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JOINT HEARING OF THE APPROPRIATIONS COMMITTEE AND THE HEALTH AND
HUMAN SERVICES COMMITTEE
November 29, 2011

[LR285]

The Committee on Appropriations and the Committee on Health and Human Services met at 1:30 p.m. on Tuesday, November 29, 2011, in Room 1524 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a joint public hearing on LR285. Senators present: Lavon Heidemann, Chairperson; John Harms, Vice Chairperson; Danielle Conrad; Tony Fulton; Tom Hansen; Heath Mello; John Nelson; and Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; and Gwen Howard. Senators absent: Tanya Cook; Bob Krist; R. Paul Lambert; Jeremy Nordquist; and John Wightman.

SENATOR HEIDEMANN: (Recorder malfunction)...start with LR285 and we'll open up. We have to keep moving. We have to be done by 2:45 because the Health Committee has another LR that they have to be done, so we're under a tight time frame. So we'll go ahead and open up the public hearing on LR285. We're going to start with self-introductions right over here. We're starting with Senator Bloomfield.

SENATOR BLOOMFIELD: Dave Bloomfield, District 17, Dakota, Thurston, and Wayne Counties up in northeast Nebraska.

SENATOR HOWARD: Gwen Howard, District 9 in Omaha.

SENATOR GLOOR: Mike Gloor, District 35, most of Grand Island.

SENATOR CAMPBELL: Kathy Campbell, District 25, east Lincoln and parts of Lancaster County.

SENATOR HEIDEMANN: Lavon Heidemann, District 1, extreme southeast Nebraska.

SENATOR HARMS: John Harms, District 48, Scottsbluff, Nebraska.

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SENATOR NELSON: Extreme west. (Laughter)

SENATOR HARMS: Extreme west, yeah.

SENATOR NELSON: John Nelson, District 6, central Omaha.

SENATOR HANSEN: Tom Hansen, District 42, North Platte, Lincoln County.

SENATOR FULTON: Tony Fulton, District 29, extreme Lincoln.

SENATOR HEIDEMANN: I think Kathy Tenopir from the Fiscal Office is here. Liz Hruska from the Fiscal Office is also here. The committee clerk is Anne Fargen; Michelle Chaffee from the Health Committee. Our pages are still from this morning, as Emily and Ben are still over there. If you need help, they're always a good resource. At this time we ask if you have cell phones if you'd please shut them off so as not to be disruptive later. Testifier sheets are on the table or near the back doors; fill out completely and put them on the box on the table when you testify. At the beginning of your testimony, please state and spell your name. Nontestifier sheets near the back doors if you do not want to testify but would like to record your position, you only need to fill this out if you will not be publicly testifying. If you have printed materials to distribute, please give them to the page at the beginning of your testimony. We need 20 to 25 copies but we can make do if you didn't quite bring that many, and we are actually under a time frame here of 2:45 we have to be out of here, so let's see what we can accomplish in between now and then. With that, we'll open up the public hearing on LR285. Senator Conrad.

SENATOR CONRAD: (Exhibit 1) Thank you. Good afternoon, Chairman Heidemann, Chairman Campbell, members of the Health and Human Services, and Appropriations Committee. My name is Danielle Conrad, that's D-a-n-i-e-l-l-e, Conrad, C-o-n-r-a-d,

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representing, as always, the "Fighting 46" Legislative District of north Lincoln. I'm here today to introduce LR285, a resolution to study the nursing shortage in Nebraska. It's estimated that in the near future there will be a severe shortage of nurses nationwide and in Nebraska. I introduced this resolution to look at the issues surrounding the projected nursing shortage and to investigate ways that our state can be proactive in helping to alleviate such a shortage. I had the page pass around, prior to when we got started this afternoon, a very informative and helpful report that was compiled by the ever-talented Kathy Tenopir in the Legislative Fiscal Office on this very topic. Our office has been diligently working over the past few months to address these issues with healthcare providers, academic institutions, and others that are concerned about these issues. I believe that there will be a variety of representatives from those different organizations and institutions who have front-line expertise on these issues and who will share that with the joint committees this afternoon. I believe, in addition, the report and this testimony will help to identify and illustrate the problem and hopefully start to provide a pathway forward for potential policy solutions that we can work together on in the future. Some of those solutions range from academic needs to recruit and retain professors in this field, issues related to infrastructure needs, implications for rural healthcare access and other underserved areas, and potentially even issues related to healthcare reform implementation. I thank you for your time today and I'm happy to answer any questions at this point in time. [LR285]

SENATOR HEIDEMANN: Was short and informative. Thank you very much. [LR285]

SENATOR CONRAD: Try to be efficient. [LR285]

SENATOR HEIDEMANN: Are there any questions at this time? [LR285]

SENATOR CONRAD: Okay. [LR285]

SENATOR HEIDEMANN: Seeing none, thank you. Out of curiosity, how many people

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are going to want to publicly testify today? All right. Thank you. We know what we're up against now. First one. Welcome. [LR285]

JULIANN SEBASTIAN: (Exhibit 2) Thank you very much, Chairman Heidemann, Chairman Campbell, Senator Conrad and members of the Appropriations Committee and the Health and Human Services Committee. It's a great privilege to provide testimony today about the nursing work force shortage in Nebraska. I am Juliann Sebastian, dean of the University of Nebraska Medical Center College of Nursing. That's J-u-l-i-a-n-n S-e-b-a-s-t-i-a-n. I will share with you the scope of the problem in Nebraska, what we have been doing to address it, and potential future solutions. Nebraska is not alone in facing a serious nursing work force shortage that threatens public health and undermines economic opportunity. The U.S. Bureau of Labor Statistics predicts that, in addition to hundreds of thousands of positions that will be vacant by 2020 due to replacement primarily for retiring nurses, a total of 581,500 new nursing positions will have been created by 2018. Nursing care is vital to the health of the public and nurses provide care in every sector of healthcare, including hospitals, long-term care, and primary care. There are two key issues in Nebraska related to the nursing shortage. First, we have a shortage of the number and type of nurses needed to care for Nebraskans now and into the future. Second, we have a shortage of faculty to expand nursing programs throughout the state. Seventy-three of Nebraska's ninety-three counties have fewer nurses than the national standard. Rural areas are particularly hard hit by the nursing shortage. The Nebraska Center for Nursing estimates that Nebraska will have a shortage of 3,838 nurses, registered nurses, by the year 2020. The problem is just as critical for nurse practitioners. Thirty-three counties in our state have no nurse practitioners at all. A total of 8.3 percent of nurses around the country are advanced practice nurses, but in Nebraska half that number, only 4.3 percent of nurses in our state, are advanced practice nurses. The shortage of nursing faculty in Nebraska is acute. Only 9.5 percent of Nebraska nurses hold a master's degree, making them eligible to serve as clinical faculty or to teach in community colleges. One half of 1 percent hold doctoral degrees, which are needed to teach in

