

**MINUTES OF THE
SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES**

**Seventy-sixth Session
February 22, 2011**

The Senate Committee on Health and Human Services was called to order by Chair Allison Copenig at 3:34 p.m. on Tuesday, February 22, 2011, in Room 2149 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

COMMITTEE MEMBERS PRESENT:

Senator Allison Copenig, Chair
Senator Valerie Wiener, Vice Chair
Senator Sheila Leslie
Senator Ruben J. Kihuen
Senator Joseph (Joe) P. Hardy
Senator Ben Kieckhefer
Senator Greg Brower

GUEST LEGISLATORS PRESENT:

Barbara K. Cegavske, Clark County Senatorial District No. 8
Senator John J. Lee, Clark County Senatorial District No. 1

STAFF MEMBERS PRESENT:

Marsheilah Lyons, Policy Analyst
Risa Lang, Counsel
Stephanie Robbins, Committee Assistant
Annette Ramirez, Committee Secretary

OTHERS PRESENT:

John C. Ruckdeschel, M.D., Director and Chief Executive Officer, Nevada Cancer Institute
Ray H. Williams, Jr., Commissioner, District No. 3, Lander County
Gene P. Etcheverry, Executive Director, Lander County

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Rusty McAllister, President, Professional Fire Fighters of Nevada
John Griffin, Nevada Justice Association
Marla McDade Williams, M.P.A., Deputy Administrator, Health Division,
Department of Health and Human Services
Patrick Irwin, Manager, Committee on Emergency Medical Services, Health
Division, Department of Health and Human Services
Wes Henderson, Deputy Director, Nevada Association of Counties
Karen Taycher, Nevada Commission on Services for Persons with Disabilities
Ed Guthrie, Executive Director, Opportunity Village
Santa Perez, B.A., President, People First of Nevada
Travis Mills, People First of Nevada
Ryan Uhlmeier, President, Pi Kappa Phi Fraternity, University of Nevada, Reno
Scott Carter, Director, People First of Nevada

CHAIR COPENING:

We will open our hearing with a presentation by Dr. John Ruckdeschel of the Nevada Cancer Institute.

JOHN C. RUCKDESCHER, M.D. (Director and Chief Executive Officer, Nevada Cancer Institute):

I will talk about how we have grown and remind people that we are the official cancer institute of Nevada. You have printed and electronic slides to view ([Exhibit C](#)). Our goal is to become a National Cancer Institute designated, comprehensive cancer center, which is a group of about 50 institutions around the country who have passed muster from a research point of view. I will talk about some things we are doing, how we keep patients here in the State and how we bring federal funds to strengthen the Nevada system of medical research and medical education.

Slide number 3 shows some of the research areas in which we are involved. Our largest and strongest area is in drug and target development/discovery. This is determining exactly how cancer cells differ and attacking those differences now that we have more molecular knowledge. In the area of treatment, we have over 30 faculty members. We are organized in a very different way. We do not have general oncologists, and each of us is a hyper-specialist. All patients are presented to a team of surgeons, radiation therapists and medical oncologists before their therapy starts. We have state-of-the-art equipment and expertise in our facilities. We are not just a Las Vegas organization; we have consultation centers in Henderson and offices in Reno and Elko. We also have a Hope Coach,

which is a mammography van that has made more than 8,000 patient visits statewide. We have had outstanding support from Newmont Mining in keeping open our Elko office.

We have treated over 15,000 patients since opening 5 years ago. These patients come from California, Nevada and southwestern Utah. Also, we have treated patients from around the country because we have various specialists.

Slide number 9 shows some of the researchers and clinicians we have recruited from around the country from outstanding institutions. Every time we recruit new researchers or clinicians, they bring their staff members, colleagues and researchers with them. All of those come and contribute to the economy. They buy houses and become members of our community. Slide number 10 shows our partnership with the Nevada System of Higher Education.

Advances in a community's health care improves when there are vigorous fellowship programs related to a medical school. When people settle in the area where they have done their training, they raise the standards in the community because their competitors are now competing against those who have the latest and best training. They then upgrade their skill levels since they do not want to lose business. When you do not have fellowships, you do not have the fellow staying in the area and health care is not advanced. A year ago, we put the first medical fellowship in place for the University of Nevada School of Medicine. We are about to begin our second group in July, and we are just finishing interviewing for the third round of applicants. We expect a sizable portion of those fellows will stay in the area.

