Health and Human Services Committee
January 18, 2018

[LB687 LB731 LB788 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, January 18, 2018, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on three gubernatorial appointment confirmations and on LB687, LB731, and LB788. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: It's a few minutes before the designated 1:30 time for the Health and Human Services Committee, but I'm going to take the prerogative of moving forward because we have a lot of people here. It appears everyone is prepared to go. This is the Health and Human Services Committee. I am Merv Riepe; I am the chairman, and I am from District 12, which is Millard, Ralston, and Omaha. And I would like to have, again, self-introductions. We went through this earlier before the briefing, but I want to go through it before the official hearing. So Senator Kolterman, would you be kind enough to start us off?

SENATOR KOLTERMAN: Sure. I'm Senator Mark Kolterman from Seward, District 24.

SENATOR HOWARD: Senator Sara Howard. I represent District 9 in midtown Omaha.

SENATOR ERDMAN: Steve Erdman, District 47. I represent ten counties in the Nebraska Panhandle.

KRISTEN STIFFLER: Kristen Stiffler, legal counsel.

SENATOR CRAWFORD: Good afternoon. Senator Sue Crawford from eastern Sarpy County, District 45.

SENATOR LINEHAN: Good afternoon. Lou Ann Linehan, District 39: Elkhorn, Waterloo, and Valley and western Douglas County.

TYLER MAHOOD: Tyler Mahood, committee clerk.

SENATOR RIEPE: Senator Williams will be joining us. He was delayed momentarily. We also have pages with us today, and they're obviously very helpful to the committee. We will also see that the committee members at times come and go because they have other obligations, hearings, or they're opening on bills. So do not take that as a personal affront to the presentation that you

may be making. You'll also see us at times being on either iPads or on computers. That's the new wave, if you will, as opposed to much of the paperwork that we have. The rules of engagement that we ask you to cooperate with are to please silent your cell phones and, if you are testifying, we would ask you to move forward as that time approaches, in the interest of moving the hearing along. We ask you, for purposes of the record, to state your name, to spell your name, and to indicate the organization which you represent. Today we're going to be working on a five-minute clock, which is: four minutes on the green light you'll see in front of you; one minute on the yellow; and then you'll have a red light. We'll ask you to conclude at that time. If that doesn't happen and it goes on, I may call you to ask you to conclude and you may be able to get a question from one of the committee members that will afford you the opportunity to finish up your thought, if you will. If you will not be testifying at the microphone, but you want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. These sign-in sheets will become exhibits of the permanent record. And that's one of our call-ins, coming in right now, and so I will be quick here. We also, if you're going to testify, there are orange sheets that you need to give to the clerk. With that, the first thing on our agenda is...we have three confirmations. One is a new one to the Stem Cell Research Advisory Committee, and that is Dr. Yi. And I believe that she (sic: he) is on the phone at this time. [CONFIRMATION]

DR. RUI YI: (Exhibit 1) Yes. [CONFIRMATION]

SENATOR RIEPE: Dr., is it Yay (phonetic) or Yee (phonetic)? [CONFIRMATION]

DR. RUI YI: Yi. [CONFIRMATION]

SENATOR RIEPE: Yi. Okay, thank you very much. I apologize. Would you tell us, kindly, your background and your interest in serving on this particular advisory committee? [CONFIRMATION]

DR. RUI YI: So I'm an associate professor at the University of Colorado at Boulder. My research background is in the development of the mammalian skin, including both mouse and human. And we also study skin stem cells in both systems. [CONFIRMATION]

SENATOR RIEPE: Okay. Did you say that you were from Boulder? [CONFIRMATION]

DR. RUI YI: Yes, I'm currently at Colorado, Boulder...Boulder, Colorado. [CONFIRMATION]

SENATOR RIEPE: Sure. And how was it that you came to be asked to serve on this advisory committee? [CONFIRMATION]

DR. RUI YI: So you know, we...my lab has been independently studying skin stem cells for the last nine years. So we have an international reputation, in terms of working in the skin stem cell field. So I think I am approached by Ms. Patti DeLancey. She asked if I would be willing to serve on the committee. And knowing the other members of the committee like Dr. Dennis Roop, among others, also expert in the skin stem cell field, so I agreed to serve on this advisory committee. [CONFIRMATION]

SENATOR RIEPE: I also understand that the requirement is that you be from outside of the state of Nebraska for objectivity purposes. So with that, we thank you. I'm going to ask the committee members if they have questions they would like to direct to your attention. [CONFIRMATION]

DR. RUI YI: Okay. [CONFIRMATION]

SENATOR RIEPE: I see none. Is there any concluding remarks that you would like to make? I know this is a three-year term. Okay. Hearing none, we thank you very much. We appreciate your interest and your willingness to serve. Okay. Thank you, Sir. [CONFIRMATION]

DR. RUI YI: Okay. Thank you. Have a good day. Bye. [CONFIRMATION]

SENATOR RIEPE: Thank you; you, too. And we have another call coming in. This is kind of like O'Hare Field here, trying to have calls coming in and calls going out. Our next caller is going to be Dr. Rebecca Jane Morris, and she is currently...this would be a reappointment on her behalf, if successful in that. So we will be waiting for her call. She's going to call in at 1:40, so if there's anyone--we have about six or seven minutes--if anyone wants to take a brief break for some reason, you're welcome to do that. We will not consider that being disruptive, by any means. I might add, at this time, that we did have a request for call-in testifiers it said, on when we get down into some of the legislative bills. And as chairman, I have elected not to allow call-in testifiers. And so we won't be hearing that. We will accept written testimony, which we'll put into the record. This is Senator Matt Williams, and you can tell us where you're from, Sir. [CONFIRMATION]

SENATOR WILLIAMS: Matt Williams, District 36: Dawson, Custer, and the north part of Buffalo County. [CONFIRMATION]

SENATOR RIEPE: Senator Williams, we're simply waiting until 1:40 when our second individual calls in. Dr. Morris? [CONFIRMATION]

DR. REBECCA JANE MORRIS: Yeah, this is Rebecca. [CONFIRMATION]

SENATOR RIEPE: Thank you very much for joining us today. I am here. I'm Merv Riepe; I'm chairman of the committee and we have our Health and Human Services Committee, and we have a grand audience here, as well. We're here to hear your testimony and your reason for...your background. I know you're currently serving on the Stem Cell Research Advisory Committee. I believe that you're requesting a second term. Is that correct? [CONFIRMATION]

DR. REBECCA JANE MORRIS: I think it's the third. [CONFIRMATION]

SENATOR RIEPE: Third term. Okay, thank you. Would you like to tell us, first of all, a little bit about yourself, what you feel that you've contributed or accomplished, and why you would like to serve, going forward, please? [CONFIRMATION]

DR. REBECCA JANE MORRIS: (Exhibit 1) All right. I am a professor at the University of Minnesota, and I'm a leader of the stem cell and cancer research section at the Hormel Institute in Austin, Minnesota. And I've worked for more than 30 years on the stem cell problem in the skin and, now, in the bone marrow. So I feel that I can contribute to your mission to fund grants in the field of stem cells...adult tissue stem cells, or IPS cells. So that's why I'm requesting another term for being on the stem cell advisory board. So... [CONFIRMATION]

SENATOR RIEPE: Okay. Are there questions from the members on the committee? Do you have an affiliation with Mayo, as well? [CONFIRMATION]

DR. REBECCA JANE MORRIS: No, I don't. [CONFIRMATION]

SENATOR RIEPE: Okay. [CONFIRMATION]

DR. REBECCA JANE MORRIS: Yes, I have a...I collaborate in dermatology at Mayo, but I don't have an appointment there myself. [CONFIRMATION]

SENATOR RIEPE: Okay, thank you very much. There seem to not be any questions. Do you have any additional comments or conclusions, or anything that you would like to make? [CONFIRMATION]

DR. REBECCA JANE MORRIS: Well, you know, I think it is really fantastic that you're setting aside money for stem cell research. I think that it's just...you know, I wish Minnesota would do something like that. I just think it's very, very longsighted to do that. And I think that we've had some really wonderful grants come through the committee, and some of which have been funded. And I think that the scientists in Nebraska are really doing a great job, so I would add that. [CONFIRMATION]

SENATOR RIEPE: Thank you. We appreciate that you're willing to be a participant and a contributor to that. Seeing no other questions, we thank you very much for your time today and your willingness to call in, and we will be taking some action as we go along through Exec Session. So thank you very much. [CONFIRMATION]

DR. REBECCA JANE MORRIS: Oh, okay. Well, thank you. Good-bye. [CONFIRMATION]

SENATOR RIEPE: Thank you, good-bye. Okay. Given the brevity of our conversations, our next call-in is at 1:50. So again, we have another little hiatus here. And so you can either do like you do in church--turn around and welcome your neighbor--or take a break, if you'd like to. Dr. Roop? [CONFIRMATION]

DR. DENNIS ROOP: Yes, hello. [CONFIRMATION]

SENATOR RIEPE: Thank you very much for calling in. You've kind of saved the day here. You're a little bit early and that's perfect. We appreciate your willingness to be reappointed to the Stem Cell Research Advisory Committee. And we would ask you today to tell us little bit about yourself and what you feel that may be some of the accomplishments of the advisory committee have been, or you have personally contributed, and why you would like to continue forward, please. [CONFIRMATION]

DR. DENNIS ROOP: (Exhibit 1) Sure. I am a professor at the University of Colorado Medical School. I also direct the Gates Center for Regenerative Medicine. With respect to the committee, I've been a member from the beginning. I think it's a great example, at least from the numbers that I've seen of return on investment, for...you know, having a small amount of seed money provides sufficient funds to generate compelling preliminary data that then allow investigators within the different institutions in Nebraska to then go on and be successful in getting additional funding, whether it's from the NIH, NSF, or other funding agencies. [CONFIRMATION]

SENATOR RIEPE: Thank you. I'm going to turn now to the committee and see if any of the committee members--there are a total of seven--and see if any of them have any questions that

they would like to direct to you. Seeing none, you've obviously been very impressive. Is there anything further that you would like to bring to our attention? We will be making recommendations on forward up to the full Legislature for your confirmation and, if you have anything else you'd like to add before that, please do so now. [CONFIRMATION]

DR. DENNIS ROOP: I would just say that, you know, having been involved with this funding mechanism from the beginning, certainly I believe that the quality of the grants has increased tremendously. And you know, as...I wish I could convince my own state to fund a similar initiative. [CONFIRMATION]

SENATOR RIEPE: Well, I'm sure, with time, you will. So thank you so very much for your time today and for your commitment to this very worthy cause. We appreciate it very much. Thank you. [CONFIRMATION]

DR. DENNIS ROOP: Certainly, thank you. [CONFIRMATION]

SENATOR RIEPE: You have a great day, Sir. [CONFIRMATION]

DR. DENNIS ROOP: Good-bye. [CONFIRMATION]

SENATOR RIEPE: Thank you. Okay, the confirmation hearings are concluded. We will now move on to LB687, which is Senator Carol Blood. And with that, Senator, we will afford you the opportunity to open on your LB687. [CONFIRMATION LB687]

SENATOR BLOOD: Thank you. I think it's a little chilly in here today. [LB687]

SENATOR RIEPE: Uh-huh. [LB687]

SENATOR ERDMAN: Come back tomorrow. [LB687]

