATOR RIEPE: Was that U.S. mail? [LB750]

PAM McNALLY: It was U.S. mail. It was... [LB750]

SENATOR RIEPE: And they opened it? [LB750]

PAM McNALLY: It was addressed to me but it had my employer's address on it. I called the Postal Service and asked them if it was legal and they said, because it had my employer's address, that it was legal. [LB750]

SENATOR RIEPE: Okay, then it was... [LB750]

PAM McNALLY: They said it was unethical but legal. [LB750]

SENATOR RIEPE: That was my question as to whether they were in violation of federal law. None of the reports filed...you had some HIPAA obligation but you didn't do HIPAA violation, I assume, in reporting to this agency. You weren't in violation of HIPAA,... [LB750]

PAM McNALLY: No. [LB750]

SENATOR RIEPE: ...of the confidentiality, patient confidentiality. [LB750]

PAM McNALLY: No. [LB750]

SENATOR RIEPE: Okay. [LB750]

PAM McNALLY: There were...I'm not sure what you mean but, you know, there are certain things that we are required to report that might be under confidentiality but... [LB750]

SENATOR RIEPE: Privacy stuff that didn't get violated, the patient's privacy. [LB750]

PAM McNALLY: No, no. [LB750]

SENATOR RIEPE: Okay. I guess the question is, did you receive severance pay and did they have you sign a gag order at the same time? [LB750]

PAM McNALLY: No. [LB750]

SENATOR RIEPE: No, okay. I have just a couple more here. Did you consider legal action in terms of wrongful discharge? [LB750]

PAM McNALLY: I did. [LB750]

SENATOR RIEPE: Okay, and you didn't pursue that because...? [LB750]

PAM McNALLY: A lot of it was because of the cost. It's expensive. And in my instance, it was...I resigned under constructive discharge and I knew it was going to be hard to prove. [LB750]

SENATOR RIEPE: Okay. I have just two more and I'll try to be quick here. Was the retaliation by one? Or it sounds like it was several managers. [LB750]

PAM McNALLY: It was the administration and managers. [LB750]

SENATOR RIEPE: Were you an isolated case in the sense or word...was this sort of a nature, culture? Did this happen to other people over maybe two or three or four or five years or were you pretty isolated in your situation? [LB750]

PAM McNALLY: It was not isolated. [LB750]

SENATOR RIEPE: Okay. [LB750]

PAM McNALLY: I mean I can't...I don't know all the detail about other people's stories. I do know a few things. But, you know, just according to the statistics that I quoted to, this happens to nurses all over the country and that's why there's been bills to protect us,... [LB750]

SENATOR RIEPE: Um-hum. [LB750]

PAM McNALLY: ...because... [LB750]

SENATOR RIEPE: No, go ahead. [LB750]

PAM McNALLY: ...because it really is an across-the-board problem with nurses who need to report. [LB750]

SENATOR RIEPE: It sounded to me, if I remember right, too, your HR manager was involved in this. [LB750]

PAM McNALLY: Yes. [LB750]

SENATOR RIEPE: So I assume that they were in compliance with their steps; it was maybe more a matter of how they handled it. Then they handled it inappropriately? I mean there... [LB750]

PAM McNALLY: It was inappropriate. When I was placed in a unit that I didn't have training in, I had never charted in that system and I had not been trained in inpatient nursing. And I stated to my boss that I didn't have proper training and she asked me to work there anyway. And it was four hours into the shift when they came and got me and brought me into the office. And the three managers were there and they counseled me on substandard patient care. I've been a nurse for 24 years. I was a paramedic. I worked...I did competencies for the hospital, so I was in a teaching position and helping other people with different things in the hospital. And I did all the mock codes. So it was the first time I was ever counseled on anything like that. [LB750]

SENATOR RIEPE: Um-hum. My experience in the healthcare piece was...is that we had steps and that you could appeal... [LB750]

PAM McNALLY: I followed every step. [LB750]

SENATOR RIEPE: ...and then the next step... [LB750]

PAM McNALLY: I followed every step. [LB750]

SENATOR RIEPE: ...and they signed that all off. [LB750]

PAM McNALLY: Yes, I did. When...one of the incidents I had to report had to do with a narcotic theft and I reported that, and then a few days later I reported it to HHS. But the second thing that I reported, I reported internally, waited for two months and nobody was talking to me and I feared for patient safety, and so I went ahead and reported to HHS. [LB750]

SENATOR RIEPE: Did you have others step up in your defense or were they in fear of retaliation as well? [LB750]

PAM McNALLY: They were pretty much afraid of retaliation. There were three to four nurses that I know of personally that suspected narcotic abuse by a nurse, and I believe I was the only one who reported. [LB750]

SENATOR RIEPE: Wow. Good for you. Are there measures of retaliation? That will be my last question, for a while at least. [LB750]

PAM McNALLY: Are there measures? [LB750]

SENATOR RIEPE: Or, you know, varied levels of retaliation? I mean sometimes they...or was yours...did you consider yours the...it's probably as severe as anything if you got harassed to terminate. Did they ask you to terminate or you just had had it so you walked? [LB750]

PAM McNALLY: Well, I terminated shortly after I had the session with the CEO. He was clearly trying to get me to quit my job. And I didn't want to quit my job and I stated I didn't want to quit my job. But after the ethics hot line calls came in and...I mean I just could not...there was nothing I could do. People were making the calls on the hot line and attacking my character. And I realized, you know, that they don't want me here, I can hang on and get fired, or I can resign and hopefully get...be able to get another position somewhere. [LB750]

SENATOR RIEPE: Okay. [LB750]

PAM McNALLY: I was worried about being fired. I did have to report myself to HHS because I was under investigation for those hot line calls. And so I felt that I had no choice at all. It was either resign or wait and be fired. [LB750]

SENATOR RIEPE: Did you find another job then fairly fast? [LB750]

PAM McNALLY: No, I'm out of nursing now. [LB750]

SENATOR RIEPE: Oh, okay. Chairman, thank you very much. [LB750]

SENATOR CAMPBELL: You're welcome, Senator Riepe. Senator Howard. [LB750]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today. I was hoping you could walk us through how Senator Lindstrom's bill might have changed your story or how your scenario would have been impacted by the legislation. [LB750]

PAM McNALLY: I feel that if we have strong support for nurses and that there are penalties or at least another layer of protection for nurses who have to report, that the people in management might think twice before retaliating, I hope. [LB750]

SENATOR HOWARD: So in your instance, when the mail came, that would have been a breach of the confidentiality. [LB750]

PAM McNALLY: Yes, yes. [LB750]

SENATOR HOWARD: Okay, thank you. [LB750]

PAM McNALLY: Yes. [LB750]

SENATOR CAMPBELL: Other questions on this side? Okay, we'll go back. Senator Riepe, do you have any follow-up? Senator Crawford? [LB750]

SENATOR RIEPE: I think I had a good chat and I appreciate it. Thank you. Thank you. [LB750]

SENATOR CAMPBELL: No, I think you asked a lot of questions that probably a number of us were thinking, so thank you very much. We much appreciate your testimony and stepping forward to tell your story. It's never easy. [LB750]

PAM McNALLY: It's not. And thank you very much for listening. [LB750]

SENATOR CAMPBELL: Um-hum, thank you. Our next proponent. Good afternoon. [LB750]

JACKI STECKELBERG: Good afternoon. [LB750]

SENATOR CAMPBELL: Go ahead and state your name and spell it for us, please. [LB750]

JACKI STECKELBERG: Okay. Good afternoon, Chairperson Campbell and members of the committee. My name is Jacki Steckelberg, J-a-c-k-i S-t-e-c-k-e-l-b-e-r-g. I am before you today as a proponent of LB750 to change the Uniform Credentialing Act provisions relating to confidentiality and prohibit retaliation as prescribed. I am a 23-year-plus registered nurse here in Nebraska. Like thousands of other licensed healthcare professionals in this state, I am required by law to report illegal, unethical, and unprofessional conduct to DHHS within 30 days or face professional licensure discipline, a report that is defined in the State Statute 38-1126 as "shall be confidential." In 2013 I reported my manager to DHHS public health investigations unit (sic: Division of Public Health Investigations) for unprofessional conduct and unethical practice. The fearful comment, "be careful when the drums start beating behind you," was the frequent

warning heard whispered between coworkers in our department. Within four days of the state investigator notifying me that she was beginning to investigate the circumstances of my report about my manager, my manager began notifying me that she wanted to conduct an annual performance evaluation six months early. By chance I found out that my identity and every detail of my mandatory DHHS confidential report were disclosed to my manager and my employer. The DHHS investigations unit program manager initially told me that it was not HHS's policy to release full complaints, including identity. But within hours he reversed that, saying complaints are disclosed unless the complainant requests otherwise. The deputy director of health licensure and health data said complaints such as mine are not kept confidential; the agency discloses the complaints to save the agency time, and since HHS must disclose the complaint to the subject if, after an investigation, the case proceeds to a public hearing, yet she told me that mine was released one week before the investigation began. At one point during the process the investigator told me that I could report any retaliation to her, so I did. But I did not get a response to my report. Later I found out that HHS does not have a policy on what to do with those reports. Within weeks of the state investigation commencing and disclosure of my supposed confidential complaint, my terms of employment were changed. I endured isolation, character assassination, humiliation, and I was terminated from my employment. DHHS has a confidentiality provision in place but it was not followed or it was not consistently being followed. Confidentiality is the key to ensuring safety, therefore, it is vital that protections be put into place that would ensure consistent adherence to confidentiality. For the safety of the general public wherever a nurse works, there is a responsibility to have a culture of safety, as opposed to a conspiracy of fear and silence. But toxic cultures do exist in healthcare organizations. When bad seeds appear successful, others start to emulate their behaviors. When they infiltrate healthcare organizations, these accepted status quo are not just toxic, they are dangerous and put lives at risk. When moral and ethical beliefs override your sense of self-preservation and you make the difficult decision to speak up in a toxic environment, it is a very dark, grueling journey. It chips away at your self-worth and your faith in humanity. Like many good nurses before me, I was targeted, terminated, reputation ruined, and family attacked. I can't think of anything worse that would prevent another nurse from speaking up to wrongdoing in this organization. Licensed healthcare workers in Nebraska should not have to choose between doing their duty and keeping their heads in the sand, a safe place where they won't have to hear the proverbial drums beating behind them. For the safety of the public we need to shift the culture of fear and silence in healthcare organizations to a culture which encourages reporting without the fear of retaliation. LB750 will help do this. The federal government has laws in place, even awarding employees in the financial world who are brave enough to speak up to corporate fraud in publicly traded companies. These acts have antiretaliation provisions to encourage whistle-blowing. According to the National Whistleblower Center, studies have shown that whistle-blowing is the most important resource for detecting and reporting corporate fraud. Do we need to put a price on the safety of all of Nebraska's patients--every trauma, every cardiac, every surgical nursing home patient--in order to stand that whistle-blowing in healthcare is just as important? We need to be able to do our jobs

of protecting our patients without the fear of retaliation. There is no federal healthcare protection for whistle-blowers like me. It is up to our state government to put these laws into place that will help protect healthcare workers trying to do the right thing. Fear of retaliation is a very powerful factor for those that need to keep their jobs. There are almost 30,000 Nebraska nurses on the front lines whose duty it is to protect your priceless child, your brother, your sister, your parent. Please help us protect your loved ones by supporting LB750. In closing, I'd like to thank you, Senator Lindstrom, for introducing LB750 and for allowing me to tell my story today. Do you have any questions? [LB750]

SENATOR CAMPBELL: Thank you, Ms. Steckelberg. Senator Baker. [LB750]

SENATOR BAKER: Thank you. Ms. Steckelberg, what's the time frame when this occurred? [LB750]

JACKI STECKELBERG: Five months. [LB750]

SENATOR BAKER: I mean was it in 2000? [LB750]

JACKI STECKELBERG: November of 2013 and I was suspended; June 1 of 2014, terminated. [LB750]

SENATOR BAKER: Did you inquire of Health and Human Services why they released your name? And what response did you receive? [LB750]

JACKI STECKELBERG: They told me initially that it wasn't their policy to release names. And then within six hours I received an e-mail that said it was my duty as the complainant to request that they withhold my name when I filed it. But on the form that's...that you fill out on-line, you don't have that option. And we are required to put our name and everything on there, address. [LB750]

SENATOR BAKER: Thank you. [LB750]

SENATOR CAMPBELL: Any other questions on this side? Questions? Senator Riepe. [LB750]

SENATOR RIEPE: Thank you, Senator Campbell. It sounded to me like there were...and I'm not an attorney, but it sounded to me like there was almost defamation of character. I don't know if...did you consider legal action in terms of trying to recover your good name? [LB750]

JACKI STECKELBERG: I have and I'm... [LB750]

SENATOR RIEPE: Okay. [LB750]

JACKI STECKELBERG: I'm still going down that path. It's pending, um-hum. [LB750]

SENATOR RIEPE: Okay. Administrators have a tendency to listen. They don't like being sued. I guess it sounds to me like the problem might be in part, or maybe in whole, with...well, not in whole, but in part at least with HHS of this premature what...it sounds to me like it was a premature release of your name that they need to find out and say, yes, there is reasonable cause. And at that point in time they might have to come back and say, are you willing to go forward? I've also...my experience is that whistle-blowers, it's not a good place to be,... [LB750]

JACKI STECKELBERG: Right. [LB750]

SENATOR RIEPE: ...a place you have to be because of your own character. [LB750]

JACKI STECKELBERG: Right. [LB750]

SENATOR RIEPE: But the other question that I do have is, does this cover nutritional therapy types of people as well as...or is it just...we've heard two nurses talk. [LB750]

JACKI STECKELBERG: I believe anybody under the Uniform Credentialing Act. [LB750]

SENATOR RIEPE: That's in it, okay. [LB750]

JACKI STECKELBERG: Yes, I believe it does. [LB750]

SENATOR RIEPE: Just wanted to make sure we had good coverage here. Okay. [LB750]

JACKI STECKELBERG: Yeah. [LB750]

SENATOR RIEPE: Okay, thank you, Chairwoman. [LB750]

SENATOR CAMPBELL: Are you still in healthcare? [LB750]

JACKI STECKELBERG: I am, yeah. It's... [LB750]

SENATOR CAMPBELL: And so did you go back into nursing then? [LB750]

JACKI STECKELBERG: I did. It was a very tough choice for me, just because at this point I don't feel, if I were to ever come across another situation where I was mandated by law to report, who I can trust. You know, will they disclose my complaint? Will my name be out there again? [LB750]

SENATOR CAMPBELL: I understand. Any other questions, Senator? Oh, Senator Riepe. [LB750]

SENATOR RIEPE: I have one. Thank you, Senator Campbell. I guess my next question gets to be, is this in your opinion exclusive to healthcare or, I mean, do we have this in all employment-employer relationships? [LB750]

JACKI STECKELBERG: I believe that maybe the toxic cultures exist in every employment, in every job. But in healthcare it's a situation where, you know, you're taking care of patients every day. And, you know, it's very hard to maybe calculate a critical drip, an IV drip, when you're under all this stress. It's definitely a patient safety...it's a general public safety issue is what it is, I feel, when it's in healthcare. [LB750]

SENATOR RIEPE: Okay, thank you. Thank you for being here. [LB750]

JACKI STECKELBERG: You're welcome. [LB750]

SENATOR RIEPE: It takes courage. [LB750]

JACKI STECKELBERG: Thank you. [LB750]

SENATOR CAMPBELL: And you're mandated by statute to report certain things. [LB750]

JACKI STECKELBERG: Exactly, yes. Thank you, Senators. [LB750]

SENATOR CAMPBELL: And thank you for your testimony. Our next proponent. [LB750]

DON WESELY: (Exhibit 3) Thank you, Chairman Campbell, members of the Health and Human Services Committee. For the record, my name is Don Wesely, D-o-n W-e-s-e-l-y, here as a registered lobbyist on behalf of the Nebraska Nurses Association. I'm going to read a statement that they put together that they'd like to share with you. But before I do that, I wanted to answer Senator Riepe's question. I dealt with this issue of whistle-blower legislation back in the 1980s, carried and eventually passed with Senator Landis, whistle-blowing legislation that's still in effect today. The problem with whistle-blowers can happen...they're in the federal government, in the state government, they're in the healthcare sector, they're in many different employments. So it's not regulated (sic) just to healthcare, but it's a problem that needs to be addressed. And I want to thank both of these individuals, Pam and Jacki, for stepping forward and speaking up and then, unfortunately, being punished for their honesty. I want to thank Senator Lindstrom for introducing this bill. So this is the statement from the Nebraska Nurses Association. Nebraska Nurses Association is the voice of registered nurses in Nebraska. NNA seeks to support the delivery of safe, cost-effective healthcare for Nebraskans. The NNA also works to ensure that nurses in Nebraska are able to practice in safe work environments. Today we ask that you support LB750. As students, nurses study the American Nurses Association, ANA, code of ethics for nurses. They learn that they must be of good moral character and must advocate for the public benefit and safety. However, doing the right thing often comes at a cost. Reporting abuses in the nursing working place can be hazardous to employment, as well as the nurse's mental health. Because most healthcare employees in the United States, including nurses, are employed at will, retaliatory actions by employers toward employees who speak out are not uncommon. Fear of retaliation and the stigma associated with being a whistle-blower, or a troublemaker, contributes to the ongoing underreporting of problems in healthcare. As the push for quality patient outcomes becomes more prominent with healthcare reform, whistle-blower concerns must be effectively addressed to ensure that healthcare professionals can report patient safety concerns without fear of retaliation. While whistle-blower statutes cannot effectively address the immediate financial concerns associated with job loss and other forms of retaliation that occur once an employee chooses to blow the whistle, they can help to create a culture of safety in patient care environments. If employees report unsafe practices, they risk losing their jobs; if they don't, they risk losing their license. Surveys have shown that healthcare professionals may be more inclined to report patient safety concerns if their identities are protected and the risk of retaliation is minimized. The National Whistleblower Center, and I didn't realize there was such a thing, has the tag line "Honesty Without Fear." This is a critical need in situations of public health and safety. A 2010 review of 380 lawsuits filed by whistle-blowers for retaliation that they experienced found that 75 percent were fired in retaliation; the other 25 percent were given poor evaluations, suspended, or transferred; 55 percent of these cases were lost due to the difficulty of proving a clear connection of the reporting to the retaliation. This review proposes that since statutes may fail to address the immediate effects of workplace retaliation, anonymous reporting systems might be more effective. In fact, the Veterans Administration encourages anonymous reporting through the Patient Safety Reporting System, in which 400 patient safety reports were

received and ten safety bulletins were issued in the first two years of its operation. If similar assurances of anonymity were widely adopted, this could encourage healthcare providers to report patient safety concerns without fear of workplace retaliation and job loss. LB750 is an important step in creating a culture of safety in Nebraska's healthcare system. The bill protects those who take the brave step of speaking up to protect patients. We ask for your support of this bill. [LB750]

SENATOR CAMPBELL: Thank you. Senator Riepe. [LB750]

SENATOR RIEPE: Thank you, Senator Campbell. I'm not sure that...not to you, but I'm not sure I would use the Veterans Administration as the model for whistle-blowing and... [LB750]

DON WESELY: I think that's fairly recent that they set that up, because of the problems in the system. [LB750]

SENATOR RIEPE: Okay. My question to you, Senator-Mayor--I always joke about what title you wear on the day--but does LB750 build on existing state whistle-blower language that's in statute? [LB750]

DON WESELY: No. There is...as I mentioned, I was involved with that statute passing. So this is identified inside the Uniform Credentialing Act, so...but there is a state employee statute and I should have looked it up and brought it for you. But I believe there is one. [LB750]

SENATOR RIEPE: I have one other I'd like to ask, Chairman, if I might? [LB750]

SENATOR CAMPBELL: Yes. [LB750]