Slide number 11 is about building for the future. There has been a lot of discussion about nursing shortages and nursing surpluses in the area. In general, we tend to get behind and "out of sync" with the actual needs. We recognize a shortage and we find the people to fix that shortage. By the time we fix the shortage, we have a surplus and go back the other way. We have had issues in Las Vegas with many nurses coming out of nursing training without specialized training. Also, they are graduating at a time when elective health care declined. Most people, during the recession, have put off having elective procedures. I am talking about hip replacements, gall bladder surgery and elective procedures.

We received funding through the American Recovery and Reinvestment Act (ARRA) of over \$3 million for a 3-year grant to create the Plus One Program. We

get about a dozen nurses each year from the College of Southern Nevada, and through this grant, they receive one year of paid training in oncology. They come out of this program oncology-certified nurses, and that is a huge shortage in both Nevada and the Las Vegas area.

The ARRA funds also support a Colon Cancer Screening Navigation Program and a Smoke-Free Life Program with research grants totaling \$721,604. Overall, we have received \$4.5 million in ARRA funds. Through the Colon Cancer Screening Navigation Program, we are reaching individuals over 50 years old and screening them. This is very important because this is one cancer we can cure and this program has been a huge success. The program is based in Reno.

Using our grants, our faculty discovers new drugs. We have six to eight patents pending. We provide an opportunity for economic diversification in the State. Clinical faculty is bringing new treatments to Nevada. There is a new program working with Varian, the major producer of radiation therapy equipment. They have a major factory and national training center in Las Vegas. They are also discussing a colocation proton center in Las Vegas. Nevada Cancer Institute's clinical trial program has conducted 161 clinical trials in the last 5 years and has enrolled close to 700 patients. We look at ourselves as a partner and a resource for you. As the official cancer institute of the State, we are here to be that resource to you.

CHAIR COPENING:

Is there a charge for patients who come to your Hope Coach mobile unit?

DR. RUCKDESCHEL:

We have special programs for people who do not have insurance and cannot afford it.

CHAIR COPENING:

How can we as Legislators help you with your goals?

DR. RUCKDESCHEL:

Just remember we are here and we are willing to be of assistance. We would like to work with you to lay the framework and foundation so as our economy recovers, we will have the infrastructure in place to expand.

CHAIR COPENING:

We will now start our hearing on Senate Bill (S.B.) 138.

SENATE BILL 138: Revises provisions relating to emergency medical services provided in certain counties. (BDR 40-642)

SENATOR JOHN J. LEE (Clark County Senatorial District No. 1):

I went into the communities last year and asked if there was anything I could do to help in the next Legislative Session. A pressing matter for Lander County that was also a concern for the other smaller counties was the need for additional personnel to provide emergency services within the county in certain instances. The need was for volunteer emergency medical services (EMS) drivers.

Senate Bill 138 will allow counties with 15,000 or fewer residents to utilize persons other than an attendant or firefighter to act as a driver or an unlicensed attendant to provide emergency services when severe manpower shortages exist. This would only be with the authorization of the local health officer or any other persons designated by the county commission. It will only be effective for 72 hours, which would equal a long holiday weekend. Section 1, subsection 3, prohibits the use of this authority as routine practice for the provision of emergency medical service. There is another change that will discount and maybe eliminate the fiscal note, and that is to change the word "shall" to "may" on page 4, line 8.

Many of these communities have some trained personnel, but not enough. The law states now that two emergency medical technicians are needed on an emergency vehicle. Esmeralda County has a population of 952. If county officials knew of a shortage of responders, they could reach out to the volunteer firefighters, the police or people trained as attendants to drive the ambulance while the emergency medical technician (EMT) works on the person in the vehicle.

SENATOR WIENER:

Page 2, lines 33 through 35, state, "The holder of a permit shall not allow persons other than attendants or firefighters to render emergency care or assistance pursuant to this section as routine practice" And yet, the bill states where there is a situation involving a shortage, there is a 72-hour window. Let us say this is a somewhat regular occurrence. What do you envision is not a routine practice?

