Health and Human Services Committee
October 01, 2009

[LR159]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, October 1, 2009, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR159. Senators present: Tim Gay, Chairperson; Dave Pankonin, Vice Chairperson; Kathy Campbell; Mike Gloor; Gwen Howard; Arnie Stuthman; and Norman Wallman. Senators absent: None.

SENATOR GAY: All right. Thank you all for coming today. If you can grab some seats, we want to get going here. We're here for a Health and Human Services interim hearing on LR159 to examine the future need for healthcare workers in Nebraska. We have a good turnout from senators. I'm going to...I'm Senator Tim Gay from Papillion-La Vista, District 14. And we'll introduce ourselves starting to my right. []

SENATOR GLOOR: I'm Senator Mike Gloor, District 35, which is Grand Island. []

SENATOR CAMPBELL: I'm Kathy Campbell, District 25, which is Lincoln. []

SENATOR PANKONIN: I'm Dave Pankonin, District 2 and that includes most of Cass County, Nebraska City and the southern part of Sarpy County. []

SENATOR STUTHMAN: Arnie Stuthman from Platte Center, District 22 which is all of Platte County and half of Colfax County and represent the area that's got probably the best public health department around. (Laughter) []

SENATOR WALLMAN: Norm Wallman, District 30, go down to the Kansas border and also part of Lancaster County. []

ERIN MACK: I'm Erin Mach, committee clerk. []

SENATOR GAY: All right. Thank you, all. We have a...oh, and Senator Gwen Howard is joining us, so we have a full compliment of senators here. And we're looking forward to a good hearing. I just want to go over some of the ground rules. We're just going to run it like any other hearing we have. When you come up if you could state your name, spell your name for Erin our clerk so she gets it into the record. Is this on the Web site? Is this being broadcast on the Web? It is, so it's also being broadcast Web in the local television. But if you have any cell phones, if you could put...silence those, appreciate it. A lot of times we run a light system here to try to give the people at the end of the day the same kind of respect as the people at the beginning. We won't need that today. But we still, you know, if we can keep it...keep your comments somewhat brief, especially if there are going to be several people testifying, ten minutes or so. Usually, you can cover a lot of things in ten minutes. And then we will ask any questions possibly. That doesn't count towards any time or anything. I know there are several people here who are coming and have to leave to another event. And I know a representative from Papillion-La Vista, one of the best school districts in the state (laughter), is here. And they're taking time out from a conference. So if they want to get up in front and go early, I think Ron Hansen is here, we could do that. So no particular order. The Med Center, I know we want to hear from Dr. Mueller. If you guys come on up we will get started. So I don't think a little bit rusty here because we're not in session usually. But I don't think I've missed anything. So we will get started. And whoever wants to come on up, come on up. Dr. Mueller, go for it. [LR159]

KEITH MUELLER: (Exhibit 1) Thank you, Senator Gay, members of the committee. My name is Keith, K-e-i-t-h Mueller, M-u-e-l-l-e-r. For those of you I haven't met, I run...I direct the Nebraska Center for Rural Health Research at the University of Nebraska Medical Center. That center and I were approached sometime ago by the chancellor and asked to assemble a report of the healthcare work force in Nebraska, both where we are now and where we think we will be 10 to 20 years out. And that's the report I'm here to share with you today, the full report is on the Web site. I know that you've received executive summaries in advance and we'll have bound copies available next

week if anybody would like to receive a bound paper copy. I'd like to begin by recognizing the stewardship of this project by Dr. Preethy Nayar, who works for me and my department at the Medical Center, and a team of analysts who have spent the last 20-plus months working hard to assemble the results into what is the first comprehensive, single source document detailing the status of our work force in the state and projects of demand and supply into the future. I also want to acknowledge the representatives of professions, training programs, and employers who helped us design the study in an initial meeting and whose collective wisdom, a few months ago, generated the recommendations that you'll find in the report and I'll discuss briefly with you here this afternoon. The report has several major sections, the first of which is the current number and distribution of healthcare workers in Nebraska. And I want to pause and recognize a lot of achievement in the state that is generated by the state's educational institutions and by the state's leadership represented here today in this committee and in the Governor's Office. As a state with a lot of rural geographic area, we're well-known nationally as running innovative programs to meet the need of generating a health profession supply that works throughout our state. Programs like the Rural Health Opportunities Program that UNMC runs, the Rural Health Education Network, the loan repayment program that's supported by state government have all worked reasonably well. With that data, though, there are some problems of distribution that the report documents, and many of you are aware of serving on this committee, some shortage areas in the state, some 20-plus whole county areas that are officially designated shortage for primary care, 40-some counties that have whole county or partial county shortages in nursing and certainly in behavioral health we're talking 80-plus counties who have the...bring the designation of a federal shortage area. That designation, for your information, is based on a provider to population ratio that the federal government calculates and that our state Office of Rural Health and our Rural Health Commission use to designate areas as being shortage in the state. So we do face some distributional issues now, again not as much as other states, but they're there. But one of the things that we are emphasizing that we learned in this report which, if we thought about it, is common sense. Our providers are a group much like,

and I'll claim to be in this group, a group of people who are aging in place, that is we're within ten years of what would be considered a retirement age. And therefore we need to be thinking about who will fill that role in those out years. If we say that it's 55 years or order, for example, 30 percent of our physicians are in that cohort, 39 percent of our dentists, 37 percent of our psychiatrists, 43 percent of our nurse practitioners specializing in psychiatry, 33 percent of our physician assistants who specialize in psychiatry. And there are other professions who fit that, those are just examples. Why is that a concern to us now? It is a reflection of a more general trend, of course. And I identified myself as part of this "Baby Boom" and that age cohort within ten years of retirement, which lead me to make one of two major points about the future demand. We are blessed with a healthcare delivery system and medical services that has added a lot of treatment in management of chronic care conditions so that we're living longer with more chronic conditions. So that when I retire someone else will have to take over the management of that because my physician is going to retire about the same time I do. So we're going to need healthcare professionals that manage that. And it's a different level of demand than we have now in the current elderly cohort, different because there will be more of us and different because, according to all measures we have, we will have more demands on healthcare than previous generations have had. In addition to that, as we look into those out years, we're all well aware of the discussions going on in the U.S. Congress now to expand access to affordable insurance coverage. We don't know what the results of those discussions will be. But we know that there will be something that moves forward, even if it's a marginal, incremental change right now and more change going forward that will also generate more demand particularly for primary care services. Persons who don't have that affordable insurance plan now when they are accessing care, if you look at the data, they're predominantly waiting until they're too sick to continue to say I don't need to go in, and then they're showing up a lot of times in an emergency room. Well, those same patients now with insurance coverage will show up earlier, we hope, because that's better, and they'll show up in primary care offices. And we'll need the personnel to take care of those needs. One of the statements I'd just like to share with you that's in the report reflects that in a summation format.

Nebraska should act now on current healthcare work force needs and on future projections, particularly the mal-distribution of work force and expected growth of the elderly population and coverage of the uninsured. When we think about the time it takes to train healthcare professionals and the need to interest young persons in their K through 12 years of education in science and health careers, we really need to act now to meet the needs we know are coming and the data clearly demonstrate in the report. All of us with responsibilities to this issue must maintain the success Nebraska already has had by continuing those programs we know help recruit and retain healthcare professionals in the places where we need them. Beyond that, we need to develop a new generation of ideas and subsequent ideas that meet an even bigger need than the one we have now. We must attract students, traditional and nontraditional, into health careers, continue to be innovative in how they are trained, expand educational opportunities to more students, include students from diverse backgrounds, and promote programs that attract new professionals to areas of our greatest need. I've glossed over a lot of the specific data because it is readily available to you and to staff off of the Web site. And as I said, hard copies will be available shortly in a bound form for your use. I'd like now to close with looking at the seven recommendations that are included in the report, again acknowledging the great work of a group of what we label stakeholders that came together in June to work with us to generate these recommendations. The first of those is to create a state health work force center. We need a way of centralized data collection and analysis across the professions, not just focused on one or two. And such a center can be a central data repository that enables ongoing and comprehensive assessment and analysis of work force data. It can act as an advisory body for the development of public policy that addresses financial incentives, educational policy related to development opportunities and how we recruit and retain healthcare professionals. This is a center that could easily be a public/private partnership of all of us who have this concern. Clearly, we were able to tap into that to bring stakeholders together to spend a day with us. It's a minimal expense to create a center, in fact we've done it without direct expenditure, other than covering the facility sight. But we really need to keep our eye on this issue, and that's one way of doing it.

Second recommendation is to support the ongoing data collection that we need to monitor a work force in future requirements. And I might point out parenthetically that the Center for Nursing is an example of a center and a data collection operation. Currently, a lot of our data collection and analysis and assessment is hampered some because we don't have high quality data across the professions. The report drew on those professions for which we had either state licensure data that was solid and reliable or data from the health profession's tracking system, which is run out of the College of Public Health, which maintains a more current data set even than licensure data, and a little bit more depth to that data set. We need something similar to monitor where we are with the professions and then to assess any new programs that we bring into play. The third recommendation is to expand the role of pipeline programs aimed at provider shortage areas in primary care. You can see as I develop these recommendations we are all, as I said earlier, involved in this. So this would include programs that exist now for K through 12 students that might influence their career choice, or at least open up their eyes to all sorts of opportunities in healthcare, expand the role of existing programs, and really push on the benefits of practicing in primary care in particular, because we know that's going to be a glaring need into the future. A fourth recommendation is to increase funding for current debt relief programs aimed at new graduates. We have, as I said earlier, one of the nations better loan repayment programs that a number of you have worked hard on in recent years. We need to continue those programs and when we can enrich them to increase the supply that gets out into the areas of greatest need. A fifth recommendation is to establish new and streamline existing community partnerships aimed at health work force development. These are partnerships between educational institutions, local and state governments, community organizations, healthcare provider organizations, and institutions. This is a highly collaborative environment which again we've demonstrated through the use of stakeholders. We need to keep thinking about new and innovative partnerships that again enhance that supply issue. The sixth recommendation is support an enhanced focus on interdisciplinary, team-based approaches aimed at both education and provision of services. This is something that is gaining a lot of salience right now with

the discussions going on in healthcare reform. You may have heard about the concept of a patient-centered medical home. I know that Senator Gloor has. And that is really catching fire and we need to be sure that our training programs are consistent with that, and even our programs attracting people into the healthcare professions. Most of us believe that that's actually a better way to practice and will generate more excitement about coming into the health professions. The final recommendation is to proactively address health provider shortages at the state level through the development of comprehensive work force criteria and shortage designations. This is really continuing an existing practice that we have underway in this state and enhancing that as needed to really think through. As professions change their scope of practice, as the technology changes the way we deliver medical care we'll need things like the work force center, the data collection, this effort around how we designate shortage areas to keep pace with some of those changes that occur. I will leave copies of the testimony I've just given. There's more words in the written copy in some places than there were in mine. With that again, thank you for this opportunity. And I'd be happy to entertain questions. [LR159]

SENATOR GAY: Thank you, Dr. Mueller. Any questions from the committee? Senator Stuthman. [LR159]

SENATOR STUTHMAN: Thank you, Senator Gay. Mr. Mueller, I really appreciate your testimony. But what or how are you going to address the need in rural areas, you know, the real rural areas because of the aging population as far as primary care physicians? You know, going into those areas how are we going to attract those people to those rural areas to...so that those individuals that are aging get as much care as they do in the Lincoln and Omaha area? [LR159]

KEITH MUELLER: Excellent question. And anecdotally, I happen to have relatives out in Dawes County, so this strikes me personally as something that's really important. There are a couple of answers. One is the programs that we've used that we've

demonstrated worked, like the Rural Health Opportunities Program need to be continued. And if we can come up with an even more innovative idea that the end result is young people coming from that area for their health profession training, return to that area to practice. Now that's one approach. A second approach is to make the practice in that area, regardless of the profession, whether it's physicians, nursing, physical therapist, as attractive as possible. So what we're doing on other fronts, including what we're doing now to connect information systems and technologies so that you're not really isolated as a practitioner anymore or you don't need to be anyway, if you're practicing in a lot of the communities in Nebraska because you're well connected I think that's important. The team-based care that's built into that medical home concept is another way of making the practice environment attractive because you don't again, not feeling isolated, I've got support people, I've got a referral network I can use if I'm practicing primary care, and my patients need subspecialty care. All of that--having first rate institutions, which the Critical Access Program has helped us maintain throughout the state, all of those things are important. And I hope with things like a center and continuing monitoring there are some creative ideas we haven't thought of yet because we're going to both recruit from within those communities and, as you pointed out, with the aging population being a higher percent we are going to need to recruit some people who may not have come from those communities. But we need to convince them that it's a great practice environment. [LR159]

