

**MINUTES OF THE MEETING**  
**of the NEBRASKA**  
**BOARD OF Emergency**  
**Medical Services**  
**Friday, December 8, 2023**

**CALL TO ORDER**

The meeting of the Nebraska Board of Emergency Medical Services was called to order by Dr. James Smith, Board Chairperson, at 10:32am, Friday, December 8, 2023, at the Nebraska State Office Building (NSOB), Lincoln NE 68508. Copies of the agenda were emailed in advance to the Board members, emailed to interested parties, and posted on the Department of Health and Human Services website on Friday, December 1, 2023. Smith announced the location of an available copy of the Open Meetings Act within the room.

**ROLL CALL**

The following board members were present to answer roll call:

- |                        |                          |
|------------------------|--------------------------|
| • Michael Bailey       | • Todd Hovey             |
| • Ryan Batenhorst      | • Linda Jensen           |
| • Dr. Noah Bernhardson | • Jonathan Kilstrom      |
| • Randy Boldt          | • Dion Neumiller         |
| • Karen Bowlin         | • Carolyn Petersen-Moore |
| • Joel Cerny           | • Michael Sheridan       |
| • Ann Fiala            | • Dr. James Smith        |
| • Dr. Prince Harrison  |                          |

The following Board members were absent:

- Brent Lottman
- Leslie Vaughn

The following staff members from the Department and the Attorney General's Office were also present during all or part of the meeting:

- |   |  |
|---|--|
| • Tonja Bohling   | • Juliann Lanphier-Wilson, <i>DHHS</i> |
| • Christy Duryea  | • <i>Attorney</i>                      |
| • Abigail Hoy Nissen, <i>Assistant Attorney General</i> | • Wendy Snodgrass                      |
| • Carol Jorgensen                                       | • Sharon Steele                        |
| • Trevor Klaassen, <i>Investigations</i>                | • Tim Wilson                           |

A quorum was present, and the meeting convened.

**ADOPTION OF THE AGENDA**

**MOTION:** Cerny made the motion, seconded by Bernhardson, to adopt the agenda for the December 8, 2023, Board of Emergency Medical Services meeting.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn. Motion carried.

These minutes have been approved by the  
Board of EMS on February 9, 2024.

**APPROVAL OF THE MINUTES**

Jensen made the following corrections to the minutes: September 11, 2023, page 3, second paragraph, line 7, spelling of “maniquines” change to “mannequins”; page 9, third paragraph, line 3 spellings of “Shayla” and “Compost” should be changed to “Shaila” and “Campos” respectively, same line add “Abe” between “Dr.” and “Campos”, and paragraph 5, line 1, again “Shayla” changed to “Shaila”; page 10, line 1, “passion” changed to “passionate”.

**MOTION:** Sheridan made the motion, seconded by Bailey, to approve with corrections to minutes of the September 11, 2023 and October 12, 2023 meeting with no corrections.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, and Smith. Voting No: Sheridan. Abstain: None. Absent: Lottman and Vaughn. Motion carried.

Smith reminded everyone to speak up so those on Zoom can hear and then welcomed Juliann Lanphier-Wilson, DHHS Attorney, and Abigail Hoy Nissen, Attorney with the Attorney General’s Office sitting in for Mindy Lester.

**CLOSED SESSION**

**MOTION:** Bailey made the motion, seconded by Bowlin, for the Board to go into closed session for the purpose of reviewing and discussing investigative reports, licensure applications, and other confidential information, and for the prevention of needless injury to the reputation of the individuals.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn. Motion carried.

10:41                      *Meeting went into closed session.*  
11:30                      *Meeting returned to Open Session.*

**OPEN SESSION**

**MOTION:** Fiala made the motion, seconded by Bailey, for the Board to go into open session.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn. Motion carried.

**LICENSURE RECOMMENDATIONS****NINA CUNNINGHAM – EMT INITIAL APPLICATION**

**MOTION:** Bailey made the motion, seconded by Jensen, to issue initial EMT license to Nina Cunningham with no probation period.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn. Motion carried.

