

unhappiness with standing before you and presenting committee amendments that we didn't have the full information on at the time we made this decision. Nevertheless, the basic premise of the bill, the basic thrust of what we are trying to do is legitimate, and with amendments I think we can resolve some of the conflicts. So I do stand in support of the committee amendments making it very clear that I do see a need for amendment further on Select File after some discussions with the various parties involved.

PRESIDENT MOUL: Thank you, Senator Wesely. Senator Wickersham.

SENATOR WICKERSHAM: Thank you, Madam President. I rise in support of the committee amendments, notwithstanding Senator Wesely's reservations about it. This matter, the use of airways, the matter of IVs has come before the review process before. It has had difficulties there. I am not going to assign any responsibility for the difficulties at hand. I have never understood why it failed to go through that process because the use of airways and the use of IVs is important to emergency medical care, particularly in the rural areas. I happen to be an EMT amongst other qualifications, and I can tell you that in my area we have an average run time of about an hour and a half. If you have a heart attack on your ranch in my county, it will be at least an hour and a half before you arrive at a hospital. That hour and a half is a very critical period for you. We can give you oxygen. We can give you CPR, and if we have the trained people, we could defibrillate you. We might not save you because we were unable to administer an IV that would continue or supplement our stabilization efforts. An hour and a half is a long time to keep somebody alive on oxygen or CPR. It does not work very well, and IVs are a necessary compliment to the other things that we are able to do with adequate training. Personally, I have always had some reservations about using IVs and some of the more sophisticated techniques, always believing that you needed to have adequate training initially and that you needed to have adequate training on a follow-up basis. You have to be kept current. Those risks are not current. Those risks have been addressed in the legislation that you have before you. I am not concerned that we are going to have untrained or unqualified people attempting to use these procedures. The other concern that I have, quite frankly, is that as we see the shape of health care changing in the rural communities, the kinds of things that you can have available to you through the emergency medical care system in