SENATOR STUTHMAN: Thank you. I appreciate the fact that you did mention, you know, we need to emphasize the people that are in those areas to get the education and the profession because those will go back sooner than those that weren't from there. [LR159]

KEITH MUELLER: Yeah, much, much, much better likelihood they will, yeah. [LR159]

SENATOR STUTHMAN: I think that's where we need to put a lot of emphasis on the opportunities of those people from those rural areas that they can come back. [LR159]

KEITH MUELLER: I agree. [LR159]

SENATOR STUTHMAN: Thank you. [LR159]

SENATOR GAY: Thank you, Senator Stuthman. Senator Wallman. [LR159]

SENATOR WALLMAN: Thank you, Chairman Gay. Thank you, Doctor, for being here. As far as you collecting database on a diverse population, you know, issues where...is there minority groups stepping up to the plate, whether it be nurses or nurse practitioners or doctors? Is that, you know, the population that we have in certain areas, are they stepping up to the plate or anybody applying to med school or do we have grants for those individuals or...? [LR159]

KEITH MUELLER: Well, there...a couple of answers. One, a lot of hard work is going into increasing the number of applicants from diverse communities. You'll see in the data when we look at the existing work force we are under represented for several of the types of groups of people that you're talking about. There are programs, again those K through 12 programs and partnerships that I think are really important to help both make the students aware of the possibilities and then make sure that they are training the right kinds of initial class work and sciences. Now I think it's also important to train in what loosely we call systems or critical thinking because of the changes in team practice, etcetera. That's one where we really need even more creative ideas. It's a tough one to crack. There's been some improvement but we've got a ways to go. [LR159]

SENATOR WALLMAN: And has the university or anybody studies on contract negotiation between communities or regions, you know, to pay this and literally a salaried doctor? Has that been looked at or...? [LR159]

KEITH MUELLER: It...some of that does appear in the national literature. And there are two types of contracts you may be referring to. One is an arrangement where a community identifies a young person and says we'll basically underwrite a lot of your educational expenses if you will contractually obligate yourself to return here for at least two to say three years of practice. That works reasonably well. One of the issues that I would raise about that and one of the concerns is, you know, the out...the buyout option that students may have. You know, some percentage of students exercise that buyout option. And you end up with getting your money back but not getting a health professional back. Most of the literature seems to indicate that loan repayment is actually more effective, because then you've got them at the end of their professional training, facing a pile of debt. And you're saying, we'll relieve that debt if you come and practice here. That seems to be a little bit more effective. [LR159]

SENATOR WALLMAN: Thank you. [LR159]

SENATOR GAY: Senator Gloor. [LR159]

SENATOR GLOOR: Thank you, Mr. Chairman. Dr. Mueller, and I want to preface my comments by way of saying clearly I think the Legislature recognizes it has a responsibility with this issue on behalf of Nebraskans and their future healthcare. But there are physician practices, hospitals, long-term care facilities for whom this is a business issue who should be addressing this on behalf of the long-term benefits and best interests of their business enterprises. Have you gotten support, has there been...does this report wrap in work that they are doing or should be doing to address this issue also? And I know we'll get some testimony from some representatives of those folks too. [LR159]

KEITH MUELLER: Well, they've been helpful to us in preparing the report. If any of them had data, information analysis that helped us look at future and current supply, because one of the ways that you do some of the measurement to say there's a

shortage is using vacancy data and vacancy rates. And the healthcare sector has been very helpful to us in that regard. They've also been involved in those stakeholder meetings that helped generate these recommendations. I believe something like the Work Force Center needs to be, as I said in my original testimony, a public/private partnership. Because I think you hit on something very important here that yes, there is a public responsibility. But there is certainly a strong interest within the private sector, whether it's for-profit or not-for-profit, in how we generate and maintain that work force. And we really need to be working together to figure out what kinds of initiatives on their part and it may have something to do with how they set up the working environment. It may have something to do with how they hire at a time when, and a couple of us were talking about this earlier, practice styles have changed, the expectations of students coming out are different than they were before. And there's pieces of that, you know, that we can address in the educational environment, pieces that can be addressed in the practice environment. And we should be sitting around the table developing those. [LR159]

SENATOR GLOOR: One more question if I could. Does your report, when it gets into debt relief, get to a degree of specificity that identifies the fact that at least in this state debt relief, say a community comes together and ponies up in some way, shape, or form $50,000 to recruit a primary care physician. That physician also incurs $50,000 tax impact, what term am I looking for? But that $50,000 gets taxed by the state of Nebraska. I believe there is federal relief for that but not state relief for that. [LR159]

KEITH MUELLER: You know I'll be honest, I can never get my facts straight either on where there is or isn't relief. I know there isn't at one end or the other on some of the loan... [LR159]

SENATOR GLOOR: Yeah, I'm pretty sure it's the state. [LR159]

KEITH MUELLER: ...repayment programs. And we don't talk about that specifically in

this report, but you're right, that is an important question and issue that I know a number of people both here and federally, because I know Senator Nelson's Office has been working hard at whatever they can do at the federal level to make sure that loan repayment is not taxable income. [LR159]

SENATOR GLOOR: I know there are cases where medical professionals have had to go to banks and take out personal loans just to pay the tax penalty that they... [LR159]

KEITH MUELLER: Yeah. [LR159]

SENATOR GLOOR: ...I shouldn't say penalty, the tax that they incur on forgiveness that was well-intentioned, obviously, but ends up having that result. [LR159]

KEITH MUELLER: Yeah. [LR159]

SENATOR GAY: Senator Campbell. [LR159]

SENATOR CAMPBELL: Thank you, Senator Gay. Dr. Mueller, in the group that you brought together was there discussion about whether the state needs additional areas of training or education to encourage people to go into fields? I'll give you an example. There's been talk about do we need to put like an MSW program at UNK to try to bring, you know, have students look at that? Are we in need of additional programs in some of our institutions? [LR159]

KEITH MUELLER: We didn't get to that level of detail with the stakeholders. Clearly, the numbers projection indicate we need a higher number of professionals. And I think one of the ways of doing that might be your example of putting a new program somewhere similar to what the College of Nursing just did, working with the Norfolk community. And I think that model is a good model to pursue because it meant somebody had to do an analysis, which I'm familiar with the report that was written by the college to say do we

really need this here, and then that collaboration between the college, the community, and the provider community going back to Senator Gloor's point, and within the educational community between, in that case, the UNMC College of Nursing and the local community college. I think if we follow that same pattern of how we address it, we'll come up with a pretty solid answer. And that hasn't been done yet across all the professions and locations. [LR159]

SENATOR GAY: All right. Any other questions? I've got one for you, Doctor. When you talked earlier you said, this is the first comprehensive report. Now we're all familiar with work force issues. But that surprises me. How did you make it comprehensive and why do you think this is the first report when we've had work force issues quite some time actually, I think? How did you get together to make this a comprehensive report? [LR159]

KEITH MUELLER: Well, again I credit the Chancellor for being the initiator of we need to do this. And it comes from a combination of knowing that there is something going on in Nebraska and we didn't quite have our fingers put on it and some of the national associations to which we belong trying to drive some of their state members to do this. This kind of report was done by the American Association of Health...Academic Health Centers, which is all of the professions, not just medicine. They were one of the pushers to try to get states to do something similar. We're one of a handful of states that's been responsive to that call. I know that North Carolina has a fairly comprehensive report, Wisconsin came out with one not too long ago. But I could...there's no more than a half a dozen that have done that. We've had a lot of separate reports. I mentioned the nursing center, which generates reports, you get reports from the primary care association and organization on shortage areas. But we've not...no one had taken the months it takes and it's a lot of work to put this comprehensive report together. [LR159]

SENATOR GAY: Thank you. I don't see any other questions. I do have maybe a recommendation for you if...I know right now and, Senator Gloor, you're on this

committee, it's a Legislative Planning Committee. What's the name of that? [LR159]

SENATOR GLOOR: The Legislative Planning Committee. (Laugh) [LR159]

SENATOR GAY: Okay, well there you go. But anyway, they're looking at, and you correct me if I'm wrong, Senator Gloor, but looking at what the state needs, where we need to go and why are we drafting...what are our policies really for the next 10, 15, 20 years is what it sounds like they're doing. But I think this would be something that they would be interested in. They should at least receive this report and get some follow-up by your people that are interested in this as well. We will follow-up as well. But, you know, if you're drafting things in that committee and trying to be comprehensive, I assume this would be pretty interesting to your group as well. [LR159]

SENATOR GLOOR: Yeah, I think work force development will be one of those issues that comes up. And certainly any information that steers towards healthcare and work force development, so we're not just focusing on how to address women and welders, etcetera would be helpful. [LR159]

SENATOR GAY: Yeah. [LR159]

SENATOR GLOOR: It may take a while for that. [LR159]

KEITH MUELLER: Okay, we will follow up on that. [LR159]

SENATOR GAY: Okay, thank you. All right, thank you, appreciate it. Dr. Boust. [LR159]

SUSAN BOUST: (Exhibit 2) Good afternoon. My name is Susan Boust, that's spelled B-o-u-s-t. And I'm the interim medical director for the Nebraska Behavioral Health Education Center. We started in July and I am excited to be here. The Nebraska Behavioral Health Education Center was created on July 1 and is administered by the

University of Nebraska Medical Center and housed in the Department of Psychiatry. The first attachment (A), immediately behind my testimony, is the legislative language that created the center, just to remind you that it's a very comprehensive center with lots of different pieces. I wanted to give you kind of an update on this. We are collaborating with the College of Public Health on assessment of behavioral health work force and prediction of work force needs through the state. And that is one of the requirements in the legislation. The center will provide interdisciplinary, as Dr. Mueller was talking about that teamwork kind of thing, and statewide support for the development of a competent behavioral health work force. What we've done so far personnel has been identified. I am pleased to be the interim medical director for the center. I'm in the College of Medicine at UNMC. Michael Rice, who is a Ph.D., APRN, is the associate director and in the College of Nursing at UNMC. Tom Svolos, psychiatrist from Creighton School of Medicine, is a consultant and helping us with interdisciplinary education at Lasting Hope. Delores McArthur-Miller is our current administrative support. And Dennis Mohatt is providing the executive director functions. And we feel very pleased to be able to work with he and, which under contract, he has a tremendous amount of expertise particularly in the rural behavioral health work force development and was the primary author of the SAMHSA substance abuse and mental health service administrations entire behavioral health work force report. Dennis is seen as a national leader in rural issues in the behavioral health work force. So what are we doing? We are planning the Advisory Council that will have 10 to 15 people statewide. And that's our 50,000 foot view folks that will bring together community leaders and government leaders, providers, the folks who hire people we train, the academics who are doing the training, and consumers and family members to help make sure that we're guiding a good course and a meaningful one. We're going to have a larger stakeholder group meeting sometime in November of this year that will bring together again folks who are doing the training, folks who are hiring our trainees, consumers, and family members, and government officials to actually review our detailed plans and to start participating in setting the priorities for which curricular activities do we do first. We will have an information technology summit the 30th of October. And we're bringing in an external

speaker and focusing on how to get the collaboration across the state in how we're doing telehealth for behavioral health, both service delivery and education. We have some money now and have to purchase equipment. What the best equipment? How can we share it? How can we make sure that it really connects well with our rural folks. Because if it doesn't do that, we aren't doing our job. We have interdisciplinary plans being developed at Lasting Hope Recovery Center. And that's an ongoing planning process where we actually plan to take psychiatry, nursing, social work and pharmacy and train them as teams all at the same time, all in the same environment. We think that's the way they have to work. We would like to get a model of training, that way we can then export to the rest of the state. Our sight development, and we will have six sights, hub and spoke kind of model around the state, where we have training in rural areas, where people can stay at home and get trained. This has been particularly successful with our APRN students. We have 28 new APRN students, many of whom are already trained and working in the communities. And we're providing the distance supervision so that they can stay at home and get this extra master's level supervision. But we'll be working with all of our sights around the state to say what's the best location: Kearney, Norfolk, North Platte, Scottsbluff, Lincoln. We've started a contracting process with the National Alliance of the Mentally Ill to use their consumer council as our primary consumer input. Although we will, of course, welcome input from...input and participation from lots of consumers. But we wanted to have one body that really we could turn to on a regular basis, get them trained, educated in what we're doing and really make sure that we had that consumer voice very clear as we are moving forward. And they are statewide, they're in each region. And they're kind of ahead of us in using telehealth. They do a lot of their meetings over telehealth right now. Collaboration has been established with Dr. Mueller and the College of Public Health to analyze the geographic and demographic availability of behavioral health work force. And as you will hear the rest of today and see in the report behavioral health work force is probably the one that is in the greatest need and scarcest, especially in the rural areas. And then we will have two additional residents that we are recruiting right now in the Creighton Nebraska Department of Psychiatry. And those folks will begin their training in July of