**AGENDA ITEM: CONCUSSION PRESENTATION**

Dr. Katie Higgins gave a presentation on concussions (see attachments on Concussion Awareness and Recognition). She recognized the work of Dr. Todd Caze, Sport Neuropsychologist at the Caze Concussion Institute in Omaha. She and Dr. Caze went out to central Nebraska in September, 2023 and

presented on concussions to a group of EMTs and would like to present to the Board what they discussed there. She discussed concussions as a relatively common injury, depending on context. As sports participation changes, we see increased rates and awareness of concussions increasing in other areas outside of sports. Concussions can be life-changing for patients if care is delayed or they are not given correct intervention. However, there can be good outcomes if they are given immediate care with the right interventions.

She also addressed the idea emergency medical providers are uniquely positioned to recognize potential concussions and start the application process with the patient as well as any downstream providers. She presented the Vestibular and Ocular Motor Screening tool, the Psychometrics of it and how it can be used. Bailey commented there is a lot of data out there supporting how concussions are evaluated and on the need for EMS to be trained and given tools on concussions. Dr. Smith asked for resources and additional recommendations for EMS agencies. Higgins replied there are numerous research articles and multiple YouTube videos on this that can be accessed. Higgins and Caze are passionate about this topic and can be resources as well. She left both their contact information with Board members.

#### **AGENDA ITEM: OFFICE OF EMERGENCY HEALTH SYSTEMS**

Program reports were submitted (See attachment) for Board review prior to the meeting and were in the portal.

- a. Licensing: Wilson gave an update on licensing. The average time is 23 days to issue a license (outside a service license). The most common delay is the background check – which can take 4 to 8 weeks for results to be returned. Applicants need to submit their application for licensure and fingerprints close to the same time because the Nebraska State Patrol will not process the application for fingerprints unless the Department has the application for licensure on file. Applicants also need to make sure they have all their supporting documents submitted (the National Registry card with the expiration date, proof of citizenship, disclosure of any convictions, etc.). The Department will host informational sessions to begin in January to go over regulatory changes that took effect this year. The EMT renewal date was moved to March 31, 2024, so EMTs do not have to renew by December 31, 2023. Reminders for the renewal dates will be sent out in January, 2024.
- b. EMS Program: Carol reported. Brad Harm, the Northeast Region EMS Specialist, has resigned. His last day is Friday, December 15, 2023. She thanked Brad for his 5 plus years serving the Northeast Region and the State of Nebraska. He will be missed. Approval is being worked on to get the job posted. In addition to the report, the Statewide Assessment virtual listening sessions have been scheduled for December 14, 2023 at 11:00am and 7:00pm Central Time. Let Carol know if you did not get the information on these listening sessions and she will get it sent to you. EMS telehealth (a one-year private project funded through a Health Disparities CDC grant) will have the first installation of telehealth equipment in the back of ambulances in the state of Nebraska starting next week on Monday. Currently 21 licensed services have either committed or are considering participating. It has not been publicly announced which services will be involved. Wilson is working with the State communications team to announce in the next couple of weeks. The goal is to eventually secure permanent funding for all services who want to participate. The Physician Medical Directors (PMD) for each of the participating agencies are being notified to determine if they choose to participate. This will not replace the PMD in that he/she will still have autonomy over the service. If the telehealth orders are not in the protocols or the scope of that service, then that service does not have to carry out what the telehealth physician orders. Smith asked from a liability standpoint afforded to PMDs using unamended State EMS protocols, does that extend to these overseeing providers as long as they don't change or go outside the scope or protocol. Wilson will have a conversation with Department legal and get back to Smith on this issue. Smith brought up the issue of establishing a patient/doctor relationship. It was noted an additional release of permission will be required in order for the patient to come into the ambulance for telehealth. Jensen asked if the listening sessions will be in-person or virtual. Jorgensen said these upcoming sessions are virtual.