SENATOR RIEPE: Thank you. That was on...I guess my question is, and I probably should have asked one of the witnesses up here, if they went through a sequential reporting, you know, first filing it. Kind of going outside, quote unquote, the family to the external agencies is, you know, almost persona non grata, or not appreciated. [LB750]

DON WESELY: Yeah. [LB750]

SENATOR RIEPE: And so it's kind of a matter of you take risk with every level of the organizational structure to get up to the CEO. And I know they talked about that they had spoken with the CEO of the organization. I just don't...you know, I'm trying to figure out. Most

organizations have a pretty good process for this. Obviously something went awry in both of those cases and I don't know what it is. [LB750]

DON WESELY: Well, it's sort of the chain-of-command approach. And you would like to think that you can go to your supervisor and etcetera, or whoever, and they will take care of it. But obviously in this case, once the other individuals above them found out, they retaliated. So sometimes you need an option to go outside and anonymously report for an independent review, so. [LB750]

SENATOR RIEPE: We always had the routine where you could skip over; if you didn't think your boss would do it, you could skip to the next highest or...and if you had justifiable cause, you could go all the way to the CEO and have your day, but... [LB750]

DON WESELY: Yeah. [LB750]

SENATOR RIEPE: Okay, thank you. Thank you very much. [LB750]

DON WESELY: Sure. [LB750]

SENATOR CAMPBELL: Senator Baker. [LB750]

SENATOR BAKER: Mr. Wesely, it's probably an unfair question, but can you cite the statute that requires certain things to be reported? [LB750]

DON WESELY: I know of it. I can't cite which one it is. [LB750]

SENATOR BAKER: All right. [LB750]

DON WESELY: But there is a reporting requirement. [LB750]

SENATOR BAKER: Okay. And there would be a difference between things being reported as just flat-out illegal versus differences of opinion? [LB750]

DON WESELY: Yeah, and that's why...you know, there can be people that take advantage of something like that for their own good. And so you have to have a process that evaluates which are legitimate and which are not. But the anonymous reporting should then lead to a process where they evaluate all the facts and make a decision independently. [LB750]

SENATOR BAKER: Thank you. [LB750]

DON WESELY: Yep. [LB750]

SENATOR CAMPBELL: Senator Howard. [LB750]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you, Senator Wesely, for visiting with us today. I had a question. You mentioned that the language around discrimination and retaliation already exists in statute. [LB750]

DON WESELY: For, yeah, the state. [LB750]

SENATOR HOWARD: But then does the confidentiality language that this bill is putting in place exist already? [LB750]

DON WESELY: No, and I definitely think this bill is needed in the workplace because it does focus in on the Uniform Credentialing Act, and there are reporting requirements. And so making those allowed to be anonymous or...I mean the thing about it is they could request they be anonymous, but who would know that? [LB750]

SENATOR HOWARD: Right. [LB750]

DON WESELY: And if it's not even on the form, that's not fair. They should be considered anonymous unless the person is given an option not to. [LB750]

SENATOR HOWARD: So then the confidentiality language is new and the retaliation language is more of a reiteration of what's already in statute? [LB750]

DON WESELY: No, no, okay, I'm getting you mixed up. That's my fault. The statute I'm talking about was one that dealt with state employees and state agencies. [LB750]

SENATOR HOWARD: Exclusively, okay. [LB750]

DON WESELY: So this is completely different. This deals... [LB750]

SENATOR HOWARD: So it's a mirror of that language to apply it to UCA. [LB750]

DON WESELY: You could look at that. We could take a look... [LB750]

SENATOR HOWARD: Okay. [LB750]

DON WESELY: ...to see if that's applicable. But this is completely different. This deals with the Uniform Credentialing Act. And so it wouldn't be covered by the other statute, so that doesn't help. [LB750]

SENATOR HOWARD: Unless they were state employees. [LB750]

DON WESELY: That is true, that is true. [LB750]

SENATOR HOWARD: All right, thank you. [LB750]

DON WESELY: Um-hum. [LB750]

SENATOR CAMPBELL: I would assume that some of the requirements to report would be in rules and regs and not necessarily in statute, Senator Baker's question to you. [LB750]

DON WESELY: Yeah, that could be exactly right. [LB750]

SENATOR CAMPBELL: And that might be something we need to follow up on. It seems to me that, you know, in a lot of jobs, yes, if something is unlawful or whatever, but in the professions--health professions--many of them require very specific reporting on incidents. And it seems to me that strengthening that, rather than relying on a general whistle-blower, I do see a distinction here. [LB750]

DON WESELY: Yeah, it can be refined. [LB750]

SENATOR CAMPBELL: Um-hum, okay. Thank you very much, Senator-Mayor Wesely (laughter). [LB750]

DON WESELY: You bet. Thank you. [LB750]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB750]

JOAN NELSON: Thank you. Good afternoon. Thank you, Senator Campbell and members of the Health and Human Services Committee. My name is Joan Nelson, J-o-a-n N-e-l-s-o-n. I am here to support LB750 on behalf of myself and all those who have had the courage to stand up and report unethical, unprofessional, and inappropriate behaviors through the correct organizational channels, yet suffer consequences of that reporting. My personal experience involves documentation of unprofessional and inappropriate behavior in the surgical suite. I am a surgical RN. An electronic incident report was completed and submitted, per hospital protocol, for the unprofessional and inappropriate behavior. Soon after the report was filed I noticed a change in behaviors among my team members toward me. As the coordinator on the team, I was the target of sarcastic comments, being ignored, excluded, passive-aggressive behaviors, as well as disparaged regularly in front of my coworkers. My role as the coordinator was undermined and manipulated and I found myself called into the manager's office frequently with complaints of being an ineffective and inadequate coordinator. Never once was I allowed to know who was complaining about me, nor was I ever allowed in the manager's office to defend myself or explain the situation. The manager informed me that identifying the complainers would be a HIPAA violation. Within a couple weeks after reporting, a team meeting was requested regarding my lack of ability to continue as coordinator for the team. It was at this meeting I was informed that the incident report that I had submitted electronically had been posted in the OR suite for the entire team to see. I was informed that I was no longer a team player and that I no longer fit as a member on that team. I went to HR and reported being bullied and within one to two weeks of my HR visit I found myself on a performance improvement plan. I went from years of consistent evaluations of meeting or exceeding expectations and role model behavior to inconsistent and needing improvement. I realized my only option was to resign from my position or risk being terminated. I resigned from my coordinator position and briefly took a position as a staff member on another team in the OR. I continued to receive derogatory comments and similar behaviors as I received on the team I had just left. In order to preserve my dignity and health, I took a casual position as OR nurse liaison to remove myself from the continued, daily, hostile environment that I worked in. As a result of taking this casual position, my income was reduced by 50 percent and I lost many benefits. I've applied for numerous jobs within the health system since, only to be told I did not meet the job criteria, they were looking for someone else, looking for someone more qualified, or I did not even receive confirmation that HR had received my application. As you can clearly see, I am still feeling the repercussions of the decision I made to report unprofessional and inappropriate behavior, the first and only time I have ever made such a report in my 39 years as a nurse. Passing whistle-blower protections for healthcare workers reporting to the Department of Health and Human Services, as described in LB750, will protect the healthcare workers, have a direct positive impact on the safety of our patients, and promote a culture of safety by giving another avenue for reporting when complaints cannot be resolved within the healthcare organization. Hostile work environments are placing your wives, your husbands, your parents, children, and friends at increased risk for injury as a result of personnel fearful to speak up for fear of retaliation when these patients are at their most vulnerable: asleep

in the operating room. Senator Lindstrom, I would personally like to thank you for introducing this bill. To the members of the Health and Human Services Committee, I urge you to pass LB750. Thank you. [LB750]

SENATOR CAMPBELL: Thank you for your testimony. Questions? Senator Riepe. [LB750]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you for being here. The question that I have is just, is this one and the same thing of retaliation by supervisors or bullying by fellow employees? [LB750]

JOAN NELSON: All of the above. [LB750]

SENATOR RIEPE: It sounded to me like there...pardon? [LB750]

JOAN NELSON: All of the above. [LB750]

SENATOR RIEPE: Okay, and I don't know whether the legislation provides for bullying in there or whether there's other legislation. Do you feel, too, that you have now been blacklisted in the industry? [LB750]

JOAN NELSON: Absolutely. [LB750]

SENATOR RIEPE: Do you reside...where do...do you reside in Omaha or Lincoln or...? [LB750]

JOAN NELSON: Omaha. [LB750]

SENATOR RIEPE: Omaha, so that's a big market. But you feel like you've been blacklisted? [LB750]

JOAN NELSON: I have. [LB750]

SENATOR RIEPE: Formally or just...I mean at the administrative level... [LB750]

JOAN NELSON: Informally. [LB750]

SENATOR RIEPE: ...or just word of mouth? [LB750]

JOAN NELSON: Through HR, because every job that I've applied for I have to be the one to continue to follow up, never get calls back. And in the most recent one that I applied for, more than capable and qualified, the manager that was posting the job asked me, how come you didn't apply for the job? I said I did. She didn't even get my application, so that was pretty clear to me. [LB750]

SENATOR RIEPE: Okay. Now--maybe you said--are you a registered nurse? [LB750]

JOAN NELSON: I am. [LB750]

SENATOR RIEPE: So there's a...it's not like it's some discipline where there are just thousands of them out there,... [LB750]

JOAN NELSON: No. [LB750]

SENATOR RIEPE: ...especially with experience. [LB750]

JOAN NELSON: Exactly. [LB750]

SENATOR RIEPE: Okay, thank you very much. Thank you, Chairman. [LB750]

SENATOR CAMPBELL: Any other questions? Thank you for stepping forward. [LB750]

JOAN NELSON: Thank you. [LB750]

SENATOR CAMPBELL: Our next proponent. Anyone else? Good afternoon. [LB750]

MATT SCHAEFER: (Exhibit 4) Good afternoon. Sorry for taking a second. I was trying to look for the answer for Senator Baker's question about the statute citation. Good afternoon, Madam Chair. Members of the committee, my name is Matt Schaefer, M-a-t-t S-c-h-a-e-f-e-r, appearing today on behalf of the Nebraska Medical Association in support of LB750. The physician members of the NMA support the concept and intent of Senator Lindstrom's LB750 to provide for the confidentiality of and prohibiting retaliation against credential holders making reports under the Credentialing Act regarding another credential holder. The page just passed out a few suggested amendments that we would have after our review of the bill. We don't believe they negate the intent of the bill but strike some of the new additions that may not be appropriate after reviewing it. One example of that would be on page 10, lines 7 to 9, we would suggest striking

that language because the entity making the report under that section is a facility, an organization, or an association, not an individual. In the interest of time, I won't go through the other changes but would be happy to answer any questions you might have. [LB750]

SENATOR CAMPBELL: Thank you, Mr. Schaefer. Senator Howard. [LB750]

SENATOR HOWARD: Thank you, Senator Campbell. Does Senator Lindstrom have a copy of this? [LB750]

MATT SCHAEFER: Yes, he should. [LB750]

SENATOR HOWARD: Okay. All right. And you've been working with him on any suggested changes? [LB750]

MATT SCHAEFER: Yeah, I've had a couple of conversations with him and his staff, yes. [LB750]

SENATOR HOWARD: And does the amendment that he brought us today address any of those concerns? [LB750]

MATT SCHAEFER: I don't think...I've not seen the amendment. But as he described it, I don't believe it does. [LB750]

SENATOR HOWARD: Okay, thank you. [LB750]

SENATOR CAMPBELL: Okay. Questions? Senator Riepe. [LB750]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you, Mr. Schaefer, for being here. My question would be is, you're representing the Nebraska Medical Association, is that correct? [LB750]

MATT SCHAEFER: Yes. [LB750]

SENATOR RIEPE: Okay. Do they have a policy within their membership that outlines how to avoid retaliation or bullying within their offices? [LB750]

MATT SCHAEFER: Within the association offices or the members' offices? [LB750]

SENATOR RIEPE: Well, maybe coming down from the association that this is a prototype policy, this is a model policy, this is a policy we encourage, because the same retaliation in the...it doesn't just happen inside buildings called hospitals. It can easily happen in clinics and a lot of other places. [LB750]

MATT SCHAEFER: Yeah. I'm not aware of one, but the folks who would know are in the room and can let you know after the hearing. [LB750]

SENATOR RIEPE: Okay, just a curiosity question. [LB750]

MATT SCHAEFER: Thanks. [LB750]

SENATOR RIEPE: Thank you. Thank you. [LB750]

SENATOR CAMPBELL: Other questions, Senators? Thank you, Mr. Schaefer. [LB750]

MATT SCHAEFER: Senator Baker, I think the statute you were looking for was 38-1,124 and 38-1,125 would be I think the duty-to-report sections. Thank you. [LB750]

SENATOR CAMPBELL: Oh, Mr. Schaefer, just one question. Yes, go ahead, Senator. [LB750]

SENATOR HOWARD: Thank you. You mentioned the parameters or discretion, so if somebody makes a complaint or files a complaint, that there would be instances where the identity should be released. Can you tell me what that would look like? [LB750]

MATT SCHAEFER: I don't have an example for you but I suppose there could be an instance where somebody didn't want to remain anonymous. [LB750]

SENATOR HOWARD: Not that they didn't want...they want to remain anonymous, but this would be an instance where the department would release their identifying information. You're suggesting that...so somebody could respond to that complaint as though it's a court proceeding? [LB750]

MATT SCHAEFER: Yeah, I think if it goes far enough to be a contested case, there would be a hearing before the department. I think a hearing officer is appointed. [LB750]

SENATOR HOWARD: So releasing this information is sort of contrary to the intent of the legislation though, correct? [LB750]

MATT SCHAEFER: I think, if you're at that stage, I doubt that there would be any confidentiality remaining. [LB750]

SENATOR HOWARD: Okay. [LB750]

MATT SCHAEFER: If you're at a hearing, I would think at that point you would know the identity of the individual. [LB750]

SENATOR HOWARD: Regardless of whether it's a patient or a credential holder? [LB750]

MATT SCHAEFER: I suppose, yeah. [LB750]

SENATOR HOWARD: Okay, thank you. [LB750]

SENATOR CAMPBELL: Any other questions? I'm sure we can check with the department on... [LB750]

MATT SCHAEFER: Yeah, okay. [LB750]

SENATOR CAMPBELL: ...on the hearing situation. [LB750]

MATT SCHAEFER: Yeah. [LB750]

SENATOR CAMPBELL: That's the first time we've...that's been raised, so we can check on that. Thank you, Mr. Schaefer. [LB750]

MATT SCHAEFER: Okay. Thank you. [LB750]

SENATOR CAMPBELL: Our next proponent. Those who oppose the bill. Those in a neutral position. Okay, Senator Lindstrom, we're back to you. [LB750]

SENATOR LINDSTROM: Thank you, Chairman. Thank you, Committee. First, I'd like to thank the individuals that came in today and shared their story. I know it's not easy to get up in front of

not only senators, but even just describe and tell, you know, a painful story in their past. And so, you know, I'd like to work with the committee on moving forward with this. As it stands now, without any opposition, I'm hoping maybe we can work on consent calendar or even rolling it into another bill. Obviously we're past the point of priorities, so would like to work on that. And if there are suggestions, I know Mr. Schaefer had brought some things that maybe we could discuss, but don't know if and when to move on some of the things, but we can work on that and hopefully get something in the next several days or so. But with that, I'd take any other questions you may have. [LB750]

SENATOR CAMPBELL: Any follow-up questions? Senator Crawford. [LB750]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you, Senator Lindstrom, for bringing this bill and for providing an opportunity for these nurses to have a chance to talk about possible changes to protect them. Have you had any discussions with the department about the confidentiality or any concerns that they have about confidentiality and/or discussions about making it possibly anonymous? That's one thing that's been discussed in a couple of...and at least one of the testifiers said, well, maybe it should even be anonymous. Have you had any discussions about confidentiality or anonymity with the department? [LB750]

SENATOR LINDSTROM: Well, that's...you know, that's what we would like to focus on as far as if you're mandated to report we want to have that be confidential. I do realize that and we had talked about this with regard to rules and regulations. But as you can tell and see by the individuals today, it's not being done. [LB750]

SENATOR CAMPBELL: Senator Kolterman. [LB750]

SENATOR KOLTERMAN: Yeah. And, Senator, thank you for bringing the bill. After hearing the testimony today and knowing what people go through, I agree with you. It took a lot of courage for the ladies to come forward. I think it's important to thank them like you have. To have your career ruined by doing what you’re supposed to do doesn't seem right and we need to work on this, so I appreciate you bringing it. Thank you. [LB750]

SENATOR CAMPBELL: Senator Baker. [LB750]

SENATOR BAKER: Thank you, Senator Campbell. Senator Lindstrom, you know, to amplify, I guess, Senator Crawford's point about have you contacted HHS now, you know, I think there's a perception that maybe the culture within HHS has changed with...under Courtney Phillips and I

just wonder how she would react to knowing that names have been...complaints gone right to the people who are being complained against. [LB750]

SENATOR LINDSTROM: And I appreciate that question. And as much as I respect Director Phillips, she may or may not be around forever. And so if we do have somebody that is in that position at some other time,... [LB750]

SENATOR BAKER: Good point. [LB750]

SENATOR LINDSTROM: ...who is to say that the culture could change for the worse? [LB750]

SENATOR BAKER: Good point. [LB750]

SENATOR LINDSTROM: And so I think taking the necessary steps to protect not only what the nurses described as protecting the patients with maybe some acts that hurt the patients, but also protecting people who are trying to do the right thing. And so I don't know if I'd be willing to take a chance on relying on a culture that exists now that possibly could change at some later date. [LB750]

SENATOR BAKER: It seems to be a good step. But how about Senator Riepe's concern? You know, if there's bullying by coworkers, I mean, this probably doesn't stop that. [LB750]

SENATOR LINDSTROM: Well, I guess I would argue that it probably does. If they remain anonymous,... [LB750]

SENATOR BAKER: If they remain anonymous. [LB750]

SENATOR LINDSTROM: ...then the coworkers wouldn't have...wouldn't be privy to the information to act out and bully. So I could see this legislation, this rule being in place to actually subside that. [LB750]

SENATOR BAKER: Although, if it were a situation in an operating room about a particular incident, it wouldn't be hard to narrow it down to very few people who it could have been, right? [LB750]

SENATOR LINDSTROM: True, true. [LB750]

SENATOR BAKER: Thank you. [LB750]

SENATOR LINDSTROM: Yeah. [LB750]

SENATOR CAMPBELL: Senator Lindstrom, in your research as you went through this, was this...all of these cases not covered by the procedures that are in the department? Or is the procedure in the department to release the names? [LB750]

SENATOR LINDSTROM: No, they're not supposed to release the name, no. [LB750]

SENATOR CAMPBELL: Okay. So on all of these cases, was it, to your knowledge, the same person who released them? I mean is this an employee who didn't understand at the department level? [LB750]

SENATOR LINDSTROM: I would imagine it would be different. [LB750]

SENATOR CAMPBELL: Okay. [LB750]

SENATOR LINDSTROM: I don't think it would be the same, but I guess I have to follow up, but I don't think so. [LB750]

SENATOR CAMPBELL: We just may want to follow up. And in terms of Senator Baker's question, a discussion perhaps with you and several people from the department could determine, because there may need to be additional strengthening language... [LB750]

SENATOR LINDSTROM: Sure. [LB750]

SENATOR CAMPBELL: ...beyond what you have to ensure that the department puts into procedures that names would not be released or how that would work. I'm not suggesting what that process might be, but a discussion with them might be helpful here. [LB750]

SENATOR LINDSTROM: Sure, and I appreciate that. And I'd be more than willing to look at other measures to do this. [LB750]

SENATOR CAMPBELL: Right. Director Dawson is sitting behind you, and so you may want to exchange a card with her and maybe have a discussion. [LB750]

SENATOR LINDSTROM: Okay. [LB750]