2010. We are, however, going to have all residents in the program spend time in rural areas and provide telehealth service to rural areas. Actually, the residents are kind of excited about this. And when we said that we would start this in 2010, they want to start now, so they're kind of pushing us to get this rural connection and this training in telehealth. I told you that the attachment A was the legislative language for the center. And I...the attachment right behind that, B, is the summarized of a critical match on work force planning project that Dr. Mueller was talking about. And there are 148 psychiatrists, 9 PAs, and 54 nurse practitioners specializing in psychiatry. A third of those are older than 55. And we are the...I don't know if there's something about behavioral health that makes us old people stick around or we failed to recruit for awhile, but we are old. And we are not well distributed in the state. So those issues are what we are trying to address. I wanted to point out some special issues for behavioral health professionals. Many of the workers in both hospital and community-based behavioral health services are unlicensed. The folks who are in our day programs and our residential programs may have a bachelor's degree, they may even have a master's degree, but they are not necessarily licensed. And so we will have to do a special project to see who that work force is and what the need is and how many of those folks we need to be training and what kind of training that needs to be. They require a lot of on-the-job training and all of that is falling to our community-based providers which, as you know, are tremendously underfunded. So we want to do something to improve that situation. Enumerating and describing the training programs in behavioral health in the state is underway but not completed. And there are a lot of programs, counseling, data, and substance abuse programs around the state and nobody has actually pulled all of those together. And we hope to have a very big focus on that so that we know everybody that's out there doing the training and how we can help assist them in getting more work force out there. Our current training program is done in "silos" and the future training we want to focus on interdisciplinary training wherever we can to get nurse practitioners, psychiatrists, social workers working together during our training so they can do the same thing in our communities. And finally, there's an entirely new profession in behavior health, peer support providers. There's an RFP that the deadline

is the 16th. So we want to make sure that we bring them into the behavioral health work force and make sure we're supporting them, including them at the table as peers and professionals. So I've included some other tables and graphs behind that. But I think you already know the difficulty in getting behavioral health providers in our rural areas especially, but even in the Omaha area. Rhonda Hawks is always good about talking about how difficult it was to hire a psychiatrist for Lasting Hope. Good work environment, urban community, it was still difficult. So I really thank you for the opportunity to be here. It feels like we're just getting started. I thank you for your support in getting the Nebraska Behavioral Education Center. It's exciting work. And I feel like we've made a good start. [LR159]

SENATOR GAY: Thank you, Dr. Boust. Does anybody have any questions? Senator Pankonin. [LR159]

SENATOR PANKONIN: Dr. Boust, thank you for being here. And I'm glad you probably have 20, 30 years left in your career. So you're in good shape, (laughter) just like the rest of us up here. But anyway, it is encouraging to me to see that something that we did, having been here for three years, that some legislation actually looks like it is going to help. And a lot of people worked on it. And I think that is encouraging for all of us to know that this committee, this body, the state is...you know, there was a need. And it sounds to me like a lot of people are pretty enthused about stepping up and even been kind of ahead of you, pushing you, right? [LR159]

SUSAN BOUST: Absolutely. I was surprised the residents did, but they do. We had the Rural Health Education Network contact us. And we were able to commit to a week long behavior health education week at UNMC this May. So we'll take 20 to 25 juniors in our colleges around the state and introduce them to behavior health work force. So we're moving. [LR159]

SENATOR PANKONIN: That's good. Well, that's very encouraging. Thank you for your

work. [LR159]

SENATOR GAY: Thank you. Senator Campbell. [LR159]

SENATOR CAMPBELL: Thank you, Senator Gay. This is just really exciting to see this, the LB603 oversight committee, which Senator Howard and I sit on, we will be glad to share all of this information with the other members. And at some point may like you to come down and visit with us. This is exciting information. And it is one component of what we need to do. I'm sure you heard my question to Dr. Mueller in the sense of whether we need to have programs at other institutions. Any thought from... [LR159]

SUSAN BOUST: Oh, about Kearney and the school of social work? [LR159]

SENATOR CAMPBELL: Yes. Any thought about that question? [LR159]

SUSAN BOUST: Yeah. We have met. And we've been trying to go around the state and meet with various people. We've met with the new administration at the Norfolk College of Nursing, like in her first week, and just said, behavioral health, behavioral health, behavioral health. We met with Terry Warner who is the head of the Social Work Association in the state. And he was helpful in kind of clarifying how UNO is currently doing this. At this time there is only one master's level program in the state and that's at UNO. There are several bachelor's level programs. And what UNO does as an outreach is what they call a cohort training, where they take a group of people that start for a two year period of time and then the faculty comes from UNO to that place on weekends. And those folks, within two years, can move from their bachelor's degree to their master's degree, which gives them much more training. This year they are doing that cohort, this year and next year they're doing cohort in South Sioux City instead of Kearney. They've always had a lot of people at Kearney who are interested in it. And it seems like getting another master's level program. I am now speaking with no data. But I've done this work a long time and there is a lot of difference that happens in what you

get from a work force professional in behavioral health between the bachelor's and the master's degree. That master's degree does a lot of training and maturing so would just seem like more master's level in those rural areas would be important. That will be part of our job, I think, to actually articulate that and be able to answer that question with data for the senators as any. [LR159]

SENATOR CAMPBELL: Thank you. [LR159]

SENATOR GAY: Senator Gloor. [LR159]

SENATOR GLOOR: Thank you, Mr. Chairman. You got my interest with your last answer. The issue of current training programs are in "silos", future training should focus on interdisciplinary training. I absolutely agree with that. And I think the approach here is with limited resources, hopefully, a seamless interdisciplinary approach towards provision of healthcare, acute care, behavioral health, whatever, allows us to maximize the use of those people we have. [LR159]

SUSAN BOUST: Um-hum. [LR159]

SENATOR GLOOR: But you very quickly also said but there's a world of difference between what a bachelor's prepared social worker and a master prepared social worker can do. I don't disagree with that either. What this body gets overwhelmed with at times, maybe that's an overstatement, but certainly we're approached a number of times, is issues around scope of care... [LR159]

SUSAN BOUST: Um-hum. [LR159]

SENATOR GLOOR: ...and the hierarchy that exists within healthcare. And although everybody talks about an interdisciplinary approach, what we end up dealing with is refereeing the issues of somebody climbing into somebody else's turf. And so I worry

about, and I'm glad to see we're trying to teach an interdisciplinary approach. But the real world experience and the real world reality is that if you want to expand your scope of care it's difficult to find people a little higher on the rung who are going to be supportive of that. And I don't know how we get over that issue because candidly the professional associations themselves, as far as I'm concerned, don't go far enough to help us try and mediate that. Wherever you're at, the person just below you on that rung is somebody who often is seen as not an interdisciplinary colleague but a threat to your practice. And so I just wanted that to be on the record. It's admirable that we're trying to teach that at an early age. But the real world reality is problematic, I think, as we address work force shortages. [LR159]

SUSAN BOUST: Thank you, Senator. I know of what you speak. (Laughter) [LR159]

SENATOR PANKONIN: Isn't he a diplomat, though, the way he just (inaudible). (Laughter) [LR159]

SENATOR CAMPBELL: So smooth. [LR159]

SUSAN BOUST: I bet he's been on... [LR159]

SENATOR GAY: Dr. Boust, that could be a whole legislative resolution in itself, I think. I don't know if we want to keep it to work force (inaudible), but I... [LR159]

SUSAN BOUST: Well, but, Senator, the thing that I've seen in my experience is where that disappears is in the face of a person in need. And no matter what your credential is if you can get your focus on taking the best care of a person in need, those people do come together. If you sit around the table like this and talk about it, it's hard. But in the face of a patient with a need I see people work together. [LR159]

SENATOR GLOOR: I need to respond. I don't disagree with that in the real world. But

find a nurse midwife who would like to help respond to a person in need. That nurse midwife still has to overcome issues that relate to the current people who are credentialed and can provide that provision of services. And don't misunderstand me, I'm not here advocating for any specific profession. But if everybody was involved in a plane wreck on Lost, they would all come together. But the real world isn't like that. People have businesses and business practices and so it gets a little sticky. Since we can't bring an individual patient into these premises to referee, it becomes a scope of practice issue. [LR159]

SUSAN BOUST: Thank you. [LR159]

SENATOR GAY: Senator Howard. [LR159]

SENATOR HOWARD: Thank you, Chairman Gay. Doctor, I want to thank you for your comments regarding master's level social workers. As a master's level social worker myself I certainly appreciate that. And I agree with you, anyone that's willing to make the commitment to put the time in to get that additional education, that certainly speaks for their intent and their interest in that field. I'd urge you talk with Theresa McKeagney at the graduate School of Social Work, who would be very interested in your comments and ideas and very supportive of your looking at the Kearney campus. She was on sabbatical the last year when there was the change made to the South Sioux campus. And I think she'd really appreciate your thoughts on that. I urge you to get in touch with her. [LR159]

SUSAN BOUST: Thank you. Theresa and B.J. Reed and some of the other faculty at UNO were on the very early planning on all of this, so getting them back involved at this point is just like one of the many hundreds of people we want to work with, yes. [LR159]

SENATOR HOWARD: Good. Thank you for doing that. [LR159]

SUSAN BOUST: Yes. [LR159]

SENATOR GAY: All right. Thank you, Dr. Boust. And good luck, you got a big job ahead of you. Thanks for your help. All right. Others who would like to testify. And we're going to...how many people...just wanted to testify today? Okay, all right, so there's a few. Just kind of start working your way up if you want and we'll go from there. We got...there are openings up here if you want to start working up. Go ahead. [LR159]

JOE EVANS: (Exhibit 3) This must be UNMC day. My name is Dr. Joe Evans. That's J-o-e, last name Evans, E-v-a-n-s. I am the director of psychology at the Munroe-Meyer Institute, which is part of the University of Nebraska Medical Center. And I'm involved in a training program for child-adolescent psychology interns in preparation of them to provide behavioral health services to children in Nebraska, especially in rural areas. This goes back to our first outreach clinic which happened to occur in Senator Stuthman's backyard, in Columbus. I would like to thank members of the Health and Human Services Committee for providing the opportunity to provide input today. And it's important to note that I'm not testifying as a member of the faculty at the University of Nebraska Medical Center, but I am testifying because the mental health work force issue addresses a crucial barrier to meeting the needs Nebraska citizens for children, adolescents and families, particularly in rural areas. There is currently a significant shortage of behavioral providers. And I'm just going to run through some data points on this. This data was obtained from the Nebraska Health Professions Tracing Center, the Nebraska Office of Rural Health, and the Federal Health Resources and Services Administration. Two-thirds of our state's behavioral health work force lives and works in the Omaha area and Lincoln areas. There are 470 active professionals practicing in regions outside of Omaha and Lincoln out of 1,800. So we're really talking about a very small number of individuals covering 800,000 persons in our state and about 65,000 square miles. Thirty-eight Nebraska counties have one or zero behavioral health professionals practicing in that county. So those of you who are...maybe represent Cherry County, which is bigger than Rhode Island, we have one licensed mental health

practitioner in that entire area. Behavioral health practitioners with specialty preparation in working with children, adolescents and families are even fewer in rural areas, often requiring families to travel hundreds of miles to obtain services. We frequently get families coming all the way from Omaha from Albion and from Ainsworth just because it's closer than going to Columbus because it's closer than coming to Omaha. There are only 23 psychiatrists practicing in rural Nebraska. Similarly, there are only 51 practicing psychologists in rural Nebraska, Regions I, II, III, and IV outside of Omaha and Lincoln. And again, these individuals are expected to serve a population numbering greater than 800,000. The Health Resources Services Administration has designated 88 out of our 93 counties as mental health shortage areas. Nebraska Office of Rural Health indicates that we have a shortage except for the 30 miles around Omaha and Lincoln. In rural master's level mental health practitioners actually represent 80 percent of the licensed practitioners in rural areas; psychologists only 51 percent; psychiatrists only 23 percent. Despite these statistics, the Nebraska Medicaid managed health contractor has conducted its own surveys and indicate that there are sufficient numbers of providers in the majority of the state and has made the decision to disallow payment for provisionally licensed Nebraska psychologists and mental health practitioners in private or group practices, which is much more common in rural areas. Provisionally licensed mental health practitioners and professionals in the state number over 1,200. At the present time, let's go back to some of the questions you had earlier about training programs. There are over 15 separate programs within the University of Nebraska and state college systems, not including the private ones at Creighton University, Bellevue or Doane, that are educating individuals to become behavioral health providers. Programs leading to licensure are available on all four campuses of the University of Nebraska, two state college campuses, and programs include community counseling, marriage and family therapy, social work, clinical psychology, school psychology, counseling psychology, psychiatric nursing, and psychiatry. At any one time there are over 250 individuals receiving training to become mental health practitioners in the state. The question is, where did they go and why are we still having these shortages? Despite these large numbers of trainees, Nebraska remains below the national average in terms