SENATOR BLOOD: It's warm in here. Good sunny afternoon to the Health and Human Services Committee. My name is Senator Carol Blood; that is spelled C-a-r-o-l B-l-o-o-d, and I represent District 3, which is western Bellevue and southeastern Papillion, Nebraska. Thank you for the opportunity to share my advanced practice registered nurses' interstate compact bill, LB687, with you today. The APRN compact allows an advanced practice registered nurse to hold one multistate license, with a privilege to practice in other compact states. The APRN compact would be implemented when ten states have enacted the legislation. Currently three states have

joined the compact, with many others hoping to pass legislation in 2018. There have been dramatic changes occurring in healthcare delivery, and it is not uncommon for patients to travel across state lines for healthcare. APRNs often provide care across state borders, both physically and electronically. The single state license model is not economical for APRNs or their employers. The current model limits the mobility of APRNs and access to care for patients. Also, the current model requires APRN educators, who teach on-line students across the country, to hold multiple licenses, one for each state their students log on to from. The 100-year-old licensure model should be updated, and the compact that I bring forward offers a safe and innovative approach that is in lockstep with 21st-century healthcare. To obtain and retain a multistate license, an APRN must meet the home state's qualifications, in addition to the uniform licensure requirements. As with other medical interstate compacts, the APRN compact facilitates the states' responsibility to protect the public's health and safety, and ensures and/or encourages the cooperation of states in the areas of APRN licensure and regulation, including promotion of uniform licensure requirements. The compact facilitates the exchange of information between party states in the areas of APRN regulations, investigation, and adverse actions. The compact promotes compliance with the laws governing the APRN practice in each jurisdiction and, most importantly, decreases redundancies in the consideration and issuance of APRN licensure, providing opportunities for interstate practice by advanced practice registered nurses who meet uniform licensure requirements. Although this compact is beneficial to all APRNs in Nebraska, or others wishing to move to or practice in Nebraska, I embrace this legislation as part of my military family's initiative in my continued efforts to remove employment hurdles to our military spouses, who must frequently relocate every two to three years, often not being able to find employment in their fields. Because of the difficulties created by licensure here in Nebraska, there is a huge issue with this well-educated and capable demographic being unemployed or underemployed, because they are unable to procure appropriate employment. These are issues we can easily address in the Legislature with sound policy, such as this APRN interstate compact. It is important to note that state licensing boards still have the authority to take adverse action against a multistate licensure privilege, allow cases and deceased (sic: cease and desist) orders to limit privileges, issue subpoenas, and obtain and submit criminal background checks, as well as require the deactivation of a multistate licensure privilege when the license has been encumbered. As is the norm with other medical interstate compacts, there is participation in the coordinated licensure information system. Nebraska will participate with prompt reporting of adverse action, current significant investigative information, and participation in alternatives to discipline programs when known to the Board of Nursing. As Nebraska moves to embrace telehealth services, this APRN compact will also remove the licensure barrier to telehealth practice for APRNs, as well. We all know that healthcare compacts are not a new idea. In fact, the nurse licensure compact has been around for more than 15 years, with more than half of our states participating. Most recently, there have been compacts for physicians, emergency medical technicians, psychologists, and physical therapists that have been passed or are currently considered across the United States and here in Nebraska. Out of the three compacts I'm bringing

forward this year, the only one that appears to have any opposition is this bill for APRNs. Part of those concerns may be some confusion as to what has already been passed in nurse licensure legislation and, I'm hoping I can clear up some of the confusion. APRN CRNAs, and APRN NPs were granted independent practice through legislation passed by Senator Crawford several years ago. APRN CNs and APRN CNMs were not. APRNs are RNs with advanced education and practice authority. The total number of RNs in Nebraska right now is around 25,000. Now there's four types of APRNs in Nebraska, and they total around 800. Nursing credentials issued by Nebraska for APRNs include: the clinical nurse specialist, who's an RN who holds a masters or doctoral degree in a nursing clinical specialty area and has successfully completed a graduate level clinical nurse specialist education program; certified registered nurse anesthetist, an RN who has advanced education and certification to work in the field of anesthesia; nurse practitioner, an RN who has advanced education and licensure to manage common health problems and chronic conditions, including prescribing treatments and medications; certified nurse midwife, an RN who has an advanced education and certification to attend cases of normal childbirth in hospitals and birthing centers, and provide normal obstetric and gynecological services to women. A CNM may not attend a delivery at home, and CNMs may also prescribe treatments and medications. We have heard concerns from some of...from some that this compact will expand the scope of practice for APRNs in Nebraska. At issue is whether or not an APRN who comes in from somewhere that has a broader scope of practice in a place like Iowa, would be able to use that broader scope here. I can tell you that that is not the case. If you look at the bill, starting on page 14, line 12, we've included language that clearly says an APRN, practicing in a party state, must comply with the state practice laws of the state in which the client is located at the time the service is provided. By doing this, we're making sure those using multistate licenses through the compact are adhering to our rules and regulations. The compact is, in essence, a licensure mobility tool. It is not aimed at changing what APRNs can and cannot do. If a certified nurse midwife is not allowed to engage in home births before this compact goes into effect, they will not be able to engage in home births after this compact goes into effect. Another concern expressed has been that passing this legislation will not make a difference if bordering states do not participate. I would like to address this by saying that neighboring states are considering this and other interstate compacts, especially since the NCSL and CSG are advocating strongly for these types of compacts. And for those who teach on-line classes or participate in telemedicine, this bill would provide immediate support. And with all due respect, Nebraska needs to start stepping up and being in the forefront, not bringing up the rear. We have internationally-known facilities in our state that are in a constant need of qualified staff. We can support that ongoing need by creating one more hiring tool, and that tool is interstate compacts. As we all work hard in Nebraska Legislature to remove perceived hurdles of employment, this is yet another piece of that puzzle of what Governor Ricketts has asked us to achieve through good legislation. Although this APRN legislation is a bit more complicated than some of the other interstate compacts that have been brought forward over the last few years, I believe there is much more good things that can happen as a result than potential concerns. As I just mentioned,

Nebraska has a serious employee shortage of qualified staff when it comes to our healthcare system. This is a problem that will not go away without moving forward every sound solution that we can bring to the forefront. I believe the APRN compact is one of those solutions. With that said, I am happy to answer any of your questions at this time. I will stay for my closing. I thank you for your time and I hope that you consider moving this out of committee and on to the floor for debate. [LB687]

SENATOR RIEPE: Thank you very much. Are there questions from the committee? Senator Howard, please. [LB687]

SENATOR HOWARD: Thank you, Senator. Thank you for visiting with us today. So, and this is probably a question that somebody behind you will also want to address, but my question related to if somebody with...and we have a lot of traveling nurses, I know that because we have a nurse shortage and we have hospitals who are bringing in traveling nurses. So my question was more around if you're coming in as an NP and we have a higher scope for our nurse practitioners, or if we have a higher authority and you're coming from a state that has a lower authority, how...and we're using the compact, how would the hospital be able to say you practice to the scope of your home state, as opposed to the scope of your...of Nebraska? [LB687]

SENATOR BLOOD: Because it is set in the compact that you are only allowed to do what you're qualified to do. So if you go to a state that has higher qualifications, you are not qualified to do that. And I'm sure somebody can phrase it more eloquently than I can, behind me. [LB687]

SENATOR HOWARD: Yeah. [LB687]

SENATOR BLOOD: But it's just not allowed. You're...so you don't magically get permission to do things, because that's... [LB687]

SENATOR HOWARD: Right, when you're not trained for them. [LB687]

SENATOR BLOOD: Thank you. [LB687]

SENATOR HOWARD: Right. And so, I guess, more I was trying to think of...part of the reason why we have these different types of nurses is because you specialize... [LB687]

SENATOR BLOOD: Um-hum. [LB687]

SENATOR HOWARD: ...if you have additional expertise. [LB687]

SENATOR BLOOD: Right. [LB687]

SENATOR HOWARD: And so if you were coming from a state where maybe the expertise requirements for that level were lower, and then you're coming into Nebraska, how is the provider or the client or the patient going to know that you're not allowed to do that thing, because here you are. [LB687]

SENATOR BLOOD: That's a valid point. I don't have an answer for that question, and hopefully somebody behind me does. [LB687]

SENATOR HOWARD: Okay. I'm sure somebody behind you will. [LB687]

SENATOR BLOOD: And I'm sure that it's already being handled with other compacts. I mean how do they know with the other compacts? [LB687]

SENATOR HOWARD: Right. And then what are the other three states? [LB687]

SENATOR BLOOD: That's a really good question. It is Texas and Utah and Iowa. [LB687]

SENATOR HOWARD: Perfect, thank you. [LB687]

SENATOR BLOOD: Uh-huh. I knew I'd be asked that, so I wrote it down. [LB687]

SENATOR RIEPE: Senator... [LB687]

SENATOR BLOOD: And many, many other states are taking it to the floors this year. I'm sorry. [LB687]

SENATOR RIEPE: No, don't be. Senator Crawford, do you have a question? [LB687]

SENATOR CRAWFORD: Thank you, Chairman. And thank you, Senator Blood. So as I'm looking at the language, it looks like there is a group of minimum standards, like uniform licensure requirements, that are minimum standards for this multistate licensure. And so the person must meet those minimum standards even to get that licensure at all. [LB687]

SENATOR BLOOD: Right, um-hum. [LB687]

SENATOR CRAWFORD: Right? Correct? [LB687]

SENATOR BLOOD: Right, that is correct. [LB687]

SENATOR CRAWFORD: And what those minimum standards are, we don't necessarily know because that's not laid out in the compact. [LB687]

SENATOR BLOOD: Indeed. [LB687]

SENATOR CRAWFORD: But the compact, I guess, would be...is it the compact would govern, really, that multistate licensure that you're holding as you move into the state? [LB687]

SENATOR BLOOD: Yes. [LB687]

SENATOR CRAWFORD: Correct. And so if that multistate...if the uniform license requirements...the uniform license requirements would require a certain amount of training or certain state practice act requirement, that's really what would govern it. You would be able to practice in another state under that license anyway. Is that correct? Yeah. [LB687]

SENATOR BLOOD: I'm not sure I understood that question. [LB687]

SENATOR CRAWFORD: Yeah, okay. [LB687]

SENATOR BLOOD: But it sounds correct, yes. [LB687]

SENATOR CRAWFORD: Yes, okay. I think so. I was just trying to lay out that the compact itself is setting some standards. [LB687]

SENATOR BLOOD: Right, it's the foundation. [LB687]

SENATOR CRAWFORD: The foundational standard. [LB687]

SENATOR BLOOD: Yes. [LB687]

SENATOR CRAWFORD: All right, correct. Thank you. [LB687]

SENATOR RIEPE: Thank you. Senator Erdman. [LB687]

SENATOR ERDMAN: Thank you, Chairman Riepe. Thank you, Senator Blood, for coming. A couple of questions, follow-up with what Senator Howard asked. I was going to ask about the states that had approved. Did you mention there would be four others that are thinking about it? [LB687]

SENATOR BLOOD: I have been to several conferences in reference to interstate compacts, and I have talked to at least twelve other states that are looking to pursue this. [LB687]

SENATOR ERDMAN: Okay, okay. But my question is about the commission. On line 10, page 2--page 10--it talks about the commission means the Interstate Commission of APRN Compact Administrators. Do you know who our administrator would be in Nebraska? [LB687]

SENATOR BLOOD: Yeah. It's through the Department of Health and Human Services, and we have met with them. That's who does the other compacts. Which specific person it is within Health and Human Services, I do not know. But I do know that we have met with them and they already monitor and manage the other compacts. [LB687]

SENATOR ERDMAN: Okay, so then it is your... [LB687]

SENATOR BLOOD: So they're not hiring anybody or bringing anybody in to it. [LB687]

SENATOR ERDMAN: Okay. Is it your opinion then that, that would be the same in the other states that join the compact? So whatever the number of...whatever the number of the states in the compact, that would be the number of commissioners they would have? [LB687]

SENATOR BLOOD: If it...the number of commissioners they would have, the number of people involved in the compact representing each state? Yes. [LB687]

SENATOR ERDMAN: Because it says, on line 10--definitions, "Commission means the Interstate Commission of APRN Compact Administrators." So I would assume that board could grow in size... [LB687]

SENATOR BLOOD: Yes. [LB687]

SENATOR ERDMAN: ...so if we had 20, it would be 20-member board? [LB687]

SENATOR BLOOD: Right, because they are also part of the reporting process. So say for instance we have an APRN that has done something that was unacceptable and they've been...received--I don't want to say punishment, I can't think of the word... [LB687]

SENATOR WILLIAMS: Disciplinary. [LB687]

SENATOR BLOOD: Thank you...discipline. Punishment did not sound age appropriate...received discipline for it. They...it's their responsibility to make sure that that's reported. [LB687]

SENATOR ERDMAN: So somewhere in the bill does it describe what their charge would be, the commission, what they would do? [LB687]

SENATOR BLOOD: What their charge would be in the commission? [LB687]

SENATOR ERDMAN: What they would be charged in doing? [LB687]

SENATOR BLOOD: You know, I don't think there's a description within the bill, within the compact. There is within the Web site, in the information that's given to every state that joins the compact, and we did walk Health and Human Services through it. [LB687]

SENATOR ERDMAN: Okay. [LB687]

SENATOR BLOOD: And again, it's the same for all the compacts. [LB687]

SENATOR ERDMAN: Okay, thank you. [LB687]

SENATOR RIEPE: Senator Howard. [LB687]

SENATOR HOWARD: Thank you. Is the department coming today? [LB687]

SENATOR BLOOD: I have no idea. [LB687]

SENATOR HOWARD: All right. [LB687]

