

go through and pass the 407 review process. Again, I discussed earlier, it is a very simple process actually now with nonvisualized insertion of a breathing device into your throat. It's...they have gotten it down, the techniques down, and the tools down that it is something that can be managed very easily by EMT people and others, and the question that Senator Wesely was talking about was the IV management and that is more difficult, that is more difficult, and it takes practice. And there are provisions for training in the bill. And our people out there are not the same at all as the people in Lincoln and Omaha. They are not the same. And the people that have written letters with concerns about this, I don't know that they have even been out in the country riding in ambulances. Don't know if they would. But we're asking for the ability to administer fluids to increase the victim's chances for survival. I would like to read...as far as whether we made that clear in the hearing, maybe I didn't in my testimony, but Dr. Horton, testifying for the Department of Health, in a neutral capacity, said, the current legislation contains a major provision that is at variance with the recommendations that emerged from the 407 process. I don't think Dr. Horton was hiding anything when he said, major provision at variance with the 407 process. And then he went on to describe what that was. LB 1058 calls for the establishment of an emergency medical technician IV category. According to the bill, these practitioners would be allowed to initiate, maintain and discontinue IVs. The provision is contrary to the recommendations of each of the three review bodies of the credentialing review program. I will return later, etcetera, etcetera. Now, if that's not clearly stating that that wasn't passed by the 407 review, I don't know what is. And I just want to make clear, and anyone that knows me here knows I don't operate that way, and anyone that operates on this floor thinks they can slip major provisions by other senators and whole committees I think is operating in a fantasy also. So there was no attempt to do that whatsoever. Also, Dr. Horton provided the 407 information as testimony to the hearing. The IV is very important to us, again, we need to get fluids administered as soon as possible. Now IV insertion would be limited to fluids which would not include medication. The purpose of the IV would be to immediately treat shock at the scene of an accident or sudden illness. It is a life-sustaining procedure, increases greatly the changes of survival. The people who have concerns about this and wrote Senator Wesely and Senator Carson Rogers about it had concerns about my portion of the bill and failed to bring me into the discussions. Now if