

EXHIBIT NO. 10

DATE: 2-18-05

BILL NO. SB 448

S448

The best thing one can say about S448 is that its motives are so blatantly economic as to be apparent. The saddest thing I can say about S448 is that at a time of genuine concern for the well-being of rural Montanans, those of us who live in rural Montana are being used as the public rationalization for this legislation.

“Contemporary EMS systems were created to meet the immediate needs of the acutely ill and injured; to provide stabilization and transportation. EMS, in general meets these needs in relative isolation from other health care and community resources.” U.S. Dept of Transportation - <http://www.emsscopeofpractice.org/>

I believe this bill opens the door to questions about the economic incentives of its proponents. To one who has lived the past twenty-five years in rural eastern Montana, S448 begs the question, “Why would anyone want to lead Montana away from the national standards for EMS practice?”

Why indeed when. *Several studies funded by the Agency for Healthcare Research and Quality show a correlation between nurse staffing and patient safety. These studies can be found online at www.ahrq.gov/research/nursesstaffingandpatient.htm. (News and Views: Citizen Advocacy Center, Vol. 16 No. 3, p.4) Why not let nurses do nursing?*

I believe that education has value. Nurses are educated and regulated. Nurses are substantially educated in terms of years, not just hours. Nursing was the very first health care profession to be formally boarded in Montana. Nurses are carefully regulated by a single purpose board who's focus is undivided by layers of interest as in the case of the Board of Medical Examiners.

In Montana basic EMT credentials are issued with as little as 44 hours of training for First Responders, while the minimum for a Licensed Practical Nurse is in excess of 1,500 hours of education. Educational requirements for virtually every vocation and profession are increasing. In what way will Montana's residents be better served by dumbing down the educational level of any provider? How will having unspecified portions of patient care, provided by individuals with a fractional amount of a nurse's education, contribute to improving the healthcare landscape? In reality, there is no shortage of emergency room nurses in Montana. If such a shortage exists, I trust this bill's proponents will provide Department of Labor and Industry statistics to support such an assertion.

During a Board of Nursing meeting a Montana Hospital Association representative acknowledged that EMTs working in the out patient hospital setting (as proposed by the vague generalities of S448 and in such venues that might expand to include the operating room, radiology, cath lab, recovery room, as well as the emergency room) will certainly not be paid as much as nurses. This forthright comment answers at least one of the many questions swirling around this bill.

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One can only conclude that the proposed law is in a fundamental way to be linked to money, not to patient safety. Setting aside the pious platitudes, let us at least be honest enough to admit that this bill is about money. This bill is about putting professionally attired bodies in front of trusting patients at a fractional cost of using an actual professional. This is about making rural Montana residents feel safer with out actually having to incur the cost of ensuring safety through use of the more expensive professional care provider. Critical questions of supervision, scope, and liability are deflected to a later time and into the less accountable and unlegislated world of rule making.

One credible estimate is that 85% of patients presenting to emergency rooms are there for primary care, not emergency care needs. One can only hope that this committee will be informed as to how many course hours in primary health care delivery exists in current EMT education. If there is too little primary care education in the national EMT certification process, who will ensure that such critical additional education is accomplished?

While S448 makes economic sense for institutions and probably a few individuals, it does not make sense as public policy! S448 is simply not in the best interest of patients. Objective research suggests that S448 is not in the best interest of any population, but will likely contribute to a dirty little healthcare mantra – “follow the dollar signs.”

The watch dog agency, HealthGrades (July 2004, <http://www.healthgrades.com>) shocked this nation with the revelation that, “An average of 190,000 people in the U.S. died due to potentially preventable in-hospital medical errors in each of the years 2000, 2001, 2002”. (News and Views, Citizen Advocacy Center, Vol. 16 No. 3, p.1) This heavily researched statistic is double the number of deaths in an estimate based study by the Institute of Medicine. Following the release of this document, Doctor Samantha Collier of HealthGrades confessed that, “there is little evidence that patient safety has improved in the past five years.” (ibid)

Two year colleges and schools of technology across the state are meeting demands for fully trained nurses to care for Montana residents. For economic reasons, why should nurses be replaced by paraprofessionals and unlicensed individuals (medical assistants)? How will the infusion of paraprofessionals impact our important community based institutions of learning? How will the state's pool of qualified nurses respond to a S448's dismissive attitude toward their profession? Might not our best nurses move to other states where their professional education will be valued and their skills actively sought? Might not this bill compound rather than resolve the very issues it proposes to address?

A recent Gallop Poll (December 2004) documented yet again that nursing is the nation's single most trusted profession (with 79% of respondents ranking nursing as “high or very high” in honesty and integrity). In the same poll physicians ranked 67%. That being so, why would Montana want to distinguish itself by dumbing-down health care at the expense of its most trusted professionals? In truth, Montana does not want to do this, but a few parties of interest do.

In the last legislative session, you were asked to establish and did establish an unlicensed and uncredentialed medical worker with the dubious title, "Medical Assistant". The BOME was tasked with creating rules to implement that statute. A full legislative cycle later, and after only failed attempts to do what they were charged to do, there are still no rules governing Medical Assistants in Montana. Yet again the legislature is asked to vastly expand the scope of para-professionals with little specificity as to how those individuals will be used, to whom they are accountable, and how they will be insured against their inevitable malpractice. Our legislated plunge into healthcare ambiguity frightens me for the safety of my family, my parishioners, and myself. Such fear can only exacerbate an already litigious healthcare environment.

The only certainty in this bill is that it makes economic sense for a few at the peril of the many. As citizen legislators, "trust me I am a doctor" should not be a sufficient reason to set public policy that leads health care in Montana farther and farther away from scientifically tested best practices. Before you vote on this bill, ask what portion of this year's 190,000 dead might live in your district?

S448 should be quickly and soundly rejected. Indeed, MHA has much work to do as we now know that the equivalent of 390 jumbo jets full of people die each year from preventable accidents in our nation's hospitals – and therefore in Montana hospitals. This legislation does nothing to mitigate these shameful numbers. Rather than seeking cheaper employees, time would be better spent finding real ways to reduce hospital based, accidental, preventable deaths.

I believe that education has value. I believe I am safe in my physician's care because of his knowledge and education. I believe that (and so does all America if Gallop is to be believed) I am safe in a nurse's care because they have been carefully educated and tested. I believe that those who provide for, **"the immediate needs of the acutely ill and injured; to provide stabilization and transportation"** should do what they have been trained so well to do. In turn nurses should be allowed to do what nurses have been trained to do; and in the estimation of the public, do so well. To coin another phrase, "physician, heal thyself." There are many areas of medicine that beg attention, this is not one of them.

I believe that the public maintains trust in physicians, nurses, and EMTs because we have confidence in their differing roles and because of their differing education. As citizen legislators, you have a moral obligation to protect that public trust by denying this thinly veiled and mercenary scheme.



The Rev. Steven D. Rice
14 February 2005