

legislation introduced by Senator Morrissey that was heard by the committee the same day as LB 1138. LB 1138, again, deals with first responders and an effort to try to recognize them in statute. LB 1058, which is basically taken and amended into LB 1138, you can look at your bill book, if you are interested, it is a piece of legislation dealing with EMTAs and expanded scope of practice for them to allow for airway management, nonvisualized advanced airway management and administration and maintenance of IVs. The bill, LB 1058, adds those developments to the ability of EMTs. It does require training and the committee amendment does change those hours. There is, and I want to note this for the record, on the committee statement an error. The statement should read the training increases five to seven hours for every management, and from 12 to 22 hours for IV certification, instead of the other way around as it is listed on the committee statement. Now let me briefly state a little bit of the situation in a more general sense. Both of these issues have been before the body for about, oh, I would say, three or four years specifically, and, of course, on an ongoing basis, we have watched the issue of rural emergency services take steps forward, the defibrillator issue a few years ago, and other types of attempt have been made to allow for emergency personnel in our rural areas more flexibility to deal with their need to serve the health needs of rural Nebraskans. This particular proposal, LB 1058, went through a LB 407 review process and was analyzed and approved by the technical committee, by the Board of Health, and by the Director of Health, back a year ago. Unfortunately, it was too late to take action last year. The particular element that still has some concern, and I want to note this again, is dealing with the question of IV expansion scope of practice. The 407 review process, from what I can see of that review, supported the concept that EMTAs would be able to monitor IVs, but rejected the concept of starting, restarting, and removing IVs, and this proposal, LB 1058, as amended by the committee amendments into LB 1138, goes beyond what was approved by the 407 review process, and says initiation and maintenance of IVs is in order. This particular point is of controversy with the Medical Association, some of their membership, regarding the training and skill level of EMTAs to carry out that particular function. I am a bit unhappy with the fact that in looking back at the bill in its presentation before the committee, that it was not made clear that the bill does not directly reflect the 407 review and recommendations of that process. I guess I had the mistaken impression that those three elements of recommendation