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universities. Faculty are aging, with nursing faculty members in Nebraska being 52 years of age on average. We know that around the country the average age of nurse faculty retirement is 62.5 years. Because of this, we need to plan quickly to address the nursing faculty shortage in Nebraska before large numbers of nursing faculty begin retiring. In 2010 schools of nursing around the United States turned away over 67,000 qualified applicants to baccalaureate and graduate degree nursing programs. In Nebraska, 402 qualified applicants were turned away from baccalaureate and graduate nursing programs in 2010. If another 402 applicants were enrolled each year in Nebraska schools of nursing, the shortage projected by the Nebraska Center for Nursing for 2020 would be significantly reduced. Nebraska nurses in academia and practice are working together, and I'd like to talk for just a moment about what we're doing to address these problems. As one example, nurses in academics and practice have banded together in an Action Coalition to address the recommendations from the Institute of Medicine's 2010 report on "The Future of Nursing." We at the University of Nebraska Medical Center College of Nursing, in addition to working with our colleagues around the state, initiated a three-pronged approach on our campus several years ago to expand enrollments and contribute to resolving the nursing shortage in Nebraska. As you know, the first phase of that involved the college opening its fifth division in Norfolk last year. The College of Nursing enrolled its first group of students in the Norfolk division, the northern division, in Fall 2010, and we expect these students to graduate in May of 2012. Second, we opened the Center for Nursing Science in Omaha in Fall of 2010, providing us with much needed space for program growth. The last piece of our three-pronged initiative is that we've developed plans for a new building here in Lincoln, on the Lincoln division campus, that will allow us to expand our program by 64 students per year, a 23 percent expansion, with an emphasis on graduate programs so we can expand the numbers of faculty and advanced practice nurses. We're grateful that President Milliken and our Board of Regents have made this project the top priority for the University of Nebraska. While we understand the difficult financial situation facing our state, it is our hope that if funds can be found they can be allocated for this very important initiative. The current facility in which the College of Nursing is housed here in

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Lincoln is located in a leased space in a bank building in downtown Lincoln. This is close to the campus but it is in a mixed-use area that does not provide the collegiate environment that students and parents often expect. The new building will be located on the East Campus of the University of Nebraska-Lincoln, adjacent to the UNMC College of Dentistry. This will allow for the interprofessional learning that we believe is important in today's healthcare environment and some shared-use spaces. The current space has insufficient space for classrooms, conference and seminar rooms, laboratory space, and inadequate space for additional research and the contemporary interactive learning strategies that are so important for nursing students today. The Lincoln campus is vital to the nursing shortage. It has been open for almost 30 years and we currently enroll about 250 students at this division, including students in the BSN program, the MSN, and the Ph.D. program. This is very important to us. Roughly 60 percent of our qualified applicants here at this division are turned away each year. Our incoming undergraduate students are highly qualified and they come to us with an average admitting grade point average of 3.7. Forty-two percent of graduates from the Lincoln division work in rural Nebraska, which again is very important to us. Another possible solution to the nursing work force shortage includes the development of a postgraduate residency program for BSN and nurse practitioner graduates. Both approaches have been recommended by the Institute of Medicine in their landmark report on "The Future of Nursing." In closing, I applaud your efforts to study the nursing work force shortage in Nebraska, and I'm happy to answer questions or to provide further information to assist you in your deliberations. On behalf of nurses and patients in Nebraska, I thank you for your concern about this problem and your support for the work we do around this state and through UNMC. Thank you. [LR285]

SENATOR HEIDEMANN: Questions? Senator Gloor. [LR285]

SENATOR GLOOR: Thank you, Mr. Chairperson. And, Dr. Sebastian, thank you for your commitment to nursing and to patient care and the health of now Nebraskans. And to set the stage and tell you my heart is in the right place, I also understand that when

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people get sick, they get nursed back to health, not doctored back to health or lab checked back to health or "rad teched" back to health. It's certainly a key, key component to making sure we keep Nebraskans healthy. But my question to you is going to be one that hopefully some of the other testifiers will try and help answer from their perspective also. I went through, in a professional sense, nursing shortages in the '70s, '80s, '90s, 2000s, and now we're talking about it again in the new decade. This will be my fifth decade to have dealt with nursing shortage issues. What makes this shortage any different than the others, since we seemed to soldier through the other...and maybe we made appropriate adjustments, the other decades? But we seem to go through some sort of cyclical process here that gets to a crisis stage and then all of a sudden calms down again. [LR285]

JULIANN SEBASTIAN: Thank you very much for the question, Senator Gloor. This shortage is different in that our population is aging, both in Nebraska and throughout the United States, as well as globally. The aging population and the increasing technology and the increasing complexity of care people need has created pressure on demand for nurses, so the problem that we're facing right now is a projection of huge and continuing future demand because of demographic changes, technological changes, and changes in our ability to intervene and provide care for patients. Keeping...people are living longer these days with multiple comorbidities which necessitates more complex care delivery. These are different factors than we were facing in the '70s, '80s, and '90s, at the times that you've described. Interestingly, those shortages were ameliorated to some extent and each redeveloped in part because of some of the kinds of shifts that I've described. The labor economists are now projecting--I cited a few of the statistics--a prolonged future shortage of nurses. [LR285]

SENATOR GLOOR: Given the fact the demographics are also changing, we...some of us were in a Planning Committee meeting of the Legislature earlier this morning, taking a look at the percentage of our population in Nebraska that now is representative of minority populations. Are we reaching out into those minority populations to try and get

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what are otherwise now young students in junior high or high school interested in considering healthcare, specifically nursing, as career potential? It seems to me that might also be important as we look at where the growth is actually coming in our populations. [LR285]

JULIANN SEBASTIAN: That's absolutely important and efforts are being made throughout the country to reach out to all sorts of diverse populations. As you might imagine, I'm still learning about the various initiatives in place here in Nebraska, but we absolutely desire to have a nursing work force that mirrors the population we're caring for and it's a very important aspect of what we do. [LR285]

SENATOR GLOOR: Okay. Thank you. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR HEIDEMANN: At this time I want to note that Senator Heath Mello from District 5, Omaha, has joined us. Senator Harms, you have a question? [LR285]

SENATOR HARMS: Oh, thank you. Yes, I do. First of all, thank you very much for coming and testifying and welcome to Nebraska. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR HARMS: I'm sure you'll have a great career here. I have just a couple questions I want to ask. Advanced practice registered nurse, I'm not familiar with the term "advanced." Can you clarify that for me? [LR285]

JULIANN SEBASTIAN: Yes. There are four categories of nurses who are included in that terminology: nurse practitioners, clinical nurse specialist, certified nurse midwives, and certified registered nurse anesthetist. And that umbrella term is used around the

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country because these all...all of these areas involve graduate education, so, thus, they are advanced, and the focus is on practice in each of those four, with each of those four roles. [LR285]

SENATOR HARMS: Okay. Has Nebraska, in regard to nursing, have we developed...we started at one time and I don't know what...I kind of lost track of it, the lattice/ladder approach. Start with the practical nursing or actually nursing. Then, for example, it leads directly into practical nursing; from practical nursing it will automatically transfer into associate, bachelor's, and master's. Are we...what are your thoughts about that approach to help fill in some of that gap? [LR285]

JULIANN SEBASTIAN: That approach is used in quite a number of places. [LR285]

SENATOR HARMS I know. [LR285]

JULIANN SEBASTIAN: As a matter of fact, here in Nebraska and at UNMC, we have an RN to BSN program option for nurses with associate degrees who desire to go on and earn a baccalaureate degree. Again, that's something that's being done around the country in various places. I would have to say that I'm still learning about the various other career ladders in this state particularly. We do know that sometimes those ladders take people a while, so they're useful for some people and for other people it's quicker and more expeditious to go through the higher degree program at the first...in the first round. [LR285]

