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**Capitol View  
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**Nebraska Press Association**

**Rural Health Care System Needs Help at Basic Levels**

I don't remember much about my recent 64-block ambulance ride from my house to an urban hospital, but I was told after the fact that it was a matter of a few minutes to keep my body from going into septic shock.

The whole incident helped me understand the critical importance of getting rural patients to medical care as quickly as possible. It also speaks volumes about staffing those ambulances with competent medical professionals.

That’s why I support the efforts of Sen. Myron Dorn of Adams in the upcoming Legislature. Nebraskans care about one another.

Rural Nebraskan health care workers have told state lawmakers that many of their local emergency medical service providers need state help to stay afloat.

Dorn’s interim study drew testimony from first responders and hospital groups. Many shared steps Nebraska could take to help smaller communities recruit, train and retain more emergency medical responders.

As reported in the Lincoln Journal Star, most Nebraska communities use volunteer fire and rescue squads, but many are struggling to replace older helpers and aging equipment. Additionally, as the rural population ages, calls for service are up, adding pressure to the volunteers who remain.

Dorn said this means farmers and rural employees leave their jobs more often, making it harder to persuade a generation of young people to help. It’s also harder to recruit volunteers from among younger adults who have children at home, and are busy with activities.

**For Release Wednesday, November 15, 2023 – Page 2**

“The issues are system wide,” Michael Dwyer, a longtime Arlington, Neb., firefighter/EMT testified. “The trends are historic, and the current system of EMS is not sustainable.”

Nebraska is one of three states with the highest rates of rural residents living more than a 25-minute drive from where an ambulance is stationed, according to a national study by the Maine Rural Health Research Center in May. More than 76% of the state’s counties had some residents living at least that far from a station.

Dwyer said that no state has all the answers for providing rural EMS service. However, he said, many states spend more on addressing the issues than Nebraska.

For instance, South Dakota in 2022 earmarked up to $20 million for emergency medical services. This money appears poised to boost rural EMS service, from EMT training to helping smaller communities replace old equipment and access telemedicine.

In an exchange of candor with the Legislature’s Health and Human Services Committee, Dwyer said, “At the risk of pulling the scab off, it just takes money.” However, he said, “This isn’t just math. This is advanced calculus.”

I agree with Dwyer. Let's face the raw truth and get some money on the table.

Rural first responders are calling on the state to pay upfront for training new potential emergency medical responders and medical technicians instead of making them or their volunteer departments seek reimbursement.

Even volunteer EMTs must obtain 160 hours of training over six months, Dorn said. And they need continuing education to be able to maintain licensing.

Angela Ling of the Nebraska Hospital Association stressed the importance of the state seriously discussing the impact on rural rescue squads of inadequate Medicare and Medicaid reimbursements that leave EMS agencies fighting to make up the differences.

**For Release Wednesday, November 15, 2023 – Page 3**

“The problem in all locations usually revolves around funding,” Ling said. “Developing or increasing future funding sources will help fix the volunteer/no-pay format that is killing our EMS system.”

The committee heard suggestions about having the state pay to bring emergency medical response trainers closer to the communities where people volunteer instead of requiring distant travel, including using community colleges.

Nebraska state law requires EMS service as an essential service, but it does not specify which level of government should fund the service.

At last count, one testifier said, Nebraska had 13,000 volunteer firefighters and about 15,000 volunteer EMS providers. John Bomar of Battle Creek, Neb., Fire and Rescue, said the state has lost 60 EMRs and 60 EMTs over the past five years.

He and others who testified said the state could increase the flexibility of the kinds of care each level of trained emergency medical responder can provide. EMRs, for instance, can’t legally administer an inhaler or check a person’s blood pressure.

Ling, echoing other testifiers, said: “I do not have the solution but hope this is the beginning of a conversation.”

I agree. This is a time sensitive issue.

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*J.L. Schmidt has been covering Nebraska government and politics since 1979. He has been a registered Independent for more than 20 years*.