SENATOR CAMPBELL: I just think we need to be fully aware of what should be in place in the department, not that your statute is not...that your bill is not needed. I think it is. But let's make sure that it goes and says what we need. [LB750]

SENATOR LINDSTROM: Agreed, agreed. [LB750]

SENATOR CAMPBELL: Anyone else? Okay, thank you, Senator Lindstrom. [LB750]

SENATOR LINDSTROM: Thank you so much. Thank you. [LB750]

SENATOR CAMPBELL: That concludes our hearing on LB750 and we will proceed to LB998, Senator Schumacher's bill to provide for emergency community crisis centers and change provisions relating to emergency protective custody. Good afternoon. [LB998]

SENATOR SCHUMACHER: (Exhibit 1) Thank you, Senator Campbell, members of the Health and Human Services Committee. My name is Paul Schumacher, S-c-h-u-m-a-c-h-e-r, representing District 22 in the Legislature and back here again before the committee. It's been years and I wasn't before the committee and now I seem to live here. And I guess the reason for these appearances is an outgrowth of the situation that we ultimately began to poke around with, with the Nikko Jenkins hearing, which led us to look at mental health, led us to look at the prison system as how the things all work and whether or not we need to address those issues as part of our responsibilities and find out what we need to find out. This bill is rather close to one that was heard in Judiciary Committee and I think it carried a $14 million price tag. It was in many respects the same bill but this one asks for five crisis centers and then adds about another $7 million, so that looks like a bargain to me. Maybe we should just pass it and grab the deal while it's on the table. What we are struggling with is a mental health system which is not terribly well organized and which does not do a uniformly good job across the state of addressing mental health issues which, if left unaddressed, show up as prison overcrowding issues. And this bill is a bit of the puzzle; it doesn't encompass the full puzzle. I think the full puzzle will be much more expensive by the time we're all said and done because we will need to look at additional regional center-type facilities for long-term care and, then, what I think they call step-down facilities for reintegration of people who can be reintegrated to a community through a medium facility before they're actually put back into a community environment where they may or may not take their medication and behave themselves. What this bill is an outgrowth of is testimony that we heard. I think it was the LR34 Committee earlier this year which echoed in some respects the experience I had as county attorney years ago, but at least I had an answer for the problem, an answer that the state has taken away when we closed the regional centers. But you have a situation where

under our law it's the law enforcement officer who is charged with making the initial determination of whether or not somebody is mentally ill and dangerous. And once they say, gee, it looks to me like I've got a case of somebody who's got a real crisis going on here and they may hurt themselves or others, they take him into custody. Well, that law enforcement officer has got to do a lot of things in his life, include helping pull stuck motorists out of the ditch on a snowy day or drawing diagrams in a traffic accident, and probably has got minimum psychological experience and skills. So the officer is supposed to know what to do. Well, where...what does he do? Where? What facility should he take him to? And sometimes the mental health administration units that we have, apparently called regions, are supposed to have contracted with a hospital to take people in who are in trouble. But those institutions apparently are not required to take anybody in and can fairly summarily say no. And if they say no, for whatever reason, the officer sits there. Now officers, knowing that there is a good soul that they usually can confide in and get advice from, pick up the phone and call the person in the county attorney's office who has got that assignment, and when they do the county attorney feels obligated to help the officer place the person. The county attorney is cognizant of the idea that the law says, thou shalt not throw a mentally ill person in jail. So the county attorney is very, very careful not to proclaim this person mentally ill all too quick because, in the back of his or her mind, they realize they just might have to throw them in jail. And I think you'll hear some testimony today about how the law enforcement and the county attorneys wrangle to find positions where...places where they can send these people if...particularly in those cases where the hospital has been contracted with, perfectly legitimately under its contract, says no, I don't think we want to touch this one, for whatever reason. How would they get them into the regional center? If the regional center beds that have been assigned to that particular county or region are full, what do you go to? How do you...what do you do? And the handout that I handed out is from a member of a county...one of these regional authority boards and talks about lengthy times where officers sit around trying to figure out where to take somebody. Often during that time the crisis subsides and they don't know whether to release them or not. But in those cases where it does not subside, a real tough decision has to be made. You have somebody who is clearly a problem, mentally ill and dangerous, and you have no place to put them. That should never happen after 30 years of this system being in operation, but I think you'll hear testimony today to the contrary. And so they say, well, maybe this person isn't so mentally ill, after all, when the officer was trying to get him into the car he got kicked in the shins, sounds like assaulting an officer to me, take him and put him in the county jail and then we will try and figure out this puzzle sometime when it gets simpler and we can find a facility to stick them in and to then begin the mental health treatment or commitment process if they continue to show these symptoms. Additionally, we really don't have good public facilities for somebody who says, I think I'm losing it and I'm afraid of my medicine or I'm hearing the walls talk to me like I do sometimes and, you know, I think I need help. And so there should be a place that they can go. And so the idea that's in this bill, some form of which someday should be integrated into a system, is that we have these crisis centers, five of them spread across the state, that the officer can rapidly turn over the mentally ill person

to upon an emergency mental health situation or a person who feels that they are losing it and needs help and assistance can go to. And so that's what this bill seeks to start the discussion on, and it carries a good price tag. It has...it was expected to. And it does not then address the issue of what happens if they are in need of longer term care beyond the crisis, whether we're adequately staffed and facilitated there and at the regional centers, whether or not the method of contracting with these hospitals for emergency care needs to be beefed up so that there maybe are private facilities that have to take somebody, rather than discretionarily take somebody. It does not address the issue of how do you step them back into the community so it just isn't a short go-around and, merry-go-round, you're back in the system again. When we get through addressing all those issues, in conjunction with our Corrections issues which are intimately interwoven with this because somewhere between 20 and 40 percent of the folks in there are probably there as a result or at least a contributing result of a mental illness, we will be looking at several hundred million dollars, I'm sure. And where this has some interest for me, just coming from the Revenue Committee where the talk is always how we can cut taxes, before we get too far down that road, we ought/need to have a perspective of how much we're going to need to spend, because once we do tax cutting and get off on that trip, there won't be any money to spend, not that there's a whole lot to spend right now. But this is all an integrated part of a process, and I think we are cognizant now that we have real mental health shortcomings in the state facilities, coordination, administration, long neglected, and the theory of the law kind of been just blown past because we are supposed to have a mental health czar who rides herd on these regions, who administers budgets. Hopefully we are close to that realization, not only in the legislative side but the executive side, and going to start behaving like I think we were supposed to behave when they wrote those statutes 10-15 years ago. So I bring this to the committee. It doesn't have a priority, as you know. I doubt very much if there's anything that it could be tacked onto. But it is a discussion I think I'm going to try to make sure in my last two years here we're going to at least make some inroads on, and maybe in the process make some people unhappy. But it's part of our responsibility and we sure as heck got to do it before we go off and start limiting our revenue resources to a point that, even if we wanted to, we can't do anything. So I'll be happy to take any questions, and you'll probably hear from people who are far more competent to testify on the issue than me. [LB998]

SENATOR CAMPBELL: Senator Schumacher, as you looked at this issue, how many EPC units do we have in the state? [LB998]

SENATOR SCHUMACHER: I don't know if there are anything called EPC units. There are facilities, hospitals that the regions contract with. I think the Lincoln region has a pretty decent facility. I think you have some private hospitals in the Omaha area that are capable. But it is far from a sensible and integrated system and I think you'll hear how it doesn't quite work. [LB998]

SENATOR CAMPBELL: In Lancaster County we have, and I think we still have, an EPC unit. And we were serving 15 counties, I think, or a number of counties that, maybe not that many, that contracted and which their sheriff could bring somebody. And there are statutes because there is a limitation on how long you can hold someone... [LB998]

SENATOR SCHUMACHER: That's right. [LB998]

SENATOR CAMPBELL: ...in an EPC and what needs to be done... [LB998]

SENATOR SCHUMACHER: Yeah. [LB998]

SENATOR CAMPBELL: ...because at that point isn't the question...and you're the former county attorney. I'm sure the judgment then is, on a mental health commitment, whether they are a danger to themselves or to others. [LB998]

SENATOR SCHUMACHER: The officer makes the first guess and first kind of quick diagnosis of it unless he wants to drive around with them for, whatever it is, 48 or 72 hours. He's got to put them someplace. There's a time limit, and I'm having a hard time remembering if it's 48 or 72 hours, in which a determination has got to be made by a mental health professional that they are mentally ill and dangerous. If they are, the county attorney summons the Mental Health Board. The Mental Health Board has a hearing. They have a right to be represented by counsel. Usually they do too much talking at the hearing and make it a rather easy case. But there is a determination made by the Mental Health Board. The Mental Health Board then, if it finds that they are mentally ill, isn't dangerous, issues some type of an order ordering to a facility. That facility is one of the facilities that we need to make sure we have plenty of and adequately staffed. And then at some point they are released from that facility. And you may even hear a story today about how the practice is to release them pretty quick simply because--it's like at the penitentiary--you've got to run them in the front door to run them out the back door to make room for somebody running in the front door, and how it's very difficult and very rarely that anybody interferes with that process to stop that vicious cycle. [LB998]

SENATOR CAMPBELL: Many years ago Chief Justice Heavican was the county attorney in Lancaster County and brought several of us who were serving on the county board to a meeting with a large group of state senators. And basically the County Attorney, Heavican, said, we are tired of doing cruiser therapy, we want something in statute with regard to EPCs and we want some funding for it. And that's how we first got started in Lancaster County. I thought Douglas County also had a unit but I could be wrong. [LB998]

SENATOR SCHUMACHER: And they very well might and the problem...and when you have a little population base, you have a...and a county board with a little bit more funding, you have a little bit more ability to address those issues. It gets a little harder when you get out in the sticks. And so...but I do think that...and I think Lancaster County has still got a pretty good reputation. But if in those days when Heavican was still county attorney this issue existed, and I think you're going to hear an echo of the past today that it still exists, then somebody in the executive branch or somebody in this branch has not been raising enough Cain. [LB998]

SENATOR CAMPBELL: I don't disagree with you. Senator Howard. [LB998]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you, Senator Schumacher, for bringing this bill to us today. I wanted to ask you, is part of the challenge of EPC placement because they're uninsured? [LB998]

SENATOR SCHUMACHER: If you have money, I would guess that you would be gladly taken someplace. [LB998]

SENATOR HOWARD: Find a bed in a hospital. [LB998]

SENATOR SCHUMACHER: But, yeah, it's...and the very nature of people who get into these crisis modes, whether it's the result of untreated schizophrenia or drugs or alcohol or whatnot, is that they don't have any money. An answer wouldn't be to stick them in jail if they had money because then they could bond right back out. But it's...there is no insurance for most of these cases. They are the part of society which we really find hard to address and fund. [LB998]

SENATOR HOWARD: Is your intention for these crisis centers, would they be able to bill out? Are you thinking of them sort of as an emergency health clinic and they would be able to bill for the medical screenings and the overnight stay? [LB998]

SENATOR SCHUMACHER: I think probably in some cases might be a little bit more than overnight, but I would guess if there's some type of federal or state program or private insurance available that...and it turns out that the facilities are able to make that billing, then I would...you know, naturally we want to get money from wherever we can. [LB998]

SENATOR HOWARD: Okay, thank you. [LB998]

SENATOR CAMPBELL: Any other questions, Senators? Senator Riepe. [LB998]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you, Senator Schumacher, for being here. The question I have is, you talked about the crisis centers, are those the same as the regional centers? [LB998]

SENATOR SCHUMACHER: No, these would not be the same as the regional. The regional center, at least as I understand it, is a rather big, hospital-like, inpatient setting. These are more like triage units that are out there, smaller in bed size, smaller in staffing, and these are the intermediate units for somebody on short-term EPC placement, maybe a short-term "help me out, I'm ready to commit suicide, I'm depressed" placement. But these are not the long-term institutional things that we, at least I, think of as a regional center. [LB998]

SENATOR RIEPE: But I know when they went away from the institutionalized care, they established the six regional centers in the state and I was just trying to see if those were coordinated with that. [LB998]

SENATOR SCHUMACHER: I think those regional centers, I think they're administrative regions, as I understand it. [LB998]

SENATOR RIEPE: Yes. [LB998]

SENATOR SCHUMACHER: We closed most of the regional centers except maybe Lincoln and maybe part of one up in Norfolk. [LB998]

SENATOR RIEPE: Norfolk,... [LB998]

SENATOR SCHUMACHER: And that's so... [LB998]

SENATOR RIEPE: ...Lincoln, Hastings. [LB998]

SENATOR KOLTERMAN: Norfolk is closed. [LB998]

SENATOR SCHUMACHER: And so we closed down quite a bit under the theory, supposedly, that we were going to create community-based mental health and these people were going to be taken care of in the community, and all that plan did not really come together. And we did do the first step, which saved us some money, and didn't get too eager about doing the second step, which would cost us some money. [LB998]

SENATOR RIEPE: When you explored this, did you look at some of the critical access hospitals? Because, you know, they expressed concerns about occupancy levels, I don't know whether there's an opportunity to convert and create a holding area so that county sheriffs in that area would have someplace, rather than the jail, to take them. [LB998]

SENATOR SCHUMACHER: And that is part of the things that, my impression, these regional administrators should contract or have the ability to contract for, for those additional facilities that would definitely make sure that there's a facility there or a room there. But as I understand it, the contracts that are outstanding are not mandatory. If they see somebody that they say, look, this is...we can't quite handle this guy, they go back in the cruiser, they don't get taken care of, and the county attorney has got to shop for a bed someplace. And I think you're going to hear some interesting testimony at least from one deputy county attorney that is here, certainly managed to talk to the LR34 Committee for about 45 minutes, because you get an impression every once in awhile that some witness knows what they're talking about. [LB998]

SENATOR RIEPE: There's a substantial fiscal note. What percentage of the problem do you think that covers? Hundred percent? [LB998]

SENATOR SCHUMACHER: No, no, this doesn't scratch the 100 percent. If we're going to comprehensively look at this, particularly if you bring it under the context of the Corrections problem, we're looking at several hundred million dollars. And it's hard to say what the recurring expense will be. [LB998]

SENATOR RIEPE: And this may be a federal issue, you being an attorney, you can help me out on this, is that there's oftentimes a problem with parents who have a loving child, a child that they love dearly but, because the child is an emancipated minor, they're unable to do anything and their hands are tied and they can see the problem but they're unable to do anything. Is there anything in here that can sort of set that aside or is that just such a...that's a national problem. [LB998]

SENATOR SCHUMACHER: Yep, it is, and when they reach adulthood it's hard to unadulterize...unadulterize? (Laugh) That's not right. [LB998]

SENATOR RIEPE: Put that in the record. [LB998]

SENATOR SCHUMACHER: Put it (laugh)...but in order to...you have to use guardianships or conservatorships if the parents have any assets and want to do something. But in many, many of these cases I think the kids just drift, and until they trip into a formalized system under an

emergency protective situation or they commit some kind of an offense, they continue to drift. And with the parents pulling their hair out, they don't know...you know, they can't make them take their medicine. They can't make them go to the doctor. They suffer through crisis after crisis of them showing up at home maybe and wanting to stay overnight and seeing them drunk and it's not a happy thing. [LB998]

SENATOR RIEPE: Yeah, well, your commitment to the effort strikes a chord towards...against term limits. You know, if you only have a couple of years left, we may need to have you here for another 10 or 20 to get on top of the problem. [LB998]

SENATOR SCHUMACHER: Either that or you find somebody to succeed you who's really, really sharp on the subject and you just might see that today. [LB998]

SENATOR CAMPBELL: Okay. Any other questions? [LB998]

SENATOR RIEPE: Thank you. [LB998]

SENATOR CAMPBELL: Thank you. Will you be staying to close? [LB998]

SENATOR SCHUMACHER: I think so. [LB998]

SENATOR CAMPBELL: Okay. [LB998]

SENATOR SCHUMACHER: Thank you. [LB998]

SENATOR CAMPBELL: All right, our first proponent today. Good afternoon. [LB998]

ELIZABETH LAY: Good afternoon. My name is Elizabeth Lay, L-a-y, and I am a deputy county attorney from Platte County, Nebraska. I have been serving in this role for approximately three years now, and from the moment I took the job I became the staff attorney that was dedicated to mental health in Platte County. And it certainly didn't take me long to realize that there...I don't even want to say was a big problem with mental health. There were several holes in the system that required such enormous effort to try to work around, usually to the detriment of the person who was ill, which is obviously not what we want to see, at least in the short term, to try to ensure that that person gets to a safe environment in the long term. One of the first things that I saw was that the Legislature has given the regions the ability, or the Department (sic--Division) of Behavioral Health through the Legislature, through the statutes, have given the regions the

ability to contract with private hospitals. And so immediately, you know, although I understand and I am a proponent of community-based resources--I think that's great to be able to keep these people in your communities, with their families and their support systems, because that really is the key to success--automatically we're going to have an issue because you have a private hospital making determinations on a really sick individual. And we've taken all of the state's ability to take care of these people away because we've closed down all the regional centers except for this one in Lincoln who, because we closed down all the regional centers, has become so pressured in the work that it has to do it can't actually effectively do its job either. And so I try to get someone into the hospital who is a violently ill individual, someone who is homicidal. And the private hospital says, oh, you know what, we don't want to take that person, because our accreditation might be put at risk. Actually it is put at risk. We've been...you know, we had a violent person who assaulted a staff member or we have a violent person who has assaulted another peer here, another patient, and all of a sudden here comes the licensing units trying to decide whether or not we should be able to keep our license. So from now on we're just going to do a blanket policy where we're not going to accept those types of people, except for that doesn't work because those are the types of people who are so violently mentally ill that they walk into Von Maur and they shoot a lot of people, or they're Nikko Jenkins, or you get, you know, mass school shootings because no one wants to deal with that person, no one wants to take that person. And if, you know, you have a state agency saying this may be too much to handle under the circumstances that we're operating at right now, certainly a private hospital isn't going to take that person. And so there's no place for that person. As the county attorney or deputy county attorney, it gets turned back to me. The region gets to say, and in most cases they are very helpful, but in this particular case they get to say, sorry, we don't have any answers for you. I don't get to say that in my job because if I say, okay, he's ill so we really shouldn't be putting him in jail because that's not fair, let's just turn him back over to his mom--mom dies. So what we do is we say, okay, we're not going to EPC you at this time, we're going to charge you with a crime, a crime that he's committed. You know, most of the time when we're in this situation I choose not to go that route because obviously that's not going to solve the problem in the long term. We want to make sure that people who are truly mentally ill, even if they are committing crimes, when they are truly mentally ill and that crime is stemming from the behaviors associated with that mental illness, we want to make sure that we're getting them into a treatment protocol that's going to help stem that behavior in the future so that it doesn't happen over and over again, so that we don't have our prisons overcrowded with people who could benefit from treatment. But in this short term I have to figure out where can I put this person for public safety purposes. And where I can put them, because they will take anyone who has committed a crime, is jail, though they don't want that person and though it increases the liability of that jail and of the county to have a mentally ill person in their jail. We have to find a place to put them, so we put them in jail and that's where they wait until we can find a place for them, until they've been violence free for long enough that a private hospital will finally step in and take them, which doesn't happen very often, or until space opens up at the Lincoln Regional Center, which could be three or four

months down the road. So then you have a whole completely different issue of a mentally ill person in a cell, in a jail, receiving no treatment if...limited treatment if any treatment at all. And then they go to the regional center three or four months later completely destroyed. Whereas they could have been rehabilitated before, maybe now their brain chemistry has been altered to such an extent from lack of proper medication they may never be restored back to where they could have been before. Experts will testify that the longer a person goes without treatment, the less likely it is that they'll be fully restored to full capacity. And that's...those are the types of things that we're dealing with. And, you know, I racked my brain last night because I've testified on this subject a few times now. And so I racked my brain: What could I tell you that's new? What can I say that's new? And the fact is I can't tell you anything that's new because it's the same problems over and over and over again. And I deal with them in Platte County. I deal with these problems in Platte County because our particular region has contracted with private hospitals because we don't have a crisis center. I know that Lincoln does have a crisis center and, as far as I know, it's the only crisis center in the state. Omaha does have some critical care units in hospitals that will take people, but they won't take the type of people that your crisis center will take because the licensing is different. The crisis center is licensed under the CARF licensing model and hospitals are licensed obviously under a different model so that patients' rights and patients' safety, all of those things come into play, whereas the Lancaster Crisis Center is licensed differently. I've toured that facility. It is a wonderful facility but, because of the problem with mental health overall, because there is a lack of...there's just...there are these gaps that really rear their ugly heads, it puts stressors on the system overall, as a whole. And so that's just one problem that I deal with. The EPC is just one problem that I deal with. And if you put it in the state's hands and you have these crisis centers, then we aren't going to be turned away, then we aren't going to have to tell someone you have to stay in jail for four months before we can finally get you into the regional center because the regional center has called all the hospitals and said, we're closed to mental health commitments because right now we're dealing with court orders. [LB998]