SENATOR LEE:

We did not want the county to stop training EMTs and not have individuals available. This is a severe problem when we do not have the qualified individuals. We want to stay with the current law requiring two EMTs on the vehicles.

SENATOR HARDY:

When you refer to "good faith" on page 9, is that referencing a definition in statute elsewhere?

SENATOR LEE:

We have a "Good Samaritan" law covering people who come to the aid of others in emergency situations. We want the people designated to assist to be somewhat trained.

SENATOR HARDY:

We have had this debate about what "good faith" is and tried to find out where that was defined.

SENATOR LEE:

In this case, volunteer firefighters and police could qualify. This would set up a procedure for a call list of individuals used to working with people in emergency conditions.

SENATOR WIENER:

This Session we have had before this Committee and others the "good faith" language, and some believe that is very subjective. Maybe something with "reasonable care" language would be better.

SENATOR LEE:

This bill reflects the best interpretation and the safest way to make this work. Any language you can think of for this bill to protect the attendant, the individual being cared for and the county would be great.

SENATOR WIENER:

This is the third or fourth time I have worked with a bill that had some kind of protection for individuals, and "good faith" has been something we have talked about in each bill and considered the "reasonable care" language. I just wanted to know if that is a possibility.

SENATOR HARDY:

Would this be a voluntary position? Then, there would be no liability on the part of the State or an entity of the State for worker's compensation. For instance, if an ambulance was in an accident in which the volunteer was injured, there would be no State liability.

SENATOR LEE:

That is also how I understand the bill. This is a community effort, not a State responsibility or obligation.

CHAIR COPENING:

If this would be an additional role for volunteer firefighters, I would like to understand what additional training may be needed. If it is already a part of the training they receive as volunteer firefighters, I think that would satisfy it.

Is there a provision for immunity so there is not a liability for volunteers if an unfortunate outcome occurs as a result of working with the patient? Are they immune from liability?

SENATOR LEE:

That is a very good question for the counties. I would be guessing at an answer.

CHAIR COPENING:

In the scenario of a bicyclist who has been injured and volunteers have responded, do the volunteers identify themselves as such? Is the patient given a choice of being treated by a medical professional?

SENATOR LEE:

The theory is, one of the treating individuals would be an EMT, and that individual takes control of the situation. Our goal is the volunteer would drive the ambulance while the EMT does the work. If the EMT has three patients and needs assistance, it would be under the leadership of the EMT.

CHAIR COPENING:

So the volunteer would never be sent out alone to handle a medical situation. Would they always be accompanied by an EMT?

SENATOR LEE:

Yes. The health official or whomever the county designates would be in charge to ensure the right individuals are responding to a particular call for that 72-hour period.

RAY WILLIAMS, JR. (Commissioner, District No. 3, Lander County):

We are here today in support of S.B. 138. I would like to thank Senator Lee for taking the time to travel to rural counties to talk about our problems.

GENE P. ETCHEVERRY (Executive Director, Lander County):

About four years ago, the *Reno Gazette-Journal* published four week's worth of articles about emergencies on Nevada highways. Our county's EMTs came to the commission meeting and said they needed people.

I have one EMT and one licensed driver servicing the Austin area which takes care of approximately 105 miles along U.S. Highway 50. They live 30 miles away from the ambulance. We are not asking to throw the regulations away, but right now, faced with a decision of whether or not to send an ambulance to an accident victim, I have no decision to make. I cannot send an ambulance out and meet the State requirements right now. In Battle Mountain, where I should have two ambulances to cover Interstate 80, State Route 305 and a vast amount of Nevada outback, I have one certified ambulance and EMT drivers for one bus. This bill, with amendments as discussed, would help in meeting the State regulations, criteria, certifications and national registry.

SENATOR WIENER:

Are you trying to meet the requirements of the National Registry of Emergency Medical Technicians certification (NREMT)?

MR. ETCHEVERRY:

That is correct. The NREMT is the certifying agency with nationwide standards for which we test for recertification.

SENATOR WIENER:

Would the measure before us allow you to sustain that certification?

MR. ETCHEVERRY:

Yes, and if the language on page 4 of the bill is changed from "shall" to "may," it would also allow for State EMSs to allow for lesser levels of certification in areas like ours.