of numbers of mental health providers per capita. Behavioral health training in psychology, social work, and counseling, and medical family therapy are facing increased difficulties in placing new graduates into practice sights because of the inability to bill for services. For example, we have two new graduates from the medical family therapy program at UNMC, graduated in May, still unemployed, can't find individuals or programs that will hire them, to hire them because of some of the issues related reimbursement. To address some of these problems we created, about ten years ago, starting in Columbus, Nebraska, an integrated behavioral health and pediatric primary care model. This...why did we do this? It's because in the first place that parents take their kids, and those of you involved with safe haven I'm sure are aware of this, is to their family physician. They want to see if there's something physically wrong potentially with them before taking them to a psychiatrist, psychologist, counselor, etcetera. We were able to obtain some funds from the HRSA Graduate Psychology Education Program. And we've been able to put together a training program to attract, recruit, train, place, and retain child adolescent behavioral health personnel in underserved Nebraska towns, particularly in rural areas and through a learning...through a service model have grown to the point where last year we had 7,000 patient visits in communities including Hastings, Kearney, Columbus, Fremont, Grand Island, Chadron, Plattsmouth, Gordon, Crawford, Lexington, Rushville, Nebraska City, North Platte, Friend, and Crete. A survey of our...even thought that's only 15 towns, a survey of the individuals served was conducted in 2007. And we went back and looked, where were our patients coming from. There were over 220 towns in which individuals emanated, coming to receive services in these 15 clinics that we put together. During the past nine years we have trained 103 individuals from every behavioral training program in the state including individuals from the University of Nebraska at Kearney, Omaha and Lincoln, as well as Wayne State, Chadron State and Doane College. And 56 percent of these individuals have remained in rural practice. What we need is some legislation to expand opportunities for behavioral health trainees to be trained, placed and retained in underserved areas. Because of the current climate with managed mental healthcare rules, which is eliminating the opportunity for

individuals who are provisionally licensed to be able to bill for services through Medicaid or to Magellan. While we first started off as a pediatric oriented program, we've since medical family therapists, counselors and social workers and we've established a series of training hubs at strategic sights around the state. And we have outreach faculty, actually have our staff living now in Columbus, living in Kearney, living in Hastings and Rushville, around the state where they've been able to work with local colleges and universities in training up individuals to work this particular model of providing care within a primary care practice. Current rules, however, are keeping us from being able to...making it impossible to further expand into rural communities. We have, for example, two behavioral health clinics in Crete and Friend, Nebraska, which have been manned by one of our staff. She has just been offered a position in Lincoln and we're not sure we're going to be able to continue those clinics simply because we are not going to be able to assign well-trained and qualified post doctoral fellows to these clinics. And the current rules prevent us from being able to bill for their service provision. In summary, training programs have a signficant...this program has a significant track record. Changes in existing rules are needed to increase accessibility for families and for individuals. I've included some data here from the...from Dr. Mueller's Health Workforce Planning Project, final report. And projecting the need, for example, for psychologists by 2010 to be 593, while we have currently practicing 270 in the state. So as you can see we're...it's about half the number that's projected as necessary. There's also a table of actively practicing individuals, the state's designated mental health shortage areas in psychiatry and mental health, and then a map of the different sights across the state where we've been able to actually place people. And to go back to the issue earlier brought up when we do have individuals who have trained in underserved areas and in rural areas they tend to stay in those underserved areas. At the same time, we can get them to live there during a post doc. year, then almost 100 percent of these individuals actually go on to practice in rural underserved areas. So with that, I would ask your support and help in trying to remedy this issue which is creating a large problem for us as university personnel trying to meet some of the needs of the state. We can put a lot of folks out there, but if we can't get them reimbursed or paid for

they're not going to stay. And we have at this point in time a number of individuals who have just graduated leaving the state to go to other states when we have so much difficulty maintaining individuals or trying to get individuals to actually stay in Nebraska, particularly rural areas. [LR159]

SENATOR GAY: Thank you. Are there any questions? Senator Pankonin. [LR159]

SENATOR PANKONIN: Dr. Evans, just a follow-up on the reimbursement issue. Is that a Nebraska administrative thing, a federal, is... [LR159]

JOE EVANS: Nebraska created a, I think, a significant part of this over the years when we created provisionally licensed categories for mental health practitioners and for psychologists because of the shortages in rural areas. And for years we've been able to utilize that category to be able to attract individuals and create post doctoral opportunities or post master's degree training opportunities for individuals in various programs. In June of 2008, we received a...it was June 24 of 2008 we received a note from Magellan, who is our management...managed Medicaid mental health provider in the state indicating that on July 1 that arrangement would stop. So it is a local decision, it's not a federal decision. [LR159]

SENATOR PANKONIN: And so those local folks that have the provisional would have to step up their education training to get to the next level, what do they need to do if they want to stay in place? [LR159]

JOE EVANS: They have to have, in the case of a psychologist it's 2,000 hours, in other words a full year of additional experience beyond their four years of graduate training, plus their internship. So they have five years of training already. Another year is required. And during that year if we follow the current guidelines they can't bill anything. So it's almost impossible for us to maintain a staff of individuals without some opportunity to utilize their skills. And theoretically they can't even see patients on their

own without us being in the room supervising them on a minute-to-minute basis. [LR159]

SENATOR PANKONIN: Thank you. [LR159]

SENATOR GAY: All right. Thank you. Any other questions? I appreciate that. Just for the record, there are...that is being looked at now. And there's other senators not even on this committee that are looking into that issue. But I could see how that fits into what we're talking about, retaining the work force, which is part of this legislative resolution. So I appreciate that as we go further into this, other testifiers, if we get into specific situations, bringing it up on how we could remedy that situation as well, that's always helpful too. Because part of these legislative resolutions are looking for answers of how to solve a problem, which is what this is. But just for the record, that is being looked at by several people. We appreciate your comments today. [LR159]

JOE EVANS: Thank you. [LR159]

SENATOR GAY: Thank you. [LR159]

DANIEL ULLMAN: (Exhibit 4) I'm Dr. Daniel Ullman with the Nebraska Psychological Association. I'll keep my comments brief because I think Dr. Joe Evans covered this territory very well. And I want to say I appreciate the fact that the senators are looking into this issue of Magellan rules. And one obvious one is the exclusion of a number of provisionally licensed behavioral health professionals, early career behavioral health professionals from providing services to disadvantaged individuals and families across the state. I'd like to add to this, that as we look at this Magellan rules, and I use plural because there's more coming. And one that we're looking at now is termed "service definitions," so who are the providers, and who's in charge, and this sort of this. The first thing we noticed as we're looking at a draft, and this is in process, is that there were no provisionally licensed psychologists listed. So, okay there's an oversight there. In

addition, I think how I'm viewing the document is there's also maybe a constriction on scope of practice within these service definitions. So I think we need to look closely at that. And I don't know what the remedy to this would be. If it is that we have a state statute that says you can't arbitrarily restrict somebody's scope of practice or discriminate against them based upon the type of license that they have. And I understand that the Legislature and our government and the public have wanted provisional licensure to help these people get reimbursed, and help them...these early career providers. And I think we have a threat now to that. And I really appreciated Senator Dubas when she introduced the amendment to LB195. And I understand that was withdrawn and is being looked at. But that...there was a lot of clapping, you couldn't hear it, but when that went on the floor in terms of addressing this. Real quickly, I just gave you some information that's comparing the training of various professionals, primarily just to look at psychologists. They are doctoral level. And I added in a chart that they are expanding their scope of practice. In some states they can prescribe medications for mental disorders. And they obtain a license for that. They do in the military. We'll be looking at that down the road in this state I'm sure, not right at this time. I also included some information from an internship program in Norfolk that's been in operation for over 30 years. And a number of their graduates have stayed in the state, throughout the state. And I just put that in there because those folks couldn't be here today. But those are my comments. [LR159]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. [LR159]

DANIEL ULLMAN: Thanks. [LR159]

REBECCA RAYMAN: (Exhibit 5) Good afternoon. My name is Rebecca Rayman, R-e-b-e-c-c-a R-a-y-m-a-n. And I am the director of the East Central District Health Department, Good Neighbor Community Health Center in Columbus, Nebraska. Thank you, Chairman Gay and members of the Health and Human Services Committee for this opportunity to talk to you today. I am here representing really six Federally Qualified

Health Centers. And on the sheets that are being passed out, you'll see those centers listed in the column. Six are rural and...or I'm sorry, three of the six are rural, and three of the six are urban. As you know, Federally Qualified Health Centers were formed by Congress to provide healthcare to the underserved populations across the country. It is important, I think, for this committee to understand that in Nebraska we really hit that target quite well. Last year 57 percent of the patients served in Federally Qualified Health Centers were uninsured. When you look at that, that's really significant because nationwide only 36 percent of the patients served in Federally Qualified Health Centers are uninsured. In addition to the federal funds, we're grateful that Nebraska helps fund the Community Health Centers so that we can provide that expanded number of services to the uninsured. Our patients also contribute with a sliding fee scale and we do accept private and public insurance as well. Our goal as a Federally Qualified Community Health Center are to expand the safety net in Nebraska and to reach individuals who currently do not have access to a medical care provider. In our agencies case, last year our agency, located in Columbus, Nebraska, provided services to individuals from 28 different counties. And some of those individuals drove a significant distance to reach our community health center to receive dental, medical or behavioral healthcare services. We obviously cannot achieve our goals as Community Health Centers without a qualified work force. Recruiting and retaining providers in Nebraska is difficult for hospitals and clinics in general. I sit on the board of our local community hospital. I know how hard it is for our hospital to recruit. But the task is much more difficult for Nebraska's Community Health Centers who cannot offer as much pay as the hospitals and private practices because of the high number of uninsured that we serve in our clinics. We have particular problems with recruiting and the retention of medical providers, dentists and mental healthcare workers. It's just a much harder job for us. We have six problems outlined that really affect the work force and Community Health Centers. One is a lack of retention of existing work force members. That, I think, is a particular problem for community health centers. We work very hard with new grads, we get them trained to provide good quality services, and they go on for better paying opportunities in private practices. We have an aging work force. I was very interested in

Dr. Mueller's comments. Our medical director is over 65 years old. Our psychiatrist is well over the age of 55, and most of my providers fall into that older work force category. It's very difficult for us to recruit. Part of the reason is the lack of competitive salary and benefits. We don't offer the big sign-on bonuses that some agencies are able to offer. And it's just a hard task for us. Burnout, and I'll speak to burnout, even in the private medical community I see this as a board member of our local hospital, we lost our cardiologist living in our area last year. And the reason we lost our cardiologist is it's very difficult to be a single cardiologist in a town. You know it's much easier to be a cardiologist in a practice with four or five other cardiologists. Also, I wanted to speak to one issue that Dr. Evans brought up, and that is the hindrance sometimes of regulations. In the Nebraska Medicaid system, including the managed care organization which is Magellan for behavioral health in Nebraska, it does not allow a psychiatric nurse practitioner to provide a psychiatric assessment and then refer to an LMHP. This is...this practice of allowing a psychiatric advanced practice registered nurse to provide assessment is routinely done by private insurance companies. And so it's a little frustrating for us that we can have an APRN and submit her psychiatric assessment to a private insurance company, but our APRN cannot submit her psychiatric assessment and then refer to an LMHP for the Nebraska Medicaid system. So not allowing midlevel professionals to perform these assessments and then refer to appropriate behavioral health professionals also leads to a major barrier in care for the most vulnerable populations in our state. And it's not cost-effective. I mean we pay four times more for a psychiatrist than we do for an advanced practice registered nurse. Recruiting providers, tremendous, tremendous challenge. I have been recruiting a pediatrician for over two years. I think I might be nearing the end of that road but it's been very difficult. And I will tell you it's very difficult for any rural provider, it's probably harder for a rural Community Health Center. I think that just adds an extra burden. I have interviewed pediatric candidates who were getting ready to be pediatricians in our area and I have talked to them about what a wonderful service opportunity it is. And we've gone up to visit the hospital, which is a very nice hospital in Columbus. And I've had one candidate in particular tell me, you know what, I would be wasting my education to practice in a rural

setting because there are not as many opportunities to do some of the procedures that they learn in medical school. We don't have a children's hospital in Columbus, we don't have a children's intensive care unit. You learn a lot of procedures in medical school, you know, that are very advanced. Those kind of children in rural areas are really shipped out of the rural areas into the urban areas. And I think it's really harder for a provider to practice in a rural area. It takes a very special skill set. But anyway, I'll just throw that into the mix. I also hear from candidates as they come in that we're just too far from shopping, we're too far from airports, and we're too far from entertainment opportunities. We had one resident in our facility who we were quite taken with, he loved the practice, and I told him, you know, Carlos, you need to practice in a rural area. And he said, yes, yes, I'm going to practice in a rural area. And I said, where are you going to practice, Carlos? And he said, Omaha. (Laugh) Somehow I think, hmmm, and for him he felt that was as rural of an area as he could practice in. But all the Federally Qualified Health Centers strongly support loan repayment. And we strongly support scholarships to health providers that are critical components in encouraging health professionals to work in rural areas and to work with our patients. We encourage you to do what you can to expand the state program as much as possible, focusing on medical, dental and behavioral health professions. And the Federally Qualified Health Centers have all of those. In addition, what I didn't put in the sheets that you have is I really didn't talk about how much work we do for work force development in the Federally Qualified Health Centers. I have dental students every year, I have dental hygiene students. I just had a psychiatric advanced practice registered nursing student. We had a PA student who left our practice just last Friday was his last day. We have students every single day in Federally Qualified Health Centers. And I think it's a wonderful opportunity because they see things in Federally Qualified Health Centers they may not see in private practice. And the FQHC's strongly support that work force development. Thank you so much for what you do. [LR159]