SENATOR CAMPBELL: Ms. Lay, I think we're to the red. [LB998]

ELIZABETH LAY: Oh, I'm sorry. I'm so sorry. [LB998]

SENATOR CAMPBELL: And so I think we'll go to the questions for senators. [LB998]

ELIZABETH LAY: Okay. [LB998]

SENATOR CAMPBELL: Questions that you might have? Senator Riepe. [LB998]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you. And I do remember. You have been here before. [LB998]

ELIZABETH LAY: I have. [LB998]

SENATOR RIEPE: And welcome back. The question that I have, because there is Medicaid funding for mental health services, so is it in...if I appear, yes, the compensation may not be as desirable as providers might like, but it's still there to some degree. The question I have then, does it come down to the facility that, say, the community hospital in Norfolk, or pick another town, might not have the capacity to manage a mental health patient? [LB998]

ELIZABETH LAY: That's a two-part question. [LB998]

SENATOR RIEPE: Yes. [LB998]

ELIZABETH LAY: The behavioral health unit attached to the hospital in Norfolk, they have a specific behavioral health unit that deals...that should be dealing with our region's EPCs because they've contracted for that. They will take some of them; a lot of them they will take if they have a bed available. The ones that are causing the most concern, the very violent individuals, the homicidal individuals, those they just turn away regardless of capacity, regardless of whether or not they have the room, because they say they're not willing to put their licensing at stake if that person lashes out. So whether or not they have the capacity has no bearing on whether they will take those particular individuals, the ones that we have so much problems placing, those very dangerous people. On the flip side of that, Medicaid is a completely different animal that very much dictates how poor--I'm not even going to say how well the system works--but how poorly the system is handled across the board because Medicaid has the final say on whether or not they'll pay for treatment for a person. So I have numerous cases where a doctor who actually treated the subject in person, saw the subject, evaluated that subject, and made a treatment decision based on the symptoms that they were actually seeing, Medicaid has come in and told them, no, we won't pay for that level of treatment, you will do this level of treatment, which is a lower level of treatment, and that's what we'll pay for. So then the doctor structures their treatment based on what will be paid for and they fail because that's not the level of treatment that they needed. So Medicaid itself, I could talk...I mean the cases that I have where someone has failed miserably because Medicaid came in and said, we're not going to pay for the level of treatment that this doctor thinks that this person needs. Some doctor or some administrator far away that's never laid eyes on the patient gets a case study and looks at it and says, oh, you're not right, they need a lesser level of care. I could tell you stories for days on how many people have failed and ended up in the prison system because Medicaid wouldn't pay for the treatment protocol that they needed. [LB998]

SENATOR CAMPBELL: These people would have been...Magellan would have been answering and they're the managed care company who handles mental health at least for this year. [LB998]

ELIZABETH LAY: Right. [LB998]

SENATOR CAMPBELL: And then next year we go to a whole different system of managed care. But it is the managed care company that's saying no, not the division. [LB998]

ELIZABETH LAY: It is, right. It is Magellan, is what I should say. [LB998]

SENATOR CAMPBELL: And some of the people would not be eligible for Medicaid. [LB998]

ELIZABETH LAY: Right. [LB998]

SENATOR CAMPBELL: So if you don't have the eligibility you can't... [LB998]

SENATOR RIEPE: Chairman, could I ask one follow-up question? [LB998]

SENATOR CAMPBELL: Sure. [LB998]

SENATOR RIEPE: Thank you. On a "first things first," if you have a homicidal individual, I'll call him that instead of a patient at this point in time, I mean, doesn't that trump any...obviously mental health may be driving that. But, I mean, isn't jail your only option if you...I mean most of these hospitals are not built with structure that a jail is built that if you get someone that's, quite frankly, that violent and threatening, I don't care, even the mental health hospital would have a hard time. So to me it's multiple problems that are going on here but you have to go to the worst one, first things first, and that is, if it's a homicidal patient, you got to go to the jail, don't you? Or is...correct me if I'm wrong. [LB998]

ELIZABETH LAY: I'm sure that there are county attorneys out there that would just immediately default to criminal and that person would go through jail, they would serve their time, they would get out, and then you would have a person who went through jail and had no treatment and would probably reoffend in the same manner, if not worse: actually completing a crime this time. What I try to do is when we have...there is a difference between mental illness driving behavior as opposed to mental illness coexisting with behavior. And so when we get a report through where it's clear that what is driving the behavior is mental illness and that, without that mental illness presenting those symptoms at that time, that behavior would not exist, then we do try to go the treatment route because we're trying to ensure that that person doesn't come out of jail and kill someone this time. We're trying to ensure that the treatment is primary so that we...so that that person can go back into society and live a more productive life. Jail doesn't accomplish that. And most likely what's going to happen is they're going to go through jail, be untreated in

mental illness, commit more crimes while in jail, and never leave. And that to me is inhumane if you have another way to deal with them. I mean if they're truly mentally ill and that's what is driving that behavior, then they deserve that chance to get better and to live that productive life. And so it's really that first test where you have to decide: Is it coexisting or is it driving the behavior? [LB998]

SENATOR RIEPE: Would you concede that the absence of Medicaid funds is not the only driving piece that would...causing this problem? [LB998]

ELIZABETH LAY: The absence of Medicaid funds? [LB998]

SENATOR RIEPE: I mean the Medicaid funds are out there, so it's not as if we don't have any Medicaid going into this, therefore, we have this problem. [LB998]

ELIZABETH LAY: We have this problem... [LB998]

SENATOR RIEPE: I think the problem is much bigger than just...and I don't know how much money. Sometimes there isn't enough money in the world to solve some problems but... [LB998]

ELIZABETH LAY: This problem is multifaceted. The funding itself, Medicaid funding itself, that I don't...I guess I don't want to speak to that because that funding is there and we do see patients with Medicaid funding. I'm more speaking to the decision making behind when you will or when Magellan decides not to fund a specific treatment protocol, which then ends up that patient failing, whereas he may have succeeded if they had determined that he could go where he needed to go to begin with. But the funds are there and we do see Medicaid funding for patients. So the problem is huge and it goes much beyond Magellan denying treatment protocols that are necessary. But that's more to what I'm speaking of is that the administrative body itself is denying care. [LB998]

SENATOR RIEPE: Okay, thank you. [LB998]

SENATOR CAMPBELL: Questions? I'm sorry, Senator Riepe. [LB998]

SENATOR RIEPE: I'm done. [LB998]

SENATOR CAMPBELL: Senator Crawford. [LB998]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you for being here. I appreciate your perspective and your front-line view of what this looks like. What I believe I understood you to say is that one of the critical issues is that there's no place that you can take someone that can't refuse them right now; like the contracts that you have, those contracts still allow them to refuse someone. You have a violent patient with serious mental ill...that's seriously mentally ill, there's no place you can be sure they have to take that person. Is that correct? [LB998]

ELIZABETH LAY: Yes, ma'am. [LB998]

SENATOR CRAWFORD: Yeah. [LB998]

ELIZABETH LAY: And that is correct. And I will say that there are certain instances where our private hospitals will not take a voluntary patient. [LB998]

SENATOR CRAWFORD: Okay. [LB998]

ELIZABETH LAY: I mean they just decide they don't want to. It depends on the day, it depends on the doctor, it depends on the hospital, but we do have instances where voluntary patients are refused. So we have people who want to get help and who want to stop the cycle and can't find a hospital that will take them; or if we do, we have, you know, we have to find transportation for that person far, far away. [LB998]

SENATOR CRAWFORD: Thank you. [LB998]

SENATOR CAMPBELL: Other questions over here? Thank you for your testimony. [LB998]

ELIZABETH LAY: Thank you. [LB998]

SENATOR CAMPBELL: Our next proponent. You're probably going to want the page to take your orange sheet there. [LB998]

ELAINE MENZEL: Oh. [LB998]

ASHLEE FISH: She gave it to me. [LB998]

SENATOR CAMPBELL: Oh, okay. [LB998]

ELAINE MENZEL: I did. I'm sorry. [LB998]

SENATOR CAMPBELL: You have another one (inaudible). [LB998]

ELAINE MENZEL: I...yeah, yeah,... [LB998]

SENATOR CAMPBELL: Oh. [LB998]

ELAINE MENZEL: ...for the next hearing. [LB998]

SENATOR CAMPBELL: Oh. All right. You're prepared. [LB998]

ELAINE MENZEL: Well, that's for my boss. Hopefully he can get over here because he's across the way, but...Chairwoman Campbell and members of the Health and Human Services Committee, for the record, my name is Elaine Menzel; it's M-e-n-z-e-l, and I'm appearing here on behalf of the Nebraska Association of County Officials. A number of counties...well, Liz has represented...excuse me. Ms. Lay has represented to you some of the issues that county attorneys throughout the state, as well as law enforcement, are facing. This is not entirely in all counties by any means, but that's similar to a lot of issues. I do think, while funding is an aspect of it, I do think that the primary part is the services provision availability. And I'm not surprised when Senator Campbell and Senator... [LB998]

SENATOR KOLTERMAN: Schumacher. [LB998]

ELAINE MENZEL: Thank you...Schumacher talk about--I apologize to you, (laugh) I just totally drew a blank--talk about the history of this being in the counties for years because it's certainly something I've heard from as well and I don't have the tenure that you do in the counties. As we recognize it's later in the session in terms of the...and this bill not being prioritized; however, I would suggest to you that this is a priority issue and that hopefully we can continue to work on something in the future and be part of the discussion. I am working with Lancaster County on doing something in the juvenile context and I would encourage you to keep juveniles in mind as you're considering this type of issue for the adults in EPCs as well. But I have been impressed with your new director of behavioral health for the Department of Health and Human Services and I hope to be able to continue to work with her on this issue in the future. At this point, if there are any questions, I will be glad to attempt to answer them. I obviously don't have the technical experience of Ms. Lay but... [LB998]

SENATOR CAMPBELL: Questions that you might ask? Ms. Menzel, from NACO's perspective, do you have any idea how many counties contract with a hospital, not a mental health facility but a hospital? [LB998]

ELAINE MENZEL: I do not have that information. I know...would be glad to try to work with the regions and/or the counties to try to get that information. I know for the interim study--this goes to the cost aspect rather than the other--that was one of the survey questions that we had sent out to individuals for purposes of cost. And that was difficult for individuals to identify. So when Senator Schumacher is talking about the cost and being an underestimate, I suspect he's very accurate in that. [LB998]

SENATOR CAMPBELL: To your knowledge, and looking at the contracts, and you may not have looked at any one contract, but there must be some stipulation there that if someone show...I mean if someone shows up at the door of a hospital, hospitals by EMTALA have to serve, by federal law. And so I listened to Ms. Lay's testimony in front of the Correctional Committee and there must be something in those contracts that allows them to oversee that because, if someone voluntarily showed up at the door, the hospital has to serve them. [LB998]

ELAINE MENZEL: And I admit I'm unfamiliar with that part but... [LB998]

SENATOR CAMPBELL: Okay. What we probably need to do is look at some of those contracts. [LB998]

SENATOR RIEPE: I think...if I may? [LB998]

SENATOR CAMPBELL: Yes, Senator. [LB998]

SENATOR RIEPE: I'm not speaking for the hospital association by any means, but I think they have to stabilize them, then they can transfer. [LB998]

SENATOR CAMPBELL: Okay. [LB998]

SENATOR RIEPE: So they might judge that it's stabilized and be able to move on. [LB998]

SENATOR CAMPBELL: Okay, that would be helpful. Thank you, Ms. Menzel. [LB998]

ELAINE MENZEL: Thank you, appreciate it. [LB998]

SENATOR CAMPBELL: Our next proponent. We're going to hear from the hospitals here. [LB998]

SENATOR RIEPE: Oh, yes. [LB998]

SENATOR CAMPBELL: Good afternoon. [LB998]

ELISABETH HURST: (Exhibit 2) Good afternoon, Chairman Campbell, members of the HHS Committee. My name is Elisabeth Hurst, E-l-i-s-a-b-e-t-h, Hurst, H-u-r-s-t. I am director of advocacy for the Nebraska Hospital Association. I'd like to start out with reading some brief testimony from Michael Hansen. He is the president and CEO of Columbus Community Hospital. He wasn't able to be here today. Good afternoon. Michael Hansen, H-a-n-s-e-n, again, the CEO and president of Columbus Community Hospital, testifying on behalf of NHA, CCH, and the 90 member hospitals in support of LB998. Thoughtful solutions for Nebraska's crippled behavioral health system must be developed and implemented to prevent further disintegration of public safety and public health. In my community alone, I see the overwhelming need for increased access to mental health services and supports. Individuals in need visit our hospital's emergency department daily and, while we can address their immediate acute-care needs, we simply cannot offer them the long-term, often complex mental health services that most require. Of the nearly 100 hospitals in Nebraska, only about ten have specially designated behavioral health units. These facilities are located in Kearney, Hastings, Norfolk, North Platte, Geneva, Fremont, Lincoln, and Omaha. There is a marked shortage in inpatient behavioral health beds in the state, and the majority of hospitals without a special unit lack the capacity necessary to adequately address the needs of mental health patients arriving in the emergency departments. Staff must attempt to temporarily treat patients with behavioral health needs, most without training specific to mental illness, while trying to find available beds in behavioral health units. Oftentimes these patients pose safety concerns not only for staff but for fellow patients. Behavioral health crisis assessment and evaluation tools may also be unavailable in these hospitals. Patients can spend days in the emergency department without appropriate treatment while accommodations meeting the patient needs are identified. This results in further deterioration of the patient's mental health. Facilities simply lack the infrastructure required to meet the specific needs of these patients who need access to the right treatment at the right time. LB998 offers a potential solution for communities currently lacking the capacity to provide mental health crisis stabilization. Not only will the emergency crisis centers provide services for patients voluntarily seeking assistance, they will also help facilitate care for patients placed into emergency protective custody. LB998 creates a mechanism through interlocal agreements for communities to join together to develop and to implement this valuable resource. I thank Senator Schumacher and his staff for the incredible commitment they have made to not only our community but the entire state and encourage Senator Campbell and the committee to advance the bill. I would like to say also, I was fortunate enough to be part of the collaboration for LB998

with Senator Schumacher and his staff, and we did model after the Lincoln...excuse me, Lancaster County Mental Health Crisis Center. But we also wanted there to be a component that would afford capacity for voluntary as well. In regards to what Ms. Lay had described with Faith Regional in Norfolk, they are contracted with the region, but under the contract, as we've mentioned, they aren't obligated to take every patient. I know that in 2015 they received 305 inquiries for possible admissions and, of those, they had to deny six based on the aggressive nature of the patient. And I think three of those wouldn't have been denied but the composition at the time the calls were made was such that they couldn't accommodate that. Under the Medicare--oh, what is it called?--the conditions of participation, a hospital can't accept or continue treatment for an individual under that code if they can't adequately address their needs. It's a violation of that particular agreement. And so if they recognize that they can't, based on staff training or even capacity issues, they are able to say that they need to find an alternate location for those individuals. [LB998]

SENATOR CAMPBELL: Okay. [LB998]

ELISABETH HURST: And I know there were other questions that were posed and I'm happy to try to answer those. [LB998]

SENATOR CAMPBELL: Senator Kolterman. [LB998]

SENATOR KOLTERMAN: Thank you, Senator Campbell. My question deals with credentialing of the critical access hospitals... [LB998]

ELISABETH HURST: Um-hum. [LB998]

SENATOR KOLTERMAN: ...because most of...a lot of the smaller town hospitals are critical access anymore. [LB998]

ELISABETH HURST: Um-hum, right, about 60. [LB998]

SENATOR KOLTERMAN: And the one that you mentioned, I think the only one that you mentioned that might be that way is Geneva. [LB998]

ELISABETH HURST: That might be a critical access hospital? [LB998]

SENATOR KOLTERMAN: That has a mental health... [LB998]

ELISABETH HURST: Right, and they...it's a very small unit. But I don't think it's necessarily the credentialing that prevents them from having a unit like that. It's really about the infrastructure and putting that together, especially trained staff and whatnot. So a hospital can have that CA designation, as far as I know, and still have a special unit. It's not really a licensing requirement so much as they have to be able to meet the needs of the patients that they're accepting. [LB998]

SENATOR KOLTERMAN: I thought it might have something to do with the critical access part of what they can and can't do. [LB998]

ELISABETH HURST: Sure, and I'm happy to look into that for you and get back to you with that information. [LB998]

SENATOR KOLTERMAN: Appreciate that. [LB998]

SENATOR CAMPBELL: Any other questions? [LB998]

ELISABETH HURST: And I would say that it's less about the funding structure--Medicaid, for example--that's creating these barriers. It's, I would say, 99 percent about capacity, the facilities having the beds. It's not that they don't want to take the individuals; they just simply don't have the room. [LB998]

SENATOR CAMPBELL: Okay. Any other questions? Senator Riepe. [LB998]

SENATOR RIEPE: Thank you. Does Mr. Hansen out in Columbus have a discount or a low-cost approach to this thing that's affordable? Or is this...I mean, if we look at the fiscal note on this, it's pretty substantial I think. [LB998]

ELISABETH HURST: Right. [LB998]

SENATOR RIEPE: I think the need is recognized in a lot of ways, maybe not down to the detail. It's just, you know, how do we afford putting something to it, is to me the question. I also think that oftentimes with mental health there's still a stigma that goes with it in the smaller communities. Everybody...although there is HIPAA, everybody knows everybody else that's in the hospital or in the unit or anything else. But I'm just... [LB998]

ELISABETH HURST: Sure. Regarding the funding, I think it's important when you look at the fiscal note to compare it to the fiscal note for LB780, which contains similar provisions but it

was a separate bill. Interestingly enough, the $14 million that the department came back with an estimate in funding the provision and saying that the department had to take custody of anyone identified as having a mental health concern is causing their detainment, because the bill says that they have to be within the custody of the state within an hour, the department thought that we should add I think it was somewhere around 76 FTEs to make sure that that would happen geographically. So whether or not that can be addressed in a more effective manner, I think that that's a possibility to look at. But I think Senator Schumacher had mentioned that this particular bill saw around $7 million in the increase there. And if $7 million is what it costs to try to build this kind of infrastructure, when you look at what is being replaced from what was removed with LB1083 in...was that 2007? I think it was 2006, 2007. With the eradication of the regional centers, I think that that's pretty economical. [LB998]

SENATOR CAMPBELL: Any other questions? [LB998]

SENATOR RIEPE: Okay, thanks. [LB998]

SENATOR CAMPBELL: Any other questions? Thank you, Ms. Hurst. [LB998]

ELISABETH HURST: Yep. [LB998]

SENATOR CAMPBELL: Our next proponent. Okay, those who oppose the bill. Those in a neutral position. Good afternoon. [LB998]