SENATOR WIENER:

Would changing the language from "shall" to "may" still allow you to maintain the national certification?

MR. ETCHEVERRY:

Yes.

CHAIR COPENING:

Are there volunteer attendants? If so, what type of training do they receive?

MR. ETCHEVERRY:

We have different levels of licensure. One can be a licensed EMT basic, a licensed EMT intermediate or a licensed paramedic at the advanced level. Drivers who take an emergency vehicle operation course can be licensed as ambulance attendants. That is a huge thing. It is more than just driving the ambulance; they can help you backboard a patient, lift a patient, etc. One person cannot physically lift a 500 pound person alone or with one other person. The licensed drivers have been a huge asset to us. We also have licensure at the vehicle level. The vehicle is actually certified and licensed to be run as an ambulance. The service is licensed as a basic, intermediate, or advanced service. Our service in Austin is basic, and our service in Battle Mountain is intermediate.

CHAIR COPENING:

It appears language on page 5, lines 40 through 42, would allow such a person to render emergency care or assistance without the presence or supervision of a licensed attendant or firefighter. I would like to get some clarification if the intent of the bill is to allow a volunteer attendant or a firefighter to render medical care without supervision.

MR. ETCHEVERRY:

It would not, under the provisions of the bill as proposed. I believe it would allow for that in an emergency situation.

SENATOR WIENER:

I have a question for legal counsel. Page 11, section 10, states "This act becomes effective upon passage and approval for the purpose of adopting regulations and on October 1, 2011, for all other purposes." At this time, we are under an executive order to freeze all regulations until January 2012. However, there is a carve-out for health and safety, so would this be part of that exemption?

RISA LANG (Counsel):

It appears that would probably fall under that exception from the Governor's freeze.

RUSTY MCALLISTER (President, Professional Fire Fighters of Nevada):

I contacted the head of the Nevada State Firefighters Association and received information from him. I also did research under *Nevada Revised Statute* (NRS) 450B.200. There are two sections that already deal with this issue without allowing free rein to put anybody in an ambulance. In the event of any emergency, they have immunity to do so. Refer to NRS 450B.190, subsections 1 and 2, and 450B.260, subsection 2. So the statute already provides for an allowance for lesser qualifications.

Mike Heidemann, Executive Director of the Nevada State Firefighters Association, sent me a letter from the Department of Health and Human Services, Health Division ([Exhibit D](#)). Mike Heidemann also sent me a listing of entities who have applied for the provisional variance, called "Driver Only Tracking Log" ([Exhibit E](#)). Battle Mountain is listed on here as a submission by Gene Etcheverry, and approved on October 11, 2010. So, Battle Mountain already has the provision to have a trained driver only to ride on the ambulance. It also includes Jackpot, Wells, Fishlake, Goldfield, Eureka County, Lincoln County, Meadow Valley, Newmont Gold and Barrick Cortez. Some of these were approved as recently as February 8, 2011. We are not trying to kill his bill, but we would also hate to see a reduction in the level of standards throughout the State.

SENATOR HARDY:

In looking at page 2 of the bill, lines 32 and 33, the bill gets generous with the driver when it refers to " ... an unlicensed attendant on the ambulance or vehicle." In regard to a 500 pound person the attendant needs to put into the ambulance, I would be grateful, as the driver, to have another person there.

Sometimes it is better to have more people helping when you try to take care of someone. I would look at the bill to get a driver but see the need to get more than just the driver.

JOHN GRIFFIN (Nevada Justice Association):

We support the concept and have talked with the bill sponsor about what is to be accomplished. We agree with Rusty McAllister that it looks like we have a current statute addressing the situation. If there is something the current statute does not address, that needs to be discussed, and we will be happy to work on that. We have some concerns with the immunity section of this bill which is in section 9. This immunity section lowers the standard of care and provides immunity to a certain class of people that other licensed individuals do not have.

MARLA MCDADE WILLIAMS, M.P.A. (Deputy Administrator, Health Division, Department of Health and Human Services):

The office of EMS regulates emergency medical services throughout the State, except for Clark County. It is the intent of the program to assure the best possible prehospital patient care is provided to all citizens and visitors to Nevada, while providing the best possible safety standards to emergency medical services staff and volunteers.