SENATOR BLOOD: But we did meet with them because we were concerned that we would have to hire somebody. [LB687]

SENATOR HOWARD: Right. And do you know, are they already using an on-line system, or a computer system, for licensure for nurses? [LB687]

SENATOR BLOOD: They would have to be since they're already doing several interstate compacts, I would assume, but I cannot answer that definitively because I don't work in that department. [LB687]

SENATOR HOWARD: Okay, perfect. Thank you. [LB687]

SENATOR RIEPE: Did I hear you say that the department said that they would have to, in fact, hire someone? [LB687]

SENATOR BLOOD: I'm sorry, I can't hear you. [LB687]

SENATOR RIEPE: Did the department, in fact, say that they would have to hire? [LB687]

SENATOR BLOOD: No, they did not say... [LB687]

SENATOR RIEPE: Oh, okay. [LB687]

SENATOR BLOOD: ...that they would hire, that they would manage it as they have the other compacts, and that it was not an issue. They're the... [LB687]

SENATOR RIEPE: Okay. Are there other questions from the committee? Hearing none, we appreciate you're going to stay around to close. We may have some at that time. Okay? [LB687]

SENATOR BLOOD: All right, thank you. [LB687]

SENATOR RIEPE: We'd now like to move with proponents, those that are in favor, supporting this legislation. If you'd be kind enough to file your orange sheet and then if you would state your name and spell it for us, please, for the record. [LB687]

MELISSA FLORELL: Yes. [LB687]

SENATOR RIEPE: And then share with us your organization, and then you're free to go. [LB687]

MELISSA FLORELL: (Exhibit 1) Good afternoon. My name is Melissa Florell, M-e-l-i-s-s-a F-l-o-r-e-l-l. I'm speaking on behalf of the Nebraska Nurses Association. NNA is the voice of registered nurses in Nebraska, and we come to you today in support of LB687, to adopt the Advanced Practice Registered Nurse Licensure Compact (sic: Advanced Practice Registered Nurse Compact). Much like the Enhanced Licensure Compact (sic: Enhanced Nurse Licensure Compact), passed by the Legislature last year, this bill is important to nurses. Multistate licensing allows for the mobility of nursing work force, recognizes changes in nursing practice, such as moving...or such as providing care via telehealth. It's important that Nebraska minimize the barriers to practice and maximize healthcare access; and the passage of LB687 does that. Nebraska has been a party state to nurse licensure compacts since 2001. The compacts have benefited registered nurses and patients by supporting mobility in the nursing workforce, reducing barriers to licensure for military spouses, and for authorization to practice in times of disaster and increased need. LB687 extends these benefits to our advanced practice registered nurses. APRNs are an integral part of our healthcare workforce, and they are nurses who have obtained master's, postmaster's, or doctoral degrees in preparation to care for specific patient populations. And that is partially in answer to your question. In order to care for those specific patient populations, they also receive national certification. So in order to come into Nebraska and provide that care, they have already have the credentialing and the education to take care of that population. And our four types are--advanced practice registered nurses: nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists. Each type of advanced practice registered nurse practices according to the rights and privileges set forth in Nebraska statute. Under current licensure rules, an APRN with a need to practice in another state has to hold a license in that state. Currently, about 69 percent of Nebraska nurse practitioners and 26 percent of Nebraska CRNAs hold licensure in other states in order to practice. This requirement places an undue burden on our APRNs. Creating a mechanism for multistate licensure will also support healthcare access to our rural Nebraskans. 86 percent of APRNs practice in medically underserved areas. The compact was developed by the National Council of State Boards of Nursing in 2015 and facilitates that states' responsibilities to protect patient public health and safety by ensuring that the party states have the authority to hold APRNs accountable in meeting state practice laws in the state where the patient is located during the time of care. This means that an APRN, holding a multistate license and providing care in Nebraska, has to follow the rules of the road in our state. The APRN Compact does not grant new prescriptive privileges for nurse practitioners, certified nurse midwives, or certified registered nurse anesthetists. Prescriptive privileges for clinical nurse specialists will follow their education and board certification. The APRN Compact will also provide patient safety protections by enhancing the flow of information among party states, just as Senator Blood described, if a nurse would be censored or disciplined in one state, that would be

party...information that is shared with the other states. With the changes in the healthcare system and advances in telehealth and mobility of the healthcare workforce, it is important to enact the APRN nurse licensure compact, LB687, and we respectfully ask for your support. And I'd be happy to answer any questions. [LB687]

SENATOR RIEPE: Okay. Senator Williams, please. [LB687]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Ms. Florell, for being here. I come from one of those rural areas where we struggle... [LB687]

MELISSA FLORELL: Um-hum. [LB687]

SENATOR WILLIAMS: ...all the time to have enough practitioners... [LB687]

MELISSA FLORELL: Um-hum. [LB687]

SENATOR WILLIAMS: ...at all levels. You used the term "must follow the rules of the road." How do we know that someone that has received education somewhere else, at a certain level, and may have a scope of practice, to use that term, that is defined as a certain level, and then they come to Nebraska...how do we know that they will be able to follow the rules of the road? [LB687]

MELISSA FLORELL: The individual responsibility on a registered nurse or an advanced practice registered nurse, to know the practice requirements of the state they're caring for patients falls on that registered nurse. However, to be licensed as an advanced practice registered nurse, you receive national board certification and so their education and preparation is uniform, regardless of the state that they are practicing in. But then, as my first nurse manager told me, as a registered nurse your first responsibility is to: a) protect your patients and b) protect your license. And that means that you need to know what the rules are where you're practicing, just as if I were to drive into Iowa, going 80, I'm no longer following the speed limit in that state. So you know, you have to know the rules where you practice, and... [LB687]

SENATOR WILLIAMS: Thank you. [LB687]

MELISSA FLORELL: Um-hum. [LB687]

SENATOR RIEPE: Senator Howard. [LB687]

SENATOR HOWARD: So can you help me with the question that I had, where even though they have a national accreditation, not all the scopes are the same for every APRN? [LB687]

MELISSA FLORELL: Practice laws are different in every state. [LB687]

SENATOR HOWARD: Right. [LB687]

MELISSA FLORELL: The compact sets forth the minimum requirements, the uniform licensure requirements that are being developed as states join. Those are the minimum requirements. States' scope of practice, then, can be over and above that. And the practice of the nurse is the practice of the state, but the educational requirements and education preparation--and some folks that come after me can also help to speak to this--comes from the National Board of Certification exams. Those don't change, dependent on where you practice and, in fact, it's typical that nurse practitioners are educated above what their scope of practice in certain states are. [LB687]

SENATOR HOWARD: So...so help me get my head around how, if we have a national certification, we have this national bar... [LB687]

MELISSA FLORELL: Which is already in place. [LB687]

SENATOR HOWARD: ...which is already in place. And then they would come to Nebraska where they had a higher scope. How do I, sort of, guarantee that they're going to work for the scope in their home state or the one that they're... [LB687]

MELISSA FLORELL: Typically it's...you need to flip your question. [LB687]

SENATOR HOWARD: ...where they're coming from a state that has a higher scope and then they're coming to us, which has a lower scope? Okay. [LB687]

MELISSA FLORELL: However, you know, I mean it's a valid question, and we can certainly get back to you with more information... [LB687]

SENATOR HOWARD: Yeah. [LB687]

MELISSA FLORELL: ...and details about how does national certifications work and how...what the responsibility of the nurse that comes into Nebraska to practice would be. But nurses are educated to care for their patient population... [LB687]

SENATOR HOWARD: Right. [LB687]

MELISSA FLORELL: ...and their specific patient population. And you know, the scope and standards of practice aren't so variable nationally that you have someone that's way over here, able to do these things. They're... [LB687]

SENATOR HOWARD: Are there privileges that Nebraska APRNs may have that other states don't offer? More I'm thinking about prescribing or independent practice. [LB687]

MELISSA FLORELL: That's variable state to state, however the department has very clear guidelines set forth about what the prescribing authorities are for each type of advanced practice registered nurse, and those do not change with the compact. A nurse that has prescribing authority now would have the same prescribing authority after the initiation of the compact. [LB687]

SENATOR HOWARD: And then all of the education necessary for that specific prescribing authority that we offer in Nebraska is part of that national, or do you have to get a separate certification? [LB687]

MELISSA FLORELL: I'm not sure I understand your question. [LB687]

SENATOR HOWARD: I'm sorry. [LB687]

MELISSA FLORELL: And we might need to follow up on that one. [LB687]

SENATOR HOWARD: Do you have to have a...do you have to get more education than the national for some of your prescribing authority for controlled substances here? [LB687]

MELISSA FLORELL: That would be a question that I'd prefer to, for accuracy, to refer to the department. [LB687]

SENATOR HOWARD: Yeah. [LB687]

MELISSA FLORELL: But nurses currently receive the education necessary to prescribe at the...in their scope. [LB687]

SENATOR HOWARD: Okay, perfect. Thank you. [LB687]

MELISSA FLORELL: Um-hum. [LB687]

SENATOR RIEPE: I liked Senator Williams' questioning down the rules of the road, in the sense that the question I have is this. You know, the more of these...because sometimes the terrible stories that we hear are of visiting nurses or nurses that end up being problematic in our institutions. And my question gets to be, is, do you have...is there a peer review in here to make sure that these individuals, instead of being self-monitoring, that end up staying...coloring between the lines, that they are on the rules of the road, they're playing by the rules? Is there a peer review? How do...or is that strictly the administration of the organization to oversee? [LB687]

MELISSA FLORELL: Yeah. That...I think that the sharing of information is part of the power of being a part of a nurse licensure compact. Peer review is not terminology that I'm familiar with, as part of this bill. But the on-line reporting system is very valuable in describing the type...in monitoring the type of situation that you described. [LB687]

SENATOR RIEPE: Well, I don't get...want to get too far adrift; I was just reading some yesterday because we had someone on the floor about, you know, expanded gambling and some of the problems. And so you know, healthcare practitioners are no different than others, and the potential of getting into trouble and that can lead you down an awful road of lies and deceit. [LB687]

MELISSA FLORELL: And I think... [LB687]

SENATOR RIEPE: And I don't know how that plays into the total workforce, if you will, within healthcare, but it's simply not a...certainly not an easy management of a lot of people. [LB687]

MELISSA FLORELL: That's true. We're talking about large volumes of people. And I think that's where the ease of data sharing and information sharing is very helpful, in terms of patient protection. [LB687]

SENATOR RIEPE: Okay. Are there other questions from the committee members? Senator Crawford, please. [LB687]

SENATOR CRAWFORD: Thank you, Chairman. So I want to just make sure I understand the uniform licensure requirements component. That's adopted by the commission. And how do you understand that uniform license requirement as it relates to what a state must do to be a part of

the compact or what a...and what an individual practitioner must do to get a multistate license? [LB687]

MELISSA FLORELL: Yeah, those are details that we'll probably respond...get back to you with. I know that the uniform license requirements are still being developed as states pass legislation to be able to be a part of the compact. But I know that they are intended to be the minimum standard plus any additional state requirements. [LB687]

SENATOR CRAWFORD: Thank you. [LB687]

SENATOR RIEPE: Okay. Any additional questions? Thank you very much for being here. [LB687]

MELISSA FLORELL: Thank you. [LB687]

SENATOR RIEPE: The next proponent, please. If you would be kind enough to state your name and spell it, your organization, and then you can go. [LB687]