SHERI DAWSON: (Exhibit 3) Good afternoon. So good afternoon, members of the Health and Human Services Committee. My name is Sheri Dawson, S-h-e-r-i D-a-w-s-o-n, and I serve as the director of the Division of Behavioral Health at the Department of Health and Human Services. And I'm here to testify in a neutral capacity to LB998 which establishes five emergency community crisis centers and changes provisions related to emergency protective custody. A comprehensive behavioral health needs assessment was a recommendation of the Legislative Performance Audit Committee. The Division of Behavioral Health has contracted with the University of Nebraska Medical Center College of Public Health to perform a comprehensive needs assessment to evaluate needs and gaps in service system which will guide well-informed decisions regarding the community-based network of services. The assessment will be completed by June 30, 2016. The issues that LB998 presents are substantial and imputing. I commend Senator Schumacher for his continued interest and leadership on the issue; however, I believe LB998 is premature as services outlined in this bill should be considered with the results of the needs assessment. The Division of Behavioral Health wants to ensure a comprehensive and cost-effective approach to address regional and statewide services. We're working to improve the system and we believe the feedback from the system will be extremely helpful in this process. As

written, LB998 would require each community crisis center to offer comprehensive medical and psychological examinations within 36 hours of admission, short-term intensive treatment to stabilize the psychiatric condition, medication therapy, and laboratory testing if ordered. This could duplicate already existing services. Crisis stabilization by service definition requirements is not intended to serve as an intensive clinical treatment, nor is it structured or staffed to serve as an inpatient psychiatric setting. So this bill would expand the scope of services currently offered as crisis stabilization. And because of this expanded scope, the level of licensure required would need to be determined. The bill's intentional shift of costs from counties to the state creates a fiscal impact. Current regulations require each county to make arrangements with appropriate facilities inside or outside the county and pay the cost of the emergency protective custody of persons from such county and facilities. LB998 changes the financial responsibility and would result in a cost shift to the state. So the bill requires that individuals placed under emergency protective custody be transferred to the custody of DHHS or its designee within one hour of being notified by law enforcement, which would require additional funding for staff and transportation. My agency is committed to reviewing the current system and working with all of our partners, including law enforcement. For example, I'm currently engaged in improving the system across the state and also in Region 4 to respond to concerns that have been expressed. So I'm happy to address any questions that you might have. [LB998]

SENATOR CAMPBELL: Questions, Senators? Senator Howard. [LB998]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for visiting us today. I wanted to ask you, when was the last needs assessment done? [LB998]

SHERI DAWSON: Well, we do a needs assessment every year for our block grant which is federally required. But the issue is in our behavioral health system. You've heard, you know, from justice and Corrections and CFS. You also heard Medicaid. That type of comprehensive system hasn't been done. And so this will be the first of that comprehensive nature that will be done. [LB998]

SENATOR HOWARD: And what have previous needs assessments told us about how we handle EPCs? [LB998]

SHERI DAWSON: In terms of needs and gaps for capacity issues, there have been challenges, certainly. You know, I'm also responsible for the regional centers and we have capacity issues there at the LRC and we have capacity issues from time to time, you know, in the other areas. [LB998]

SENATOR HOWARD: And so from your view, what would be a better solution than the one presented? [LB998]

SHERI DAWSON: Well, that's why I'm neutral today. Part of the opportunity to have crisis centers certainly, conceptually, is okay. But there is...there are hospitals right now that do serve these individuals and do a very nice job of that. And so that's the duplication issue. That could be for certain places in the state. The other issue is that, for example, at Lancaster County right now, when the folks go in for crisis stabilization, and they do a very nice job of serving people--and I don't have the particular statistic, I'm sure they could get that for you--but they serve people and a large percentage don't go on to Mental Health Board commitment. Statewide that's about 83 percent of individuals have the EPC and don't go on to Mental Health Board commitment but they still need hospitalization. So the challenge right now is when they're in a crisis stabilization, which is a lower level of care than inpatient, then trying to get them into that inpatient setting can be, you know, a challenge depending upon time and that need. So if this solution is to replace or to do something different in between, you know, EPC and the inpatient unit, then, you know, perhaps again that would need to be reviewed. [LB998]

SENATOR HOWARD: Okay, thank you. [LB998]

SENATOR CAMPBELL: Other questions, Senators? Thank you, Director Dawson, for your testimony today. All right. Anyone else in the room on a neutral testifier? Okay, Senator Schumacher, we are back to you. While the senator is making his way, Elice, do we have any letters for the record? [LB998]

ELICE HUBBERT: (Exhibits 4 and 5) We do. We have a letter of support from the National Association of Social Workers-Nebraska Chapter, and we have a neutral letter from the Nebraska Association of Regional Administrators. [LB998]

SENATOR CAMPBELL: Okay. Senator Schumacher, go right ahead. [LB998]

SENATOR SCHUMACHER: Thank you, Senator Campbell. Just briefly, the issue of Medicaid and the responsibilities of Medicaid I think has been touched on here. Best I can tell, if you don't qualify for some Medicaid, you never get into the issues of Magellan and whether or not you're allowed and things like that. So I would guess a substantial chunk of this population never gets to that question and doesn't get Medicaid funding, and that's probably contributing to the problem, certainly not the cause of the problem but contributing to the problem. From my understanding, if somebody shows up at an emergency room voluntarily, then you've got those emergency room rules from the federal government that kick in where they've got to get some treatment. However, these are not showing up voluntarily; they're coming in in a police car. And I think that's the

difference and part of the problem. Fundamentally, this is another part of the tip of an iceberg. And the question tried to be focused on here, when somebody is picked up because of complaints, because of what an officer observed, whatever, and a pretty good chance they're mentally ill and dangerous so the officer takes him into custody, whose problem are they? For 30 years they've been the problem of that poor law enforcement officer or the county attorney who gets the call in the middle of the night, neither of whom probably have much training in mental health. It's not their problem. And so this bill suggests a possible solution. There may be other approaches to it. But as soon as at all practically possible, they...that issue, that person should be turned over with...to people and to facilities that can properly address it, rather than drive around in the back of a cruiser or having somebody struggle to find somebody someplace. That is something that's been neglected and, no matter which way you point the finger, whether it's at the Division of Behavioral Sciences (sic), whether it's the regions, it's their problem and they should be the ones who rapidly assume custody for that interim study that is done before a determination is made about a mental health commitment. And, you know, there is resistance to having that shift of responsibility. Cost? Counties would call it an unfunded mandate but...or just the fact that, hey, they can't magically create a facility on the clouds either so it's better off having the officer worry about where am I going to put this person when a place doesn't really exist than them doing it. So as we unravel or try to construct an answer to these problems, I think we ought to keep in mind that the least person whose responsibility should be to receive the pass of that individual who has been detained for being mentally ill and dangerous is the local police and the local county attorney who have got a lot of other fish to fry. And the responsibility we need to put pressure on is the Division of Behavioral Health and also the regions to do their job and be prepared to accept custody as early as possible, to make arrangements for the safe and efficient transport. I would think that they would have no trouble contracting with law enforcement to do it and they don't need to hire 70 people. But this is the issue. Unless we become squeaky wheels on the wagon, the wagon is just going to continue bumping along like it's lopped for the last 30 years. So I'll be happy to take any other questions; if not, I'll probably see you next year (laughter). [LB998]

SENATOR CAMPBELL: Other questions? Thank you, Senator Schumacher. [LB998]

SENATOR SCHUMACHER: Thank you. [LB998]

SENATOR CAMPBELL: Have a good afternoon. That concludes our hearing on LB998 and we will proceed to open the hearing on LB952, Senator Watermeier's bill to require availability of emergency medical services and change membership of the Board of Emergency Medical Services. Welcome, Senator Watermeier. [LB952]

SENATOR WATERMEIER: Thank you, Chairman Campbell. Members of the Health and Human Services, I am Senator Dan Watermeier, W-a-t-e-r-m-e-i-e-r, representing District 1 in the southeast corner of the state, and I'm here to introduce LB952. LB952 recognizes that efficient and reliable statewide out-of-hospital emergency medical care is a primary and essential service which is vital to the safety of the public and essential to promote health, safety, and the welfare of residents. It is also an essential component of economic development and tourism. Beginning on January 1, LB952 would require county boards to ensure the availability of emergency medical services to its residents. This could be done by establishing or contracting for emergency medical services or by coordinating with rural or urban fire protection districts or other entities that provide emergency medical services within the county. There is no intent to take any authority away from HHS. The intent is to recognize that the existence of EMS is not required in Nebraska. In the Nebraska Revised Statutes Section 13-303 it states that the county boards and the governing bodies of cities, villages may establish an emergency medical service, including the provision of scheduled and unscheduled ambulance service. Section 35-514.02 states that a rural or suburban fire district may establish an emergency service. If a local community decides to quit providing EMS service due to recruitment problems, a surrounding town may decide to expand their service to provide residents with protection. However, other locations shouldn't have to be responsible for this; therefore, LB952 would require a county to make sure emergency medical services are available throughout the county, which doesn't necessarily mean that they will be managing or paying for such services. This requirement could be met through arrangements with existing providers or through an interlocal agreement. Most importantly, we need an entity that is responsible so that if an area loses its local service, residents can be assured that they will still have coverage. In 2004, in the five-year report to the Legislature, on the list of board concerns, the Nebraska Board of Emergency Medical Services stated that, although the citizens of the state have benefited from a largely volunteer EMS system for many years, there is no statutory requirement for the provision of these services. If EMS services fail, a crisis could occur with no governmental responsibility to ensure the provision of these services. Even though this isn't a new issue, I don't think it has been given the attention that it warrants. I realize it is controversial, as it could have a financial impact on counties, but I feel that it is time to start a serious conversation on county oversight of emergency medical services. The second part of LB952 would alter the makeup of the Board of Emergency Medical Services. Currently, the 17-member board must only include one member who is a voluntary emergency medical care provider. My proposal would increase the number of volunteers on the board to three. This will ensure better representation of rural Nebraska. As you may recall, last fall your committee held an interim hearing on LR298, which I introduced to examine issues to improve the emergency medical services systems in Nebraska. I presented data on the decrease in EMTs in Nebraska, as well as a lower number of candidates taking the exam. We discussed the difficulty in recruiting and retaining volunteers, considering the educational requirements prior to taking the exam, plus additional training requirements. As a result of the interim, the Nebraska State Volunteer Fire (sic--Firefighters) Association Board of Directors established a course of

action. Several of the items were to be handled administratively, but the three items required legislation, two of which are contained in LB952. I urge your favorable consideration of LB952 and I would be happy to answer any questions. I do think there's a pretty good list behind me. I would also like to thank Senator Kolterman and Senator Davis who were part of that interim study with me this summer. Senator Davis, just so you're aware of, is introducing a tax credit in Revenue directed towards fire protection services. So he's covering the one out of the three that I mentioned in closing. So with that, I would close and ask for your consideration. And I will stick around, listen to the testimony today, and may or may not close. [LB952]

SENATOR CAMPBELL: Okay. Questions, Senators? All right, we'll go right to the testimony. [LB952]

SENATOR WATERMEIER: All right. [LB952]

SENATOR CAMPBELL: Our first... [LB952]

SENATOR WATERMEIER: That's what you get for being third on the list. [LB952]

SENATOR CAMPBELL: That's right. We move along. Our first proponent. [LB952]

MICHEAL DWYER: (Exhibits 1-3) Good afternoon, Chairman Campbell and members of the Health and Human Services Committee. I know it's late in the day, so I'll dispense with all the jokes I had written down except to point out for the record that I did sing the Oscar Mayer song. [LB952]

SENATOR CAMPBELL: And your name, sir? [LB952]

MICHEAL DWYER: ...is Micheal Dwyer, M-i-c-h-e-a-l D-w-y-e-r. I'm a member of the Arlington Volunteer Fire and Rescue Department and the secretary/treasurer of the Nebraska State Volunteer Firefighters Association and here today to testify in support of LB952. Thirteen months ago, I and the other members of the NSVFA's special legislative committee began aggressively working on evaluating and finding solutions to significant challenges facing emergency medical services, particularly in rural Nebraska and particularly for volunteer agencies. I would like to give you a little bit of background. Since 2012 NSVFA has helped facilitate a $1.92 million federal SAFER grant which helps with recruiting and retention, but the downward trend in volunteer provider numbers continues. EMS certifications were down over 1,200 two years ago and December's numbers were down at least another 205 providers. In some areas response times have fallen to dangerous levels that would never be tolerated in an urban

area. In May we surveyed our member departments and received over 145 responses. I have attached the highlights from some of the comments on the back of my testimony. We worked on LR298 that Senator Watermeier alluded to a moment ago. Testimony lasted over four hours with 27 testifiers and 111 pages of testimony. We hoped to find better solutions to the difficult, arduous National Registry exam and there simply are none available. We continue to work with NEMSA, community colleges, and other instructor agencies to streamline and modernize how we teach EMT classes. As of June 1, there were no EMS educational opportunities offered on-line. We are also working to reduce the nine steps that it takes a volunteer EMT to complete after the class to certify in Nebraska. We're beginning to mend the broken relationship between volunteer providers and the HHS Division of EMS. We have made progress, but it's a cultural change that will take time. I and NSVFA strongly support LB886 which would provide a $250 tax incentive to volunteer fire and EMS providers, if they qualify, for two years through a point system. Personally I have experienced all the joy and camaraderie that comes with the best of public service. I've known what it's like to save lives and to lose lives. I've experienced PTSD, choking/blinding smoke, horrific accident scenes and CPR on babies, and about everything else that 33 years and over 1,700 calls could bring. But somehow, in statute, that work is still not recognized as an essential service. Section 1 of LB952 identifies EMS as a "primary and essential service." Maybe I've been in the business too long, but it would seem to me that that's pretty obvious for anyone who has ever dialed 911. If you agree that EMS is an essential service, you must identify someone to be responsible for it. Section 1 identifies counties. In a moment I would be happy to answer any other questions about the other options that we looked at. Section 2 changes the number of volunteers required on the EMS advisory board from one to three. Over 72 percent of Nebraska is protected by volunteer emergency medical services. They rarely receive anything for their lifesaving service but are regulated by HHS--the same as paid providers--in everything from protocols to continuing education to recordkeeping to inventory. Volunteers deserve a stronger voice on that board. While I appreciate the work of the EMS Board, particularly in their community forums, this section of LB952 is a statutory step to help ensure that EMS (sic--HHS) knows they must work with volunteer providers. The great news is that LB952 has no fiscal note. Finally, I want to publicly thank Senator Watermeier and his LA, Kim Davis, as well as Senator Kolterman and Senator Davis, for their tireless work on EMS issues in the state of Nebraska. The men and women that protect your constituents truly appreciate it. And I would be happy to take any questions. [LB952]

SENATOR CAMPBELL: Questions? Senator Crawford. [LB952]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you. You mentioned in your testimony you'd be happy to talk about the other options you discussed. I wondered if one of those was multicounty regions and if you would care to comment on the difference between making it a county responsibility versus some kind of a regional responsibility. [LB952]

MICHEAL DWYER: Yeah. As I alluded to, in NSVFA we struggled with how to assign that. Frankly, our first choice might have been fire districts. They already exist in most localities. They already have some taxing authority. The challenge is that across Nebraska there are...and our example in Arlington is a wonderful kind of a fire district that's incredibly supportive of our local department. But I will also tell you, and I think the people behind me would agree, that there is also some fire districts that rarely meet and, when they do, it's kind of a blessing to the last minute, set the levy as low as you possibly can, and let the fire department fund-raise if they happen to need tires or something else. In addition to that there's some real good success stories for hospital-based EMS services, particularly in Kansas. There's also...the Cass County model was referred to a lot. They have done a wonderful, and I don't know the specifics of it, but essentially they have a paramedic service that's in the center of the county and then can serve the rest of the county. And in Cass County that works great. I don't know how that applies to our county or the counties to the west. I know that the bill is fairly significant and is being paid for through inheritance taxes and the instability that goes with that. I know that Kansas, I believe, and there's another gentleman that's going to testify after me that will speak to their EMS bureau which I believe is a state agency that essentially serves this same thing. All of those models are good. We're not necessarily opposed to any of them; however, I think the point the that we're trying to make with LB952 is we have to have the conversation. Again, to me it's so obvious that this is an essential service and, if you accept that, somebody has to be responsible for it because there certainly are departments across the state that are very close to the point of saying we just can't do this anymore. I hope that answers your question. [LB952]

SENATOR CRAWFORD: Yes, thank you. [LB952]

SENATOR CAMPBELL: Senator Kolterman. [LB952]

SENATOR KOLTERMAN: Thank you, Senator Campbell. Micheal, thank you for coming today. I know you're always willing to not only volunteer as a firefighter but testify, and I appreciate that. [LB952]

MICHEAL DWYER: Happy to. [LB952]

SENATOR KOLTERMAN: In Cass County--you alluded to that model, and that's a model of volunteers as well as paid professionals--do you remember, was the figure that they're spending on an annual basis $400,000? Was that the figure that I recall? [LB952]

MICHEAL DWYER: That is the...I've heard two figures and I'm going to quote these loosely. But the figure that I think the current level of funding now is about $330,000 for fiscal 2016. That will go up, as I understand, to $400,000 either in '16 or '17. I'm not sure where their fiscal

year lies, whether it's calendar or fiscal. But your numbers are certainly close. Of course the question is now they're funding that through inheritance taxes and billing for squad services. I don't know how that applies, I don't know how that works if you lose inheritance taxes, or I don't know how that works in other parts of our state. [LB952]

SENATOR KOLTERMAN: Okay, thank you. [LB952]

SENATOR CAMPBELL: Questions? Mr. Dwyer, in the bill was the expectation that counties would be responsible. Is that assuming that counties would take over the cost rather than fees doing it? [LB952]

MICHEAL DWYER: Well, I think that's the heart of the matter. I alluded to the good news that there's no fiscal note with this. But the bad news is that sooner or later, if you have an area that struggles, somebody is going to have to come up with part of the money. Currently, that's provided in most cases by those local fire districts. I don't have a clear answer to how much the counties may or may not need to pay. Again, I think that's completely at the mercy of those individual counties and whether or not you can continue to get volunteer providers to do that. I don't know that I answered your question very well. [LB952]

SENATOR CAMPBELL: Well, in the counties have...there is an amount within their lid or their...that they are allowed, and that's where the fire districts come in and they have a portion of that. [LB952]

MICHEAL DWYER: I believe you're correct. [LB952]

SENATOR CAMPBELL: But the counties can decide that. They can determine and take a look at that. So that's why I was asking the question about the money. You're saying, well, it could come directly from the counties through their own appropriations and a general fund, but you're saying that some of it could come through the fire district levy. Is that right? [LB952]

MICHEAL DWYER: The hope would be, as we struggled with who should be responsible, who we were going to recommend should be responsible for this, the flexibility that I hope is in LB952 is that we have someone that ultimately takes responsibility for this. If they already have an entity in their county that's already generating some tax revenue or has funding from somewhere else, whether it's the Cass County model or whether it's local fire districts, they can continue to do that. It doesn't automatically, as I read LB952, and clearly I'm not a senator or an attorney, as I read LB952, it doesn't automatically say that you have to start spending money. It simply makes somebody responsible for EMS services in the "oh my God" kind of situation

where you have a local fire department, which I understand has happened eight times in Nebraska, that says, we just can't do it, we don't have any volunteers, an area next to us has also gone out of business, now we're covering their calls. The state, with respect, the state isn't giving us any help, we just can't do this anymore so, sorry, we're not doing it anymore. [LB952]

SENATOR CAMPBELL: And we have other bills in the Revenue Committee that would start clamping down further on the county lids,... [LB952]

MICHEAL DWYER: Um-hum. [LB952]

SENATOR CAMPBELL: ...just as a reminder of that. Senator Kolterman. [LB952]