- c. Education and Training Agency Compliance: Wendy reported the Department is always looking for topics and instructors for the online Zoom continuing education classes. She will be reaching out to Dr. Higgins to present her concussion information by Zoom.
- d. Emergency Medical Services for Children (EMSC) Program: Debbie Kuhn reported virtually she is pushing/working on getting out the Carter Kits. Two hospitals have applications in to become Pediatric Ready; one is UNMC. Marjorie VanRiper, who is on the advisory committee representing Emergency Nurses Association (ENA), is retiring at the end of the month.
- e. Critical Incident Stress Management (CISM) Program: Debbie Kuhn reported numbers went down from last year. She is still working with UNMC and John Pain on redoing the nursing curriculum to add in CISM. She is getting ready to plan the 2024 training and scheduling the 2024 calendar. Tim added CISM has been swamped and very busy lately and has done a phenomenal job ensuring all first responders are properly trained. The State Patrol number to activate a CISM call is (402) 479-4921. New coasters with the same phone number on them will be coming out soon and be sent to all ambulance services, hospitals, and law enforcement agencies. Eight hospitals are Pediatric Ready. Debbie takes the applications, but nurses on the advisory board and Dr. Harrison review the applications and give recommendations. There is a 4-year designation on ped-ready hospitals. On February 1, 2024, Region 6 is doing a presentation on Counseling on Access to Legal Means Training for outside mental health providers as well as team members.
- f. Trauma Program: Wilson reported, in addition to the submitted report, the program is pushing to get grant-funded trauma education specialty training (Pediatric Care After Resuscitation/Trauma Care After Resuscitation PCAR/TCAR) out to facilities. There is a board vacancy for EMS in Urban Area. Bailey is working on Fifty Cents for Life to figure out ways to increase this fund and collaborate between EMS and Trauma.
- g. Stroke/STEMI Program: Becka Neumiller virtually reported in addition to the written report, Stroke Task Force Committees (Clinical, Rehab, and EMS) have been created. The EMS Committee is low on members and needs dedicated people to join. Contact Neumiller if you are interested and she will get you in touch with Andrew Snodgrass, the EMS Committee President.
- h. EHS Data Systems: Wilson reported a Request For Proposal (RFP) is officially out for the EMS Patient Care Reporting System (ePCR) as well as the Statewide Trauma Registry System. This RFP is open and vendors have been notified it closes toward the end of this month with evaluations coming in January. Stakeholders are needed across the state to look at functionality and give the State input on vendors when they do oral presentations. The RFP closes in January, 2024. Wilson addressed the question of what is done when the system needs changed and how difficult is it to make the change. In looking at new vendors, one of the requirements is to be able to import records from the old system into the new system.
- i. Statewide Physician Medical Director Update: Dr. Ernest virtually reported, pending the final implementation of the changes, his review of the State protocols is complete and they are ready to roll out. He has been working with Wilson in looking at a mobile application with protocols, hyperlinks, and a good user interface. Smith gave kudos to the Scope of Practice Committee and Dr. Ernest for all their work.

The Board took a short break at 12:15 pm. Resumed at 12:30. Working through lunch.

#### **AGENDA ITEM: EMS COMMITTEE REPORTS**

- a) Legislative/Rules and Regulation Committee Update
  - Meeting with the Governor – Dr. Smith and Tim Wilson had the opportunity to meet with the Governor regarding EMR transport, National Registry, training hours, and volunteerism. Smith has a followup meeting with Jerry Stillmock, the lobbyist for the Volunteer Firefighters Association today. At the last meeting, members of the Legislative Subcommittee were authorized to reach out to any and all stakeholders: Senators, other organizations, Governor's Office, county officials, etc. to move EMS forward. The Legislative Committee met this morning and discussed providers and endusers. Discussion occurred around developing a Task Force (a well rounded group of

stakeholders interested in EMS) to try to address these challenges. Members of the Board were encouraged to volunteer for this Task Force.