ALICE KINDSCHUH: (Exhibit 2) Absolutely. My name is Alice Kindschuh, A-l-i-c-e K-i-n-d-s-c-h-u-h. I am offering testimony in support of LB687. I am speaking on behalf of myself, and I do not represent my employer. I am licensed and work as a clinical nurse specialist in Nebraska, and serve as the director of doctoral studies, which includes family nurse practitioner and adult-gerontology clinical nurse specialists tracks at Methodist College in Omaha. I am speaking today to explain the role of the clinical nurse specialist within the APRN licensure group, discuss how the APRN Compact impacts my practice, and the advantages this compact affords to advanced practice nursing education. A clinical nurse specialist is a registered nurse with a master's or doctoral degree in nursing that has advanced specialization in an area of nursing practice. A clinical nurse specialist's role may be defined by the population he or she serves, the setting in which he or she practices or a disease state, such as diabetes or hypertension. The CNS can diagnose, treat, and provide ongoing management of individuals, families, groups, and communities. The education of the CNS supports these roles, as the curriculum includes fundamental courses, such as advanced pathophysiology, advanced pharmacology, and advanced health assessment, as well as population-focused courses and practicum hours numbering in excess of 500. Clinical nurse specialists must pass a certification exam through the American Nurses Credentialing Center and recertify every five years to obtain a license as an advanced practice registered nurse-clinical nurse specialist As a clinical nurse specialist in Nebraska, I have independent practice. I work part-time as a geriatric clinical nurse specialist at Methodist Hospital. In this role I have three spheres of influence: patient, nurse, and system. As a CNS, my primary goal is continuous improvement of patient outcomes, nursing care, and the systems in

which we work. This is realized through quality improvement, evidence-based practice, or research studies, staff and patient education, policy development, and mentoring of others. LB687 would allow me to practice in other compact states, just like my RN license does, without obtaining an additional APRN license in the state. The only other significant change that it provides for my practice is the opportunity to prescribe noncontrolled substances. My current practice does not require prescribing; however, other clinical nurse specialist's practice may require the CNS to prescribe noncontrolled substances. For instance, a clinical nurse specialist may care for a population with diabetes or hypertension, so prescribing would support the medical management of these patients. My last point is how this bill will support nursing education. In undergraduate and graduate nursing programs, education occurs across state lines. As the director of doctoral studies, I have a number of APRN students from other states. An APRN Compact would facilitate the education of these students, as the faculty member's Nebraska APRN license would allow faculty to provide oversight for these students in APRN-compact states without obtaining an additional APRN license. In closing, I support LB687 and the APRN Compact for its impact on simplifying regulations for nursing licenses for Nebraska nurses here, as well as across the country. Thank you for the opportunity to testify and for your service to the citizens of Nebraska. I am able to respond to questions. [LB687]

SENATOR RIEPE: Thank you; thank you very much. [LB687]

ALICE KINDSCHUH: Uh-huh. [LB687]

SENATOR RIEPE: Are there questions from the committee members? Oh, Senator Linehan. [LB687]

SENATOR LINEHAN: Probably...maybe somebody covered this and I wasn't paying enough attention, but thank you, Mr. Chairman. Thank you for being here. Right now, if you want to be a nurse specialist, do you have to pass a special exam here in Nebraska and then a special exam in Iowa and a special exam in South Dakota? [LB687]

ALICE KINDSCHUH: No, no. You...it's a national certification then and, once you've passed your certification, then you can apply for licensure in the state in which you wish to practice. [LB687]

SENATOR LINEHAN: So okay. So right now you just have to apply in different states. If you lived in Iowa and worked part-time there and lived in Nebraska, you'd just have to (inaudible). [LB687]

ALICE KINDSCHUH: I'd have to have two licenses. [LB687]

SENATOR LINEHAN: But you would have to apply to two, okay. That's what I needed, thank you. Um-hum. [LB687]

ALICE KINDSCHUH: Um-hum. [LB687]

SENATOR RIEPE: Are there any additional questions? Senator Crawford. [LB687]

SENATOR CRAWFORD: Thank you, Chairman. So as we heard from the other testifiers, the...you would still be following the practice laws in your state. Right. [LB687]

ALICE KINDSCHUH: You have to practice the laws in the state in which you are practicing. [LB687]

SENATOR CRAWFORD: Right, right. So if you currently are not allowed to prescribe noncontrolled substances, you would not be able to under the compact. [LB687]

ALICE KINDSCHUH: Not in Nebraska. [LB687]

SENATOR CRAWFORD: Right, okay. So I was just curious about your comment about being able to prescribe. I don't know. Could you clarify what you mean by that then? [LB687]

ALICE KINDSCHUH: Well, right now Nebraska law does not indicate whether CNSs can or cannot prescribe. It's not even addressed. [LB687]

SENATOR CRAWFORD: Okay. [LB687]

ALICE KINDSCHUH: But in other states, CNSs can prescribe. There's about 20 states that do allow CNSs to prescribe noncontrolled substances. [LB687]

SENATOR CRAWFORD: Thank you. [LB687]

SENATOR RIEPE: Okay. Seeing no further questions, thank you very much for being here. [LB687]

ALICE KINDSCHUH: Thank you. [LB687]

SENATOR RIEPE: We will proceed on with the proponents. Welcome. And if you'd be kind enough to state your name and spell it, and then who you represent, and then proceed on. [LB687]

TIFFANY OLSON: (Exhibits 3 and 4) I will. Thank you for the opportunity to testify. My name is Tiffany Olson, spelled T-i-f-f-a-n-y, Olson spelled O-l-s-o-n. I am offering testimony in support of LB687, and I am speaking on behalf of the Nebraska Association of Nurse Anesthetists. I do not represent my employer. I'm a resident and currently licensed as a certified registered nurse anesthetist, known as a CRNA, in Nebraska. I am also currently the president of the Nebraska Association of Nurse Anesthetists. APRN is a broad term used to describe advanced practice nurses who specialize in a variety of clinical specialties. APRN is an all-encompassing term for a nurse practitioner, nurse midwives, clinical nurse specialists, and nurse anesthetists. Nurse practitioners and certified registered nurse anesthetists comprise the majority of APRNs across the state of Nebraska. Nurse practitioners represent 71 percent of this group, and CRNAs represent 23 percent. I would like to spend a moment to describe the CRNA profession and the APRN classification. Certified registered nurse anesthetists are APRNs who specialize in the delivery of anesthesia for surgical procedures, labor and delivery and, in some areas, provide interventions for chronic pain patients. The educational track of the CRNA consists of a four-year bachelor of science of nursing degree, followed by at least two years of full-time employment in an intensive care unit prior to enrollment into a CRNA educational program. Once the aforementioned prerequisites are made, one may interview for a competitive position with a nationally certified nurse anesthesia program. The average length of curriculum is 30-36 months, resulting in a doctorate or master's of science of nurse anesthesia. All programs will require a doctorate degree by the year 2025. CRNAs are the sole providers of anesthesia in most rural settings across the state of Nebraska and are utilized by the vast majority of hospitals or surgery centers in Nebraska, as well. In the state of Nebraska, all APRNs hold both a registered nurse license and an advanced practice nursing license. Our RN license is already part of a compact. In contrast, our APRN license is only for the state of Nebraska. In order to enter practice as a CRNA in any state, one must have graduated from a nationally certified program and passed a national certification exam. In order to continue practice as a CRNA, one must continue to meet the continuing education requirements of the same national certification board. That's the NBCRNA for us. The previous-mentioned national certification standards and a background check are common among all states in their licensure of a CRNA provider new to the state. Joining a compact has a great advantage of having APRNs available to help cover acute shortages as they arise within the state, for whatever reason, without delay and cost of licensure within the state. Many CRNAs have careers as travelers to help with acute staffing needs. Currently I am personally contacted on a weekly basis to temporarily cover as a CRNA--what we refer to as locum work--at various sites in Nebraska. Acute staffing needs can arise for a

multitude of reasons. It can be as simple as maternity leave or a medical leave for an operation. It results in an acute staffing need for a short period of time, especially in the rural setting and CRNA-only practices that are small. Joining a compact also has the advantage to aid APRN spouses of military personnel to be more portable as frequent relocations are simply a fact of life for military families. I also did submit written testimony from one of our members who has experienced kind of transitioning between state lines, as her husband has been reassigned. The only concern that the state of Nebraska and the Nebraska Association of Nurse Anesthetists would have with any such compact, would be if the compact moved to restrict the currently independent practice that CRNAs hold in our state. CRNA independent practice is essential for the care provided in rural Nebraska, where CRNAs are the sole anesthetic providers. The bill, as presented, does not appear to address independent practice or scope of practice, and seems to leave it to each independent state with the compact, which is a preferred approach. We would also like to stress the importance of a reporting system when a license is under investigation or restricted in any way. The bill, as presented, does address this in a systematic and robust fashion. Thank you for the opportunity to testify, and I'm happy to answer any questions. [LB687]

SENATOR RIEPE: Thank you, Ms. Olson. Are there questions? Senator Howard. [LB687]

SENATOR HOWARD: Thank you, Senator. Thank you for visiting with us today. So you mentioned that there's an RN compact already. [LB687]

TIFFANY OLSON: Yes. [LB687]

SENATOR HOWARD: And is licensure pretty much the same, across the board, for RNs and... [LB687]

TIFFANY OLSON: Are you talking in scope of practice? Because that's... [LB687]

SENATOR HOWARD: In terms of scope, yes. Sorry. [LB687]

TIFFANY OLSON: No, that's all right. [LB687]

SENATOR HOWARD: I have a little bit of a cold, so I'm like powering through. [LB687]

TIFFANY OLSON: Yes, I would say it is pretty much consistent with RNs. All that being said, different hospitals have different expectations of any licensed provider. So there can be differences in policies throughout the hospital, too. And as an individual, you are responsible to follow policies and follow practice acts, essentially, in every state. [LB687]

SENATOR HOWARD: So we're talking about an APRN compact, but it seems like it's very nuanced in that there are a variety of different types of APRNs. [LB687]

TIFFANY OLSON: Correct. [LB687]

SENATOR HOWARD: So is there not a CRNA compact where it seems like there would be some sort of--not continuity, that's the wrong word--but it would be sort of the same, the expectations would be the same for that type of scope for a CRNA? [LB687]

TIFFANY OLSON: And my experience was with the states that I know of. I can't speak for every state across the nation, but in my experience for states, most everybody is licensed as an advanced practice registered nurse with a CRNA designation after it. That's how we are licensed here in Nebraska. So we all do fall under this term quite well, as being... [LB687]

SENATOR HOWARD: Yes. [LB687]

TIFFANY OLSON: ...a nurse who's obtained additional education for a field of specialty, and that our Nurse Practice Act delineates exactly what that means. As being a CRNA, I cannot perform in practice like a nurse practitioner, because my educational background did not address prescribing antibiotics and things of that nature. My specific educational track was very focused on anesthesia and providing anesthesia care, implementing anesthesia plans, and of that nature. So your question revolves a lot, and has kind of revolved around the scope of practice. And I can tell you that that is a responsibility of the state to continue to have a Nurse Practice Act that delineates all of these different providers and then is specific to our state, which is really the way it should be, because we know best how our state can be served by the medical professions that are across our state. So... [LB687]

SENATOR HOWARD: Thank you. [LB687]

TIFFANY OLSON: Of course. [LB687]

SENATOR RIEPE: Senator Williams. [LB687]

SENATOR WILLIAMS: Thank you, Senator Riepe. And thank you, Ms. Olson, for being here. Where do you practice right now? [LB687]

TIFFANY OLSON: I am not representing my practice, but I do work at Nebraska Medicine. [LB687]

SENATOR WILLIAMS: In Omaha. [LB687]

TIFFANY OLSON: In Omaha, yes. [LB687]

SENATOR WILLIAMS: Okay. Tell me then, again how, if you were called by one of the hospitals across the river in Iowa and were going there to perform your services, how do you find out or know what the potential differences in scope would be that would be allowed there versus where you're used to practicing? [LB687]

TIFFANY OLSON: I think when we go to get a license, I think it is a little different in the regard that you just present all of your information and they say you can practice, right? So it really is the individual's responsibility to know what you're allowed to do legally within the state. Just as somebody's example was I have to know the speed limit of the state or I have to know if there's a move-over law in the state when I'm driving a car. I have a license and I have to know what my practice would look like in that state. So I would have to pull up the readily accessible nurse practice act of that state, read it, and comply by their standards. Same for as at Nebraska Medicine, we have many policies. Say at your hospital you have a lot of policies that I require a certain number of certain skill sets to remain credentialed in that skill set, and I submit documentation of that on my credentialing review time. So it's really a personal responsibility, and many hospitals themselves will require evidence of very specific skill sets. [LB687]

SENATOR WILLIAMS: And I think you mentioned that you may practice in different locations, then, right now, or have? [LB687]

TIFFANY OLSON: Correct. [LB687]

SENATOR WILLIAMS: And so what you're telling me then is that maybe those hospitals have their own policies? [LB687]

TIFFANY OLSON: Correct. [LB687]

SENATOR WILLIAMS: So you're already having to deal with some differences when you look at that. [LB687]

TIFFANY OLSON: Correct. And that's part of your own personal responsibility to follow the institution's policies that you are working in, as well as to follow the state as with which you are working in, yes. [LB687]

SENATOR WILLIAMS: Thank you. [LB687]

SENATOR RIEPE: As a nurse anesthetist, if you were to go to a critical access hospital... [LB687]

TIFFANY OLSON: Correct. [LB687]

SENATOR RIEPE: ...and to match up with a surgeon and the case is done, are you then required to stay around for some period of time? I know, historically, the joint commission is always very sensitive about itinerant surgeons who would come into town and leave, and the patient then might get in trouble a day later, and there would be no one there in what has now become an emergency. Are you required to stay there for some period of time? [LB687]