SENATOR GAY: Thank you. No problem, thank you. Senator Stuthman. [LR159]

SENATOR STUTHMAN: Thank you, Senator Gay. Becky, have you got a solution that we should try to accomplish in order to get these advanced nurses to be able to do it and not have that difference with the illustration that you gave us? [LR159]

REBECCA RAYMAN: I think even adjusting, and we're going to get into Senator Gloor's territory here with turf issues, but if psychiatric advanced practice registered nurses could supervise midlevels, and I think that they could if they had...if it wasn't required of them, the collaborating relationship. So that would be a change in scope. But that would help if we could have a change to the Nebraska Medicaid system to where they would accept those assessments that would help. It is the same assessment, but in order for a person in my agency to do that assessment I am literally paying four times as much for the psychiatrist to do it as I am for the advanced practice registered nurse. And the advanced practice registered nurse, they...Medicaid will not pay for LMHP to do the therapy, they will not accept that psychiatric assessment from that APRN. They will only accept it from a psychiatrist. So anything that you could do to help in that line would certainly help. Our center in particular we do a lot of behavioral health. We are fortunate in that we have a psychiatrist part-time, we have the psychiatric advanced practice registered nurse, I have an LMHP, and I have an adult psychologist, and I have a licensed alcohol and drug counselor. So we do a lot with behavioral health but most of the people we see are self-pay, and most...many behavioral health self-pay patients simply cannot pay, you know, they have issues that interfere with them holding a job. [LR159]

SENATOR STUTHMAN: So, Becky, the end result is the same, the assessment... [LR159]

REBECCA RAYMAN: Right. [LR159]

SENATOR STUTHMAN: ...is the same. [LR159]

REBECCA RAYMAN: It is the same assessment it's just whether the psychiatrist performs it. And the thing that gets me is it's the same assessment that the psychiatric nurse practitioner does for a private insurance company she cannot do for Medicaid. [LR159]

SENATOR STUTHMAN: And it is acceptable for the private insurance companies. [LR159]

REBECCA RAYMAN: Yes, it is, yes, it is. [LR159]

SENATOR STUTHMAN: Okay, thank you. [LR159]

SENATOR GAY: Senator Wallman. [LR159]

SENATOR WALLMAN: Thank you, Chairman Gay. Thanks for coming. On these assessments, are these mainly adults or for children and school age? [LR159]

REBECCA RAYMAN: We see children and adults in our agency. And so it just depends on what we need the assessment for. But we do need an assessment for the LMHP to provide therapy, [LR159]

SENATOR WALLMAN: And who assesses those children? The schools or... [LR159]

REBECCA RAYMAN: No, that would be done in our clinic if we have children who are seeing a therapist. [LR159]

SENATOR WALLMAN: All right. Thank you. [LR159]

SENATOR GAY: I don't see any other questions. Thank you. [LR159]

REBECCA RAYMAN: Thank you so much again. And thank you for all you do. [LR159]

SENATOR GAY: You bet, thank you. [LR159]

STEVEN PITKIN: (Exhibit 6) Good afternoon. My name is Steven Pitkin, S-t-e-v-e-n P-i-t-k-i-n. I am the campus dean for the University of Nebraska Medical Center College of Nursing in Kearney, Nebraska. Today I am representing not the university but the Nebraska Center for Nursing. I am the chair of that body. The Nebraska Center for Nursing was created in 2000 and then reauthorized by the Unicameral in 2005. It is a 16-member board appointed by the Governor and is charged with addressing the nursing shortage. In 2006, the Nebraska Center for Nursing made the first supply and demand model projections for Nebraska. The supply and demand model for registered nurses and licensed practical nurses was developed under a contract with Dr. David Rosenbaum, who used the National Center for Health Workforce Analysis models to project the supply and demand for full-time equivalent RNs and LPNs in Nebraska from 2006 through 2020. In the written testimony that I have provided you there are charts which show the results of that study, beginning with 2006. And you'll see the demand projections and the supply projections, and you will see the dramatic gap that is occurring as we progress towards the year 2020. The supply and demand model is driven by data that is collected from licensed practical nurses and registered nurses in Nebraska when they renew their license. We also have added a supplemental form...survey form that we ask them to fill out that provides us additional data. We also survey employers for vacancy reports. Those three sources of data then drive this model over time. All of these reports are available on the center's Web site, which are...or which is www.center4nursing.com. The projected nursing supply and demand for the year 2008 was estimated to be 15,620 and the actual supply was 16,865. This means that currently in 2008, Nebraska had a shortage of 1,065 registered nurses. Results from the model show that demand will grow from about 16,000 full-time equivalent nurses to more than 20,000 in the year 2020. The supply is projected to increase from about 15,620 registered nurses in the year 2008 to only 16,000 in 2020.

The 2008 RN renewal survey data indicated there is a 15,623 FTEs in the state of Nebraska, which coincides with the originally projected estimate for that year. Thus the shortage of nursing is 1,062, which means that the model that we have deployed is accurately predicting the supply and the demand at this point and we are pleased with that. I also have LPN data. The projected supply and demand for the year 2000 is estimated to be at 5,623 and the 6,191 LPNs respectively. Which means that there will be a shortage of 568 LPNs. We have not been able to verify that yet because currently LPNs are in the process of renewing their licenses. As soon as we get that information we'll be able to check the model again. But historically, it has been predictive for both RNs and LPNs. Currently, there are 17 Nebraska post secondary education institutions that offer at least one level of education in 12 communities across the state of Nebraska. These institutions are located in Alliance, Beatrice, Columbus, Fremont, Grand Island, Hastings, Kearney, Lincoln, Norfolk, North Platte, Omaha, and Scottsbluff. There are seven levels of nursing education offered in the state of Nebraska. The chart there shows you the various levels and the number of places...communities where those are offered and the type of programs. I think one finding that we have of the 16 or of the 17 institutions who are providing nursing education, 6 are community colleges, and those 6 are supported by both state and community college district funds. One program is totally state supported, eight programs are private, nonprofit organizations, and two are private for-profit organizations. Probably the most significant thing there is that for registered nurses the vast majority of them, 63 percent, are educated in private institutions that receive no state dollars. And that is of concern to those schools because it costs them a tremendous amount of money to educate those students and those students are the ones that are practicing in the state of Nebraska. Currently, in 2008, there were 4,320 students who enrolled in a nursing education program that lead to initial licensure as LPNs or RNs. During... [LR159]

SENATOR GAY: Mr. Pitkin. [LR159]

STEVEN PITKIN: Yes. [LR159]

SENATOR GAY: Can I...as you know, this is very extensive, what you have here. Are you going to...can you kind of summarize some of this. [LR159]

STEVEN PITKIN: I'm going to speed it up, yes. [LR159]

SENATOR GAY: Okay, thanks. [LR159]

STEVEN PITKIN: We are currently...the enrollment in our programs are currently at an all-time high for the state of Nebraska. There are more nursing students enrolled in RN and LPN programs than there ever have been in the history of nursing education in Nebraska. There are some challenges that our institutions face. One of the biggest issues that the educational institutions consistently report is they cannot accommodate all the students that apply for positions in their schools. The reason that they cannot do that is because the institutions are at capacity. They have difficulty being able to attract adequately the prepared faculty. They don't have sufficient classroom space. They don't have simulation lab space and they do not have...that is difficult to find available, clinical laboratory experiences. There is a movement at the national level to try to reform clinical nursing education. Several schools in Nebraska are looking at that program and beginning to implement some of those new ways of teaching students in the clinical setting. Currently, most nursing education programs are using a model that was developed in the late '30s or early '40s. And with that revision we hope to be able to educate the students in a more effective manner. The Center for Nursing has worked with the schools and with the Nebraska Hospital Association to bring to the state of Nebraska a program from the Center for Nursing in Tennessee that allows the students to do their annual education information through the center in Tennessee, and then that would be accepted at every institution they go to. That decreases the amount of time that the students spend getting oriented at every institution that they have clinical experience with, and they spend more time learning. We also are working with the

hospital association and the Oregon Center for Nursing to look at a clinical placement system that would coordinate the clinical placement of nursing students so that we were getting effective use of the available clinical and laboratory spaces across the state of Nebraska. Some of the other problems that...or some of the special programs that have been done in the past, the Nebraska Unicameral did fund scholarships for nursing students and MSN students who made a commitment to teach in Nebraska. Those programs have expired, thus the center has no additional money to distribute to those students. Those were effective programs. Many students are receiving tuition reimbursement and/or scholarships from area hospitals or nursing homes in return for returning to those institutions, and there are a great number of those students who that's one of the reasons that they remain in the rural area, is because of those scholarship programs. Financial aid packages from the federal government has decreased and as a result the students are leaving the bachelor's programs with a tremendous debt load. We just received the data from the registered nurse renewal cycle, and I have provided you information about where the nurses are located in Nebraska. Probably most significant is there are several counties with just one registered nurse. Those include Banner, Hayes, Frontier, and Wheeler counties. And then there are counties without...or excuse me, the counties without nurses at all are Sioux, Grant, Arthur, McPherson, Logan, Blaine, Loup, and Keya Paha. The Center for Nursing has determined that county-based data analysis does not provide an accurate picture where the state needs to target its resources. The center is now using a geographic information systems software to analyze the location of where healthcare is delivered, such as in primarily healthcare clinics, nursing homes, and hospitals, and comparing that with the location of the nurses and the ages of the nurses in the rural areas. As a result of this new analysis which will be done sometime probably in December, we should be able to provide policymakers some more targeted information about where the greatest needs are and where the greatest risks are for not having sufficient supply of practitioners for nursing. Nurses make up 42 percent of the healthcare work force in Nebraska, and the Center for Nursing has made great strides in addressing the shortage over the last nine years. I have listed for you the things that...the significant accomplishments of the Center for

Nursing. Based on the fact that nurses make up 43 percent of the health work force, the center has a working predictive model for supply and demand of nurses and has a history of nine years of programming that has impacted positively the nursing shortage. The center should not be disbanded and incorporated into a Nebraska healthcare work force commission. The center should continue its efforts to resolve the nursing shortage. The center would share and provide information regarding how the supply and demand model was developed and implemented. It would also share all work force data and data analysis, and participate in efforts to resolve healthcare profession work force issues. Given the projected growing shortage of nurses, the center does not want to lose the momentum it has gained over the last nine years in addressing the nursing shortage. I will be happy to answer any questions that you have. [LR159]

SENATOR GAY: Thank you. Any questions? I don't see any at this time. Thank you. [LR159]