- b) Scope of Practice Committee Update given by Ann Fiala
  - i. Model Protocol revisions – These have been submitted by Dr. Ernest. These will be available to the Board at the February meeting.
  - ii. Proposed changes/additions/deletions – EMR did not get added at this time.
  - iii. Law Enforcement K9 Transport – The topic of care and transport when Law Enforcement Canines are injured in the line of duty was discussed in the Committee meeting this morning. Gerald Fraas from Senator Reipe's office was present to answer any questions. Topics discussed during this committee meeting were training and protocols regarding animal care and transport (ie. concerns with how to transport a K-9 when the handler has been injured and unable to transport with the animal), the legality of the transport, scope of practice, and treatment and assessment. The Veterinary Board will need to be contacted to weigh in on this and may have questions as well. There is overwhelming support in the Scope of Practice Committee in caring for Law Enforcement K9s. The concern is also there for the EMS providers who may need to work with the animal without the help of the primary handler. Help is needed from the Veterinary Board and other stakeholders to operationalize this. DHHS Legal, Juliann Lanphier-Willson suggested working with the veterinarians to establish some protocols and adjusting the EMS education accordingly. Dr. Smith addressed the bill and emphasized making sure the bill encompasses being able to treat for those animals. Dr. Bernhardson is medical director for the federal agency Urban Search and Rescue (USR) and he spoke to this. USR, when deployed by the governor, acts as a state urban search and rescue. If the K9s were used in this capacity, it would fall under the federal guidelines and not be an issue. Fraas weighed in stating this issue was brought forward by a Mr. Richardson, a K9 handler in Nebraska, who realized very quickly after a K9/EMS class that this issue existed in the scope of practice law. The bill draft was designed to be as simple as possible and to defer to this Board to oversee this and bring this to DHHS. Since DHHS oversees most EMS and Veterinarians, it is in the best capacity to negotiate scope of practice issues. He offered to review and make any needed changes to the bill to accommodate the scope of practice.

**MOTION:** Fiala made the motion, seconded by Bailey to move forward in researching the Board's part and working with legal and the Senators Office with the constraints of DHHS. Discussion followed. It was noted this bill only addresses dogs in law enforcement service. It was also noted this bill only has statutory authority over licensed EMS providers.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn.  
Motion carried.

- iv. Discharge procedure in the hospital emergency department (ED) setting by paramedics was addressed by the Committee. The conclusion was it is within scope for paramedics since it is majorly done in the EDs and not on general hospitalization discharge. This should be supervised by the individual facility.
- v. Topics tabled to the February, 2024 meeting pending further research and discussion include RAMP (Rapid Assessment Mentation & Pulse) Triage and the POLST Form.
- vi. The Scope of Practice Committee reviewed an advisory position document by the Nursing Board on their stance regarding IV/infusion therapy stating nurses cannot compound medications through IVs. Reference to this document is made on the Department's Nursing webpage.
- vii. Another item brought before the Scope of Practice Committee was the Lifevac antichoking device. The Committee concluded it is not supported with a sound amount of research yet, so this topic will be tabled indefinitely until further research can be validated.

- viii. Dr. Harrison and Dr. Smith addressed the Ketamine dosing for pediatrics patients. There are inconsistencies in some items on the formulary that need clarification (reference page 164 of the formulary of the current State EMS protocols under Ketamine specifically). Under the Pediatric Column it reads, “age 6 months and older: 2-4mg per Kg for sedation and induction.” To the right of that is the route of administration which says, “IV/IO/IM”. For clarification the protocol formulary should read, “ age 6 months and older: 1-2 mg/kg IV or IO for sedation and induction” and should also read, “up to 4mg/kg IM for sedation”. The second addendum was also addressed at this time. This was for clarification. For Propofol, on the same page it reads under the pediatric, “1-2mg per kg IV/IO for induction”. Then to the right of that it has a double astricks and says, “Approved for RSI and not for pain management and sedation”. The Committee recommends amending the statement with a double astricks to:

- a) move the double astricks over into the box with the “1mg-2mg/kg IV/IO”(so we know what to look for)
- b) say, “approved for RSI and for sedation.”
- c) remove the verbiage on pain management.

Thanks went to Jensen and Snodgrass for their help with the changes.

**MOTION:** Fiala made the motion, seconded by Bailey to make the changes presented by Dr. Smith to the Ketamine and Propofol protocols. Discussion followed.

Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn. Motion carried.

- ix. The Scope of Practice Committee was given a letter from Saving Rural EMS requesting them to review the following twelve suggestions to add to the EMR scope of practice (See attachment “EMR Scope of Practice Suggestions”). The Committee reviewed them at length at several meetings and has the following recommendations:
1. Assessment skills (#4 on the list) is already included in their scope of practice.
  2. Automatic blood pressure cuffs (#5 on the list) was decided as appropriate, with appropriate training.
  3. Use of LUCAS device (#6 on the list) was decided as appropriate with appropriate training.
  4. Application of heat/cold packs (#7 on the list) is already included in EMR scope of practice.
  5. Pulse Oximeter device (#12 on the list) was decided as appropriate with appropriate training.