SENATOR HARMS: Well, one thing I would be hopeful that we could do in the nursing program is a lot of times students who are enrolled in practical nursing don't belong there. They belong in the associate's degree or they belong in the bachelor's degree. And I'm wondering if there isn't some way, as we begin to look at this, that we can put together a way to identify these students quickly so we can move them into the right program. Because I think a lot of kids who enter in the community college...or I shouldn't

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say kids, students who enter community colleges, I found that a number of those really needed to be out of the practical nursing program and into an associate degree or into a bachelor's degree because they had all the skills to be able to do that; they just didn't know how to start. [LR285]

JULIANN SEBASTIAN: Right. Absolutely, and I think that there is much work that we need to do at the lower age levels, as well as with the public at large who might be thinking about entering a nursing program, to consider which option is the best for them. I think you make a very fine point. [LR285]

SENATOR HARMS: The other thing I was curious about, in your testimony...no, I'm sorry. This is the information that Senator Conrad gave us, kind of a summary. She noted in the information that the...in the electronic journal, Advance for Nurses, in 2011 the average annual salary for an advanced practice registered nurse in the Midwest is \$107,363 and for Midwest instructors, faculty in the Midwest, is only \$72,000. [LR285]

JULIANN SEBASTIAN: Uh-huh. [LR285]

SENATOR HARMS: Is that close to being truly accurate? [LR285]

JULIANN SEBASTIAN: It is, of course... [LR285]

SENATOR HARMS: Because that's really shocking. It almost should be in reverse. [LR285]

JULIANN SEBASTIAN: Right. Well, I certainly agree. That is true. Those data are accurate. Now it varies, of course, and those are averages, but there is a differential between academic salaries and clinical salaries. [LR285]

SENATOR HARMS: Well, I think it would be very difficult to get a person out of nursing

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to teach if there's such a great difference in the amount of salary. [LR285]

JULIANN SEBASTIAN: It's a problem for us, but we do emphasize the other aspects of teaching that are beneficial to people who are interested in faculty careers. I wouldn't...it is a problem. I don't want to underestimate that. It's definitely an issue around the country. But the way we manage it right at this time is, first of all, to do the best possible with salaries but also to emphasize the other aspects of a faculty career that are appealing to people. [LR285]

SENATOR HARMS: I recently read an article that indicated that the actual nursing shortage has slowed down because of the economy and the fact that so many nurses lost so much money with their 401(k)s, they couldn't afford to retire and it slowed that process up. Is that what your... [LR285]

JULIANN SEBASTIAN: Yes, that did occur in 2008-2009 and we're seeing some vestiges of it at this point, but it's dissipating. People who had put off retirements are beginning to retire. Nurses are important wage earners in their families and so there was some impact briefly in terms of people delaying retirements and delaying job changes, but we're seeing that that is temporarily a blip in the picture with the nursing shortage. [LR285]

SENATOR HARMS: You talked a little bit about a building that you're wanting to build. [LR285]

JULIANN SEBASTIAN: Yes. [LR285]

SENATOR HARMS: Have you raised the money for that or... [LR285]

JULIANN SEBASTIAN: Pardon me? [LR285]

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SENATOR HARMS: Have you...do you have the money for that building or is that something that's going to come before the Appropriations Committee or... [LR285]

JULIANN SEBASTIAN: We don't have the money for the building... [LR285]

SENATOR HARMS: Okay. [LR285]

JULIANN SEBASTIAN: ...and we would really...(laughter) no, we don't have the money for the building and we would like to ask you to give it some thought. It's an important investment. We think if we add 64 more students per year, the Nebraska Center for Nursing is projecting the shortage of nearly 4,000 nurses by the year 2020. You figure over even an eight-year period, a nine-year period the number of nurses that we could add to the mix with the additional space would make a significant dent in the statewide shortage. [LR285]

SENATOR HARMS: Do you have a design on the building and the cost, roughly? [LR285]

JULIANN SEBASTIAN: We have a preliminary design and preliminary cost, yes. [LR285]

SENATOR HARMS: What would be the preliminary cost? [LR285]

JULIANN SEBASTIAN: Between \$16...close to \$17 million. Uh-huh. Yeah. [LR285]

SENATOR HARMS: That would give us the state-of-art... [LR285]

JULIANN SEBASTIAN: Oh, yes. [LR285]

SENATOR HARMS: ...facility and... [LR285]

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JULIANN SEBASTIAN: Oh, yes. [LR285]

SENATOR HARMS: ...technology... [LR285]

JULIANN SEBASTIAN: Absolutely. [LR285]

SENATOR HARMS: ...that we need to have... [LR285]

JULIANN SEBASTIAN: Yes. [LR285]

SENATOR HARMS: ...for the future nurses? [LR285]

JULIANN SEBASTIAN: Absolutely. [LR285]

SENATOR HARMS: Well, thank you very much. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR HARMS: I appreciate your time. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR HEIDEMANN: I'm just curious. Looking at the 17 institutions that we were handed here that do this in Nebraska, how much capacity have we gained in the last five or ten years? Do you know that? [LR285]

JULIANN SEBASTIAN: I don't have the...I don't have the figure with me, but it's substantial capacity. The schools of nursing throughout the state have worked very hard at expanding enrollments and have done a really marvelous job. There is more to be

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done. As I said, we turned away 402 qualified applicants last year, so a good bit has already occurred but there's more work to be done. [LR285]

SENATOR HEIDEMANN: Thank you. Senator Nelson. [LR285]

SENATOR NELSON: Thank you, Senator Heidemann. Thank you. I'm getting a bit confused on figures here. Turned away 402 statewide from the 20... [LR285]

JULIANN SEBASTIAN: That's correct. [LR285]

SENATOR NELSON: ...20 institutions or so. [LR285]

JULIANN SEBASTIAN: Yes, that's correct. [LR285]

SENATOR NELSON: Okay. Just to segue a little bit here, also if there is a shortage right now, it's alleviated somewhat by nurses, that perhaps had decided not to work anymore for a while, coming back to work because of economic conditions. Would that be correct? Do you understand what my question was? Did that help out as far as any existing shortage that we might have at this time? [LR285]

JULIANN SEBASTIAN: Oh, only as a blip. Even in 2010 the Nebraska Center for Nursing estimated that there were over 1,200 vacancies in the state. [LR285]

SENATOR NELSON: Uh-huh. Are our vacancies more in the outstate areas of Nebraska? Do we have more of a concentration of nurses in the urban areas, do you know? [LR285]

JULIANN SEBASTIAN: I think so but I would have to defer to my colleagues from the Center for Nursing on that or provide you the information later. [LR285]

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SENATOR NELSON: Okay. [LR285]

JULIANN SEBASTIAN: I'd be happy to do that. [LR285]

SENATOR NELSON: All right. With regard to your Lincoln facility here, every year you turn away roughly 60 percent of qualified applicants. Now that could vary from 40 to 60. They can't get in here at the Lincoln campus but are there, among the other 20, are they able to find positions there or places there in those schools if you know? [LR285]