TIFFANY OLSON: Yes, in regards to the perioperative phase. [LB687]

SENATOR RIEPE: Okay. [LB687]

TIFFANY OLSON: So we are required, until they reach phase two of recovery, meaning that the patient is walking, talking, drinking--all of those types of things--make sure that they're fully recovered from the anesthetic and free of complications from the anesthetic before we can leave the facility itself. We can't even leave the hospital; we have to be there for immediate response. [LB687]

SENATOR RIEPE: Okay, that's comforting. [LB687]

TIFFANY OLSON: Yes. [LB687]

SENATOR RIEPE: Thank you. [LB687]

TIFFANY OLSON: Um-hum. [LB687]

SENATOR RIEPE: Are there other questions from the committee? Hearing none, thank you very much, Ms. Olson. [LB687]

TIFFANY OLSON: Thank you very much. [LB687]

SENATOR RIEPE: Other proponents? If you would be kind enough to state your name and your organization. Spell your name, please. [LB687]

AMY BIERBAUM: (Exhibit 5) Yes. My name is Amy Bierbaum, A-m-y B-i-e-r-b-a-u-m. I am offering testimony in support of LB687. I am speaking on behalf of myself. I do not represent my employer. I am a resident of Iowa, currently licensed as a certified registered nurse anesthetist, in Iowa for the past two years, and in Nebraska for the last eight and a half. I went to school in Nebraska, practiced in Nebraska for eight and a half years, and then recently--well, within the last two years--received my Iowa license, as well, so I could practice there. I am currently the owner of my own PLC Loess Hills Anesthesia, and my main site of work is at a private ambulatory surgery center in Omaha, Nebraska. I provide all of the anesthesia for their surgical procedures. I also provide locum coverage in Iowa, as well as other surgery centers in Omaha. My husband is also a CRNA. His name is Adam Bierbaum--same spelling. He currently works at a large health system in Omaha. Part of the system is also in Iowa. On any given day, he may travel actually back and forth to two different hospitals, maybe even sometimes three different hospitals in the same day, then obviously requiring two different licenses. I currently live in my hometown for our family and, for my profession, it behooves us to be able to practice in these two states simultaneously. At my current job, some of the scheduling allows me to work at these other surgery centers and different types of practices. I am also able to cover for small hospitals in Iowa that may only have one or two anesthesia providers, making it difficult for them to get time off or in emergency situations, if somebody needs coverage, then they need somebody, with an Iowa license obviously, to work there. I don't use the same skill set that I use, say, at a critical access hospital that I do at a surgery center. So it allows me to be able to practice in many different areas of anesthesia, using different skill sets to stay abreast of current literature, and things like that, and practices. As an advanced practice registered nurse, I must also be licensed as a registered nurse. I am...when I first graduated, I graduated from Creighton, so...but I was a resident of Iowa, so I have an Iowa nursing license. Then I became a CRNA, and I have a Nebraska CRNA license. So actually I'm now...because of the compact, I was able to live in Iowa and practice in Nebraska. And now, with receiving my Iowa license, I can do the opposite as a CRNA. The APRN Compact will provide me the same opportunity to carry a license as a CRNA in my primary state of residence, Iowa, with multistate privileges in Nebraska, as well. It saves me time, cost. As a small business owner, I have to renew both of these licenses basically every other year so for me, since I just received my other license two years ago, basically I have to recertify them, or redo my license, basically every year. So it becomes cost, you know, paying for the license every single year in two states that are basically just separated by a river. So I thank you for the opportunity to testify on behalf of my fellow CRNAs, and thank you for your service. [LB687]

SENATOR RIEPE: Thank you very much. What is the typical cost? [LB687]

AMY BIERBAUM: It usually...so in Iowa it's $100, I mean it's $100 a year. In Nebraska it's roughly the same, I mean it's about the same, so a couple hundred dollars, basically, to maintain that every other year. [LB687]

SENATOR RIEPE: Okay, thank you very much. Are there questions from the committee? Seeing none, thank you very much. [LB687]

AMY BIERBAUM: Thank you. [LB687]

SENATOR RIEPE: I appreciate your coming. We will proceed on with proponents. [LB687]

JOLYNN CARLSON: (Exhibit 6) Good afternoon. My name is Jolynn Carlson; it's J-o-l-y-n-n C-a-r-l-s-o-n. I'm also a CRNA. I practiced in Nebraska for about eight years and then, just a couple years ago, moved to Iowa where I grew up. And so now I work in a critical access hospital in Iowa but will still do locums in Omaha at a large hospital. By being able to do both of these things it, kind of as Amy was mentioning, gives you the chance to kind of stay current on some skills that maybe, in a small hospital, I'm not going to be using or that I wouldn't get there that I can perform in a bigger institution. One thing that would be very helpful for us, though, is...the practice I'm in is a two-person practice. Last year, my partner needed a kidney transplant, so he was on the list. And one day he called, at 5:30 in the morning, and said: I'm going to get a kidney. And so that left me completely by myself to try to find coverage. And almost everyone that actually comes and does locums from us comes from the Omaha/Council Bluffs area. And so there was a couple of people we had to kind of get going on their license, get approved and everything, and do kind of emergency credentials at the hospital. Just being able to not have to apply for another license when you carry a similar license, like in a different state, it would help sometimes in those small practices for someone to be able to come in emergently and help. And so you know, my...and there was some questions earlier about practice between the states and, you know, I...when I go between the states, it's...you know what you're allowed to do in one state and what you're not. And in all reality there's not very much difference in...it's very minor details that maybe are...you know, between your different practices it's actually...more goes to the hospital itself that you're working at, and you follow their policies, so. That's about all I...if anyone has any questions, I'm willing to answer it. [LB687]

SENATOR RIEPE: So the personalities of the surgeons may vary more than the state law. [LB687]

JOLYNN CARLSON: That is true...on a daily basis. [LB687]

SENATOR RIEPE: Yeah, okay. Are there questions from the committee members? Senator Crawford. [LB687]

SENATOR CRAWFORD: Thank you for being here today. [LB687]

JOLYNN CARLSON: Thanks. [LB687]

SENATOR CRAWFORD: Ms. Carlson, would...is it your understanding you'd be getting a compact license, then, in addition to your current license? So... [LB687]

JOLYNN CARLSON: Yeah, so...so now I have an RN license in Iowa, because I live there. And then I only had a Nebraska CRNA license. And now I have a Nebraska and Iowa CRNA license. And so it's worked very well throughout the years I've had it. It came in effect almost right when I was getting out of school to have a compact RN license. And I just have always...you follow the laws that, you know, the requirements for recertifying that your state has. And you know, you meet those and then you're...you know, because they're all very similar to where you're...it's not like one state is going to set the bar here and everyone else is up here, so I can stay down here. It's, you know, they're going to set the bar high for everyone. And also we have to follow what our national certification allows us to do, and so. [LB687]

SENATOR CRAWFORD: Great, thank you. [LB687]

JOLYNN CARLSON: Thanks. [LB687]

SENATOR RIEPE: Okay. Any other questions? Seeing none, thank you very much for being here, Ms. Carlson. [LB687]

JOLYNN CARLSON: Thanks. [LB687]

SENATOR RIEPE: Additional proponents? Welcome. [LB687]

NICOLE FOX: Good afternoon. [LB687]

SENATOR RIEPE: If you would again, state your name, spell your name. You know the drill, and then just proceed into it. Thank you. [LB687]

NICOLE FOX: (Exhibit 7) I do, I do. Nicole Fox, N-i-c-o-l-e F-o-x, director of government relations for the Platte Institute. Thank you, Senator Blood, for introducing LB687. I'm here to testify in support of this bill. As a registered and licensed dietician in the state of Nebraska, I know how important a compact is for licensed professionals. Currently there is no interstate compact for dieticians. This means I cannot cross the state line and provide my services without obtaining another state's license. And one thing I kind of wanted to just talk about and elaborate on that was brought up earlier...you know, working in the...having an experience working in the hospital setting, even within the state, you know, different hospitals have different policies and procedures. And as a professional, it is up to me to be familiar with those policies and procedures and know, you know, essentially limitations and expectations as to what I'm allowed to do there. An advanced practice nurse compact would be of great benefit to the state of Nebraska. This compact will allow advanced practice nurses to have one multistate license, allowing them to practice in their home state as well as other states belonging to the compact. APRNs moving across state lines from one compact state to another are spared having to fill out additional license applications, pay additional licensing fees and, therefore, lessens the time delay and the ability to enter Nebraska's workforce. Since 2006, Nebraska's APRN workforce has tripled. In many communities, the demand for primary care services exceeds supply, and policies that help contribute to the growth of the APRN workforce helps meet this demand. I'd like to illustrate how the state would benefit with the following examples. First, some of our hospital systems, including Methodist Health System and CHI Health in Omaha, have facilities in both Nebraska and a neighboring state, and that neighboring state I'm referring to is Iowa. And they, too, have introduced this compact legislation. It is not economical for APRNs or their employers to require a license for both states. Second, Nebraska is home to Offutt Air Force Base. Those moving to Nebraska from other states, due to military assignments, would find it easier and quicker to enter our workforce. Third, in rural parts of western Nebraska, access to healthcare can be limited due to a shortage of providers. For a brief, compiled by Nebraska's Department of Health and Human Services, in the Nebraska Center for Nursing, 66 of Nebraska's counties have been deemed medically underserved, and a majority of them are rural. APRNs currently work in 44 of these counties, and this represents 86 percent of the APRN workforce. Our western neighbor, Wyoming, is currently a compact state. Enabling the compact will allow us to address these underserved areas and provide telehealth services in the rural parts of our state. Lastly, given the financial environment our state is currently in, the increased use of APRNs has the potential to save Medicaid dollars. Last year, Nebraska approved the updated Nurse Practice Act by adopting the Enhanced Nurse License (sic: Licensure) Compact, which allows nurses to practice across state lines, and we need to do the same for APRNs. We need to continue to be competitive in the healthcare workforce arena. The Platte Institute strongly supports occupational licensing reform as a means of lessening burdens to those trying to enter the state's workforce. And adopting the APRN Compact would be a good reform for Nebraska to embrace. I ask that you advance LB687 out of committee. I thank you for the opportunity to testify today, and I'm happy to answer any questions you may have. [LB687]

SENATOR RIEPE: Okay, thank you. Are there...Senator Erdman. [LB687]

SENATOR ERDMAN: Thank you, Chairman Riepe. Thank you for coming today, Ms. Fox. [LB687]

NICOLE FOX: Um-hum. [LB687]

SENATOR ERDMAN: When Senator Blood was asked the question what states are in the compact, she said Iowa, Texas, and Utah. [LB687]

NICOLE FOX: Yeah. [LB687]

SENATOR ERDMAN: You say here Wyoming. So was one of those states that Senator Blood mentioned not in the compact, and Wyoming is? [LB687]

NICOLE FOX: Based on a report I read, I saw Wyoming now. And my...it could have been that I saw a more updated report. I mean I'm not sure, but I just recall seeing that, and I wanted to make sure I included states that were neighbors to Nebraska in my testimony. [LB687]

SENATOR ERDMAN: It caught my attention there. Thank you. [LB687]

SENATOR RIEPE: At the risk of sounding like an isolationist, by expanding the compact to allow Wyoming on the west side and Iowa on the east side... [LB687]

NICOLE FOX: Um-hum. [LB687]

SENATOR RIEPE: are we then only making it easier for our scarce resources, in the terms of nurse practitioners, to go to Iowa and to go to Wyoming? You don't want a wall or something up there (laughter)? So... [LB687]

NICOLE FOX: No, I don't want a wall. I'm going to invite them here. [LB687]

SENATOR RIEPE: I see, okay. Okay, just wanted to explore that. Are there other questions from the committee? Hearing none, thank you very much for being here. Again, more proponents? If you'd be kind enough to tell us your name and spell it, and who you represent. [LB687]