Out of the twelve suggestions, the Committee would like to propose moving forward with three of those being yes, with appropriate training.

**MOTION:** Fiala made the motion, seconded by Jensen to add, with appropriate training, three of these suggestions (#5, #6, and #12) to the EMR Scope of Practice. A reminder was made two of the suggestions (#4 and #7) are already included in the EMR scope of practice. Discussion followed. DHHS Attorney, Lanphier-Willson, weighed in on the proposal stating, “We are limited by what’s defined in Statute and regulation and that is the lense we would view any of these proposals through.”



Voting Yes: Bailey, Batenhorst, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Harrison, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, Sheridan, and Smith. Voting No: None. Abstain: None. Absent: Lottman and Vaughn.  
Motion carried.

The suggestions decided as “no” by the Scope of Practice Committee were addressed. The Committee is requesting from the group that presented these to have the suggestions vetted through The Scope of Practice Emergency Care Provider Decision Making Framework.

Items to be vetted by this process are as follows:

1. Administration of Albuterol via Inhaler or Nebulizer
2. Administration of Glucocortoids by Nasal Inhaler or Autoinjector
3. Oral Glucose Gel Administration
4. Monitoring an Established Urinary Catheter
5. Tracheal Suctioning
6. Utilize a Glucose Monitoring Device
7. Assisting with a Complicated Childbirth

John and Marlene Bomar commented their appreciation of the Committee's work on this. At the last Saving Rural EMS meeting. Zoom was added as an option, so if anyone would like to be on the list, all they need is your email. Discussion was held. Bowlin brought forward to the Scope of Practice Committee the topic of baby aspirin for EMRs. This will be added to the agenda for the next meeting.

- c) EMS Education – Hovey reported they are in a holding pattern for a couple of activities. There are a couple of other entities that are working on EMS instructor courses. The Committee is waiting on these to see what they are working on before making recommendations. They were also waiting on the EMR Scope changes before moving forward with educational recommendations. Bowlin commented on the map of classes (see attached). The data shows there are areas where classes are not being held. However, there are some training agencies that are not putting information into the database. A report will be given on this later under the EMS Training Agencies agenda item.
- d) EMS Workforce – Cerny reported on the results of the surveys, and listening sessions, leadership and recruitment and retention. He encouraged everyone to spread the word on OEHS Leadership Training. He also encouraged everyone to read Wilson's email with an article with 5 or 6 topics on EMS workforce. Bowlin challenged other Board members to take the EMS Leadership Training.

Smith asked Board members about how they felt about having Committees meet before each Board meeting. No opposition was voiced, so Committees will continue to meet at the designated times before each EMS Board meeting. He thanked all members for their participation on these committees.

#### **AGENDA ITEM: NEBRASKA STATE VOLUNTEER FIRE ASSOCIATION (NSVFA)**

Cerny reported they are still working with the Safer Grant 4. They sent four firefighter/EMTs to training in Florida at the Volunteer & Combination Officers Section's Symposium in the Sun (VCOSSS) seminar. They will work on putting together presentations on what they learned there and use these to teach other firefighters. They will have all their expenses paid through the grant. The five firefighter/EMTs sent to the National Volunteer Fire Council's Training Summit in Oklahoma City in June got their presentations are complete. If you know a department that would like someone to come present, please contact the NSVFA office. The NSVFA's Annual Meeting was held October 19-21, 2023 in South Sioux City where they voted in new executive members. Thursday's Leadership Seminar was conducted by Doug Cline. Tim Wilson spoke during the EMS House of Delegates on Friday and was available throughout the conference to answer questions. The next Leadership Training from the Safer Grant is at the Nebraska Fire Chief's