JULIANN SEBASTIAN: I'm sure that some do. [LR285]

SENATOR NELSON: Uh-huh. [LR285]

JULIANN SEBASTIAN: But the fact that we're still turning away qualified applicants suggests to me that there is pent-up demand that we have not met yet. [LR285]

SENATOR NELSON: Okay. So to your knowledge, all of the 20 locations here or institutions are...most of them are still having to turn away students; they don't have the capacity. [LR285]

JULIANN SEBASTIAN: You know, I don't know about each of the individual institutions. The data that I cite, the 402, come from reports that all schools of nursing provide to the American Association of Colleges of Nursing, so it's a statewide number and I don't know what each individual institution has reported. [LR285]

SENATOR NELSON: All right. Well, thank you very much. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR HEIDEMANN: Senator Campbell. [LR285]

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SENATOR CAMPBELL: Thank you for coming today. [LR285]

JULIANN SEBASTIAN: Yes, thank you. [LR285]

SENATOR CAMPBELL: And welcome to Nebraska. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR CAMPBELL: Do you think we're doing enough in terms of tele-education or the technology that's there to help some of the nurses in rural parts of the state continue their education and perhaps, you know, move from one level of nursing to another? Have we invested enough there? [LR285]

JULIANN SEBASTIAN: Well, I think that's a very good question. I know we're certainly doing a lot of it at the University of Nebraska Medical Center. It's a huge part of our work because we have students involved in IP video classes around the state, as well as some on-line initiatives and some use of telehealth. Whether the state has invested sufficiently in that or not is something I'd be pleased to investigate further and look into it, but it is a wave of the future. We also need to manage the high touch along with the high tech and give students some opportunity to be with people, whether it's a clinical preceptor in the local environment or a high-quality video resolution where they can see the faculty member and really feel like they're actually talking with someone. [LR285]

SENATOR CAMPBELL: You can never take away the value of the clinical part of it, can you? [LR285]

JULIANN SEBASTIAN: Oh absolutely not. We're a clinical discipline and I don't think most people...that's a great point, Chairman Campbell. I don't think most people would want a nurse who had not, you know, really spent a lot of time clinically with patients,

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yeah. [LR285]

SENATOR CAMPBELL: Exactly. Thank you. [LR285]

JULIANN SEBASTIAN: Thank you. [LR285]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you for testifying.
[LR285]

JULIANN SEBASTIAN: Thank you very much. [LR285]

DON WESELY: (Exhibits 3 and 9) Mr. Chairman, Madam Chairman, members of the Health and Human Services, and Appropriations Committee, my name is Don Wesely, representing the Nebraska Nurses Association. We're here in support of the study and the need to address the nursing shortage. I'm handing out a letter from Beth Furlong, who is the chair of our legislative committee, giving you her perspective. I'm going to be brief because I know there's lots of people that want to testify. I want to follow up on Senator Gloor's comment about the nursing shortage of the decade, and it seems like every decade there's another nursing shortage, but it also follows up on Senator Harms's and Senator Nelson's question about currently there has been kind of an easing up of the shortage for the short term because of nurses staying on because of the economic downturn. And what I would share with you is, going back in time, there is an ebb and flow sometimes on nursing supply and shortage, need and demand. And one of the things to keep in mind, though, is that even though you may have certain moments in time where the shortage may not be as acute, it continues to build a demand over time, and one of the reasons is obviously demographics but also just a change in how we have structured healthcare and having more primary care and outreach trying to get to our rural areas, all of that has increased demand for nurses over time, even though there may be moments in time where the shortage is not as acute. And I'll give you one example. In the 1980s there was a proposal to shut down

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the Lincoln campus and the nursing college. I was a member of the Legislature representing Lincoln and I fought that very hard and we kept the campus, kept the program. And it wasn't but a few years later that not only did the program exist, it had to expand because the demand had gone up for more nurses. So what I'm saying is that there is a shortage. It's not as acute right now but that will change shortly and the demand will build, and preparing for 2020 by increasing the amount of nurses that we educate is just essential. And it's not a question of whether it will happen; it's just a matter of when. So we do come before you, NNA does, in support of the need for increased education for nurses. I also want to note that we will have a letter from the city of Lincoln in support also of the need to address the nursing shortage so...be happy to answer questions. [LR285]

SENATOR HEIDEMANN: Any questions? Seeing none, thank you. [LR285]

DON WESELY: Thank you. [LR285]

CATHY PHILLIPS: (Exhibits 4, 5, and 6) Good afternoon, Chairmen Campbell and Heidemann and members of the Appropriations and Health and Human Services Committee. My name is Cathy Phillips, C-a-t-h-y P-h-i-l-l-i-p-s, and I am a psychiatric nurse practitioner from Hastings, Nebraska. I also serve as the cochair for the Nebraska Nurse Practitioners Association legislative committee. On behalf of the Nebraska Nurse Practitioners and our more than 500 members, I would like to offer our support for LR285, as introduced by Senator Conrad. This hearing marks an important opportunity for nurse practitioners across the state to share our perspective on the shortage of nurses, and specifically advanced practice registered nurses, or APRNs. Nurse practitioners, under the umbrella of APRNs, practice in all areas of the state and in many different disciplines. As a healthcare professional, we enjoy that our practice is focused on collaborating with nursing and physician partners to provide our patients with timely access to high-quality healthcare. It is the mission of our association to advocate for the removal of barriers for advanced practice registered nurses, as our

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educational curriculum, training, and scope of practice enable us to provide a wide array of services in a cost-effective manner. The changing dynamic of our healthcare system will dramatically change the way patients and providers will interact. The Nebraska Center for Nursing's 2010 annual report provided data showing nursing professionals compose more than 40 percent of Nebraska's total healthcare work force, yet Nebraska will be facing a severe nursing shortage in the coming years, especially in rural and educational roles...excuse me, rural areas and educational roles. To address these shortages, the Nebraska nurse practitioners are working in cooperation with the Nebraska Nurses Association and the Nebraska Action Coalition to increase bachelor level, BSN, nurses to 80 percent by 2020; to double the number of master's and doctorially prepared nurses by 2020; and to encourage all nurses to achieve higher levels of education no matter where they enter into the system. These goals are a result of the Institute of Medicine's 2010 study, "The Future of Nursing: Leading Change, Advancing Health." And I have included a copy of the study's recommendations for your review. At the advanced practice level, quite simply, there are not enough primary care physicians to care for today's aging population and the patient load will dramatically increase as more individuals gain insurance coverage. We must all work together as a continuum of providers to keep patient care affordable, accessible, and of high quality for Nebraskans. I hope both committees have gained an understanding of the shortage in nursing that Nebraskans, particularly those in rural areas, will be facing in the coming years. The Nebraska Nurse Practitioners will continue to work with our nursing/non-nursing partners, and nursing schools to think of creative ways to address the shortage. Thank you again to Senator Conrad for introducing this interim study and to both committees for your time and service. At this time I would be more than happy to try to answer any of your questions. And as an aside, Senator Harms, you had mentioned LPN level education and I can find some information for you. I know there's some grant money that is in place right now at the community college in Hastings that is working with healthcare professionals starting at the LPN level, encouraging them to advance to a higher level of education. I can also entertain questions that you might have about the psychiatric provider shortage of nurse providers in Nebraska as well.