In terms of standards of care, national standards have been set up to assure that the best possible prehospital medical care is available. Nevada is striving to comply with these standards, and those recommendations made in the 2009 report from the National Highway Traffic Safety Administration, when it provides training and licensure of EMT staff and volunteers. We did provide hard copies of this to you ([Exhibit F](#)). As written, the bill would allow lay persons without proper training to provide emergency medical care, which may compromise the patient's outcome. Only through proper training, as is currently required through the licensure and certification process, can a high standard of care be achieved.

In terms of staff and volunteer safety, at a national level there have been two main causes of volunteer firefighter EMS deaths. One cause is heart attacks from the environment created during an emergency situation. The second cause is driving accidents while traveling to and from the scene of an emergency. The national standards have been put in place to minimize both of these causes of EMS deaths. Standardized training has been developed to ensure that all EMS staff is as ready as they can be to address any emergency situation. In

addition, driving training has been established to minimize accidents while traveling to and from an emergency. The licensing process for an ambulance driver provides a mechanism to complete background checks to protect the public. As a result of the standards that have been developed, the number of EMS-related deaths has steadily declined nationally. Nevada's ambulance driver certification process, which includes an eight-hour training class, meets the national standards and assists in ensuring the safety of EMT staff and volunteers. We are aware there can be special circumstances in smaller jurisdictions which must be taken into consideration to ensure there is access to care. We believe there are currently regulations and processes in place to take these special circumstances under consideration while maintaining a good standard of safety and care. I would like to point out that NRS 450B.830 establishes exemptions in certain emergency situations. Current regulation requires that at least two EMT attendants are on each transfer and transport. In jurisdictions where this is a hardship, there is a process in place where they can apply for the geographical designation as Mr. McAllister pointed out. There are also many jurisdictions in frontier and rural Nevada who have taken advantage of the geographical designation.

In terms of the fiscal impacts, in order for ambulance agencies to be reimbursed from Medicare and Medicaid, they need at least two licensed EMT attendants on each transfer and transport. We have submitted a fiscal note because there is a fiscal impact of about \$9,300 for the purpose of enacting regulations.

SENATOR HARDY:

Are you saying it is not just limited to the driver in your regulations but would include other EMTs?

PATRICK IRWIN (Manager, Committee on Emergency Medical Services, Health Division, Department of Health and Human Services):
Yes, that is correct.

SENATOR HARDY:

How long would it take to create the regulation about which you are speaking?

MR. IRWIN:

It takes the time to hold four town hall meetings and get the feedback from all of the regions. It takes six to nine months.

WES HENDERSON (Deputy Director, Nevada Association of Counties):

We recognize that providing emergency medical service in some of the rural areas of the State is a challenge, and we appreciate any efforts on behalf of this Committee and the Legislature to facilitate the provisions of service. We too are willing to work with the sponsor of the bill to craft acceptable language.

CHAIR COPENING:

I am closing the hearing for S.B. 138 and opening the hearing for S.B. 149.

SENATE BILL 149: Establishes policies concerning certain persons with disabilities. (BDR 39-603)

BARBARA K. CEGAVSKE (Clark County Senatorial District No. 8):

This bill establishes the policy of the State to treat persons with intellectual disabilities with consideration and respect. The measure further establishes a preference for the phrase "persons with intellectual disabilities" and requires the Legislative Counsel Bureau to replace references to "persons with mental retardation" with references to "persons with intellectual disabilities." This change is similar to the federal law commonly cited as Rosa's Law.

Why is this important? The term "retarded" has been used commonly for decades to describe and degrade anyone and anything that is deemed out of the ordinary, inferior or somehow slow. Like other negative terms such as "moron," "idiot" and "imbecile," the word "retarded" carries negative association and prejudices for many individuals with intellectual disabilities and their families. While changing a term does not always combat all prejudice that persons with cognitive and intellectual disabilities face, it is a first step. If understanding and tolerance are taught together with these types of changes, we will all move towards greater acceptance in respect for all people.

I encourage your support of this important and worthwhile legislation. For the record, Rusty McAllister completely agreed about this bill with me.