Association at the Norfolk Lodge and Suites in Norfolk on March 16, 2024. Tiger Schmittendorf will be the speaker. He is one of the premier speakers on recruitment and retention. NSVFA is also working with Bill Kelly of Nebraska Public Media to produce a program called "Working Fires" about volunteer firefighters and EMS departments in Nebraska. Those who haven't seen it were encouraged to Google it and watch the program. Last weekend, the NSVFA Fire School and the Executive Board had their meeting to discuss the 32 classes that will be held at the Fire School in May on the State Fair Grounds. Hopefully Snodgrass will be there to help teach at the New Fire Chief Class again this year. There will be a Recruitment and Retention class and there will be three sets of twelve-hour segmented EMS classes, one set which will be geared toward Paramedic-Based Training. The Executive Board voted not to support EMR Transporting, to support LB415 (which includes helping funding for DHHS), and to work to help set up a task force focusing on EMS issues. A question was raised about future Firefighter 2 Instructor Courses. These are set up through the Fire Marshal's Office and can be found on the State Fire Marshal Training Site. The new State fire Marshal is Scott Cordes.

#### **AGENDA ITEM: NEBRASKA EMERGENCY MEDICAL SERVICES ASSOCIATION (NEMSA)**

Sandy Lewis reported a Mini Conference will be held on January 20, 2024, in Broken Bow with a new pilot Medical Directors Education class (free of charge and offered to in-person attendees only) taught by Dr. Shaila Coffey and Dr. Abraham Compos. The NEMSA Conference is March 8-10, 2024 in Kearney and will also have a Medical Directors Education Class taught by Dr. Coffey and Dr. Compos. The NEMSA Statement was read. The stance of the NEMSA Board was presented regarding two concerns: the EMR scope should not be changed and the NR-EMT certification should not have requirements reduced. Robin Darnall, the Vice-Chair of the Nebraska Instructor Society, read a statement from the Nebraska Instructor Society Executive Committee. She also presented the following stance of the Nebraska Instructor Society: EMR scope should not be changed and NR-EMT should not reduce the requirements for certification. In the near future, these two entities will present to the EMS Board what it can do to help the Nebraska Instructor Society.

#### **AGENDA ITEM: EMS Training Agencies**

Cherry Fuehring, Chair Person for the Nebraska EMS Training Agency Association and Robin Darnall presented training agency course data. The data is from 2021 through October of 2023. They addressed where students travel from for initial courses (See attachment). Only five states surpassed Nebraska on the National Registry cognitive exam. We support the National Registry being required as do 46 out of 50 states for licensure and National Registry is accepted in all 50 states. As with any responsible business model, to have good, competent, available, and dependable instructors, we need to compensate them for their time. It is not feasible to go to every EMS department to teach a small group. Equipment is expensive. A push is being made to a more hybrid approach to EMT and EMR classes, including both an online section and then a practical in-person section. Success rates are climbing with these types of classes. Instructors are vetted and must show an ability to teach. Discussion was held on this topic. The Nebraska EMS Training Agency Association's commitment to the EMS Board and the State of Nebraska is provide quality educators for students, to provide quality and consistent EMS courses in all areas of the State that are accessible, to provide up-to-date equipment for the hands-on skills, to use data proven simulation techniques to foster critical thinking in the classroom, to follow through with the National Registry skills and written exams and to provide quality continuing education courses for EMS providers.

The Board took a short break at 1:48pm, resumed at 1:57pm.

1:48                      *Bernhardson left.*  
1:51                      *Harrison left.*

#### **AGENDA ITEM: EMR DISCUSSION**



Dr. Smith introduced the EMR Discussion.