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[LR285]

SENATOR HEIDEMANN: Are there any questions? Senator Gloor. [LR285]

SENATOR GLOOR: Thank you, Senator Heidemann. Ms. Phillips, I saw a number once that kind of surprised me and it had to do with the number of RNs, nurses, not advanced practice nurses, but the number of nurses who were caught up in the bureaucracy of healthcare, who were not at the bedside but were involved in compliance issues, record reviews for insurance purposes and whatnot. And it was a surprising number; might help us address our shortage. But having said that, is that less likely to be the case with advanced practice nurses? Are they more likely to be clinically more involved in direct patient care at the bedside, etcetera, or do they also get caught up in that bureaucracy of healthcare? [LR285]

CATHY PHILLIPS: Advanced practices nurses are focused on clinical practice. I see patients in an office. I see patients in long-term care settings. Certified registered nurse anesthetists provide direct patient care. Certified nurse midwives provide direct patient care. All advanced practice registered nurses are nationally certified to provide clinical care. Other types of roles would be those in education that are also licensed as advanced practice providers. [LR285]

SENATOR GLOOR: But does...but my question really is are you less likely to be called by an insurance company for a job reviewing records or hired by a healthcare institution to be involved in compliance reviews than, say, an RN? [LR285]

CATHY PHILLIPS: I don't think that I can actually honestly answer your question.
[LR285]

SENATOR GLOOR: Okay. [LR285]

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CATHY PHILLIPS: Personally, I've not been called to review any charts or compliance issues. [LR285]

SENATOR GLOOR: Okay. [LR285]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you. [LR285]

CATHY PHILLIPS: Thank you very much. [LR285]

SENATOR HEIDEMANN: Welcome. [LR285]

TIP O'NEILL: (Exhibit 7) Thank you, Senator. Members of the Health and Human Services Committee, Appropriations Committee, and the respective Chairpersons, I am Tip O'Neill, that's O-'-N-e-i-l-I. I'm the president of the Association of Independent Colleges and Universities of Nebraska. I represent 14 privately controlled, nonprofit colleges and universities that are located in the state, nine of which have nursing programs, and I think you might find it interesting that we enroll 33,000 students in the state. We award more than 40 percent of the baccalaureate and advanced degrees in the state, collectively. And interestingly enough, in the health sciences area we award more than half of the degrees. We have a significant impact in the health sciences areas in this state. And there are a couple ways that you can build capacity to get more degrees out there. One is to build capacity in the public sector, build new programs there. One is to utilize the existing capacity and build additional capacity in the independent and private sector. The way you do that, in my opinion, are two ways. First of all, you could contract with individual institutions to offer certain number of additional slots to students who are going to be involved in nursing in the state in the future. Second thing you can do is take a look at financial aid programs that the state offers and see if you can enhance those. It's interesting that it was about ten years ago, nine years ago actually, that a program that provided financial aid to students in independent colleges and universities was eliminated by the Legislature, and since that time, since

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ten years ago, we have actually had a 29 percent decrease in the amount of student financial aid that's been appropriated to students who attend independent colleges and universities in this state. And I can tell you that it's a lot cheaper to provide capacity to educate students in the independent sector for the state taxpayer than it is in the public sector, and I think I included a sheet in there in your materials on the state investment per degree. It's fairly significant. So we're not certainly against building capacity in the public sector for nursing education, but we think you ought to consider enhancing the capacity in the independent sector also when you're taking a look at solutions to our problems. Be happy to answer any questions you might have. [LR285]

SENATOR HEIDEMANN: Senator Fulton. [LR285]

SENATOR FULTON: Thank you, Mr. Chairman. Thanks for being here, sir. [LR285]

TIP O'NEILL: Thank you, Senator. [LR285]

SENATOR FULTON: The faculty in your respective colleges, can you comment on where your faculty come from? And that's going backward. Going forward what... [LR285]

TIP O'NEILL: Well, that's...one of the issues in building capacity in either sector are having qualified faculty to teach students and to have qualified faculty to supervise clinical programs also, and really one of the things we ought to be thinking about is what can we do to incentivize students to choose faculty professions in nursing, because that will certainly be one of the limiting factors in our ability to educate additional nurses in the future. I would say that many of our faculty, the doctoral level faculty certainly, probably are from the University of Nebraska Medical Center, the doctoral degree. [LR285]

SENATOR FULTON: Okay. Thank you. [LR285]

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TIP O'NEILL: Uh-huh. [LR285]

SENATOR HEIDEMANN: Senator Campbell. [LR285]

SENATOR CAMPBELL: Mr. O'Neill, last year we worked on a bill together having to do with foreign students... [LR285]

TIP O'NEILL: Right. [LR285]

SENATOR CAMPBELL: ...who are coming. Are you seeing increasing numbers in the independent colleges of those students? [LR285]

TIP O'NEILL: I don't have any independent information on that. I can certainly find out for you, Senator. [LR285]

SENATOR CAMPBELL: But that bill had to do also with advanced, I mean, advanced degrees, did it not? [LR285]

TIP O'NEILL: It did. It had to do with students being able to get the... [LR285]

SENATOR CAMPBELL: License. [LR285]

TIP O'NEILL: ...license in Nebraska, and what we were really doing was sending them off to other states and then not having them in our work force, you know, and so... [LR285]

SENATOR CAMPBELL: Not returning. [LR285]

TIP O'NEILL: ...not returning to Nebraska to our work force. So it was a great bill to get

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passed. We were very pleased. [LR285]

SENATOR CAMPBELL: And I appreciate all the help that we had in putting all the figures together so we could illustrate that bill at its best form. The second question, and I should have asked Mr. Wesely this question also, but Senator Gloor and I were sitting here trying to remember, isn't there a board in the state or a commission that follows nursing numbers and shortages? Because they report annually,... [LR285]

TIP O'NEILL: Yes. [LR285]

SENATOR CAMPBELL: ...I think it's annually, to the Legislature. And maybe... [LR285]

TIP O'NEILL: There is. I... [LR285]

SENATOR CAMPBELL: ...there's someone who's going to testify from that board, because they provide quite a bit of statistics to us... [LR285]

TIP O'NEILL: Right. [LR285]

SENATOR CAMPBELL: ...on an annualized basis. [LR285]

TIP O'NEILL: And I've seen them but I'm not... [LR285]

SENATOR CAMPBELL: Okay. [LR285]

TIP O'NEILL: ...familiar with how those are developed, so... [LR285]

SENATOR HEIDEMANN: Senator Hansen. [LR285]

SENATOR HANSEN: Thank you. Mr. O'Neill, thank you for testifying today. Looked at

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your list and I underlined some of the towns that are represented here, like Seward, Crete, Hastings, Fremont, York, plus Lincoln and Omaha. I think...well, back up just a little bit. The city of North Platte, through the North Platte Community College, is building an \$11 million nursing program building. I mean that's their capital construction for the year. I'm not sure how many students they'll have, and it will only be like a two-year school but they can certainly go on. My question for you is, do you believe this is true or not that it doesn't matter whether it's doctors, nurses, lawyers, candlestick makers, if they are educated in Lincoln and Omaha they tend to stay there? [LR285]