SENATOR KOLTERMAN: Thank you, Senator Campbell, a couple more questions. In your statement, your written testimony here, you talk about the fact that we were down over 1,200 two years ago and, as of December, 205 providers. That's out of a total of how many approximately? [LB952]

MICHEAL DWYER: Great question. Bruce may be able to answer this in a moment. I'm going to say I believe we have 5,200 certified EMS providers in the state. I'm sorry I don't have those figures with me. [LB952]

SENATOR KOLTERMAN: Oh, that's... [LB952]

MICHEAL DWYER: I could certainly provide you with those, but I'm fairly confident that it's in the 5,000 range. [LB952]

SENATOR KOLTERMAN: And about 12,000 firefighters? [LB952]

MICHEAL DWYER: There’s about...I think that...I just looked on the State Fire Marshal's site yesterday. There's 1,300 and...excuse me, 13,800 volunteer firefighters in the state. [LB952]

SENATOR KOLTERMAN: Okay. And then would you talk a little bit about the process that an EMS provider goes through to become qualified... [LB952]

MICHEAL DWYER: Yeah. [LB952]

SENATOR KOLTERMAN: ...and that test and all of that that goes along with that, just so the committee has an understanding of what these volunteers are doing. [LB952]

MICHEAL DWYER: Yeah. So I'll take you through the steps. I was certified a few years ago, so the steps are a little bit different now than they were then; however, we did just have a recent EMS class/EMT class in our fire department, and so I kind of watched them go through the steps. So you take and pass the...you finish the class and then there's a written test for the class. And then there's also a physio-motor test, which essentially is the hands-on skills. You have stations and you go around to those stations and we can assure that you can take a blood pressure and you can use the Jaws of Life and you can drive an ambulance, you can do all the other things that the physio-motor requires. Then once you're done with that, you're done with the class, you create a National Registry account. Your training agency director then needs to go to National Registry and confirm with them that you've passed both the written and the practical test. The on-line students pays $70. The student waits to receive a letter from National Registry, typically in about seven to ten days, so there's the sixth. Seven, the student locates the proctor facility, which in our neck of the woods is fairly easy. You go to Omaha or Lincoln and I think even Metro in Fremont might offer that. In some of the more distant areas, sometimes it's quite a drive. So once you've located that, then you can complete and pass, hopefully, the National Registry test and become a certified, nationally registered EMT. But you're still not licensed to practice in Nebraska and you have to send all of that paperwork to the Department of HHS and then at some point you become certified to practice in Nebraska. Sometimes, depending on the instructor and the agency, that's a very streamlined process. You sit in the classroom, you're done, and you're doing a couple of the first steps. And there is good notes about two or three weeks. In some cases it can be two or three months before that person gets the opportunity to take the test and then hopefully passes and becomes certified in the state. [LB952]

SENATOR KOLTERMAN: May I go? [LB952]

SENATOR CAMPBELL: Yes. [LB952]

SENATOR KOLTERMAN: Thank you, Senator Campbell. And along with that, how many hours are involved in the whole process because...and how much...how many dollars to take the class and sit for the class? And go through that whole concept with us. [LB952]

MICHEAL DWYER: Clearly that's one of the struggles. Most of your providers in Nebraska that we're asking for help with are volunteer providers. So, Senator Kolterman, we would love you to be a member of the Arlington Volunteer Fire Department, and one of the things we would like you to do is take the EMT class. Well, Micheal, how much is that going to take? My answer is going to be it's going to be most Tuesdays and Thursday evenings, every other Saturday, for a

total of about 200 hours over the course of six months. To answer your question about cost, it varies between training agencies. Ours was just under $1,000 per student. Most...some of that is reimbursed through the state. Some of that is not totally. I think it's $425, the amount that's reimbursed through the state. But the rest is borne typically by that local fire department. [LB952]

SENATOR KOLTERMAN: Okay, thank you. [LB952]

MICHEAL DWYER: Yep. [LB952]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Dwyer. [LB952]

MICHEAL DWYER: Thank you. [LB952]

SENATOR CAMPBELL: Our next proponent. [LB952]

BRUCE BEINS: Good afternoon, Senator Campbell. [LB952]

SENATOR CAMPBELL: Good afternoon. [LB952]

BRUCE BEINS: It is good to be in front of you again. My name is Bruce Beins; it's B-r-u-c-e B-e-i-n-s, and I am an EMT from Republican City, Nebraska. This will be my 36th year providing services to my community. And on kind of a side note, it was I think in the late '90s was the first time I appeared before this committee, when former Senator/Mayor Wesely was the Chair of this committee. And he made me feel most welcome and really took a lot of the nervousness and fear out of testifying in front of a legislative committee, which scared the death out of me back then. And I think he's left the room, but I really still, to this day, appreciate him doing that. I've had quite a career. I've testified over 100 times I'm sure from different things. A lot of you have seen me here before, including the legislative resolution hearing. A common thread through all of my testimony over the years has been recruitment and retention of volunteers. And then it even became more as I became more educated on the problems in the system we had. I became a member of the EMS Board when it was first created. In 2004 I authored the board's five-year report to the Legislature that Senator Watermeier quoted to where we recognized that not having a statute requiring service in the state of Nebraska was an issue. That was...actually came up then in LR369 in 2004, and then in 2005 Senator Jensen actually introduced a bill, LB550, which would have required HHS to submit a report back to this committee on the provision of EMS and community health centers and a plan for funding those. Unfortunately, that bill didn't advance, but it was recognized back then that the lack of statutory authority was an issue. And the

overriding thing that we were looking at from the EMS Association's perspective is protection of the public, what are we going to do, because we were hearing from services that were struggling because they weren't able to recruit, what are we going to do when these services start closing up their doors. Well, we're still providing those services today. I'm not saying that the services aren't being provided. But I do have the numbers as far as how many less providers we have and how many less services we have. Every time a little service closes up its doors, its neighbors are probably trying to pick up the slack. But what we're doing is putting another straw on the camel's back. We don't have an EMS system in Nebraska by design at all; it's all by evolution. It came about way back in the '70s when the funeral homes were doing it. And when they decided they couldn't do it, they started turning it over to other people. And they're not all fire departments; there are a lot of independent organizations providing EMS care both as volunteers and as private. I grew up and was trained and for many, many years was part of an independent EMS service. So it's not all fire departments that take care of this. I spent ten years on the Board of EMS and we struggled with the same issues. But, statutorily, there's only so much a board could do to do anything about recruitment and retention. I've also been about 15 years as a chairman of a hospital board in a critical access hospital in south-central Nebraska, and we have been very cognizant over these years of the struggles of the services in the area that our critical access hospital serves. They're our first point of contact for most patients that are getting healthcare. So we really rely on those local services to be able to bring us their patients and be able to see the people in their communities that won't necessarily get seen in the hospital any other way. So a lot of things have happened. I think it's definitely time that we fix something in statute: number one, making this an essential service. And as Micheal said, making an essential service means somebody has to be responsible. The model that's in the bill pretty much closely resembles the Kansas model that has worked very well for them over the years. Unfortunately, somebody has to pay. And with the levy limitations the counties have, I know from working with our local county board there's no extra money there to provide an EMS service for that county, unless there was something else done, either statutorily or some other way of funding ambulance services. My little service has three EMTs. I'm one and I'm in Lincoln today. If there was a call today, 50/50, they had to rely on mutual aid. All of us are over 50 years old. It won't be very long, unless we can recruit some people to come in, that our little system will be one of them that goes away and then we'll put another straw on somebody else's camel's back to provide that service. So thank you very much and I would sure answer any questions. [LB952]

SENATOR CAMPBELL: Thank you. Questions? Anyone have questions? Yes, Senator Kolterman. [LB952]

SENATOR KOLTERMAN: Thank you for coming from Republican City. [LB952]

BRUCE BEINS: Um-hum, um-hum. [LB952]

SENATOR KOLTERMAN: Would you talk a little bit about mutual aid and how that works, because you just alluded to the fact that if you were...if there weren't enough, you'd have to call in mutual aid. [LB952]

BRUCE BEINS: Right. All EMS systems by regulation must have a mutual aid agreement with another department. Say my ambulance breaks down, it won't start, nobody shows up for the call, which happens more often than not that, the volunteers, we don't have enough volunteers to actually take the ambulance. Then there in most cases is an automatic call for mutual aid. In my area the page is put out every two minutes. And if the third page has to be put out, then our mutual aid is also called. So that, in my area, that's a town that's ten miles away. So not only has there been five or six minutes passed, now they're called out. And once they respond, which may be several minutes, then they have to drive the ten miles to provide that service. So that's our backup right now; that's our safety net, so to speak. Problem with that safety net is they are in as bad of shape as we are as far as volunteers that can answer the call, especially in the middle of the day when everybody is at work. [LB952]

SENATOR KOLTERMAN: Thank you. [LB952]

BRUCE BEINS: Um-hum. [LB952]

SENATOR CAMPBELL: Any other questions? Thank you. Good to see you again. [LB952]

BRUCE BEINS: If I could, just the numbers that you asked for Mr. Dwyer...right now, in 2015, 7,667 licensed providers in Nebraska. Just to give you a comparison, in 2011 that was 8,174. And on services, basic-level services in 2015, there was 320; and in 2011, there's 341. So we've lost 20 of them just in that period of time. [LB952]

SENATOR CAMPBELL: Thank you. [LB952]

BRUCE BEINS: Thank you. [LB952]

SENATOR CAMPBELL: Good to see you. All right, our next proponent. [LB952]

DAVE HUEY: Good afternoon, ladies and gentlemen. My name is Dave Huey, D-a-v-e H-u-e-y, just like the duck. I'm the vice president for the Nebraska Emergency Medical Services Association, NEMSA, and we're mainly concerned with the proponent of the essential services. You've probably heard the term, you know, what if you called 911 and no one showed up? You know, we're also concerned with what if you called 911 and someone did show up but it was too

late because they came from so far away because there was no one close by. And that's what's evolving, as Bruce was talking about, and Micheal, that...with the mutual aid agreements. Communities...there's nothing that says that you have to have an EMS service for your community. It's evolved out of a necessity for the public. There's ISO ratings for fire, you know, where they have to have a fire department, because that helps keep, you know, your cost down on your household insurance. But there is nothing for EMS. It just kind of happened and evolved into it. Well, now, if a community shuts down, you know, or a community says we're no longer going to fund EMS, they can shut the doors and someone has to worry about providing EMS services for those families, you know, and those citizens. Hopefully, the next community picks it up. If they don't, someone else has to, and it could be 20, 30, an hour away from someone responding is the sad part about it. So NEMSA's main concern is recognizing EMS as an essential service, just like fire, just like law enforcement, just like public works, water, sewer, because we're not...we're not even recognized as healthcare professionals. We're recognized as providers but not healthcare professionals, you know. And with the numbers that we have throughout the state, you know, and the services we're providing, that's all we're asking for. And that's our main concern with this bill is the...is recognizing EMS as essential services. [LB952]

SENATOR CAMPBELL: Okay. Questions, Senators? Thank you very much for the testimony. [LB952]

DAVE HUEY: Thank you for your time. [LB952]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB952]

RHONDA MEYER: Good afternoon. Thank you, Senator Campbell and Committee for HHS. My name is Rhonda L. Meyer, R-h-o-n-d-a L. M-e-y-e-r. I am from Blair Volunteer Fire Department. I'm the rescue chief there and a volunteer. I've been a paramedic with that association for 12 years, actually 14 years now. I also am a participant of the Nebraska State Volunteer Firefighters Association on the EMS committee to hear concerns that we have throughout the state of Nebraska. We have been talking about this and who's responsible for the operations of EMS services in the communities for a couple years now at the state level. And one of the concerns that we have is actually seen in my local area. I live in Blair, which we average about...well, last year we had 869 calls; and we're a volunteer service. We do have membership in our department that can make those calls, but we had to make some transitions to that in order to meet the night calls and such as that. It is a nonpaid service, so we do not get paid for the calls that we go on. It is all volunteer based. As we dwindle with the numbers and the increased requirements, families growing, responsibilities, that does affect us there also. But the neighboring community that is ten miles away has a service that is not operated by the city, not operated by the rural board. They maintain themselves in that community. That organization has

been in service since EMS started in that community, and it continues to get smaller and smaller. They have approximately 300 people in the village and they cover a vast amount of miles that they cover. We do provide a mutual aid service to them because they only have three EMTs on their department, one EMR. And then they have a total size of their department of 17 members with the fire service and EMS, so that really does impact their abilities to respond to that. Their abilities to maintain funds for that is through pancake feeds, biscuit breakfasts, biscuit-and-gravy breakfasts, to have the steak fries, and then soliciting funds from the communities and members that are out there, because they are a smaller-knit community, and for us to continue to provide support and services for them. I, being the rescue chief, I originally being from that area, I see the importance of education and training. They struggle with that. Right now they have two more people going to EMT class. And I know the importance of them, of doing that. But they don't have the funds in order to pay for that even though, like they said, they get paid back approximately $425 after they pass the National Registry by the state of Nebraska and they get registered within the state. That's the only time they get some of that funding back to them, and so to be able to support that. Plus, they're having to drive 30 miles one way to go to the class, leave work, spend the time two nights a week, weekends away from family, and all those other obligations that they do have related to that. So for them, their support that they have is what they make on their own and from the donations that they get from their community. They could very easily close the doors. They had three EMTs and an EMR. I've had calls recently to them where there's an individual that has seizures and he decides to drink alcohol. There has been three incidences now where we've gotten on the scene and they provide airway maintenance for him and he's required chest compressions on the way to the hospital because of his impaired condition. If they didn't have that service in that community for them, he would not have survived because he occludes his airway and goes into some respiratory failure. So it's important for that service. And for us to have to go 17 miles because it was a mutual aid, because they would close, that would be detrimental to the people of that community. And it even gets worse as we go out farther west in the state of Nebraska, with the volume and vast sizes that they have, to maintain their services and try and recruit members. Some of the big things that we are working on are with the SAFER grant, the STRIVE grant to recruit and retain people, and that's a big initiative. I mean it's very challenging because we have so many age differentials that we have in our communities. We have our populations in our millenniums, which we have our older people that have been on the departments for years. They are getting older. They're not going to be there all the time. And the millennials don't act like our older populations do, and so we need to work to maintain and have the funds available for them to say, hey, I realize you're volunteering but I can provide this education for you, I can provide this training for you, I can send you to this NEMSA workshop that's going on to give you the additional skills that you need. Luckily, we do have those mutual aid responsibilities that we have there. And me, myself being a rescue chief, I know the importance of that. Just the other day I was providing education to them on a call and that...they were very grateful for having that happen. So that's all that I have to say and I'm open for any questions. Thank you for your time. [LB952]

SENATOR CAMPBELL: Thank you for your testimony. Any questions, Senators? We appreciate all the information. Thank you. [LB952]

RHONDA MEYER: Thank you. [LB952]

SENATOR CAMPBELL: Good afternoon. [LB952]

ANDY HALE: Good afternoon. Chairman Campbell, members of the Health and Human Services Committee, my name is Andy Hale, A-n-d-y H-a-l-e. I'm vice president of advocacy for the Nebraska Hospital Association. I'll be brief. Our organization wants to support any attempts to improve EMS care in our areas, especially to our rural hospitals. I think the testifiers before have shown why it's important we need this service and have this service. And I want to thank Senator Watermeier for bringing this bill, and I also want to thank the people that testified today that actually do this job. It is a critical component to the mission of the hospitals and I appreciate their effort. And we will be supportive of any effort going forward, working with the senator and the rest of these guys, to see what we can do to improve these services and make them essential. So, any questions? [LB952]

SENATOR CAMPBELL: Any questions? Okay. Oh, Senator Crawford. [LB952]

SENATOR CRAWFORD: Thank you, Chairwoman. In your discussions with hospitals about this idea of the county being responsible, are there...was there discussion of some hospitals that are in situations where they're just kind of holding on because no one else is doing this where having the county responsible would allow them to release that to someone else? [LB952]

ANDY HALE: Correct. Well, I mean, when you look at it with the cost of the hospitals, it's a situation they talked about. What happens if the services aren't there? Who is going to pay? Certainly we understand that this is a tremendous cost on the counties, one that's shifted to them, but it's essential in our mission and what we want to do. [LB952]

SENATOR CAMPBELL: Senator Riepe. [LB952]

SENATOR RIEPE: Thank you, Senator Campbell. Thank you for being here. Is a critical access hospital eligible to roll any of this cost into their Medicaid cost reimbursement formula? [LB952]

ANDY HALE: I'm not aware if we can do that, but it's a question I will certainly ask and see if I can follow up. [LB952]

SENATOR RIEPE: I'm just looking for an option to roll... [LB952]

ANDY HALE: Other ways, certainly. [LB952]

SENATOR RIEPE: ...take away some pain. [LB952]

ANDY HALE: I'll get back to you. [LB952]

SENATOR RIEPE: Okay, thank you. [LB952]

SENATOR CAMPBELL: Senator Kolterman. [LB952]

SENATOR KOLTERMAN: Along the same line--thank you, Senator--along the same line that Senator Crawford was talking about, do you know how many critical access hospitals, or are there any hospitals at all, in the state that now provide the EMS service? [LB952]

ANDY HALE: Not that I'm aware of, I don't know if anyone that was previously before me could testify to that, or to their lobbyist. I don't have that number with me exactly. [LB952]

SENATOR KOLTERMAN: Okay. Do you... [LB952]

SENATOR CAMPBELL: Go ahead. [LB952]

SENATOR KOLTERMAN: Yeah, that's all right. [LB952]

ANDY HALE: And I don't know if I'm the last--excuse me, Senator--if I'm the last proponent or if there's somebody behind me that could give those numbers; if not, we certainly can work together. [LB952]

SENATOR CAMPBELL: I'm just going to follow up a minute. [LB952]

SENATOR RIEPE: Sure. [LB952]

SENATOR CAMPBELL: It would be interesting to know whether the county hospitals do,... [LB952]

ANDY HALE: Um-hum. [LB952]

SENATOR CAMPBELL: ...because that's probably what's tied in here... [LB952]

ANDY HALE: Where it comes from. [LB952]

SENATOR CAMPBELL: There's a number of county hospitals. And I saw former Lieutenant Governor Lavon Heidemann in here earlier, and I don't know if he's still in the back, but we worked on a bill having to do with county hospitals. So it's a valid question. [LB952]

SENATOR KOLTERMAN: Well, and along...can I ask a question? [LB952]

SENATOR CAMPBELL: Sure. [LB952]

SENATOR KOLTERMAN: Along those same lines, not just county hospitals, a lot of your critical access hospitals are not-for-profits. [LB952]

SENATOR CAMPBELL: Yeah. [LB952]

SENATOR KOLTERMAN: And there's no county monies involved, so. [LB952]

SENATOR CAMPBELL: Exactly. [LB952]

SENATOR KOLTERMAN: I know ours used to do it but they don't...they haven't done it for years, so, and it's not a county hospital. [LB952]

SENATOR CAMPBELL: Senator Riepe, you wanted to question. [LB952]

SENATOR RIEPE: Yes, I did. Thank you, Senator Campbell. A question that I have is, are the rescue squads in the communities, are they able to bill? And is...well, I'm sure it wouldn't be welcomed with a big parade, but are they able to bill for that service? My recollection is that in some of the urban markets they...you will be billed. [LB952]

ANDY HALE: I believe so in some of the rural communities; yes, that's my understanding. [LB952]

SENATOR RIEPE: And do you think that they're at the top of that tolerance level or...? [LB952]

ANDY HALE: That's something, probably a discussion I'm going to have to have individually with each of the hospitals to see what they can and can't afford. [LB952]

SENATOR RIEPE: Well, I was thinking not to bill the hospital, I was thinking to bill the patient,... [LB952]

ANDY HALE: Oh, correct. [LB952]

SENATOR RIEPE: ...whoever gets the ride. [LB952]

ANDY HALE: Yes, I think it's a possibility. [LB952]