LARRY RENNECKER: (Exhibit 7) Good afternoon. My name is Larry Rennecker. I will try to make my comments be brief. I've spent 43 years in healthcare: rural, metro, profit, and nonprofit, hospitals, hospital associations. So hopefully I bring a little bit of knowledge--and experience, because I recognize what's going on at whatever the setting. One of the things I am involved with--and I was a charter board member of the Center for Nursing for which the Legislature authorized--and I want to emphasize that we're more than just collecting data. The center has done a lot of good work. I was not on the board for about three years. Got reappointed because I could clearly see we had a group of people who could work together. They could collaborate, and that's why we're where we're at today. One of the things that I want to leave is...and I think it's important to recognize we started out with a strategic plan. In other words, 15 people got together and decided we had to plan effectively where we're going before we got there. So that made all this possible. This is one board that I'm extremely pleased to be on because we're seeing some results happen. The board works hard and I'm saying that because we do it with very limited resources. At this point I'm not asking for any

more resources, so relax. But as we move forward with this, we know that this model works. I think Dr. Mueller mentioned there were other states that--and one was South Carolina--that was a model that, you know, they're trying to work in other healthcare disciplines. Well, when we started in 2000, there were very few states. One was South Carolina, Arizona, Florida. States like that were already out there. So we didn't reinvent the wheel. We worked with them. And there is a national group which we articulate with on an annual basis or we pick up the telephone if we think we need to focus on something. It really is effective and saves a lot of money, but you can get a lot of good results doing that. Like what Dr. Mueller suggests, Nebraska is only one of the few rural states that has advanced this Center for Nursing. And that happened because the Legislature approved that and we needed that so that we moved forward. Again, I want to emphasize that we do have a strategic plan. I, like Steve, really believe we should be allowed to continue our mission, and as we move forward in this we can at least have a model of 43 percent of approximately our healthcare professionals; that we have a model that keeps us moving forward. That concludes my comments and I'll leave this. [LR159]

SENATOR GAY: Thank you. And then we'll get those handed out for you if you give them to the page. Any questions? I don't see any. Thank you. [LR159]

TERRY WERNER: Good afternoon, Senators, and Senator Gay and the committee. My name is Terry Werner. I'm here representing the Nebraska Chapter of the National Association of Social Workers. My last name is spelled W-e-r-n-e-r. And I will be very short. I think Dr. Evans and Dr. Mueller really covered a lot of the what I want to cover. First of all, I want to thank you for LB603 and the work force development part which was originally LB603, I believe...wasn't it? And maybe not. Anyway, I think that it's going to be a great program. It's a lot of money from about $5 million over four years. And it's the first component. It's the first step of work force development and I think that's important to keep in mind. And I appreciate Dr. Boust and Dennis Mohatt contacting and we spent some time together talking about some of the things. And I think they really do

have a true interest in collaboration and I appreciate that as well. As social workers, we aren't just in certain areas, and one of our challenges always is to teach the public on what we do as social workers, because we are a broad continuum. Social workers are in schools, we're in hospitals, we're policymakers. We're in community mental health departments, regional centers, and in private practice. But we are uniquely trained because we look at the entire environment and that's very important. And I know some of the...like Lexington, recently, and Scottsbluff recently, and Omaha actually, added social workers in their schools because of that unique training, and I think that's important. I do have some concerns about what's happening in our state. As we move towards more privatization, as we...when we look at the shortage, it would be easier to say, well, perhaps we shouldn't be so concerned about training and so on, and licensure, because we have to have somebody do it. I think we need to approach that very carefully and I'm not sure that all the contracts that HHS is putting out to private providers are specifying that the quality of training, the licensure. And I'm afraid that it concerns me that a lot of times some of our most vulnerable citizens, our children in crisis and families in crisis, are not going to have the people that are trained to work with them. And so that's one concern I have. And, of course, also the...as everybody expressed earlier, the shortage of behavioral health providers. It's amazing to me to think that three counties in this state are without one LMHP. Not one. We have 15 with only one LMHP, and so on, and so 88 counties, as I believe it was Dr. Evans said, are considered shortage areas. So that's a concern. In Nebraska we have 7 plus 1 schools of social work. Currently, York College is starting a school of social work and they're going...they're under accreditation. They're starting classes. It's...they're actually going, but still going through the accreditation process. And all schools of social work have to be accredited, and that's always been a concern with us, as well, because some of the programs around the state that are human services programs are not accredited. And so that's a concern. And we have...and by the way, Kearney is our largest BSW program, so we have more students coming out of Kearney in a BSW program than any other school. And then we have, as was mentioned earlier by Dr. Boust, we only have one MSW school and that is in Omaha. And I'll give you a good example that really

struck home to me. I often go out to Kearney to visit, and Chadron and so on, but I was in Kearney, I don't know, last spring I guess, and this young woman from Hemingford came up to me and we were talking. And she was going to go on and she wanted to get her MSW, but she said, you know, I never wanted to live in a town bigger than Kearney. But I'm going to go to get my degree in Omaha, my MSW, but I think I'll live in Lincoln and commute (laughter) because she was so concerned. But what really struck home about that, to me, is that these are the people who are going to stay in rural Nebraska. They came from rural Nebraska. They went to school in Kearney. And, of course, people in western Nebraska think Kearney is eastern Nebraska, but it's getting there. So these are the ones that are going to stay. And so as part of...one of my recommendations, and this will be no surprise, is I really think we need to look at a school in Kearney, an MSW school. And the MSW school in Omaha is on board. This is not going to be a turf war. They're on board. They see the need and they understand this need. Another thing that again, in my recommendations--I guess the resolution asked for some recommendation--is again we need to require, in our services, we need to require qualified people. People...there are reasons why you have an MD do medical things and there are reasons why you have a well-trained mental health practitioner working with people in crisis. There are places for BSWs, there's no question about it, and one of my recommendations is that we sometime down the road look at licensing BSWs. And I really hadn't had that on my plate because I went through a 407 and they're no fun (laugh) and it was awful, and I think did the job it was designed to do though. But when Senator Howard and I had breakfast with Sandra Gasca, who is the president of KVC in Nebraska, which is one of the new providers that has just come in. And her experience in both comparing Kansas and Arizona was that she found that the licensed BSWs were far and away better qualified than the unlicensed in Arizona. And she thought that because of the fact that they had to take tests and go through a few more hoops, it made them more qualified. So that's something that we're looking at. I also think loan forgiveness for behavioral health practitioners is so important. You know, LMHPs really do the bulk of the work. In Nebraska, there are 2,258 licensed LMHPs versus, if I caught these right, 148 psychiatrists and I thought it was 270 psychologists.

It's the LMHPs that are really doing the bulk of the work and we need to provide incentives for them. And also, as I said earlier, they are the ones who are going to be staying in rural Nebraska. And then the final thing I just wanted to mention, and I know you're tired of hearing about this, but the roadblocks that are put up my Medicaid--and really it's Medicaid, it's not Magellan. Medicaid sets the rules. I have one private practitioner that Medicaid came after him for $3,200. And if you're a private practitioner, you're not going to be able to afford that. I had another one for $5,500. And I had another one who simply went bankrupt because they couldn't do it. Now I don't dispute that there needs to be audits. I mean, this is the taxpayers' money and you need to be good stewards of that. But I also am fairly confident that in those three cases that not one of them did not provide the services that they billed for. In the one case, I'm probably also fairly confident that perhaps they didn't do the recordkeeping that they needed to do. And you have to play by the rules and you do have to do that. But when you're in a system that's of fear and intimidation, it makes it very, very difficult to work. And the one person, they are no longer going to take Medicaid clients. They're just simply not doing it anymore. They feel bad about that but it's not worth it. So I think, you know, that's something that senators need to keep in the back of their mind, that there may need to be some changes there and at least some relaxation of the way it's being run now. So I'd be happy to answer any questions if there are any. [LR159]

SENATOR GAY: Thank you, Mr. Werner. Senator Howard. [LR159]

SENATOR HOWARD: Thank you, Chairman Gay. Terry, you make such a good point. You know, instead of always looking at how can we lure people out to western Nebraska, why don't we provide the educational opportunities where they're located--in this case, Kearney. It's such a valid point. And with the telecommunications as available as it is, I really am puzzled as to why a school of social work hasn't been established out there already, with classes being held and offered out on that campus that actually are conducted in Omaha. I mean, I see no reason why that couldn't occur. [LR159]

TERRY WERNER: Yeah. Well, that's a possibility too. And I don't think it would be very expensive. South Dakota just recently...well, the legislature approved this school--they have no schools, master's level, in South Dakota--recently authorized and the governor signed. And I asked the ED there and she thought the first year start-up costs were about a quarter of a million dollars. And so...I mean, that's a lot of money, I understand, but I also think that's less expensive. And one school of social work could probably add another 50 behavioral healthcare workers a year. So the other thing is, when I go to Chadron I often will start in Scottsbluff. And their telecommunication, they really understand it, I mean, because everything is done that way and they really do a good job out there, so. [LR159]

SENATOR HOWARD: Well, students pay tuition. I mean, when we talk about the cost of it, it's not that they're getting a free ride. And it certainly seems like to provide that opportunity through telecommunications is just a smart thing to do. [LR159]

TERRY WERNER: I agree, and actually in western Nebraska, Florida State University is doing just that. They provide an on-line MSW program. It's very expensive. But I do know three or four students that are taking advantage of that. [LR159]

SENATOR GAY: Thank you. Any other questions? I don't see any. Thank you. [LR159]

TERRY WERNER: Thank you. [LR159]

RENEE BAUER: (Exhibit 8) Good afternoon, ladies and gentlemen. I am Renee, R-e-n-e-e, Bauer, B-a-u-e-r, and I am the work force development coordinator with the Rural Comprehensive Care Network. We were awarded a three-year grant from the federal Office of Rural Health Policy to develop a work force development program. I'm hoping to bring to you today a piece of the solution to our rural work force problem. Our program under development is going to be very comprehensive and is going to work with just about all the entities that we've discussed today. A couple of the things that we

conceptualized with our program is we...the program will work on recruiting, retention, education, and community. It is, that we know of right now, truly a pilot program and the only one of its kind being developed to do this, because we look at work force development in the healthcare venue as something that really needs to be all comprehensive. If communities work real hard to recruit a physician to their community, and the physician gets there and he hates it, we haven't achieved a success. So we need to look at it as a big package: how do we train, retain, the whole works. Our program is going to include a component that we are pretty excited about that talks about Nebraska, the good life. We want to look at something that everybody in the state of Nebraska has talked about for a long time, and that's the brain drain. We've got tremendous native-grown healthcare workers that don't live here. What can we do to bring them home? And so we're going to work on that component of it. We're going to work with trying to get organizations, groups that are already existing in our communities, to work more comprehensively towards our healthcare work force development. When we look at a lot of our smaller communities in rural Nebraska, the healthcare system is perhaps the largest economic driver in those communities. So if you look at it from an economic development standpoint, it is in the entire community's best interest to help with work force development. We have heard all afternoon about the need to increase opportunities for education and increase methods to get kids into the education system, educated, and then back out into our rural communities. And our program really believes that we have to work comprehensively, the whole way, to do that with our healthcare workers. So I would be delighted to answer any questions. [LR159]

SENATOR GAY: Thank you. Senator Stuthman. [LR159]

SENATOR STUTHMAN: Thank you, Senator Gay. Ms. Bauer, what success have you had so far? Or have you been with this program very long? Have you recruited any of them to come back home? Or tell me a little bit of your success. [LR159]

RENEE BAUER: We are very new. We just received the federal grant literally a few months ago. We are in the development stages of the program. [LR159]

SENATOR STUTHMAN: Okay. So you have no performance (inaudible). [LR159]

RENEE BAUER: We have no success yet. [LR159]

SENATOR STUTHMAN: Okay. Well, I hope you have that in another year. [LR159]

RENEE BAUER: You know, I believe we will. [LR159]

SENATOR STUTHMAN: Okay. Thank you. [LR159]

SENATOR GAY: Senator Gloor. [LR159]

SENATOR GLOOR: Thank you, Mr. Chairman. Renee, so if I understand the Comprehensive Care Network, it's an outgrowth or a component of the Blue River Valley Healthcare Network, which is groups of hospitals in primarily southeast Nebraska and SERPA groups of physicians, also primarily in central and southeast Nebraska. [LR159]

RENEE BAUER: Yes. [LR159]

SENATOR GLOOR: So as you're recruiting...and this degree of collaboration is to be commended and I know this organization and it's been around for a long time and is well-thought-of for what they try and accomplish. But the challenge for me and for you, it would seem, is that as you recruit on behalf of this coalition, you will have success recruiting into some communities and not into others, and yet everybody is supporting this initiative. And so perhaps physicians and nurses would prefer to be in Crete because Crete is closer to Lincoln, and not to be in Superior because Superior is next to

a cantankerous senator from District 35 in Grand Island (laughter)... [LR159]

SENATOR CAMPBELL: And he is cantankerous. (Laughter) [LR159]