TIP O'NEILL: You know, I don't have...I don't have any independent data on that issue. You know, it's...you know, how do you get them to stay on the farm after they've seen Paris, you know, that sort of thing,... [LR285]

SENATOR HANSEN: Yes. [LR285]

TIP O'NEILL: ...that old song from World War I. I think there is truth that if their first choice is to stay in Lincoln or Omaha and a job is open in that city then, yes, I would imagine the student would take it. If there isn't a job position in that city, I don't know what the answer would be, whether they would be willing to relocate to North Platte. [LR285]

SENATOR HANSEN: In every other discipline, it seems like if they're educated in the state they tend to stay in the state, but also if they're educated in the eastern part of the state they stay there too. So I think our community colleges have a big part in supplementing what you have started here. [LR285]

TIP O'NEILL: Well, I think the distance education part of it is important, too,... [LR285]

SENATOR HANSEN: Right. [LR285]

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TIP O'NEILL: ...for students who, you know, are able to get a baccalaureate degree through distance education, because I know that the institutions that I represent have become very involved in that. [LR285]

SENATOR HANSEN: Thank you. [LR285]

SENATOR HEIDEMANN: Senator Nelson. [LR285]

SENATOR NELSON: Thank you, Senator. Thank you, Mr. O'Neill. If I heard you correctly, I think you made a statement that it's a lot cheaper to expand something in the independent colleges and universities. I didn't quite catch what we were... [LR285]

TIP O'NEILL: Well, if you... [LR285]

SENATOR NELSON: Was "expand" the right word or... [LR285]

TIP O'NEILL: If you can utilize existing facilities, existing faculty, don't have to provide additional infrastructure then, yes, it would be. Now if you're going to build a building in either a private sector or build a building in the public sector, there shouldn't be any difference. [LR285]

SENATOR NELSON: So you were talking about expanding existing facilities and faculty... [LR285]

TIP O'NEILL: Right. [LR285]

SENATOR NELSON: ...and just... [LR285]

TIP O'NEILL: Yes. [LR285]

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SENATOR NELSON: All right. Thank you. [LR285]

SENATOR HEIDEMANN: Senator Howard. [LR285]

SENATOR HOWARD: Thank you. You may recall a number of years ago Senator Marian Price brought us a bill and passed a bill and it had to do with incentives for nurses to get additional education and go into the teaching aspect of nursing. [LR285]

TIP O'NEILL: Uh-huh. [LR285]

SENATOR HOWARD: Can you tell us how that's working? [LR285]

TIP O'NEILL: I really can't. There may be someone from the nursing association or (inaudible). I don't...is that program still around? [LR285]

SENATOR GLOOR: Uh-huh. [LR285]

TIP O'NEILL: It may have been...is it? [LR285]

SENATOR GLOOR: Uh-huh. It's still around. [LR285]

TIP O'NEILL: Okay. [LR285]

SENATOR HOWARD: Are you familiar with that? [LR285]

TIP O'NEILL: I was familiar with it when it passed. I am not familiar with how it's operating. [LR285]

SENATOR HOWARD: So you don't...you haven't followed that program? [LR285]

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TIP O'NEILL: Not specifically, no. [LR285]

SENATOR HOWARD: Okay. Well, I think that's one of the problems, when we support an issue and then we don't see really any results, and I would really like to know if that program is in place, if that program is working, if the funding is there for people, if people are utilizing it. [LR285]

TIP O'NEILL: Sure. [LR285]

SENATOR HOWARD: So if you could provide any of that, that would be helpful. [LR285]

TIP O'NEILL: Well, I'll find out for you, sure. [LR285]

SENATOR HOWARD: Thank you. [LR285]

TIP O'NEILL: Be happy to. [LR285]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you. [LR285]

TIP O'NEILL: Thank you, Senator. [LR285]

SENATOR HEIDEMANN: Welcome. [LR285]

BRUCE RIEKER: (Exhibit 8) Thank you. Good afternoon, Madam Chairman, Mr. Chairman, members of the committee. My name is Bruce Rieker, it's R-i-e-k-e-r, vice president of advocacy for the Nebraska Hospital Association, and we're here in support of the intent of LR285. What I'm passing out or having passed out to you is an annual "Workforce Report" that we conduct each year using a company called Compdata, and we have reports from previous years if you would like to see some trending analysis and

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things like that. However, to give you the highlights, I know that LR285 is focused on--did we come up one short, okay--that LR285 is focused on a nursing shortage; however, our members consistently tell us that work force shortage in other areas is a vital concern as well. In fact, one of our critical access hospitals just hired two physical therapists and not only for their salary, to get them to join that hospital, but they retired \$70,000 of their student loans each. So it's a competition issue as well as, I mean, a supply-and-demand issue for our critical access hospitals. What this report will show you, and the nursing information is specifically on pages 6, 7, and 8, but it has vacancy and turnover information about the various positions. You will see that in the Omaha area there wasn't a lot of information reported from our larger hospitals. Senator Hansen, this may go to your question about if you're educated in Lincoln or Omaha, you may stay in Lincoln or Omaha. And the regions that this report is divided into are regions that we, the Nebraska Hospital Association, have divided the state up into to help us track things. But you can see the vacancy and the turnover ratios for each of the specific areas of the state. The issue is large. It affects access, quality, cost of care, and there was some discussion about, you know, how should I say, the migration of students and things like that. Some have told us that...and some believe that we should be able to recruit graduates from Nebraska that maybe went to another state and come back. So far, our hospitals are only successful about 3 percent of the time. Our HR people are telling us that to recruit people back once they've left the state is very hard and, you know, that the nursing shortage and healthcare shortage is a national issue and not just a state issue. The information you have in front of you represents about half of the hospital employment that we have. We represent 88 hospitals and 70 of them responded, 54 of those were critical access hospitals, and that information is on the introduction, page 1. But as you can see or you may surmise that our larger hospitals in Lincoln and Omaha may not have such a shortage issue. They still have issues but they have the educational facilities closer to them. Our member hospitals that participated were more from greater Nebraska and that information should be noted that it reflects that. Then finally, on page 22, a summary will show you what the percent changes for Nebraska would be anticipated for the various jobs that...or careers that we surveyed.

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As you can see, it covers 15 or 16 different occupations but these are incredibly important to our ability to deliver care. And with that, I would entertain any questions that you may have. [LR285]

SENATOR HEIDEMANN: Does anybody have any questions? Senator Harms. [LR285]

SENATOR HARMS: Thank you, Senator Heidemann. Bruce, I'm just looking through the information here. There's really a high turnover rate... [LR285]

BRUCE RIEKER: Yes. [LR285]

SENATOR HARMS: ...in a lot of these areas. And are these people moving from Nebraska or just retiring or...? I mean some of that is pretty staggering when you look at, for example, critical access, non-nursing positions, a 22 percent turnover rate. What's really happening now? [LR285]

BRUCE RIEKER: Well, I don't want to say that any of our hospitals...I mean, this is more than...well, the turnover rate is reflective of hospitals but it's kind of like a trickle-down theory. If...I'll use this example. If Grand Island hires, has a shortage and they, St. Francis, hires some people from St. Paul or Broken Bow or places like that, well, then they need to hire someone else and so they somewhat...the turnover, I don't see...we don't see a lot of people leaving the state but we see them moving from institution to institution. And in Lincoln and Omaha it's fairly easy for them to move from one institution and just down the street to another one. But I think that that explains a good portion of the turnover. [LR285]