KAREN TAYCHER (Nevada Commission on Services for Persons with Disabilities):

I have provided written testimony ([Exhibit G](#)) that I will read. This bill brings Rosa's Law to Nevada.

ED GUTHRIE (Executive Director, Opportunity Village):

Opportunity Village supports S.B. 149. I have been providing services to people with intellectual disabilities since 1975. The terms moron, idiot and imbecile were once classifications of intellectual disabilities before they became derogatory insults for people to use against other people. The term "retarded" has fallen to the same fate. I think it is time we recognize that and change the language in our laws to "intellectual disability." I strongly urge the Senate, Assembly and the Governor to move this bill forward so people with intellectual disabilities and their families can have the respect they deserve.

SANTA PEREZ, B.A. (President, People First of Nevada):

I am the statewide president of People First of Nevada. People First is an advocacy group for people with disabilities. I organized and created the group. We have already passed the "People First" respective language bill. Rosa's Law will help put the disability community first. It is the next step forward. We want people to see us as people and not negative words. The word retarded was a word that was put on people. And people did not have any say. With this law it is not like that. People deserve positive words and not negative words. We are people and our disability is not all of us. Thank you for this wonderful step forward.

CHAIR COPENING:

Thank you, Ms. Perez, for your testimony and for all of the work you do for people with disabilities.

SENATOR CEGAVSKE:

Santa, I want to thank you so much for coming forward.

TRAVIS MILLS (People First of Nevada):

I am a member of the Reno chapter of People First of Nevada. People First is a self-advocacy group run by people with developmental disabilities throughout Nevada. As citizens of Nevada, we have the right to make our own decisions and to live self-determined lives. We have eight chapters throughout Nevada. We work very hard and support each other to advocate for ourselves and to become independent and to find jobs so that we can be good, taxpaying citizens of Nevada. We hate being called the "R-word." We are as important as anyone else in Nevada and we deserve to be respected. Changing the language is an

important step. We appreciate the Senators who sponsor the bill. People First of Nevada fully supports this bill and hopes you will pass it now.

RYAN UHLMAYER (President, Pi Kappa Phi Fraternity, University of Nevada, Reno): We work closely with people who have both physical and mental disabilities. Two years ago, we had a 72 hour cyclothon which is dedicated to raising money and awareness for anybody with a disability. We brought the campaign "Spread the Word to End the Word" to the campus. This was to help end using the word retarded. We have had over 100 people sign pledges to stop using these words. I came to give the fraternity's support of this bill.

SENATOR WIENER MOVED TO DO PASS S.B. 149.

SENATOR KIECKHEFER SECONDED THE MOTION.

THE MOTION CARRIED. (SENATOR BROWER AND SENATOR LESLIE WERE ABSENT FOR THE VOTE.)

* * * * *

SCOTT CARTER (Director, People First of Nevada): I am the Director of the Winnemucca and Elko People First organization. I serve on the Nevada Governor's Council on Developmental Disabilities. The North Eastern Area Transit (NEAT) bus operates between Elko and Spring Creek. I did a bill to support this and the bill was not any good. That was a long time ago. I have not seen this bill come forward yet. I would like to know where the bill is. I live in Carlin, Nevada. I have disabilities myself and I have a sleep disorder. I hope you can help me with the bill for the NEAT bus.

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CHAIR COPENING:

Scott, stay around after the meeting and we will see what we can do for you.

With no further business to come before the Senate Committee on Health and Human Services, the meeting is adjourned at 5:01 p.m.

RESPECTFULLY SUBMITTED:

Annette Ramirez,
Committee Secretary

APPROVED BY:

Senator Allison Copening, Chair

DATE: _____

EXHIBITS

Committee Name: Committee on Health and Human Services

Date: February 22, 2011

Time of Meeting: 3:34 p.m.

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	John C. Ruckdeschel, M.D.	Nevada Cancer Institute, Partners in Healthcare & Economic Development
S.B. 138	D	Rusty McAllister	Letter to Fergus Laughridge, Program Manager
S.B. 138	E	Rusty McAllister	Driver Only Tracking Log
S.B. 138	F	Marla McDade Williams	A Reassessment of Emergency Medical Services
S.B. 149	G	Karen Taycher	Written testimony and attachment (An Act).