RENEE BAUER: Well, I can see the point there, but...(laugh) [LR159]

SENATOR GLOOR: And then all of a sudden somebody says, I don't know why we're part of this because you keep putting people in every place but where we are, and we don't want to be part of this initiative anymore. How do you...a great concept, but since they're each independent hospitals, participating in this is a continuum, how do you get...and keep everybody happy so this initiative keeps going forward? [LR159]

RENEE BAUER: Great question and thank you for it. The work force development plan is actually going to become a toolkit, if you would. And any community that has need will use the pieces of the toolkit that it feels it need, too, and those pieces will be available either as a whole component or as pieces. And I do not envision my position as one of going and actually recruiting specific healthcare workers for specific communities. My position is to teach and develop the communities so that they can recruit themselves. They all have human resource development personnel, at least most of the hospitals do. They all, to some extent, methods developed already to recruit or retain their work force. Some are better than others. It is our vision to strengthen the ones who feel like they need strength;, help the ones who already think they're really, really good, to refine; and just basically enhance the whole process for each and every individual community. So as an umbrella kind of an organization, I do not see our role as waving the magic wand and dropping somebody here or there. I see us developing or helping develop, out in the rural regions, their own capacity to strengthen their ability to do it themselves. [LR159]

SENATOR GLOOR: This toolkit, then if I understand part of your offer to the committee, is if proven successful, it's something that could be exported to other areas of the state

(inaudible? [LR159]

RENEE BAUER: Absolutely. And I'll tell you what...this toolkit is being developed via a federal grant, and the federal Office of Rural Health Policy believed enough in the grant and the toolkit to fund it for three years. So I think that it absolutely is something that we have not looked at before, certainly in the state of Nebraska, for a work force development program. I'm very excited about it because I see that it has a lot of potential for especially our smaller, rural who are the most needy. [LR159]

SENATOR GLOOR: Good luck. [LR159]

RENEE BAUER: Thank you very much. [LR159]

SENATOR GAY: I've got a question for you. I think you had the right idea there, but what percent--and it's early and maybe you can't answer this--but, you know, at some point these communities have to help themselves and be...you're either a good recruiter or you're not and you've got things to offer or you don't, whatever the case may be. But what percent...or when you look into the future do you think that some of the more rural communities need to go about this a little bit themselves and say we've got a creative solution and it sounds like you're going to have this tool box and you can use this, this, and this maybe. I mean, we do our share, but Senator Gloor kind of got to that too. You know, the private sector needs to do something but the communities need to do something. What...how crucial...or what percent involvement do you need from the community that you think that you're going to need to be successful? Because you can create all the tools you want, but if no one picks up a tool... [LR159]

RENEE BAUER: Yeah, exactly. And I think that... [LR159]

SENATOR GAY: And just a ballpark...I mean, what do you... [LR159]

RENEE BAUER: You've got to have a pretty good community buy-in to make it be successful. But I think that the small communities, our smaller rural communities are no unaware that the healthcare in their community is, for a lot of them, the largest economic driver in town. And if they don't do things to protect that economic driver, it like other things can disappear. So I don't foresee community buy-in as a real challenge. The communities, I think, will have a bigger challenge addressing some of the things that they're going to need to do to enhance quality of life issues in order for retention to be stronger and recruitment to be stronger. So I think that there's a lot of pieces to the puzzle that really are going to have to all be put together. Like I say, I don't think community buy-in is going to be the challenge there. [LR159]

SENATOR GAY: So you've seen, I mean in the short time, that's... [LR159]

RENEE BAUER: In the short time that... [LR159]

SENATOR GAY: They get it, then is what you're saying, because... [LR159]

RENEE BAUER: ...that we have been working with this, we have had incredible success with communities wanting to participate. [LR159]

SENATOR GAY: Well, good luck. Good for you. Thank you. [LR159]

RENEE BAUER: Thank you very much. [LR159]

SENATOR GAY: Any of other questions? I don't see any. Thank you very much. [LR159]

RENEE BAUER: Thanks. [LR159]

RON HANSON: (Exhibit 9) Good afternoon, Senator Gay, and members of the Health

and Human Services Committee. Thank you for the opportunity to share with you what we think is a great educational model for preparing students for postsecondary plans. My name is Ron Hanson, R-o-n H-a-n-s-o-n. I'm the assistant superintendent for curriculum instruction in the Papillion-La Vista school district. I'm here today to share with you how we responded to the labor market needs for healthcare employees and how we have met the needs for our students. In 1996, the Papillion-La Vista school district partnered with Alegent Health Midlands Hospital and the Ralston Public Schools to offer a medical health science academy for high school juniors and seniors. The purpose of the academy program was to offer students hands-on experience in the healthcare industry. The students in this program, in its original design, started at 7:45 a.m. at the Alegent Health Midlands Hospital. There were two certified teachers, one from each district, who provided classroom instruction for a two-hour block in anatomy and physiology, and for the certified nursing assistant certification. These classroom lessons were combined with clinical experiences. During their junior year, students completed the certified nursing assistants program and received their CNA certificate at the end of their junior year. During their senior year, the students were actively engaged in clinical rotations, working alongside of doctors and nurses working directly with patients and observing numerous areas of the healthcare industry. At the end of the two-hour block, they returned to their home high school for the remainder of their instruction. Beginning this year, we extensively expanded this program. The Papillion-La Vista school district now utilizes a small portion of the hospital medical building to offer a miniature school directly in the hospital. This new expanded program is now called the Health Systems Academy. This all-day academy is home for four certified Papillion-La Vista school teachers and a Metro Community College instructor who provides instruction in all core academic areas and electives. Students now can obtain all the high school credits necessary to graduate directly at the hospital or they can opt to return to their home school for specific classes. Students also have the opportunity to enroll in dual credit classes offered by Metro Community College. The curriculum at the academy program is very similar to that taught at the traditional high school, but the information is presented in an integrated approach to better relate to the medical field.

There is no better way to show the relevance of the classroom experience, information, and materials than to tie it directly into what occurs in the work setting. Field trips to see application or extensions of learning is simply a walk down the hallway. Imagine asking a professional who stopped by for 10 or 15 minutes to talk about the relevance of the application. Maybe the surgery they just completed directly connects to the science instruction for the day. Students and staff are embedded in the culture of the hospital, complete with their clothing attire of scrubs. This culture cannot be duplicated in a traditional high school setting. Why the healthcare industry? Each year we conduct interest surveys of our students. Data from these surveys helps drive our curriculum decision-making. The healthcare industry was overwhelmingly identified by our students as a career class of interest. Data from parents also encouraged our district to pursue expanded learning opportunities in the healthcare industry. This information, along with current labor market research, helped drive our initiative to expand the academy program in the healthcare industry. How do we know this program is successful? We talked to students. We have several students currently employed: two at Bergan Mercy, two at Papillion Manor, one at Huntington Manor. All four students have postsecondary plans of pursuing a career in healthcare, while continuing their current employment. Along with these success stories, we also believe that our success is told by the students that embark in this journey to discover a career in the healthcare industry is not for them. These students do not have to wait until they invest the time and money in postsecondary education to realize they had chosen the wrong major. Instead they gained this experience directly in high school. We also have an academy facilitator who will monitor postsecondary activities of the academy graduates. It will follow them after they graduate, into their career path. In closing, I would encourage each of you to come visit our academy program and see firsthand how our district is responding to the labor market needs for the healthcare industry and the interest needs of our students. We have developed a model that can be replicated throughout the state of Nebraska. No matter how large or small your community, some type of healthcare facility is usually within driving distance. Our Health Systems Academy model can be replicated in that healthcare facility and provide a unique learning opportunity for the students of our great

state. [LR159]

SENATOR GAY: Thank you. Senator Wallman. [LR159]

SENATOR WALLMAN: Thank you, Chairman Gay. Is this your idea? [LR159]

SENATOR GAY: (Laughter) No, I'm not that smart. I wish I was. [LR159]

SENATOR WALLMAN: Well, I want to congratulate you in what you do. And I think, like QLI is hooked up to Immanuel, too, somehow? QLI, Quality Living? [LR159]

RON HANSON: Yes. [LR159]

SENATOR WALLMAN: And I think it's a way of the future, to plug kids in, especially minority students. And thank you for what you do. [LR159]

RON HANSON: You're welcome. [LR159]

SENATOR GAY: Thanks. Ron, I've got a question for you. The cost of this. You're a bigger district, obviously, but as you go and you say to replicate it, I'm a smaller district and I have a hospital in the area. How...if I don't want to bite off all this...can a junior or senior take all these courses there right at the hospital, right? [LR159]

RON HANSON: Correct. [LR159]

SENATOR GAY: So you could have your whole schedule and never leave. But realistically, in a smaller community, you want to go out and do a little...get them interested, and then, yeah, I like this field. The point I'm getting at, can it be done...how would you do it if you're in a smaller community? You have a local hospital, which isn't huge. How do they get them interested in this program? [LR159]

RON HANSON: Right. We started...this is an initiative we started about 18 months ago, a little bit longer. We applied for a small learning community grant through the federal government. And with our concept is, in 2004, we started schools within a school, really focusing on our ninth- and tenth-graders, that transition into the high school, making sure that foundation is there. The focus of this grant was at the junior and seniors, making sure they're prepared for the next step. So to answer your question, it is a commitment, both on our behalf, the school district, and also on Midlands Hospital. They have been wonderful in sharing facilities, making space for us to occupy and provide the instruction at their site. So it's a collaborative effort. So the school district would have to commit staff, and if there's a community college nearby, if they would commit, because we do have distance learning involved in this also. [LR159]

SENATOR GAY: Okay. And then another question. You talked about afterwards, and this is a new program, but is this counselor that follows them to postsecondary education, hopefully that's where they're going to go, do they...are they familiar with loan forgiveness programs and all the different programs that we have available that you could say to a student, listen, here's something to go, maybe to med school and then go to a rural area. I mean, you know, I wouldn't consider Papillion-La Vista a rural...not anymore, I guess. But you guide them all the way through? Is a counselor there or what's at the end of the deal? [LR159]

RON HANSON: The title of this person, and it's a fairly new position because it came through the grant, is an academy facilitator, with the whole idea of doing what you are saying: making sure that kids are aware. And we have about 100 percent of our parents sign up for this dual credit because they get half-price tuition through Metro Community College, which is a great deal for parents. And we have another academy out at the zoo also, and we have some great success stories for there also. But we have 100 percent of the parents there sign up for this dual credit half-price tuition. So we have several students coming out with 12, 18. And our new academy, which will start up in the fall of

2010, will be a goal of having kids walk across the stage with associates degrees in their two-year experiences. [LR159]

SENATOR GAY: Oh, wow. That would be good. Senator Gloor. [LR159]

SENATOR GLOOR: I would say...and this is actually more in answer to Senator Gay's comments, that I believe it was in 2004, Central Community College and Grand Island Senior High School and St. Francis Medical Center put together Medical Pathways. And I believe some of the information that is included in here, or curriculum, were developed in consultation between those two facilities and two programs. But there's been enough experience I think, under the belt, for that program, so that they're tracking for some of those students has been pretty excellent. I mean, those kids have continued through college or have continued to be PCAs and pursued a career then as an LPN or maybe stepped up to RN. So it does serve as a great pathway for students to get in there. And I would say Grand Island is, in fact, a smaller community but still obviously a larger community. I'm sure there's a critical mass but as long as you've got a community college and you've got a school that's interested and a hospital that will provide some of the resources, I could see it being done in communities the size of certainly the size of Lexington or Broken Bow, Ogallala, those size communities. I don't think it has to be a large referral hospital at all. [LR159]

SENATOR GAY: Like a Western Community College, something like that. [LR159]

SENATOR GLOOR: You bet. Wherever you have a community college. [LR159]

SENATOR GAY: And then you have your centers and your...yeah. [LR159]

RON HANSON: You have a great program. We visited your...when we did our development and research, we came out and visited Grand Island's program. And you have a wonderful program there. [LR159]

SENATOR GLOOR: It works both...I mean, we both have focused in different areas because of different communities, but it's a good program. [LR159]

SENATOR GAY: It's a win-win. [LR159]

SENATOR GLOOR: It also helps to have a AHEC. [LR159]

SENATOR GAY: Senator Campbell, did you have a question? [LR159]

SENATOR CAMPBELL: Thank you, Senator Gay. Mr. Hanson, did you say, and I might have missed it, did Alegent Health put in staff too, at times? [LR159]

RON HANSON: Alegent Health. Yes, they did. [LR159]

SENATOR CAMPBELL: To monitor the students, I'm sure? [LR159]