LaDONNA HART: (Exhibit 8) Yes. Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is LaDonna Hart, L-a-D-o-n-n-a H-a-r-t, and I am president of the Nebraska Nurse Practitioners. On behalf of our more than 400 members, we would like to offer our support of LB687, introduced by Senator Blood, a compact, and support of compact licensure. So much of what I had to say today has already been said previously, so I'll try not to be redundant. But nurse practitioners do make up about 71 percent of the advanced practice registered nurses' workforce in Nebraska. Licensure for APRNs and nurse practitioners enables us to provide care services in those states, including travel such as locum tenens, temporary assignments in hospitals or clinics, or to provide telehealth services to patients in other locations. LB687 will increase access to care while maintaining public protection at the state level. Compact licensure requires uniform licensure requirements, including federal criminal background checks. Uniform licensure requirements ensure that APRNs practicing in a state have a minimum set of requirements, regardless of licensure location. Less than 1 percent of APRNs ever require discipline. Boards of nursing maintain the ability to take action against APRN, no matter where the nurse is licensed or practicing. There are no changes to the NP's scope of practice, entry into practice, or licensure requirements. There are no fiscal note associated this time, certainly, with LB687. Compact licensure reduces the cost and the burden of maintaining multiple state licenses, as you've heard from our previous testifiers. Under APRN Compact, all APRNs--and we have four, as discussed earlier--would hold one multistate license in their home state, have the privilege to practice in other APRN Compact states. Nebraska is home of Offutt Air Force Base and the 55th Wing, located in Bellevue. We are pleased to offer our support of LB687. Nurse practitioners are located border to border in our state. We have nurse practitioners on the border of Wyoming: Kimball and our most rural and highly needed healthcare areas. And opening up license compact helps to provide access to patients in those areas. We want to take care of patients. And we support the legislation that improves the ability of nurse practitioners to be able to do that. We've addressed some of the workforce shortage areas of...in Nebraskan healthcare. And the healthcare workforce shortage impacts all these communities. And timely access to high-quality healthcare is important to anyone moving into our state. Solutions like those proposed in LB687 can make an impact in ensuring that those who arrive in Nebraska, such as our military families and spouses, are positioned to enter workforce quickly. Thank you, Senator Blood, for your introduction of LB687, and I am thanking you for all you do to increase the quality of healthcare and lives for our Nebraskans. And I will try to answer any questions you may have. [LB687]

SENATOR RIEPE: Thank you very much. Are there questions from the committee? Seeing none, thank you very much. [LB687]

LaDONNA HART: Thank you. [LB687]

SENATOR RIEPE: More proponents? Thank you for being here. If you'd be kind enough to state your name, spell it, and tell us who you represent. [LB687]

KRISTIN MILES: (Exhibit 9) Chairman, members of the committee, my name is Kristin Miles, K-r-i-s-t-i-n M-i-l-e-s, and most of what I have in my letter is redundant to what has been spoken today. I'm a nurse practitioner. I reside in Iowa. I've had licenses to practice in both Iowa and Nebraska for over 17 years, as a nurse practitioner. My tenure preceded the nurse compact licensure agreement, so I...when I graduated, had to apply for a nursing license in both states, had to apply for a nurse practitioner license in both states, and have been practicing in both states since that time. On a daily basis, I'm employed by a hospital system that has campuses in both Nebraska and Iowa. And certainly on a weekly basis, but sometime daily basis, I cross the river into both states and provide care every day. To obtain licensure in both states, to obtain advanced practice licensure in both states, I have to have graduated from an accredited program and passed board certification nationally. So I currently have three national board certifications which I sat for in...and had taken exams in order to apply for licensure within each individual state. Every hospital that I attend to and every outreach campus that I go to, I also have to apply for privilege and credentialing in each of those centers. As you're all around healthcare, you're no stranger to redundancy in paperwork. We all, every day, have redundancy in paperwork. But as an advanced practice nurse, this would help people like myself greatly, that practice in both states routinely, to lessen some of the burden of some of the redundancy, as some of it is unavoidable, this is certainly...as Amy attested to earlier, I have licensure renewals every year because of this, and both states are on different calendars so, you know, renewing every year, and every three years in Iowa, on the 15th of the month you were born, and every other year in Nebraska, on the 31st of October. And also with my national certification and my hospital credentials, any other certifications I have and licensure, simplifying this would simplify some redundancy in my daily life. Thank you for the opportunity. I'm speaking for myself; I don't represent my employer. And I'm happy to have the opportunity to testify and tell you about what I do every day. Thank you for your service to the citizens of Nebraska. And does anyone have any questions? [LB687]

SENATOR RIEPE: Okay. Are there questions from the committee? Seeing none, I would only like to note that we have three of you now from Iowa. And before you leave, we do have some red bumper stickers for you (laughter) that say "Frost at Last" and... [LB687]

KRISTIN MILES: Did I mention my undergraduate degree was from the University of Iowa (laughter)? [LB687]

SENATOR RIEPE: God bless you (laughter). [LB687]

KRISTIN MILES: Thank you. [LB687]

SENATOR RIEPE: I'm an Iowa grad, too, so. Again, more proponents. [LB687]

KATIE ZULKOSKI: Good afternoon, Chairman Riepe and members of the committee. Katie Zulkoski, Z-u-l-k-o-s-k-i, testifying in support of LB687, on behalf of the Nebraska Hospital Association. Thanks to Senator Blood and to your committee for considering this legislation. Two of the Hospital Association's legislative priorities are workforce development and, also, broader deployment of telehealth policies. And we see compacts like this one really building on both of those policy areas. And so we appreciate your consideration of this and hope that you'd be in support of it. With that, I'll keep it short, and I'm happy to answer any questions. [LB687]

SENATOR RIEPE: Thank you. Are there questions? Senator Erdman. [LB687]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you for coming. I don't know if this is the appropriate person to ask this, but I'm going to ask about the commission. The commission is established to oversee the operations of the compact. And on page 24, starting on line 6, it talks the commission may levy or collect annual assessments from each party state, to cover the cost of the operations, the activities of the commission. The previous testifier said there is no fiscal note, and I see there is none. And later on, down in the bill, it talks about the executive director and the employees of the commission. I'm a little perplexed how you get no fiscal note when you have employees of the commission and the commission is able to levy funds. How can there be no fiscal note? Do you have an answer for that? [LB687]

KATIE ZULKOSKI: You know, I have a general answer. We've worked on other compacts in the past. And those commissions have had other sustainable funding sources that are not the member states. I would assume, if there is no fiscal note here, that that would be similar, but I can't speak to this exact compact. [LB687]

SENATOR ERDMAN: It just seems very peculiar that there's no fiscal note if we have an opportunity to fund this. [LB687]

KATIE ZULKOSKI: Yep, for other compacts I know there are sustainable funding sources that are not the member states. [LB687]

SENATOR ERDMAN: Yeah, things don't happen for nothing. Thank you. [LB687]

SENATOR RIEPE: Is there a membership fee to the practitioner? [LB687]

KATIE ZULKOSKI: I really am not the right person to ask on that question, but I'd be happy to have someone else get back to you. [LB687]

SENATOR RIEPE: Okay, curiosity question. Are there other questions from the...Senator Linehan. [LB687]

SENATOR LINEHAN: So thank you, Mr. Chairman. Just quickly, we...and I heard this from others, but the Hospital Association...does the Hospital Association have a number that they use when they talk about nurse shortages in Nebraska? [LB687]

KATIE ZULKOSKI: You know, yes. This is a general workforce number, but in the Bureau of Labor Statistics' employment projections, they...the bureau projects the need for 650,000 replacement nurses in the workforce by 2024. But that's in... [LB687]

SENATOR LINEHAN: That's nationally? [LB687]

KATIE ZULKOSKI: Yeah, that's not a Nebraska number, that's a national number. [LB687]

SENATOR LINEHAN: Okay, thank you very much. [LB687]

KATIE ZULKOSKI: Um-hum. [LB687]

SENATOR RIEPE: Okay, thank you. Are there other questions from the committee members? Seeing none, thank you very much. Are there additional proponents? That's...we're still there. If you'd be kind enough, Sir, to state your name, spell it (inaudible). [LB687]

BYRON LINE: Absolutely. My name is Bryon Line, B-r-y-o-n L-i-n-e, from Omaha, Nebraska. I am a retired army officer, a retired senior intelligence officer within the Department of Defense, a retired business...a vice president for development in a defense sector contracting company and, currently also, retired from the federal VISTA, Volunteers In Service To America program, serving veterans last year. There's nothing that I could add that these very expert and very informed medical professionals--the nurses, representatives of the nurses and hospital associations--haven't already told you. I can only give you my perspective as a man that served 40 years as a United States Army officer, first, in 15 years responsible for the health, welfare, and well-being of the men and women under my command, and their wives and husbands. And the most transferable skill found among spouses of military personnel was that of the nursing skills. And even then, even within the context of the military, we'd strive mightily to try to find work for spouses, both male and female, whenever we were deployed around the world,

whenever we were moved on permanent change of station. Nevertheless, many of those skilled professionals were massively underutilized more often than not. You would see them working in the PXs, you would see them working in jobs that did not begin to match the skills and expertise they brought to the business as nursing professionals. Secondly, as a retired intelligence officer who did return to Nebraska approximately seven years ago to finish his career at Offutt Air Force Base, I have become, just as a citizen of Nebraska, very...more and more familiar with the general conditions of the health environments, the economic environments, and the state of veterans' medical healthcare in the state. And while veterans' care is, of course, extraordinarily good compared to so many areas in the country, one of the areas that we still have continuing problems in, as we do all across the country, is that of veterans' mental health. The note that was made by one of your previous presenters, concerning the advantage that can be made of APRN people through telehealth services, was a project that we would...we had strove mightily on in two years in my previous, my last assignment in VISTA, to try to establish around the state because, for the most part, it's not necessarily always or even going to be doctors that would be working with those veterans who might have depression or other skills that...I'm sorry, other problems derived from combat deployments and the like. But it would be these APRNs. And so any program that I think that could encourage more of them in more places and able to do more, is a positive boon. And from the economic point of view, it does strike me that any bill, such as LB687 offered by Senator Blood, which can establish a compact that does more rapidly allow for the employment of these skilled professional nurses, within the communities that they live, servicing both those military members who live in those communities, servicing the other members of those communities with their healthcare professional experiences, and then becoming...it becomes a boon to both to themselves, obviously in terms of personal income and well-being for the families, but it also becomes a real step up for the communities that they can offer their skills in. And it strikes me that then they also, by virtue of being employed, and employed to the maximum or the top level of their experience, that they then become certainly more taxable in terms of potential revenue and income for the state. And finally, just on a very personal note, I have two nieces who are nurses in this state. They're twins and, like all twins, they have everything in common, including they became nurses. But they also married two military men out of state, where they served as nurses out of state. But their husbands retired to Nebraska. They came back to Nebraska about eight years ago. It took them a bit of time, a bit of time to land jobs in the Panhandle, in western Nebraska, within the nursing profession. And it strikes me that the compact being offered, this participation in this compact would've been quite a boon to them at the time, and I think it'll certainly be for any coming down the road. Subject to your questions, pardon my informality. I hope I spoke up. I'm just a bit deaf from my military experience. But subject to your questions, I... [LB687]

SENATOR RIEPE: First of all, thank you for your service; you've had quite a bit. [LB687]

BYRON LINE: Thank you, Sir. You've...you all paid me and gave me medals quite a long time ago, so I appreciate that. [LB687]

SENATOR RIEPE: I would ask the committee members, are there questions? Seeing none, thank you very much; we appreciate it. [LB687]

BYRON LINE: Thank you, Sir. [LB687]

SENATOR RIEPE: Again, we're still on proponents. Any more proponents? Okay, we're going to go over to opponents. I would invite any opponents to come forward that would like to testify, preferably one at a time. Welcome. [LB687]