- a) NHTSA National Emergency Medical Service Scope of Practice Model (see attachment) – page 18 and page 25 had a graph and chart and description of the levels of EMR Scope of practice. We refer to this due to this being the national standard.
- b) National Emergency Medical Services Education Standards (see attachment) – Another reference that goes through the educational model, breadth and depth of education for the EMR.
- c) State Data – (see attachment) Smith reviewed the graph of Transport Delay and asked Wilson about data on EMR response time, runs, delays, etc. There are 334 total EMRs in the State and 263 EMRs licensed on a service, including 911 and nontransport businesses. Discussion was held regarding the data and the “shortage” of EMRs.
- d) Discussion of Idaho’s Information – Smith reported an overview of information (see attached). There are certain circumstances where Idaho has a provision, called ambulance certification that requires additional training, allowing EMRs to transport. Wilson added Idaho has in their statutes an EMR Ambulance Certification Curriculum in addition to their EMR course where they complete additional training in order to be able to transport. It is around 90-100 class hours. Smith expressed concerns if standards are lowered. Discussion was held regarding why people would become EMTs and not just become EMRs.
- e) Discuss Centers for Medicare & Medicaid Services (CMS) Regulations and Third Party Payor – MLN (Medicare Learning Network) Matters (see attachment) was reviewed. EMRs cannot be reimbursed for transports.
- f) Liability (Public Health and Safety) – Smith asked the question, “How do we afford liability if we are allowing something to happen that is not happening nationally, if it is not done/supported by national standards, national education, et cetera? Could there be a liability issue if EMRs are allowed to transport?” DHHS Attorney, Lanphier-Willson, commented she will have to look into this liability issue and send the information she finds to Tim Wilson. Bernhardson commented, since 1997 there have been no articles or studies done on EMRs transporting. Discussion proceeded regarding classes for bridging up from EMR to EMT and the differences in education/hours between EMTs and EMRs. Discussion regarding school boundaries and how this affects number of bridge classes offered and attendance was also had. Bomars gave feedback adding of the 132 survey letters sent to EMRs regarding bridging up, 20% were received back. Names and contacts information of those wanting to become an EMT could be shared with members of the Board so they can reach out and encourage them to get their EMT license. They spoke with Maurine Larson at the Governor’s office and are looking forward 5-10 years from now. Smith reiterated the need to address this issue and work together to keep pushing things forward. The current challenge is to get everyone educated and provide our decision makers with accurate data.

#### **AGENDA ITEM: EXECUTIVE COMMITTEE ELECTIONS**

Smith reviewed the process of using a Nominating Committee for the elections of Executive Committee members and Roberts Rules for elections. He turned the floor over to head of the Nomination Committee, Joel Cerny. Cerny reached out to all current members serving on the Executive Committee and all are willing to continue in their current roles. No emails were received for members seeking a position on the Executive Committee. Dr. Smith was nominated to serve as Chair of the Executive Committee of the EMS Board. Cerny opened the floor for any other nominations. No additional nominations were brought forward.

**MOTION:** Bailey made the motion, seconded by Bowlin to cease nominations and vote by acclamation that Dr. Smith continue for another term as Chair.

Voting Yes: Bailey, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Hovey, Jensen, Kilstrom, Neumiller, and Petersen-Moore. Voting No: None. Abstain: Sheridan and Smith. Absent: Batenhorst, Harrison, Lottman and Vaughn. Motion carried.

Ann Fiala was nominated to serve as Vice-Chair of the Executive Committee of the EMS Board. Cerny opened the floor for any other nominations. No additional nominations were brought forward.

**MOTION:** Boldt made the motion, seconded by Petersen-Moore to cease nominations and vote by acclimation that Ann Fiala continue for another term as Vice Chair .

Voting Yes: Bailey, Bernhardson, Boldt, Bowlin, Cerny, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, and Smith. Voting No: None. Abstain: Fiala and Sheridan. Absent: Batenhorst, Harrison, Lottman and Vaughn. Motion carried.

Michael Bailey was nominated to serve as Secretary of the Executive Committee of the EMS Board. Cerny opened the floor for any other nominations. No additional nominations were brought forward.

**MOTION:** Boldt made the motion, seconded by Bernhardson to cease nominations and vote by acclimation that Michael Bailey continue for another term as Secretary.

Voting Yes: Bernhardson, Boldt, Bowlin, Cerny, Fiala, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, and Smith. Voting No: None. Abstain: Bailey and Sheridan. Absent: Batenhorst, Harrison, Lottman and Vaughn. Motion carried.

Liasons – Smith reached out to the current Liasons and all are willing to serve another term. No vote is required and these stay the same for another term as follows:

State Trauma Board Liaison – Mike Bailey

EMS for Children Liaison – Dr. Harrison

Nebraska Volunteer Firefighters Association Liaison – Joel Cerny

Nebraska EMS Association – Karen Bowlin

DHHS EMS Board Consultant – Dr. Bernhardson and Dr. Harrison (Pediatric capacity)

#### **AGENDA ITEM: 2024 BOARD MEETING**

Smith presented the following proposed 2024 meeting dates: Friday, February 9, 2024; Monday, May 13, 2024; Friday, July 12, 2024 (in conjunction with the Statewide EMS Conference); Monday, September 9, 2024; and Friday, December 6, 2024.