SENATOR RIEPE: That could be negotiated at the pick-up time (laughter)? [LB952]

SENATOR CAMPBELL: My assumption is that many of those are covered by the fees to patients. If I remember, Mr. Dwyer, I think a couple years ago you had this great chart that explained the different fees that came in and a lot of...I mean you bill the people that you help and transport, correct? Yes. [LB952]

MICHEAL DWYER: Correct. [LB952]

SENATOR CAMPBELL: We'll note for the record that there was a "correct." Any other questions for Mr. Hale? Okay, thank you. [LB952]

ANDY HALE: Thank you. [LB952]

SENATOR CAMPBELL: Our next proponent. [LB952]

ROD RENKEN: I'm Rod Renken, R-o-d R-e-n-k-e-n. I'm rescue captain from Geneva, Nebraska. I also am a paramedic with the critical access hospital in Geneva, Nebraska. And as far as the billing issue that you were talking about, we as a volunteer rescue squad bill through EMS billing. We have a billing service that we send them to. Our particular service, money isn't the issue; it's training and recruitment. And Bruce talked about numbers dwindling. I can't say that the numbers in our county are dwindling. I think right now we're holding our own. But we've got a lot of small communities in the county that are lucky to have somebody respond,

including Geneva, which is the largest town in the county, because of...we have enough people, but a lot of them are out of county or out of town during workday so there may not be anybody to respond. I'm a proponent to having this, I guess, to county as far as being responsible to provide this service. The reason I say that fire districts would work well, except in our particular instance...it's not that way now, but in our particular instance...when we started, we were a black sheep in the community. Fire department didn't want anything to do with rescue and about half the community thought, why are we doing this, the funeral home has been doing it forever, why are we doing a rescue squad? Now that has changed drastically and thank God we have the fire department now because without them we wouldn't have the manpower to make a lot of calls. And I'm...and the other thing in this bill that I'm a big proponent of, I think, because nearly 70 percent of the people that provide EMS service in the state are volunteer, I think there should be a larger proportion of people on the boards from volunteer organizations, not that we aren't all trained the same, because a volunteer has to have the exact same training as the paid professional to be licensed in the state of Nebraska, but because of the different view that you come at it from. I mean you're volunteering your time to take a class that...we're starting an EMR class right now. You ask about cost. An EMR is an emergency medical responder, which is the first tier in EMS. It's about an 81-hour class through ALS Affiliates, and the cost to us is $650 per student. That is halfway to an EMT. And hopefully most of the people that are taking the EMR class will go on to do EMT, but we'll get them EMR first. So I would...my guess is it's somewhere between $1,000 and $1,200 a student just in cost, and then time frame for them to take the class and be away from family and volunteer in the community. [LB952]

SENATOR CAMPBELL: Okay. Senator Riepe. [LB952]

SENATOR RIEPE: Thank you, Senator Campbell. How many rigs do you have in Geneva? [LB952]

ROD RENKEN: How many rigs? [LB952]

SENATOR RIEPE: Rigs, yeah. [LB952]

ROD RENKEN: We have one 911 rescue unit and we have an ambulance that is based out of the county hospital. [LB952]

SENATOR RIEPE: How many teams do you have, manpower teams? [LB952]

ROD RENKEN: One. [LB952]

SENATOR RIEPE: One. [LB952]

ROD RENKEN: Well, everybody responds when they can. Right now I can't respond. The doctor won't let me. But it's... [LB952]

SENATOR RIEPE: You can boss though. [LB952]

ROD RENKEN: Yeah, (laughter) they won't let me go because I'm horrible at bossing, but... [LB952]

SENATOR RIEPE: How many times, say in the last year, have you had two calls at the same time that you had to make a choice where you have... [LB952]

ROD RENKEN: Never. [LB952]

SENATOR RIEPE: Okay. [LB952]

ROD RENKEN: That's a rare, rare occasion. What happen...and we will have...a lot of times we'll have two, maybe three pages for people to respond. We have a mutual aid system too. The closest town to us is eight miles away and they're naturally our first mutual aid. But we...as the county seat we sit pretty much in the center of the county, so we mutual aid almost every town in that county, at least the closest one. And we would be a mutual aid to any of them because they're in our fire association, county fire association, our mutual aid group. If they need help, our fire department will go anywhere in the county. Well, we'll go out of the county if we need to, and rescue would too. [LB952]

SENATOR RIEPE: You said that your initial training course, the EMR one, was $620 or something like that. [LB952]

ROD RENKEN: $650. [LB952]

SENATOR RIEPE: $650. [LB952]

ROD RENKEN: Yeah. [LB952]

SENATOR RIEPE: What's your retention rate on that? Are there people that go into it and say, this wasn't what I thought? [LB952]

ROD RENKEN: Oh, yeah. [LB952]

SENATOR RIEPE: And so you just lose the whole amount on that or...? [LB952]

ROD RENKEN: My last class that I taught...I started, I think, with eight people. Three of them dropped before the class was over. We got five out of it. Three of those came on Geneva Rescue. So this class that we're starting right now is 10 to 11 people. All of them are from...well, two will be from Milligan and the rest from Geneva. [LB952]

SENATOR RIEPE: Sounds like you're in the continuous business of training. [LB952]

ROD RENKEN: Constant. I have also had people go clear through the EMT class--this was...fortunately it was prior to National Registry because all the work they'd have had to gone through to get through National Registry--that took the class. They were on call, went on one call--one bad car accident--and they were done. They never responded again. They couldn't do it. [LB952]

SENATOR RIEPE: Do you also have women that participate in the program? [LB952]

ROD RENKEN: Oh, yes, thank God; yes, we do. [LB952]

SENATOR RIEPE: Okay for now. [LB952]

SENATOR CAMPBELL: Senator Kolterman. [LB952]

SENATOR KOLTERMAN: Thank you, Senator Campbell. Talk a little bit about the small town, because Geneva fits that model. Talk a little bit about the employer's relationship with the EMTs and how it's up to an employer to allow them to go or not to go on a volunteer. How does that work in Geneva? [LB952]

ROD RENKEN: In most cases, and I can't speak for all because there are some employers that do not allow it and they can't, but in most cases our employers just...I can't say the employees get paid, but they don't restrict them from going. [LB952]

SENATOR KOLTERMAN: So they get the page and they just... [LB952]

ROD RENKEN: Yeah, they leave. [LB952]

SENATOR KOLTERMAN: ...leave their job unless they... [LB952]

ROD RENKEN: Yeah. [LB952]

SENATOR KOLTERMAN: Maybe they're the only ones there. [LB952]

ROD RENKEN: I can speak for one. He works in a bank in Geneva and his president said, thank you, thank you for doing it, if you need to go, leave, so he doesn't question it. And I'm sure his wages don't change because he goes on a rescue call. And it's...the average rescue call for us and now we aren't...I'm doing most of the paperwork. If you stay and do the paperwork, a rescue call, even in town, a quick difficulty-breathing call, you know, nothing critical, we go pick them up, take them to the hospital, it could...you're going to use an hour to an hour and a half on every call. And if it happens to be a car accident, it could be three to four or more. [LB952]

SENATOR KOLTERMAN: Thank you. [LB952]

SENATOR CAMPBELL: Okay. Senator Crawford. [LB952]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you for your service to your community and for being here today to testify. And I heard what you were saying about how important you feel it is to change the representation on the EMS Board. I'm going to go back to the other part of the bill about having counties in charge and just ask your sense of how that would impact or change the way EMS happens in your county. [LB952]

ROD RENKEN: I guess the financial end, we're not saying you have to fund it and in most cases in our county I don't think funding is an issue with rescue. They're pretty much self-sustaining, if you will. Now in Geneva we do have a city budget that we're on. The reason I question putting it under a fire district, a fire district would be great because everybody has them, but not all fire districts have rescue or want anything to do with them. As I said initially, when we started, our fire department didn't even want us to house the rescue squad in the fire station. Now that, again, has changed 180 degrees since. But at the time when we started, we wouldn't...if it was under the fire department's venue, we wouldn't be here. [LB952]

SENATOR CRAWFORD: But it probably...if the county were ultimately responsible in your sense, probably in your city, if it's self-sustaining, you think you would probably keep doing it in your city, in the city model you have right now and the hospital model that you have right now, in the short term anyway. [LB952]

ROD RENKEN: Yeah. And I guess the thing that...the biggest thing to me, and I think that's what everybody has said in here, we need to make this a service that is mandated that you have to provide. I mean it's, in my opinion, it's every bit as valuable as law enforcement and fire in a small community. [LB952]

SENATOR CRAWFORD: I appreciate that. Thank you. Thank you. [LB952]

SENATOR CAMPBELL: Senator Riepe. [LB952]

SENATOR RIEPE: Thank you, Senator Campbell. In Geneva, do you always deliver the patient to the Geneva hospital? Or if the family requests, do you bring them on into Lincoln or... [LB952]

ROD RENKEN: By state statute we have to transport the patient to the nearest hospital capable of giving that care. The only way... [LB952]

SENATOR RIEPE: Okay. [LB952]

ROD RENKEN: And I don't know that in our case, in our particular case from Geneva, we would bypass the hospital even...a STEMI is one where if you're going ST elevated MI, myocardial infarction, that's one where you can legitimately bypass the hospital to get to a cath lab hospital. But we have a long enough transport time to get to a cath lab hospital that I don't think we would be in the best interest of our patient to bypass. We may go to the hospital on the way out of town. The doctor says, I'm going to have the paramedic or nurse jump on board with meds and we want you just to continue, don't even come in the ER, that might happen. But typically we're going to go to Geneva and... [LB952]

SENATOR RIEPE: Do other hospitals come out? I know, for example, Children's Hospital has its own rig and I assume that, given a call, they'll get out there as fast as they can and get back. [LB952]

ROD RENKEN: Yeah. [LB952]

SENATOR RIEPE: Does Lincoln Bryan have the same thing or... [LB952]

ROD RENKEN: We typically...no. If we don't...and our ambulance...the hospital has an ambulance that they own and they do 90 percent of our...probably 99 percent of our transfers

from hospital to hospital. If we don't do it that way, then a helicopter would be called from Bryan, StarCare, or Kearney or Midwest Medical. And if we happen to be busy with that ambulance, we will call Midwest Medical or another private service to come help. [LB952]

SENATOR RIEPE: Okay, thank you. [LB952]

SENATOR CAMPBELL: Senator Kolterman. [LB952]

SENATOR KOLTERMAN: One last question: Would...if...because you're in the city, you work for a city EMS group, and the city of Geneva is funding that. [LB952]

ROD RENKEN: 2,100. [LB952]

SENATOR KOLTERMAN: So Geneva...if you get a call three miles out of town to a farm, they aren't paying any taxes in the city but you still go, is that correct? [LB952]

ROD RENKEN: We cover everything that our fire company covers to the 100 and I think...don't quote me on this. I think it's 111 square miles. But a lot of times that is dependent on dispatch. If she doesn't know the borders, well, we'll go into the next fire district. I mean just...we got called and we're en route. The fastest and best care for that patient is us to continue and we'll continue. [LB952]

SENATOR KOLTERMAN: Okay, thank you. [LB952]

SENATOR CAMPBELL: How many fire districts are in your county? [LB952]

ROD RENKEN: I would say seven, I believe. [LB952]

SENATOR CAMPBELL: That's the one thing that you all...I mean it's like I used to...when I went on the county board, I looked at a map and it's just like carve and here and here. I mean there are a lot of fire districts. So it's not one fire district per county. [LB952]

ROD RENKEN: No. [LB952]

SENATOR CAMPBELL: And I'm sure we're going to hear something about that but... [LB952]

ROD RENKEN: Six--excuse me--there's six. [LB952]

SENATOR CAMPBELL: Six, okay, that's helpful. [LB952]

SENATOR KOLTERMAN: Are you talking departments or are you talking districts? [LB952]

SENATOR CAMPBELL: Fire districts. [LB952]

ROD RENKEN: Yeah. Each department in our county has a district... [LB952]

SENATOR KOLTERMAN: Oh, okay. [LB952]

ROD RENKEN: ...that they cover. [LB952]

SENATOR CAMPBELL: Okay. Anything else? Thank you for your testimony. [LB952]

ROD RENKEN: Thank you very much. [LB952]

SENATOR CAMPBELL: And I hope you're better soon. [LB952]

ROD RENKEN: I will. [LB952]

SENATOR CAMPBELL: We need you back out on those rigs. Our next proponent. [LB952]

JERRY STILMOCK: (Exhibits 4 and 5) Good afternoon, Senators. My name is Jerry Stilmock, J-e-r-r-y, Stilmock, S-t-i-l-m-o-c-k, testifying on behalf of my clients, the Nebraska State Volunteer Firefighters Association and the Nebraska Fire Chiefs Association. Thank you, of course, to the introducers on this particular bill. Senator Watermeier is joined by Senator Kolterman and Senator Davis; all three of them joined on this bill and the other legislation you heard about. The intent, as I understand it, the intent of the bill is to just have the county slip in, in the current situation where fire...where rescue services are being provided now. No tax money would be spent nor required; the fees would continue to be paid by the recipients of, by the patients of the medical, the emergency medical service providing those services. But there would be oversight. And the oversight part of it goes back to as far as 2002 when it was Senator Curt Bromm instead of lobbyist Curt Bromm; it goes back to 2004, as Mr. Beins mentioned, when Senator Jim Jensen was Chair of the committee; it goes back to 2013 when Senator Gloor introduced a study resolution to look at jurisdiction over EMS. But Senator Watermeier's bill is

the first time that, I believe, that EMS has been brought to the forefront to say who should be in charge, rather than the will of the neighboring community, if in the event an EMS service folds. So I'll use my now home county of Otoe County, the village of Talmage. The village of Talmage had a rescue brigade within the village of Talmage. And when the village of Talmage lost its rescue service, it was just upon the will of the surrounding communities to say, okay, now what are we going to do, Talmage has folded, what are we going to do now? And so it puts a sense of duty, a sense of pride by the neighboring community, Syracuse, to expand, also funneled by...serviced by volunteers to funnel out to Talmage and make sure there's coverage. And the way I took the speakers before me is, is that a way to provide what I think people assume is a necessary and critical public safety service. So as you all hear on other portions of your legislative agenda economic development in Nebraska, how do we do this, how do we promote tourism, and we have people yet expected to move to Broken Bow to help Broken Bow survive, and to other communities, to North Platte, I think people move there with the assumption of fire's going to be there, EMS is going to be there, law enforcement is going to be there. But we don't have a system in place for EMS and I think this bill desperately seeks that need of having the county come in with oversight. It's not intended to be a tax burden for the counties to compete in the levy limitations that are happening over in Revenue. It's intended to have the county slip in right exactly where things are at right now and for those communities to continue to provide and continue to charge for EMS services. The handouts that I've provided, the first one, the chart that looks like that, it mirrors the information that Bruce Beins provided for you. And so Senator Watermeier sought this information from the Department of Health and Human Services under the Division of Public Health, which oversees EMS, and the dramatics are: In 2011, for all licensed professionals of EMS services, 2011 to 2015, it was decreased by 500. EMTs that are...basically form the backbone of volunteers, though EMRs are not to be overlooked nor neglected. The EMR is the first-responder level. EMTs during that same 2011 to 2015 decreased by 557. Anyway, so you have the information. I anticipated, and Bruce did a great job of providing that to you, but I wanted you to have that in print. The other item, of course, goes to the second component of the bill, and that's just a chart. When I read through the statute I felt it might be helpful for the committee to have what that statute, in terms of 38-1215 does in laying out the different responsibilities statutorily of the 17 different members recommended for appointment by the Governor, approved by you as members of the Legislature. That number presently for volunteer provider is, one, is required under the statute; of course Senator Watermeier's bill would have that be increased to three. You know, the one thing that perhaps Nebraska Association of County Officials is going to say is, we can't do this, there's no way Nebraska can do this, and this, I mean, is tax, tax will pay for it. I'm going to flip it and say there's no way Nebraska can pay for EMS to happen and take the place of volunteers. Nebraska needs volunteers. We need to find a way to sustain volunteers and it's through this portion of the three-legged stool, the two portions contained in here and the one with Senator Davis' bill over in Revenue, that at least gives it a boost. You've done a tremendous job of listening to everybody, so I'm going to stop. I had other comments trying to answer. But as you travel from Omaha to

Lincoln, you go through...you go past...traveling on I-80, so you go through...Gretna is going to respond as a volunteer unit; Ashland is going to respond as a volunteer unit; Greenwood is going to respond as a volunteer unit. And then we want to have a family reunion and we want to invite everybody to come enjoy beautiful Mahoney State Park and dad or grandpa or grandma has a heart attack at Mahoney State Park or one of the other state parks. Who is going to respond to those state parks? It's going to be volunteers. We need those volunteers. Thank you, Senators. [LB952]

SENATOR CAMPBELL: Questions? Mr. Stilmock, one of the questions I just want to follow up because I was listening and then you said, well, if an EMS folds, who should be in charge, and I'm assuming what you're saying is that then the county board would step in...correct? [LB952]

JERRY STILMOCK: Yes, yes. [LB952]

SENATOR CAMPBELL: ...and step in and say to a fire district or another community, we need you to do this. Now if, and I'm not saying that this is probably going to happen in Nebraska because Nebraska is so good about volunteering, but what if no fire district or other community steps forward? Then what does the county board do, put it in place? By this statute, what it would say to the county board: You can't fill all this; it's your responsibility to have somebody in there to do that. So they would have to then build or put together an EMS department. [LB952]

JERRY STILMOCK: Yes. And the front part of that is so that the communication happens along the way, rather than we just last our lost...we lost our last EMT, we're done. But the communication would start that we don't have right now. The communication is only taking place happenstance between the providers and the communities where they're at. It would put somebody in charge so that the communication would start, so hopefully we wouldn't get to that place. But the ultimate way that I would answer the question is to agree with your statements, yes. [LB952]

SENATOR CAMPBELL: Okay. So at that point, would this give the county board the authority to merge fire districts... [LB952]

JERRY STILMOCK: No. [LB952]

SENATOR CAMPBELL: ...to make it work, I mean, to kind of say, well, we're going to make this work because we need to fill in here and make sure we have the personnel, because part of the thing is that I've...the gentlemen have been very clear that they think the fees will cover this, the vast majority of the cost across here. And what the gentleman said, well, the problem is

training and recruiting and making sure somebody we have, so would the county be able to do that by this legislation, merge those fire districts? [LB952]

JERRY STILMOCK: No, there's no portion of the law that has a procedure in place that allows for mergers but it doesn't...those existing statutes don't allow the merger of fire districts just by the county decreeing it or passing a resolution. It has to be generated by the local fire districts at this point. Yes, ma'am. [LB952]

SENATOR CAMPBELL: Okay. But the county would still have to just set it up if no one else could. [LB952]

JERRY STILMOCK: Yes. [LB952]

SENATOR CAMPBELL: Okay. Senator Kolterman. [LB952]

SENATOR KOLTERMAN: Thank you, Senator Campbell. But isn't the intent to facilitate that,... [LB952]

JERRY STILMOCK: Absolutely. [LB952]

SENATOR KOLTERMAN: ...to make sure that there is somebody responsible? [LB952]

JERRY STILMOCK: Yeah. I wanted to be courteous to answer Senator Campbell's question that, yeah, the ultimate fail-safe, drop-dead doomsday is, boom, the county has to step in. The goal...the intent is never to have that happen by having the communication happen which now is happenstance. [LB952]

SENATOR CAMPBELL: Okay. [LB952]

JERRY STILMOCK: Yeah. [LB952]

SENATOR CAMPBELL: Any other questions or follow-up to that? Thank you, Mr. Stilmock. [LB952]

JERRY STILMOCK: Senators, if I may, I've been asked to introduce or distribute, please, by the page--if you would, young man, that's kind of nice of you--February 24, 2016, from the Nebraska Medical Association in support of the measure. And, Senator, I just want to make sure.