SENATOR HARMS: Well, when I look at, for example, in the district that I'm in, would be District 3,... [LR285]

BRUCE RIEKER: Yes. [LR285]

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SENATOR HARMS: ...in practical nursing turnover that's about 18 percent. [LR285]

BRUCE RIEKER: Uh-huh. [LR285]

SENATOR HARMS: I mean that's really high. [LR285]

BRUCE RIEKER: Yes. [LR285]

SENATOR HARMS: So you're saying that they just move from one position to another or they're...what I'm trying to come to grips with, I wonder if they're moving out of state, headed towards Colorado, other places, or... [LR285]

BRUCE RIEKER: We could definitely survey. I don't have the specific information. What we've been told, just, you know, as we've sent this out to our members and say, can you give us more a sense of what this means for your facility, I would say in Scottsbluff, as, you know, I visit with the CEO there, Dr. Todd Sorensen, he would say that more of them that are moving out of the hospital are actually going to physician clinics. And I think that that...as you look at...there's some information on page 8 of this report that talks about the trend where, by 2018, 48 percent of these nurses needed will be employed in physician clinics because there's more, with new technology, there's more procedures being provided in physician clinics. So we see that movement from different places of employment but they may be staying in the same community. But to give you a definitive answer, are they leaving the state, I can't tell you. I don't have that information right now. [LR285]

SENATOR HARMS: Is there any way we could track that information? [LR285]

BRUCE RIEKER: I... [LR285]

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SENATOR HARMS: I mean the hospitals ought to have some idea what's happening, I'm sure. [LR285]

BRUCE RIEKER: We have a pretty good idea where they're... [LR285]

SENATOR HARMS: I'm sure they're tracking whether they're losing them out of state. I'm going to be interested in that because... [LR285]

BRUCE RIEKER: Okay. [LR285]

SENATOR HARMS: ...that says a whole nother thing to us about what's happening in this whole allied health area. When, like I say, when you see that kind of percentage, it gets my attention, and if that would continue and they were going out of state, we would have a phenomenal shortage in a lot of categories. [LR285]

BRUCE RIEKER: Correct. [LR285]

SENATOR HEIDEMANN: Any other questions? Senator Fulton. [LR285]

SENATOR FULTON: Just a comment: Part of Senator Harms's question I think is answered in what's going on with respect to healthcare. I mean the move is to try to keep people in hospitals less, get them into their homes faster, and we've seen that. There's been a model on the Medicaid side. The state has gone to a home- and community-based model, I mean with respect to long-term care, and I assume that's what's happening when we see this turnover. That's turnover with respect to the hospitals you represent, maybe not turnover geographically with respect to nurses leaving the area. If they're going to clinics, they're also, in the industry I'm in, they're going into home health, registered home health companies, because that's how Medicare pays. And so the nurses will go. I have a sister that does that now and...so I would...I'm offering something there. I wonder if that won't be reflected in some of the

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numbers that you come back with, if indeed those numbers are able to be acquired.
[LR285]

BRUCE RIEKER: I would imagine that that would be a significant portion of it. They're not leaving the healthcare industry but they're leaving their place of employment to maybe have...I mean we see a lot of individuals leave because they don't want to work the night shift or things like that. Maybe they can go to a home health agency or a physician's clinic and they have more structured hours that are more conducive to family or personal interests. But we're seeing...and the same thing happens with our clinical situations where we work with educational institutions to build clinics, so that people have clinical experience. We're not finding as many people that are willing to work in the evenings and early morning and at night to do those clinical positions, so it's becoming a little bit more difficult, and they have other opportunities. [LR285]

SENATOR HEIDEMANN: Senator Gloor. [LR285]

SENATOR GLOOR: And I'd put my oar in the water on this also, if I might, that all the points that have been brought out here are legitimate and valid ones; that one of the more obvious ones is in some of these outstate communities that are smaller communities you have people who are now trained professionals, making a good salary, but have no social life. And there is usually quite a flow of people from the Norfolks, Grand Islands, Hastings, North Plattes, Scottsbluffs into the Denvers, Kansas Citys, but especially into the Lincolns and Omahas. And there are always jobs that are available for somebody who has the ability to move very early in their career. [LR285]

SENATOR HARMS: I guess what I'm really interested in is tracking it to make sure that that's correct, because if they are in fact doing that then it's up to...I mean it's up to the hospitals and the folks that are in control here to start to address that issue in some form or manner, if they can. [LR285]

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BRUCE RIEKER: Well, we are getting in...we are already shaping the next survey for this and I think that we'll incorporate those questions into our survey for Compdata to do that for us in the coming months. [LR285]

SENATOR HEIDEMANN: Did you have something else? [LR285]

SENATOR HARMS: Yes, I did. [LR285]

SENATOR HEIDEMANN: Senator Harms. [LR285]

SENATOR HARMS: Bruce, when you look at this, we're talking about nursing. Are we looking at...I mean are we paying them enough to track them in Nebraska and keep them in Nebraska? I mean are the salaries appropriate for us? And the second question is are we unionized? Are nurses unionized? Are they... [LR285]

BRUCE RIEKER: We are...I'll answer the first one...or the second one because that's a little bit easier for me because the answer is no. We do not have any union shops in Nebraska's hospitals right now. There have been efforts in the past and we're aware of another effort that's going on right now to try and unionize our nurses and other allied professions within the hospitals, but to date there are no unionized work forces in our hospitals. Now as far as are we paying them enough, I think that I may have to ask the nurses about that, but it's a Catch...well, our hospitals employ 46,000 people and payroll is roughly 50 percent of our costs. Capital expenditures and equipment is the other 50 percent. So we try and keep them employed. We try. I think that they're paying competitive wages but, you know, I'd like to be paid more for what I'm doing too. So there's that, which perspective are you looking at. Where we are trying to keep the costs of healthcare down, payroll is one of those issues that we have to look at. So it's, you know, it's a, you know, supply-and-demand issue, but I'm sure that there are nurses that feel they're underpaid and overworked. [LR285]

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SENATOR HARMS: Well, I guess my question is, do you want nurses or don't we want nurses? [LR285]

BRUCE RIEKER: We want nurses. [LR285]

SENATOR HARMS: And then are we paying them appropriately? Because that all ties together. [LR285]

BRUCE RIEKER: Uh-huh. [LR285]

SENATOR HARMS: And just because we want to keep the costs down doesn't mean you're going to have good nurses. [LR285]

BRUCE RIEKER: Right. [LR285]

SENATOR HARMS: And I guess my thoughts are that that's a question I always have had an interest in. I've talked to a number of nurses. You know, they work a lot of long, hard hours, sometimes 12-hour shifts and, you know, that's pretty tough if you have a family and that sort of thing. And a lot of them don't feel like they have, you know, have enough, are being paid appropriately. That's why I just asked this question because I think that's tied to the shortage. If Nebraska has got a problem with it, if you pay well enough then you'll be able to keep the nurses. I understand the cost factor and, you know, all that stuff that goes into this, Bruce, but that's all I have. [LR285]