**MOTION:** Bernhardson made the motion, seconded by Bailey to accept those dates for next year's meetings. Discussion – none had.

Voting Yes: Bailey, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, and Smith. Voting No: None. Abstain: Sheridan. Absent: Batenhorst, Harrison, Lottman, and Vaughn. Motion carried.

#### **AGENDA ITEM: MEETING POSTINGS LOCATIONS**

Smith introduced the agenda item. Wilson presented that previously the postings of notification of meeting times and locations was done on the OEHS website, sent through OEHS contacts, through the newsletter and on the Public Meeting Calendar.

**MOTION:** Fiala made the motion, seconded by Petersen-Moore to continue as previously with posting the notification of meeting times and locations – on the OEHS website, sent through OEHS contacts, through the newsletter and on the Public Meeting Calendar. Discussion – none had.

Voting Yes: Bailey, Bernhardson, Boldt, Bowlin, Cerny, Fiala, Hovey, Jensen, Kilstrom, Neumiller, Petersen-Moore, and Smith. Voting No: None. Abstain: Sheridan. Absent: Batenhorst, Harrison, Lottman, and Vaughn. Motion carried.

**AGENDA ITEM: PUBLIC COMMENT**

Jozef Kuehn, Nationally Registered paramedic, spoke to faith in young people stepping up and taking on the role of volunteering and providing emergency medical services for people in Nebraska. He also spoke to delivery models and touched on Nebraska revised statute 38-1203 regarding reciprocity and the lack of opportunity for paramedics here in rural Nebraska. Low recruitment and retention in young people is due to time commitment and requirements with a lack of return on the investment. He talked about staffing and money. He also spoke to Nebraska not having any regulations requiring EMS to be paid nor do they have a funding model for it, so the State Legislature says counties are responsible for creating a tax-based system for funding EMS, whether it is by taxing residence and do third service, county-based agency, hospital-based, or fire-based EMS, etc. He presented a delivery model partnering with SafeTech Solutions who will do workforce studies. Do we really need 400 plus EMS agencies in the state? County based EMS and agencies promote a wider response and a wider staffing pool. This entices people to want to be a part of that service. Also there is a dedicated EMS agency per jurisdiction that is responsible for that care. Internal billing and reimbursements can be used. If agencies are allowed to bill internally and reimburse from CMS and from the insurance company, they can help fund their own program and pay their volunteers if they are on a call schedule or pay per run. A funding model should be set up to entice people to go live in rural Nebraska and work as EMS providers.

Smith commented Nebraska requires eight hours of continuing education for EMRs, whereas Idaho requires 24 hours annually. Nebraska has tried to limit the excessive number of hours so that younger people don't have to spend that much time to maintain their competency. We need to continually thinking of ways to entice young people and education hours is one of the things we need to be cognizant of. People in EMS are not only passionate about EMS, but extremely territorial about EMS. We need to be more collaborative in order to break down these barriers. This may have to come from the State or from recommendations from the Board.

A good model is Cass County. At one time there was a bill about pushing it down to the county level, and that did not go well. The majority of the EMS in rural is done through the fire departments which creates territoriality. There is no funding for EMS. Smith spoke to the funding issue. There was another previous bill that didn't get very far requiring EMS agencies to bill patients. This may have to be revisited. Models that use a group purchasing organization have been looked at; maybe a group billing organization needs to be looked at for the whole State. Bowlin commented on the townhall meetings with SafeTech which talked about making ambulance service county-wide. These were not looked upon favorably. What the conflict boiled down to is who is going to be in charge of each county. Smith commented this may address medical directorship issues as well. Maybe regionalization of medical directors needs to be looked at.

**CONCLUSION AND ADJOURNMENT**

There being no further business Smith announced meeting adjourned at 2:59pm.

Respectfully submitted,

Tonja Bohling  
OEHS Administrative Technician