There were a couple letters that came through. I know you've done at the end but I won't be able to come back up, so I want to make sure Rose Chappell and Ann Fiala... [LB952]

SENATOR CAMPBELL: Elice? Yes. [LB952]

JERRY STILMOCK: Thank you. I don't want to overstep but I want to make sure they...because they... [LB952]

SENATOR CAMPBELL: Sure. [LB952]

JERRY STILMOCK: ...wrote wonderful letters. Thank you, Senators. [LB952]

ELICE HUBBERT: Ms. Fiala, we did not get a letter, at least before the hearing started we did not have one from anyone else. [LB952]

JERRY STILMOCK: Okay. [LB952]

SENATOR CAMPBELL: Okay. Could you get a copy to the clerk? [LB952]

JERRY STILMOCK: I did. [LB952]

SENATOR CAMPBELL: Great. [LB952]

JERRY STILMOCK: I'll give it to the clerk right now. Thank you, Senator. [LB952]

SENATOR CAMPBELL: Okay, that would be great. Thank you, Mr. Stilmock. Our next proponent. [LB952]

GRANT ANDERSON: Good afternoon. [LB952]

SENATOR CAMPBELL: Good afternoon. [LB952]

GRANT ANDERSON: My name is Grant Anderson, G-r-a-n-t A-n-d-e-r-s-o-n. I'm not going to take a lot of your time speaking about stuff that's already been touched on. But I'm a paramedic, volunteer paramedic from Wahoo, Nebraska, and we're experiencing some issues just like everybody else. As was discussed in LR298, it was established that there are issues within the

state of Nebraska, some counties different than others. Some counties are thriving, you know, having excellent services; some counties aren't. I support this legislation for the sole reason it gives the county the authority to provide the oversight for these agencies. If they're having issues, it allows them to mediate and provide resources for those issues. If the counties aren't having issues, then they can say, keep doing what you're doing, fantastic. I'll speak on behalf of the agency I volunteer for in Wahoo and I can tell you right now we're having an issue with high call volume and low staffing. It's something that we're addressing, we've been addressing for the last two and a half years, have gone through multiple assessments and plans. And as it looks right now, we're looking at possibly providing some paid staff in addition to our volunteer staff. The issues that we're running into is, one, the city is at its cap for taxing authority even from a sales tax point of view. And two, they're looking at using law 13-303 as what was discussed earlier: providing that EMS taxing district. But that requires a cooperative with the county. The city can't just do that. One of the issues that also arises is because the county, it's not just a Wahoo problem, it's a countywide problem. We talked about mutual aid agreements and automatic aid agreements. You know, if you start from Highway 92 at the Platte River bridge west of Omaha and if you go all the way to the Butler County line, each one of those agencies have an automatic aid agreement during the day which means if a call drops, somebody else is coming with them for the sole reason we just don't have staff. We have nine EMS agencies in Saunders County. I would say at least seven of them are having the same issues, some more than others. As far as rural fire districts go, we have 13 in total. As Mr. Dwyer said, you know, it's...response times become an issue and some counties have other problems, as opposed to our county. You know, I'm not saying that regionalization is a solution. I've heard it come up twice. But you got to ask yourself, you know, if Saunders County, which serves a population of 20,000 people, you know, has 17 ambulances in it, you know, and you look at a city like Lincoln that has six or seven that covers, you know, 26,000 people. I'm not saying that's a solution. I'm not saying that, you know, regionalization is the key. I'm just saying that allowing the counties to provide this oversight will allow us to have the conversation. In Wahoo, we have a Wahoo problem. But the problem is we pick up the slack for the other agencies within the county. So we go out west of town, to Weston. We cover the village of Malmo, the village of Ithaca, the village of Colon. So now the city looks at it and says, well, this isn't just a Wahoo problem, this is a county problem. Well, if we don't give the county the authority to feel obligated to take care of this, they're just going to keep brushing us off and eventually one of two things is going to happen: It's going to end poorly for our patients because we're just going to say sorry to these rural fire districts, we can't provide EMS anymore; or (2) you know, they're just going to have to create their own EMS service, which is not really conducive, especially when you have a lower call volume in some of these very rural areas. Just to address a couple other issues as far as Wahoo has, we also provide interfacility transfers for our critical access hospital. One of the avenues we approached was a share-cost method with the critical access hospital where we could provide a paramedic staffing in the ER during the day, do the response from the hospital, and then at nighttime they would be paid by the city of Wahoo from the station. This hospital wasn't interested in Wahoo for the sole

reason of they're having a hard time with their budget, just like everybody else. So, one, they can't guarantee that our staff are going to provide ER care and ER care only, because if you're paying somebody to be there, they want them to be there. So they don't them want to pay them, staff their ER, and go run calls, because if they're gone for four hours, then it becomes a staffing issue for the hospital. That was one of our solutions, definitely wasn't...you know, there definitely wasn't an option for them to staff full-time EMS. The city of Wahoo, Wahoo Rescue Squad provides the interfacility transfers out of Saunders Medical Center as well, when we can. Staffing becomes an issue but that's also another revenue generator for these counties that have these critical access hospitals to establish that service. The reimbursement rates on interfacility transfers are much higher than our 911 reimbursement. That's one of the things. With our budget in Wahoo, we could come pretty close to subsidizing 24-hour, at least one EMS provider coverage with the revenue that we generate, pretty close, you know. Everybody gets shell shocked by the total number as far as what it costs to operate an EMS service, but they always forget about the revenue. And the problem that we're running into is because we don't know the revenue we're going to generate, they're not really convinced that it's something we can do, you know, because some years you bring in more money, some years you don't, Medicare/Medicaid reimbursement and private payer reimbursement, etcetera. It's hard because everybody wants that hard, concrete number to run a service and you just can't have it in medicine because your reimbursements change on a year-to-year basis. Just to address another issue...it wasn't really an issue. Mr. Dwyer brought up the Cass County model. I'm also a paid paramedic. I'm paramedic supervisor for Cass County, Nebraska. That is, like he said, subsidized by the inheritance tax fund. Cass County is one of the few that does not plug the inheritance tax into their general fund, so it's just kind of a side fund that they use for major projects. That's currently what's paying for the program. It's paid for the program for the last two years. It's going to continue paying for the program until they find another source of revenue. Cass County EMS from a county-based point of view does not generate any revenue from billing. The volunteer services generate the revenue from the billing. We can't bill because we don't have an ambulance. The rules that govern EMS says you cannot bill unless you transport. So we step on board. The volunteer agencies then get to bill at a higher rate for our paramedics. They take all the revenue in. We just say, all right, we'll see you later. The county has agreed not to collect on that. You know, a source in the future might be to have the ALS split difference be kicked back into the county, but that's nothing that's even being discussed at this point. But I know that's not an option for most of the counties in Nebraska because most of them plug that inheritance tax into their general fund. That's pretty much all I have for right now. Any questions? [LB952]

SENATOR CAMPBELL: Mr. Anderson, I just want to make sure my notes are correct. You said you have 13 fire districts in Saunders County. [LB952]

GRANT ANDERSON: Um-hum. [LB952]

SENATOR CAMPBELL: Is that right? [LB952]

GRANT ANDERSON: Yeah, 13 rural fire districts. [LB952]

SENATOR CAMPBELL: And you have how many ambulances? [LB952]

GRANT ANDERSON: We have nine EMS services with a total of 17 ambulances. [LB952]

SENATOR CAMPBELL: Okay. [LB952]

GRANT ANDERSON: And a lot of them have two; Wahoo has three. [LB952]

SENATOR CAMPBELL: Okay. So at some point would you think that the county, if there was a problem here, would the county step in and be able to maybe consolidate some of that? [LB952]

GRANT ANDERSON: You know, I think they would and I think it was kind of something that...you know, the biggest thing that I'm excited for with this legislation is like what Mr. Stilmock said: It allows the conversation to be started. As opposed to us just saying, you know what, we're done, we can at least go to the county and say, hey, we're having an issue here, we can't take care of ourselves, Weston, Prague, everybody else is having an issue as well, let's try to generate a forum where we can create a solution, not necessarily where they have to just pay for it right off the bat, where we can at least start the conversation, do some assessments, county based, because regionalization, I mean, I'd be lying if I said it wouldn't resolve some problems because you have an agency that runs 25 calls a year right next to an agency that runs 700 calls a year, you know. [LB952]

SENATOR CAMPBELL: And really what you're advocating eventually is that the county would have interlocals... [LB952]

GRANT ANDERSON: Yes. [LB952]

SENATOR CAMPBELL: ...with these communities, because not all of the communities you mentioned are unincorporated. [LB952]

GRANT ANDERSON: Correct. [LB952]

SENATOR CAMPBELL: So the county would have to have an interlocal in order to start doing some of that work. [LB952]

GRANT ANDERSON: And if they're doing a fantastic job, which, you know, most of them are, then the county can just say, you know, you guys are doing a great job, we'll keep it as is, come to us if you have any issues. [LB952]

SENATOR CAMPBELL: Thanks, Mr. Anderson. [LB952]

GRANT ANDERSON: Thank you. [LB952]

SENATOR CAMPBELL: Any questions? Okay, thank you. All right, our next proponent. Okay, those who might oppose the bill. [LB952]

LARRY DIX: Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Larry Dix, L-a-r-r-y D-i-x, executive director of the Nebraska Association of County Officials and appearing today in opposition to LB952. Certainly I want to make sure everybody understands we appreciate the job EMTs do. We understand there's a problem. We understand there's a need to have the discussion. Those things are a given. I don't think there's anybody that is questioning that. From NACO's perspective, we're certainly not questioning that, and I know we're...and I'll get into covering some of the previous comments here in a little bit, a little bit later. When we look at the bill it's pretty clear, it's pretty definite, it is...states on line 7, page 2, we "shall be responsible." Along with responsibility comes liability. We understand that. Along with responsibility, and if the county boards are going to be responsible, we have to give them the tools then to organize it and to control it. And if we don't, and if we continue going down this path saying, oh, everything is good right now and so, you know, everybody is going to agree and life is going to be good, I would venture to tell you that in the situation that was brought up before, in Talmage--that was a community that lost their EMS service--the first thing they're going to do is they're going to go to this and say, ah, county board shall be responsible. They're not going to look to other areas because there's a state statute that says the county boards shall. And that's quite fair. I think we would probably do that also. And that's fine if that's really the policy where the Legislature says this is where the responsibility lies. But believe me, we will fight tooth and nail to be...if we're going to be responsible, we're going to have the tools to do some of the things Senator Campbell said, and that is look at efficiencies, look at consolidations, look at these kinds of things. One of the things that I'm always surprised when somebody says, oh, I know what...well, here's what NACO is going to say, well, NACO doesn't say that it can't be done; in fact, we have an example where Cass County is doing it. That was a Cass County initiative to put that together. Now the revenue stream is a little suspect. I would tell anybody that, that if we want to say that we think we can

go on forever by using inheritance tax to sustain this, I would tell you, whoever lives in Loup County, inheritance tax this year was $127, so that is not a sustainable fund that we can look at. If we look at this, a couple of things that we've got to talk about is: one, if we have a county and if the counties were to become a responsibility and if that county was at its levy lid and on one side they say responsible, on the other side they said it's a constitutional lid, which it is--50 cents is constitutional--and we have some counties that are up against it and some of those counties that are up against it have depopulation and have a loss of EMTs--our backs are up against a wall. We've got to have some flexibility built into this, some type of a funding mechanism, some type of a revenue source. The other thing that happens consistently, and all of you hear it, you hear it every day, you're going to hear it...we've got 28 days left and I don't stand in the Rotunda a day when somebody doesn't ask me about property tax. If this bill passes, this will increase property taxes because, almost to a T, everyone has come up here and said we're losing EMTs, we're losing them, we don't have enough numbers, we don't have the manpower, we have low staffing. Well, soon as that happens and this bill passes, exactly: Counties are responsible. That's exactly what it says. And if we are, the only source we really have to go to is property tax. So I would challenge everybody in the Legislature to say, if it moves in this direction, we've got to look at a funding source, we've got to find a reliable funding source that we can consistently rely on. This is important to the rural areas. This is important to the urban areas. We understand that. But simply by saying counties shall be responsible and life is good right now and it's going to continue, I've just been around too long to know that that isn't the way it's really, really going to work. So the other comment I'll make real quickly is we've had a couple people say there is no fiscal note. Well, there is a fiscal note and it is attached to the bill; and in it, it says counties without adequate emergency medical services would incur additional costs. The costs are unknown and would vary from county to county. In counties where emergency services need to be established or improved, either the counties would need to increase property tax rates or reduce services. And there was no reason to disagree with those, with that fiscal note. So there is a fiscal note to this. [LB952]

SENATOR CAMPBELL: We should... [LB952]

LARRY DIX: So with that, the red light is on and I will open it up to any questions anybody has. [LB952]

SENATOR CAMPBELL: Questions? Nobody has any questions? Mr. Dix, the old county commissioner in me just could not resist asking some of those questions just because I do see that there may have to be additional, what would I say, tools, you may use them, put into the bill to ensure that if an EMS got into trouble and the county had to take it over, what does that really mean? And how does the county work with all the fire districts in it to make all this work? I don't...I just remember how unique the fire districts are in the counties. And even in Lancaster they're all very, very different. So I appreciate that. Would the county...you were shaking your

head, yes, but Mr. Stilmock was pretty clear that you could not consolidate fire districts and... [LB952]

LARRY DIX: Yeah, I don't think... [LB952]

SENATOR CAMPBELL: ...because they're an entity unto themselves. [LB952]

LARRY DIX: Yeah. I don't know that we could consolidate fire districts. I think, again, it was one of the things that we would look for legislation to give us the authority to do because, if you're going to do something, you want to do it right. You don't want to tie the organization's hands that is going to be responsible. You don't want to tie their hands and not allow them to do something right and not allow them to gain some efficiencies. So we would dig into, and I appreciate that we're starting the conversation because this conversation needs to be a lot broader than LB952. If we're going to move that responsibility, we've got to dig into a number of other sections of statute that clearly define what county boards' authority are, other than just say they're responsible. [LB952]

SENATOR CAMPBELL: Senator Crawford. [LB952]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you, Mr. Dix. Just for the record, since we're talking about maybe other statutes, the Cass County model illustrates the issue that we probably also need to look at different revenue sources for EMS services because right now so much of it is just transport. And if the fees are going to be part of what keeps it from being funded by property taxes, we need to be, I think...think very differently about the fee options in EMS as well. [LB952]

LARRY DIX: I do too. That is one of the conversations the Cass County Board had when they made this decision was they talked about that and said, you know, right now we don't have any statutory authority to do this, from a fee perspective. And we were very, you know, involved in discussions with Cass County as how they were working through this process. And at that point in time, they realized they couldn't charge the fee. They did look to inheritance tax full well knowing that if this...once the inheritance tax becomes not sustainable, it does become property tax and it becomes property tax increase to all the taxpayers in Cass County. [LB952]

SENATOR CAMPBELL: But at some point we are going to have to face the fact that we are going to need to recruit people and probably pay them in order to make sure that the services are available in the rural parts of Nebraska. I mean we...they need people who can respond. It's a fact of life; you need hands on. [LB952]

LARRY DIX: Senator Campbell, we couldn't agree more that the need is there. I mean it is. And I travel to these counties; I know what's going on in these rural areas. There's a significant depopulation and there's a significant aging. And the only way to provide this service is somewhere you have to provide a job and assign it to somebody to do the task. But you have to pay them, and somewhere we've got to figure out the revenue stream to pay them. And we are just...we're just missing the point if we continually think that everything will be good and we'll continue to be "Nebraska nice" and volunteer because everybody said it isn't working. We're losing. We're losing numbers, and so we've got to address it. But we've got to identify a revenue stream for it. [LB952]

SENATOR CAMPBELL: Well, but even as close as in Lancaster County we're paying in some of the fire districts. We're paying Lincoln firefighters to come out into those fire districts and in order to ensure that the coverage and they meet all the requirements and the training, so we shouldn't be surprised that at some point we're going to have to understand that model. [LB952]

LARRY DIX: We have to. [LB952]

SENATOR CAMPBELL: Any other questions or comments? Thank you, Mr. Dix. Our next opponent. Anyone else? Anyone in a neutral position? Okay, Senator Watermeier, would you like to close? [LB952]

SENATOR WATERMEIER: Sure. [LB952]

SENATOR CAMPBELL: We will take letters for the record, Elice. [LB952]

SENATOR WATERMEIER: I appreciate you sticking it out, sticking with me twice here. Actually we had a pretty extensive interim study this summer and lots of good questions and just...I bring back everything to numbers for me, a fiscal person, come back to a couple numbers to keep in mind: 72 percent of the state geographically is covered by volunteers; 45 percent of the state is covered by paid professionals; and 55 percent--these are the calls--are provided by volunteer professionals. And so let's just keep that in mind. And, Senator Campbell, your question about...you had said it looks like maybe some of the counties or the services were being paid for by the fees they charge, I would say that's probably not the case as in the majority of the cases they're not covering their costs. [LB952]

SENATOR CAMPBELL: I guess I'm looking at transport. [LB952]

SENATOR WATERMEIER: Well, the ones that transport, yes, but in general I think they struggle, especially when you figure the fixed cost of labor is not in there. If we hadn't turned this over to paid, it would not be that, the case, at all. So I just wanted to bring those numbers to you and then maybe just share a story about my personal experience in the rescue, because I'm not sure how many of you really understand. In my local rescue squad, I served for a number of years. And typically, years ago, what we tried to do was have teams. And when you were on a team for that day, you would be...you would have to be mandatory that you were available from 10:00 at night until 6:00 a.m., so that the rest of the members of the squad did not have to worry about doing call after call after call every night. And our goal was to have 17 so you had every day of the week would be covered and you wouldn't have to work it. But I can remember very distinctly having a point in time when we only had three teams. So that meant every third night you were on call. And another thing I remember is that, at one point in time, I served on two of the three teams for about six months. So that meant, on average, I was covering every other call, every two out of three calls. My district has 350 calls a year. We average 350 calls in a year. We have 18 members. So that puts a little number, a personal face on what we're covering out in rural Nebraska, just to explain that. So I'd be happy to answer any questions. [LB952]

SENATOR CAMPBELL: Any questions? Senator Crawford. [LB952]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you, Senator Watermeier. Would you agree that if the county is responsible, the county would then have some oversight abilities in terms of really if...and would you expect the counties to be addressing some issues that happen in some districts? Like the one testifier mentioned, sometimes there's just a particular service that may be having challenges. [LB952]

SENATOR WATERMEIER: You know, Mr. Dix and I have had great conversation on this and we all know, early on when we started discussing this, what was going to happen as far as the cost on it. But I guess the answer to your question, and I just think this gives us a step to start talking about that conversation, certainly efficiencies as he's talking about would be part of that puzzle. But we heard very clearly through the summer and the fall--we had our interim study--that the regionalization issue would put a real damper on the service because, if you think you're going to consolidate something out in Cherry County and all of a sudden take away a chance an EMT being 20 miles away and all of a sudden they're 100, I think that's going to be an issue for patient care and patient safety, so. But this is a great way to get the conversation started and I really appreciate your extended conversation and listening on this. So thank you so much. [LB952]

SENATOR CAMPBELL: Thank you, Senator Watermeier. Before we close the public hearing, Elice, we need to get the record on letters that were sent to the committee. [LB952]

ELICE HUBBERT: (Exhibits 6-8) We have a letter of support from Ann Fiala, an EMT and president of the Brown County Ambulance Association of Ainsworth. We just received...that was a letter of support. We received a letter in the neutral position from the Farm Bureau, and then there was the letter that Mr. Stilmock passed out from the Nebraska Medical Association, also a letter of support. [LB952]

SENATOR CAMPBELL: Okay. With that, we'll close hearings for the day. Thank you very much and enjoy your evening. [LB952]