BRUCE RIEKER: I so badly want to deflect this question to Senator Gloor, since he used to run a hospital. (Laughter) I just want that to come this way and go that way. But, yes, we do need to pay them well enough to keep them and to entice them to stay. And then I'll play devil's advocate: The more we pay them, the harder it is to get educators in the educational facilities because we take their salaries even higher and there's even a greater differential between instructors and practitioners. [LR285]

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SENATOR HARMS: But do you want good medical care? [LR285]

BRUCE RIEKER: Absolutely. [LR285]

SENATOR HARMS: And do you want good nurses? [LR285]

BRUCE RIEKER: Absolutely. [LR285]

SENATOR HARMS: Then you got to pay them. [LR285]

BRUCE RIEKER: Absolutely. [LR285]

SENATOR HARMS: That's my point. I'm sorry. [LR285]

SENATOR GLOOR: Something got deflected my way. [LR285]

SENATOR HEIDEMANN: Senator Gloor for the deflection. [LR285]

SENATOR GLOOR: I'll try and be very brief but there's some market realities here.
Within... [LR285]

SENATOR HARMS: No, I understand that. [LR285]

SENATOR GLOOR: ...within 48 hours, if salaries went up in Kansas City or Des Moines, the hospital personnel directors would be at CEOs' doors, hammering on it saying we're going to lose people, not to the Lincolns or Omahas or Hastings or Kearneys but to the larger cities. And I mean there's no doubt that that's the sort of thing that people get paid a lot of money in Nebraska hospitals to track. And so it's very rare that you don't find salaries that are so far apart that somebody is going to hop up and

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move into a community that may be more expensive or unknown to them. I have no doubt that it's one of those issues that if you pay a little better, you probably retain better, but I don't think it's at the heart of the nursing shortage that we have in the state of Nebraska. [LR285]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you. [LR285]

BRUCE RIEKER: Thank you. [LR285]

SENATOR HEIDEMANN: How many people wish to testify yet? Okay, we have about five minutes. [LR285]

HOPE BAUMAN: (Exhibit 10) I will be very brief. Good afternoon, Chairwoman Campbell and Chairman Heidemann. My name is Hope Bauman, that's spelled B-a-u-m-a-n. I'm the director of nursing at Kaplan University here on the Lincoln campus. I'm representing today Kaplan University's two campuses here in Lincoln and also in Omaha. I appear before you today to offer testimony on LR285. I would note that Mindy Barna, associate dean of Kaplan University, Omaha campus, is also in attendance today. In 2008 the Robert Wood Johnson Foundation and the Institute of Medicine embarked on a two-year process to assess the need to transform the nursing profession. The process was expected to yield a report that would provide recommendations for the future of nursing. One of the key messages of the Institute of Medicine "Future of Nursing" report was that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Nebraska healthcare facilities have heard this message and are working to support this initiative by pursuing job candidates with higher levels of education. To ensure that Kaplan University School of Nursing graduates are able to seamlessly continue their education, all nursing curricula are reviewed and modified as needed. The university proactively seeks to improve its nursing curriculum by soliciting feedback from key stakeholders, including faculty, students, alumni, advisory boards,

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staff from our clinical agencies, and the state of Nebraska's Board of Nursing. The Kaplan School of Nursing's goal is to provide students with seamless progression from an LPN diploma through to a doctoral degree. Kaplan University has created a culture that fosters continuing education. Specifically, the School of Nursing allows faculty and staff to continue their education through the Gift of Knowledge Program, which allows nurses to obtain a higher degree with no tuition expense. Over the last five years, I have personally watched five of our nursing faculty in the LPN program continue their education and receive master's degrees. This is increasingly important in light of nursing faculty shortages currently affecting schools, both locally and nationwide, as well as the aging nursing faculty leaving existing programs. Nurses with higher levels of education and a desire to teach will be critical in addressing the nursing shortage. If we do not cultivate more nurse educators, then our nursing schools will not be able to maintain the enrollment needed to respond to the shortage. To ensure that graduates at all levels are fully prepared to meet the demand for nurses and nurse educators, institutions like Kaplan and others have made significant investments in technology that can augment and expand clinical instruction. Simulation provides a safe learning environment and allows students opportunities they may not get in the clinical setting. Simulation has been shown to provide learning experiences that closely resemble clinical experiences and is considered a viable method for providing clinical hours for students in nursing programs, especially in areas of high demand such as mother/baby, pediatrics, and critical care. The Kaplan University School of Nursing is committed to helping solve the nursing shortage through its dedication to graduating highly educated, well-prepared nurses and nurse educators. Thank you very much for your time this afternoon. I'd be happy to answer any questions that you may have. [LR285]

SENATOR HEIDEMANN: Are there any questions? Seeing none, thank you for testifying today. [LR285]

HOPE BAUMAN: Thank you. [LR285]

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MARY WENDL: Good afternoon. My name is Mary Wendl, M-a-r-y W-e-n-d-l, and I am an RN on the Nebraska Center for Nursing, and I just wanted you all to be aware of the reports and the information that the center provides, and I believe you may get an annual report from the center and a strategic plan, and if not, we certainly can provide that for you. The center has been collecting and analyzing nursing work force data since the year 2000, when the center was established by the Legislature, and we continue to provide and improve the kind of information needed to know about the nursing shortage. And other things that we have done is we have a geographic information scientist consultant that helps us with gathering that information to maximize the use of technology. We have a nursing work force survey in conjunction with the relicensing every two years that gives us data on nurses in Nebraska, where they're working, and we also have on our Web site a map of nursing density in each county, so that's available at our Web site which is www.Center4Nursing.com, and there's other maps there as well. And we've also implemented a Passport Project, which is standard method of orienting students to clinical sites, and we've established a foundation to solicit funding for supporting the Center for Nursing activities. So I'd be happy to answer any questions. [LR285]

SENATOR HEIDEMANN: Senator Gloor. [LR285]

SENATOR GLOOR: Thank you, Senator Heidemann. And thanks for your testimony. Do you keep statistics on the percentage of the work force, nursing work force, that are nontraditional, were nontraditional students, in other words, the EMT that decided to go back, because they were excited about healthcare, and become an RN or the housewife whose kids were in high school now and wanted to go back to school? Do we have information on what percentage of our licensed or current students or licensed nurses were other career pursuers? [LR285]

MARY WENDL: Yeah. I have not seen that data but it's certainly a point that I can bring back to the group to look at as we refine our surveys. [LR285]

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SENATOR GLOOR: Well, as we talk about solutions,... [LR285]

MARY WENDL: Uh-huh. [LR285]

SENATOR GLOOR: ...scholarship monies that might be available that help people in those directions I know were pursued...are pursued sometimes by individual institutions like mine, because those are folks you didn't have to worry about retention. They have already got roots in a community. They have a spouse that's already there and have, frankly, the commitment to that educational curriculum to stick it out. [LR285]

MARY WENDL: Uh-huh. [LR285]

SENATOR GLOOR: So that's always seemed to me to be an overlooked way that we might be able to address at least a portion of the shortage, so merits some consideration I think. [LR285]

MARY WENDL: Uh-huh, think it does too. [LR285]

SENATOR HEIDEMANN: Any other questions? Seeing none, thank you. Is anyone else wishing to testify? Seeing none, Senator Conrad, want to...? With that, we will close the public hearing on LR285. Thank you. [LR285]