TRAVIS TEETOR: (Exhibits 10, 11, 12, and 13) Hello. My name is Travis, T-r-a-v-i-s Teetor, T-e-e-t-o-r, MD. I'm testifying in opposition of LB687, as president of the Nebraska Society of Anesthesiologists, on behalf of our membership, as well as on behalf of the Nebraska Medical Association. LB687, also known as the APRN Compact, is a dangerous piece of legislation. Article III, Section h, on page 13, line 26, states: An APRN issued a multistate license is authorized to assume responsible and accountability for patient care independent of a supervisory or collaborative relationship with a physician. This authority may be exercised in the home state and any remote state in which the APRN exercises a multistate license privilege. As a physician/anesthesiologists, we are advocates for patient safety first and foremost, and we feel that this language prevents citizens of Nebraska from receiving the safest and highest quality medical care. While Nebraska is an opt-out state for anesthesia care, this does not mean it is automatically an independent practice state. Opt-out status does not obliterate physician involvement in every anesthesia setting. In Nebraska, the underlying statutes requiring physician involvement with nurse anesthetists say: The determination and administration of total anesthesia care shall be performed by the CRNA or nurse anesthetist temporarily licensed pursuant to Section 38-708 in consultation and collaboration with and with the consent of the licensed practitioner. Licensed practitioner, according to state statute, states any physician or osteopathic physician licensed to prescribe, diagnose, treat, as prescribed in the Medicine and Surgery Practice Act. The APRN Compact would usurp state statute that is currently in effect regarding anesthesia, consultation, and collaboration. By granting APRN patient care independent of supervisory or collaborative relationship with a physician, this also has ramifications amongst other APRNs, as well. LB107, which was signed into law in 2015, states the following: In order to practice as a nurse practitioner in this state, an individual who holds or has held a license as a nurse practitioner in this state or in another shall submit to the department a transition-to-practice agreement or evidence of completion of 2,000 hours of practice as a nurse practitioner which have been completed under a transition-to-practice agreement, or a collaborative agreement or integrated practice agreement, or through independent practice. Based on LB687, an APRN

could become licensed in another compact state without completing 2,000 hours of practice under a transition-to-practice agreement in that state, depending on the prevailing laws of the licensing state, and then practice in Nebraska if the APRN Compact is enacted. This sets a dangerous precedent by allowing insufficient trained personnel to provide direct patient care. Another area of concern is that of nurse midwives. LB466, which is currently a carry-over bill from last session for this committee, would establish independent practice for nurse midwives, as well. Currently in Nebraska, nurse midwives must practice under an integrated practice agreement also, and collaborate with a physician. This bill would negate this requirement also. If the committee feels strongly that this shouldn't be permitted, but allows the APRN Compact to be permitted, this directly conflicts with the committee's desire. Other organizations have taken issue with this legislation, including the Texas Board of Nursing, the American Psychiatric Nurses Association, the Washington State Nurses Association. The Texas Board of Nursing--and I included a copy for you guys--abstained from Article II--or Article III, Section h, regarding independent APRN practice, since it's not on their...authorized under Texas state law. If in an independent practice, it is necessary to be included in this bill, then why does the Texas Board of Nursing adopt a motion to exclude it? The American Psychiatric Nurses Association's CEO states, in her letter, that this section of the APRN Compact's language is very confusing and contradictory. The Washington State Nurses Association has many issues with the APRN Compact, including independent APRN practice, erosion of state sovereignty, and increased expenses for the state. These are all detailed in the enclosed attachments. This is actually the second time the APRN Compact has been attempted by the NCSBN. The first time was in the early 2000s. It was introduced and it was adopted at that time by Texas, Utah, and Iowa. The current iteration before you has actually been adopted by Idaho, North Dakota, and Wyoming. The initial APRN Compact had no mention of independent practice. Only in the newest format currently proposed is independent APRN practice raised. Another question we have is how this compact would be funded, as asked earlier, in Article VII, Section h, item 2, it states they may levy or collect an assessment on each party state. There's no stop limits on what the party states have to contribute and that is, in the current economic climate of our state, this would be difficult to fund yet another item with our projected budget shortfall. The final thing that I would like to bring up is, it's dangerous as far...this is...the decisions made by our State Board of Nursing apply to people in our state. This takes that away, and this places the decisions made for our APRNs in our state into the commission's hands, who are unelected by our state, who are not appointed by our state, and who are making decisions, then, for our citizens of our state. In conclusion, LB687 would be a dangerous piece of legislation to enact and continue to adequately protect the health and safety of the citizens of Nebraska. While licensure compacts have been enacted to help expedite the process of obtaining professional licenses, this bill does much more than that. It's a ruse to expand scope of practice under false pretense of improving license portability. We ask that you carefully consider the language in this bill and oppose it to protect the health and safety of the citizens of our great state. With that, I'll take questions. [LB687]

SENATOR RIEPE: Senator Kolterman. [LB687]

SENATOR KOLTERMAN: Thank you, Senator Riepe. Thank you for coming today. I have a couple of questions. Are you in private practice? [LB687]

TRAVIS TEETOR: I currently practice at Boys Town National Research Hospital in Omaha. [LB687]

SENATOR KOLTERMAN: Do you know...do you hire any APRNs? [LB687]

TRAVIS TEETOR: We have APRNs that work in the hospital as a...as nurse practitioners. We do not employ any CRNAs at the hospital. My mother actually is a CRNA, though, in central Nebraska, so I'm familiar with both. [LB687]

SENATOR KOLTERMAN: Okay. Okay, thank you. [LB687]

SENATOR RIEPE: Senator Linehan. [LB687]

SENATOR LINEHAN: Thank you, Mr. Chairman. How does this...thank you for being here. [LB687]

TRAVIS TEETOR: Yes. [LB687]

SENATOR LINEHAN: Dr. Teetor, how does it work for doctors? Is there a compact for doctors (inaudible)? [LB687]

TRAVIS TEETOR: So they did adopt the Interstate Medical Licensure Compact. The way the Interstate Medical Licensure compact works is different than this is. So with the Interstate, the IMLC, you apply to the IMLC, and it expedites your application process in the state you're applying to so, if I want to practice in Iowa, I have to go apply for an Iowa state license through... [LB687]

SENATOR LINEHAN: You do? [LB687]

TRAVIS TEETOR: ...and it...I'm not sure. I don't have a license in another state, but Nebraska is part of IMLC. If Iowa is, as well, I can apply through IMLC and expedite the process of obtaining my license in Iowa. But I still have to obtain an Iowa license and go through their

licensure process. So the process of applying for licensure is still, even with IMLC, is still a state-by-state basis, and I fall under the jurisdiction and the rules of that state, whereas the APRN compact, it falls under the jurisdiction of the commission. And the commission controls all APRN licensure and then you can go practice in any of the compact states that have enacted the compact. [LB687]

SENATOR LINEHAN: But I thought many of the proponents said--and maybe I didn't understand--but they said that you still, even if you get your license through the compact, you still have to follow the rules not only of the state you're practicing in, the scope of practice in the state you're practicing in, but you also have to...obviously we all have to...if we're employed by any institution, we have to follow their practices. So would that be true for doctors, too? You have to follow...this isn't fair, because you're not practicing in two states, so I...but the... [LB687]

TRAVIS TEETOR: If I was licensed in Iowa, yes, I would have to follow their rules and regulations and procedures and whatever else in Iowa, as well. [LB687]

SENATOR LINEHAN: Oh. [LB687]

TRAVIS TEETOR: One example that I can...since I am in the anesthesia world, one example that I can use for this is there are some states that allow CRNAs to practice as an opt-out state, and some states that don't. So if you have a state that is not an opt-out state, where CRNAs have to be supervised 100 percent of the time by an MD, and it's an APRN Compact state, they're used to operating and functioning under the supervision of an MD. If they were in a compact state and then come into a state like Nebraska, which is an opt-out state, you now have someone who--this goes back to your question earlier as far as practicing levels. So they're used to practicing here, where they're supervised by a physician and they come and they don't have to be supervised in Nebraska because that's Nebraska state law, with opt-out status. So now all of a sudden you have someone who is practicing independently in western Nebraska who traditionally has been overseen or been collaborating or working with a physician throughout their whole life, because they're from Idaho and that's the rule in that state where they obtained their APRN compact licensure at. [LB687]

SENATOR LINEHAN: Okay, thank you. [LB687]

TRAVIS TEETOR: Does that help at all? [LB687]

SENATOR LINEHAN: It helps some, yes. Thank you. [LB687]

SENATOR RIEPE: Senator Williams. [LB687]

SENATOR WILLIAMS: Thank you, Dr.--almost Dr. Riepe--Chairman Riepe. Thank you, Dr. Teetor, for being here. [LB687]

SENATOR RIEPE: I'm an administrator. I'm on the opposite side of that. [LB687]

SENATOR WILLIAMS: Yeah, you held them down for all those years. I want to try to clear up something in my mind, because we heard lots of testimony that this legislation is not a scope of practice document, that you would have to follow the scope of practice that is allowed in the particular state and also follow the rules of the hospital. But you seem to be saying this is a scope of practice piece of legislation. So directly, if we were to adopt this, does this change a scope of service for these practicing professionals in our state? [LB687]

TRAVIS TEETOR: There is contradictory language within the APRN Compact legislation. There's a lot of pieces of it where they say they can practice independently, and there's a lot of pieces of it that say they have to practice under the state rules and guidelines. So it's a question of where the...ultimately it's going to be a question of where the commission decides where they want to guide people. Because that's who you're going through is the commission to obtain your APRN license. It's not through the state of Nebraska. [LB687]

SENATOR WILLIAMS: Do you think the intent of the legislation is to change the scope for these practicing professionals? [LB687]

TRAVIS TEETOR: What's that? [LB687]

SENATOR WILLIAMS: Do you think the intent of the legislation is to change the scope of practice for these practicing professionals? [LB687]

TRAVIS TEETOR: I personally feel that the intent is to change the scope for these professional...for these practicing professionals. [LB687]

SENATOR WILLIAMS: Okay. [LB687]

TRAVIS TEETOR: And I think that's why other states have taken issue with this. Iowa and Tennessee actually did introduce this last year, as well. And it did not get out of their committees, because they had issues with that. [LB687]

SENATOR WILLIAMS: Thank you. [LB687]

SENATOR RIEPE: I have a question. It...you know, we have a handout--unfortunately the audience doesn't--that's from the Washington State Nurses Association...obviously did not have an opportunity to read it. On the second page though, of your written testimony it says: other organizations have also taken issue with the legislation, including the Texas Board of Nursing and the Washington State Nurses Association. And yet I think today we have the Nebraska Nurses Association being very supportive. Can you help me with that a little bit? [LB687]

TRAVIS TEETOR: I can't speak on behalf of the Nebraska Nurses Association. I can just tell you there's other state nursing associations and boards who have taken issue with portions of this legislation. [LB687]

SENATOR RIEPE: So it's not real straightforward. [LB687]

TRAVIS TEETOR: It's not straightforward. [LB687]

SENATOR RIEPE: Okay. Other questions from the committee? Senator Erdman. [LB687]

SENATOR ERDMAN: Thank you, Dr. Riepe--Senator Riepe. Thanks for coming. Is there a possibility that your group and the nurses...the APRN Compact people get together and work out the language to make this bill acceptable to what you guys want to have accomplished? [LB687]

TRAVIS TEETOR: I think that we would be open to that. The problem is with compact bills. The compact wording has to be adopted the same from state to state, so if you change the wording of the compact language in the bill, then that negates the bill, and it no longer is effective or valid. [LB687]

SENATOR ERDMAN: (Inaudible). Okay. Thank you; thank you for coming. [LB687]

SENATOR RIEPE: Thank you, Senator. Are there other questions from the committee? Seeing none, thank you very much for taking the time to be here. We appreciate it. [LB687]

TRAVIS TEETOR: Thank you very much. [LB687]

SENATOR RIEPE: We're on to opponents, and we would take...welcome, and I know you have been behind a mic before, so... [LB687]

KIM ROBAK: I have. Senator Riepe and members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k. I'm here today on behalf of the Nebraska Medical Association, in opposition to LB687. It's difficult to come and oppose a bill that everybody appreciates and supports the underlying goal of the bill, and that is to make sure that it's easy to practice in multiple states, to ensure that our military personnel and their spouses have the ability to practice quickly in the state of Nebraska, and that we handle the issues of need in our rural areas of our state. Unfortunately this compact is so poorly drafted, that I'm not sure it does what it's supposed to do. And as you've heard today, there are language ambiguities, and you heard about one portion of the bill from all of the proponents. What I'd like to point out is one other section of the bill that's on page 13, and it starts on line 10 and it deals with prescriptive authority. And it says if you're issued a multistate license, an APRN granted prescriptive authority for noncontrolled prescription drugs in the home state may exercise prescriptive authority for noncontrolled prescription drugs in any remote state, while exercising a multistate license privilege under an APRN multistate license. The APRN shall not be required to meet any additional eligibility requirements imposed by the remote state and exercising prescriptive authority for noncontrolled prescriptive drugs. So no matter what people told you today, and there is some other language in here that seems to be conflicting, but this specific language says that you can prescribe and you don't have to take any additional coursework or any other eligibility requirements in order to prescribe drugs. I do wish that we could work this out, because the goal is to support compacts. The Nebraska Medical Association supported the nurse compact and the physician compact. And I think today, when people were testifying, sometimes we were referring to nurses and sometimes we were referring to APRNs. There are two different entities. The nurse compact exists and, if you read the language of the bills, this compact is the only compact, if you look at the other compacts that have been adopted, they don't have this language, and they are required in those compacts to comply with the state laws in every state. My final point is that this bill doesn't do what we want it to do, even if we were in agreement. The goal is to get speedy access to healthcare. If, as everybody who came up to testify is correct, that you have to comply with every state's rules, you're going to have to go back and get those requirements. It doesn't help speed up the process. It would be better off if we could set out, in state law, a speedy process by which you could get a temporary license, so that people could practice while they were here. But the idea that you're going to be able to go into another state and have to comply with all of the rules and regulations of that state, and do it quickly, is just not the case. In every instance, and including in this statute, it lays it out. You have to get a background check. And what I'm told is that's the major piece that takes the most time. The background check will still have to take place because you'll have to do it in all of the states. And then, finally, if the states that you want to practice in, particularly with telemedicine, are not your surrounding states, then it doesn't do you any good. It has to be a state that's a member of the compact. So again, the goal is to meet those needs. I think there are better ways to meet those needs and/or look at a better language than this. And I'd be happy to answer any questions. [LB687]