RON HANSON: Actually we take care of all the monitoring. They're providing...remember, the kids are in clinical rotations so this is a huge commitment on the hospital's behalf. We have 13 students after they finish this junior year that are up working with doctors, nurses, etcetera, in all aspects of the hospital. So it's a huge commitment on behalf of the hospital. [LR159]

SENATOR CAMPBELL: Or it would work also in a hospital that had its own college or its own nursing program, where it has classes right already in the hospital. [LR159]

RON HANSON: Yes. [LR159]

SENATOR CAMPBELL: Thank you. [LR159]

SENATOR GAY: All right. Well, thank you for coming. Appreciate it. [LR159]

RON HANSON: Thank you. [LR159]

DAVID DiLILLO: My name is Dr. David DiLillo, D-a-v-i-d D-i-L-i-l-l-o. I'm a clinical psychologist, licensed here in Nebraska, and director of the UNL clinical psychology training program. Although other programs provide training that leads to licensure in the state, we're the only doctoral level clinical psychology program in Nebraska. We're one of the oldest programs in the country. We've been continuously accredited since 1948. Since then we've supplied Nebraska and other parts of the country with doctoral level clinical psychologists trained to the highest standards of quality and rigor. We're generally regarded as one of the best and most competitive programs in the country. Every year we admit about 8-10 students in our incoming class from a total of about 200 applications that we receive from across the nation. Our graduate students are consistently among the best in the university's graduate programs as measured by their incoming GRE scores and their achievements during and after graduate education and training. Our graduates occupy leadership positions in Nebraska's healthcare and correctional systems, in the state professional psychology community, and in national, professional, and scientific organizations. Since the beginning of our program, we've maintained a commitment to public service and community healthcare. One of the most important aspects of this commitment is our "externship" program. Our students typically spend 2-4 years working as psychologists-in-training, or externs, in different community agencies. Currently, we maintain contracts with ten state and local agencies for half-time externs who provide clinical services, and program evaluation and policy analysis services to those agencies. In some agencies where there is no staff psychologist to supervise the extern, the supervision is provided by our faculty. Our faculty members also provide services and consultation under contract. Clinical psychology externs are among the most cost-efficient mental health practitioners in the system in Nebraska. By their third year in our program, they have master's degrees and can perform any function performed by a licensed mental health practitioner. In addition,

since they actually practice under the license of a doctoral-level psychologist, they can perform many clinical functions such as psychological and neuropsychological assessments that can only be done by a licensed doctoral psychologist. They do this at a cost that is considerably less than the cost of licensed mental health practitioners, even when you factor in the cost of faculty supervision. We welcome LR159 as an opportunity to express our interest and enthusiasm for developing Nebraska's healthcare work force. You're already aware, as you've heard today, of the serious shortage of doctoral-level clinical psychologists in Nebraska, especially outside the areas of Lincoln and Omaha. We want to do our part to reduce this shortage and we're eager to work with you and the Department of Health and Human Services toward this end. There are a number of specific things that could be done to enhance training and retention of clinical psychologists in Nebraska. As you've heard already today, this includes new arrangements with the state Medicaid program to reimburse master's level clinical services provided by externs and supervised by faculty, and participation by externs and faculty in rural behavioral health projects. We are at our service. Please consider the UNL training program in your analysis of Nebraska's healthcare resources, and please call on us as you formulate solutions to this state's healthcare needs. Thank you. [LR159]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. [LR159]

SARAH CUNNINGHAM: (Exhibit 10) Good afternoon. My name is Sarah Cunningham, S-a-r-ah C-u-n-n-i-n-g-h-a-m. I'm here today on behalf of the five Nebraska area health education centers and the Nebraska AHEC Program Office. Senator Gay and esteemed committee members, thank you so much. I did have a very prepared testimony for you today, but it is in your packets and I know the hour is getting late. But there are a couple of things I would like to share with you today that are in your packet that you can use for bedtime reading this evening. First of all, as always, you have a map of the area health education centers. The good thing about the AHECs is we cover every single county in Nebraska. We provide a connection for students to learn about healthcare careers. We

work with professionals to connect with their communities, as well as create healthier Nebraskans. Within your packet is one thing we do with our professionals. One of the things I'm very proud of is that we were involved with the "After the War" series. And I hope you take this DVD set and give it to one of your constituents in your district. This provides information in regard to behavioral health, not only for the practitioner, but for the community members. We've added a facilitator guide to the DVD set so that churches or community groups can find out how can they use this to better understand our soldiers that are returning from a war zone. We have a national network behind us and we've provided you with their annual report, where there are over 30,000 healthcare providers working with AHECs across the country to receive rural rotations in regard to getting more people into underserved areas. I know you're all familiar with the career handbook. We've been distributing approximately 10,000 of these to parents, students, and counselors, whereas before these would be delivered to institutions and be put in a back room. This is a very important booklet because it contains all the training that you can obtain within Nebraska in regard to health careers. The great thing about this is we're now working with the Nebraska Medical Association to have this go on-line, and with one of our new projects we're going to have communities actually do 30-second commercial for YouTube so that students can see, why do I want to come out to Grand Island; why do I want to go to Lexington for a given community service project. So we're really excited about that opportunity, as well. In eight years, AHEC has touched over 100,000 lives in an effort to grow our own healthcare work force. Our students come from all walks of life. They come from rural and metropolitan areas. As you heard the assistant superintendent talk about the healthcare academies, this is something AHECs were involved the minute we opened our doors in 2002. As Senator Gloor kindly pointed out, AHEC was at the table. But we've helped over 12 schools in our areas build those same type programs. We may not have programs within the hospitals, but the hospitals are bringing the students into their facilities, and the community college is there to do the dual credit. So that is an important pipeline process that we are proud to be part of all across Nebraska in itself. Given the opportunity, the AHEC can continue to fulfill its mission of working together with students, healthcare providers, as well as

communities, in eliminating disparities within rural areas through academic community partnerships. Many of the people who testified here today were partners. We've been working with Joe Evans in Munroe-Meyer Institute to increase the number of student rotations that we have within the child psychology area. We've worked with Good Neighbor in Columbus in regard to getting those dental assistants and dental students out there to help with the dental rotations, as well. So please give us a call. We'll be happy to help you. And with that, are there any questions? And I do expect you all to read all this. [LR159]

SENATOR GAY: All right. Tonight? (Laugh) [LR159]

SARAH CUNNINGHAM: Yes, tonight. But seriously, please do pass this on. This is a fabulous initiative and it shows the collaboration of so many different organizations to address a problem that we face here in Nebraska. [LR159]

SENATOR GAY: Thank you, Sarah. Senator Wallman has a question. [LR159]

SENATOR WALLMAN: Thank you for what you do. [LR159]

SARAH CUNNINGHAM: Thanks. [LR159]

SENATOR WALLMAN: The job shadowing. I've had one job me, so. [LR159]

SARAH CUNNINGHAM: Ahh. Good. [LR159]

SENATOR WALLMAN: But it must not be for the money. (Laughter) [LR159]

SENATOR GAY: I don't know. Dr. Wallman. All right. Thanks. Oh, wait. Senator Campbell has one. [LR159]

SENATOR CAMPBELL: No, just a two-second plug that we don't want to forget Senator Sullivan's bill. [LR159]

SARAH CUNNINGHAM: Yes. [LR159]

SENATOR CAMPBELL: That is still there waiting for us to look at. [LR159]

SARAH CUNNINGHAM: Yes, it is in Final Reading and we would really appreciate your support. We're more than happy to go with the A version, which is $297,000. As you'll see in the testimony, there are three AHECs right now that are on basic funding. Another one is scheduled to come off basic. We still will have federal funding coming to the state for Nebraska, but the model funding, which includes Nebraska Panhandle, Northern Nebraska AHEC, and Central Nebraska AHEC, we really truly need your support. And I believe that we can bring everybody to the table. We don't need to create a new center but we can work with the Center for Nursing. We can work with the communities to help with recruitment, because we have people out in the field. There's five AHECs across the state, and we're down in the trenches and we'll help you in any way we can. So thank you so much. [LR159]

SENATOR GAY: Thank you. How many other people want to testify today? You're it, Joni. [LR159]

JONI COVER: Am I it? [LR159]

SENATOR GAY: You're it. [LR159]

SENATOR STUTHMAN: Keep it short. (Laugh) [LR159]

JONI COVER: (Exhibit 11) Well then I get to spend the longest time. (Laughter) I'm kidding, I'm kidding. You guys will all just get up and leave, won't you? Senator Gay,

members of the committee, my name is Joni Cover. It's J-o-n-i C-o-v-e-r, and I'm the executive vice president of the Nebraska Pharmacists Association. Thank you all for your patience today. I'd like to thank you for including pharmacists in the rural health loan repayment program. I think that's a very good program. I, like many of the people that have already testified, am concerned about the aging population of our pharmacy owners in our state, especially in our rural areas. I commend the work that Dr. Mueller has done. In fact, I've copied an article from his Web site on the "Workforce Issues Among Sole Community Pharmacies," because we have, as you'll see on our map, 18 counties in Nebraska that do not have pharmacy services. So of the communities that do have one or two pharmacies, many of the times, in many instances, those pharmacy owners are getting to the age of retirement, and it's, you know, how do we get the young, bright minds to come back out into the rural communities and buy those pharmacies? I say that as an economic development tool it's a lot easier to recruit somebody than to start over, and so whatever we can do collectively to keep those pharmacies open. You know, in a lot of our communities you're seeing the chain stores come into the communities, and that's great because it provides pharmacy access. However, most of the time those chain pharmacies do not offer services to the nursing homes or to the hospitals. Those are really services that are provided by our independent community pharmacies. So we need to come up with some way to keep those folks in business. I will tell you that, hopefully in the upcoming session, the Nebraska Pharmacists Association will have a piece of legislation that will be hopefully brought before this committee that will address telepharmacy. And the idea is to pattern our bill after what's going on in North Dakota, allowing a rural community pharmacy to have a satellite pharmacy staffed by a technician with telepharmacy with electronic communication to see the prescription being filled and be able to counsel the patient. I wish I could say we could hook into the telehealth network and be a part of that system, but we're not allowed to. So we're going to have to develop our own ideas and our own ways to go about this, and we think that the telepharmacy issue is just one way that we can help some of our rural communities keep pharmacy access. So with that I will stop, and if you have any questions I'd be happy to answer them. [LR159]

SENATOR GAY: Thanks, Joni. Any questions? Senator Gloor. [LR159]

SENATOR GLOOR: I wasn't going to ask a question and then I realized I should end this, asking the question that I started out talking about, and that is...and unfortunately you're the only professional organization that is providing formal testimony outside the behavioral health folks. [LR159]

JONI COVER: So I get to answer for the whole group. [LR159]

SENATOR GLOOR: You can answer for all pharmacists, or at least for your members. [LR159]

JONI COVER: Okay. [LR159]

SENATOR GLOOR: The question is, from a proprietary standpoint, very much a vested interest with a number of your members, of having enough pharmacists out there, does your membership provide scholarships? Direct financial assistance to address this problem? Do they do it individually through some...in some manner? [LR159]

JONI COVER: I will tell you that it kind of depends on the community and it depends on the pharmacist. Both of our schools provide opportunities to go out into the rural part of the state as a preceptor site, so you go out and you do your...for Creighton, it's five weeks, and for Nebraska it's four, and they actually experience what it's like to work in a community pharmacy. I can tell you that I know for certain, in at least three communities where young pharmacists have gone to those communities, and the community has gone together. The bank has helped them get a reduced loan for their house; helped them to be able to purchase the pharmacy, or over time. I will you that I know at least two pharmacies in rural communities where the pharmacy owner is slowly letting the new pharmacist buy them out. So there are those kinds of things going on because, you

know, those pharmacists that own those stores in those rural communities know how important it is that those services stay in the community. So, yes, we are seeing those things. You know, our association provides money for scholarships for both of the schools. And we do, I'm proud to say, have some pharmacists that are very supportive. I actually was looking through the Chadron State College--I'm a former Chadron State College alumni--and I was looking through their benefactor materials that came in my mail the other day. And I noticed that our longtime pharmacist in Chadron has endowed a scholarship for Chadron State for a pre-pharmacy student. So, yes, you see those kinds of giving back of pharmacists all across the state. Which, you know, that's really what's going to keep us going, so. [LR159]

SENATOR GAY: All right. Anything else? I don't see any. Thanks, Joni, for your patience too. [LR159]

JONI COVER: Thank you. [LR159]

SENATOR GAY: All right. With that, we'll wrap it up. Thank you all for coming today. A lot of good ideas and a lot of good information given, and it will help us make decisions in the future. [LR159]