SENATOR RIEPE: Okay, thank you very much. Are there questions of the committee members? Senator Crawford. [LB687]

SENATOR CRAWFORD: Thank you. Thank you, Mr. Chairman. And thank you for your testimony. The idea of...in terms of telehealth, would be, I guess, as soon as anyone joins the compact, then that agreement would've...would apply. So the idea would be getting multiple states to join the compact to be able to do that. [LB687]

KIM ROBAK: The question that I would ask, Senator Crawford, is how often does a nurse anesthetist or a CRNA or a midwife actually deal in telemedicine? [LB687]

SENATOR CRAWFORD: Right. [LB687]

KIM ROBAK: Because those are the types of procedures where I think you're going to want to be present, when you're actually conducting the types of services that are being adopted. I would just tell you that, in my conversations with Methodist Hospital--that's been mentioned several times here today--their comment was that they would require their particular nurses and APRNs to have specific requirements that the compact may not require. So I'm not sure whether, again, it would speed up the process. [LB687]

SENATOR CRAWFORD: Thank you. [LB687]

KIM ROBAK: It may but, again, it may not. [LB687]

SENATOR CRAWFORD: Thank you. [LB687]

SENATOR RIEPE: Okay. Any other questions? Thank you very much. We appreciate it. Again, opponents? Seeing none, are there any that are in a neutral capacity? Kind Sir, if you would state your name and spell it for us. [LB687]

TOM VENZOR: (Exhibit 14) Yeah. My name is Tom Venzor; that's T-o-m V-e-n-z-o-r. I'm the executive director of the Nebraska Catholic Conference, and we represent the mutual public policy interests of the three Catholic bishops serving in Nebraska. And I want to state, kind of up front, the reason I'm in a stance of neutrality, as some of the concerns that...questions that I have raised, tried to address some of those with Senator Blood. And there's a sort of willingness...it's that we'll work out the issues that we've brought up, and so in that respect, I wanted to come in a neutrality rather than opposition. In also some of the...one of the specific issues I'm going to bring up I know is not in Senator Blood's intention to produce that kind of effect that I think the

language of this bill might...that might be a consequence of the language of this bill. So I do want to state that up front and notify that as well, so I don't confuse what might be the intention on this bill or not. Our concern is not with the intent of the bill but rather with the meaning of its actual language and how certain provisions of the legislation interact. In summary, LB687 is not clear about what law governs when a nurse exercises a multistate APRN license in a remote state under the bill. Because of its lack of clarity, the bill likely allows compact licensed nurses to prescribe any noncontrolled substance to a patient in a remote state without regard to the law of that state. This could include prescriptions of noncontrolled chemical abortions and chemical abortion drugs, despite Nebraska's law requiring that only licensed physicians perform abortions in our state. Specifically Article III, Section f, on page 12 of the introduced copy, states that issuance of an APRN multistate license shall include prescriptive authority for noncontrolled prescription drugs unless the APRN was licensed by the home state prior to the home state adoption of this compact and has not previously held prescription authority. Furthermore, Section f(1), further below, states an APRN shall not be required to meet additional eligibility requirements imposed by the remote state in exercising prescriptive authority for noncontrolled prescription drugs. Noncontrolled substances apparently include the chemical drug known as mifepristone, a drug that is commonly used in chemical abortions. LB687 goes on to state in Article III, Section g on page 13 of the introduced copy, that a compact license, APRN, shall satisfy all requirements imposed by a remote state when it comes to controlled substances. This section makes abundantly clear that prescription authority is absolute with respect to noncontrolled substances, but subject to state law regarding controlled substances. We also know that the bill states in Article III, Section j on page 14 of the introduced copy, that an APRN must comply with the state practice laws of the state in which the client is located at the time the service is provided. But this section is independent from the previous section on prescription authority, and in conflict with it. When a court encounters two provisions in conflict with each other, it often applies a fundamental legal maxim that the more specific provision governs over the more general provision. Therefore, the provision allowing specific autonomous prescription authority of noncontrolled substances would likely govern over the provision providing general scope of practice guidelines. Thus the NCC merely requests clarification on this conflict in order to ensure that Nebraska's local policies and practices remain good law under LB687. So that's my testimony; thank you. [LB687]

SENATOR RIEPE: Thank you very much. Are there questions? Senator Erdman. [LB687]

SENATOR ERDMAN: Thank you, Chairman Riepe. Mr. Venzor, thank you for coming. You may have been in committee hearings where I've asked this question before. [LB687]

TOM VENZOR: Um-hum. [LB687]

SENATOR ERDMAN: How is your testimony neutral? [LB687]

TOM VENZOR: Like I stated from the outset, and I was anticipating that question, Senator, so thank you. [LB687]

SENATOR ERDMAN: I knew that. [LB687]

TOM VENZOR: Yeah, like I said, from the outset, the questions we're raising...I think there's a real conflict in terms of who's interpretation of the bill is right. I think we have a pretty strong interpretation that we have here that is reasonable, but it's also something that Senator Blood has acknowledged that she's willing to work with. And I think, again, I know when it comes to compacts, that you can't be changing substantially the compacts, but there are certain types of things that you can kind of go in and tweak, while still allowing the compact to survive, basically. So to that regard, you know, these are changes that we can make to the compact. Again, we're happy to do that. In...with regard to the general purpose of this compact, obviously the NCC has no skin in the game or no dog in the fight there. So... [LB687]

SENATOR ERDMAN: So then if we were to advance this to the floor and it passed, you'd have no problem with it? [LB687]

TOM VENZOR: If the issues that we... [LB687]

SENATOR ERDMAN: No, just like it is. [LB687]

TOM VENZOR: Just as it is. [LB687]

SENATOR ERDMAN: Just as it is. If we passed it out and passed it. [LB687]

TOM VENZOR: Yeah, we would raise concerns about it, um-hum. [LB687]

SENATOR ERDMAN: Then your position is not neutral; your position is opposition, wouldn't you say? [LB687]

TOM VENZOR: Based on your terms, yes, um-hum. [LB687]

SENATOR ERDMAN: No, based on your testimony. [LB687]

TOM VENZOR: No, based on your terms. Based on the terms that I've applied, we have a neutrality on this, because we want to work through these issues. And there's been a willingness to work through those issues. [LB687]

SENATOR ERDMAN: And so your testimony is asking to make these changes before we move on. [LB687]

TOM VENZOR: Excuse me, repeat that. I didn't catch it. [LB687]

SENATOR ERDMAN: Your testimony is saying these changes should be made before this bill becomes acceptable. [LB687]

TOM VENZOR: Yes. [LB687]

SENATOR ERDMAN: That's not neutral. [LB687]

TOM VENZOR: Um-hum, okay. [LB687]

SENATOR ERDMAN: You're giving the testimony. I'm the hearer of the testimony. I don't put this in the neutral category. [LB687]

TOM VENZOR: Okay. [LB687]

SENATOR ERDMAN: Now I don't mean to be disrespectful. I'm just telling you, this is not a neutral testimony. Thank you. [LB687]

TOM VENZOR: Yeah, I appreciate that. Yeah, thank you, Senator. [LB687]

SENATOR RIEPE: Okay, thank you. Are there other questions? Comments? Hearing none, thank you very much. [LB687]

TOM VENZOR: Yeah, thank you very much. [LB687]

SENATOR RIEPE: We appreciate your being here. Are there other neutral testifiers? No one wants to come forward as a witness now? Is that okay? Thank you, Senator Erdman. [LB687]

SENATOR ERDMAN: Thank you. [LB687]

SENATOR RIEPE: With that, Senator Blood, would you like to close on your... [LB687]

SENATOR BLOOD: I would. First of all, I want to say that I misspoke, and I owe Senator Howard an apology. That's what I get for peeking in my notes instead of actually reading my notes. It is North Dakota, Wyoming, and Idaho. [LB687]

SENATOR HOWARD: Perfect. [LB687]

SENATOR BLOOD: And I apologize for that. And then I have a response to Senator Erdman. Senator Erdman, LB687 does have a fiscal note and, if you flip to the second page, you'll note that it will come out of cash funds, and they expect it to be approximately a $600.00 membership fee that will come out of the expenditures for 2019 and 2020. And then meeting fees and expenses are required by the compact, but they're paid by the parent organization, which is the National Council of State Boards of Nursing, so not from our state. [LB687]

SENATOR ERDMAN: But there's still a fiscal note. [LB687]

SENATOR BLOOD: There is the $600.00 fiscal note for the...as there are with all compacts. [LB687]

SENATOR ERDMAN: Okay, thank you. [LB687]

SENATOR BLOOD: Um-hum. And then I appreciate the fact that the Nebraska Catholic--Council? [LB687]

VOICES FROM COMMITTEE AND AUDIENCE: Conference. [LB687]

SENATOR RIEPE: Conference. [LB687]

SENATOR BLOOD: Conference? Being Catholic, I appreciate the fact that he expressed our willingness to work with him. To be really frank, we have tweaked this compact several times, and there is the ability for some flexibility. And we did speak with him prior to today's hearing, and I appreciate the fact that he was willing to come in as being neutral, trusting that we will work with him. But I would like to say that, if a patient is in Nebraska, no APRN in Nebraska or Iowa or anywhere else will be able to perform an abortion through telehealth or in person.

Article III(j) requires an APRN to follow the practice laws in the state where care is taking place, i.e., where the patient is. This applies, of course, to any law regarding prescriptive authority of noncontrolled or controlled substances. The Nebraska law will operate as it does today, disallowing APRNs to prescribe the chemical abortion pill. Prescriptive authority does not indicate and APRN can suddenly prescribe each and every noncontrolled drug, regardless of state law. Now I want to address some of the things that were taken out of context. And the one thing I learned as a freshman senator, is that you can fight pretty much any bill if you take a sentence out of context. And so in my personal opinion, I think if you look back...is it page 13, I think, she was referring to? They're talking about eligibility. They're not giving people authority; they're saying that for each state in which an APRN seeks authority to prescribe controlled substances, the APRN shall satisfy all requirements imposed by such state in granting renewing such authority. And then, if you on to page 14, line 12, we go back to that. I agree that this is a wonky-written compact but what I learned, because I had to read it over and over and over again, is that you have to look at the different categories and what they mean. So when you're talking about jurisdiction, that's when we talk about that you have to respect whatever laws pertain to that state. To say that this is a ruse, to try and sneak in scope of practice, I have to be really frank with you. I know a lot of compacts that are brought forward, are given to you from that particular demographic. I personally went out for this compact to learn more about it, as part of my military family's initiative. And then I was lucky enough to have all these wonderful and talented women that are highly educated come and speak on behalf of the compact. I wasn't sure that I would have that, to be quite frank. We are going to be doing more and more compacts. I have two others: one for psychologists and one for physical therapists, that have so far absolutely no opposition. But they're written much differently. So do we have the ability to tweak this a little bit more? We absolutely do. But I have to be really frank. I feel like a lot of the opposition testimony is sincerely reading it out of context. And I feel confident the intent is not a ruse. And I have concerns when people come and speak on behalf of other organizations, when those other organizations aren't here. So I would ask that you take a moment, ask good questions, read through this. I know it's a hard read. Read through it a couple times. I'm available for questions. My staff is available for questions. These wonderful, brilliant women are available for questions. Please glean information from them; they're much more knowledgeable than I am when it comes to what they do for a living. But again, put it in perspective and read it as an entire bill. Don't get stuck on the wonky language because I think, that if you look at the sections, and what each section says it's supposed to do, it's clear what the jurisdiction is about, and that's that you can't do something in a state that doesn't allow you to do it. And with that, I really appreciate your time. Will take additional questions, if you have them. [LB687]

SENATOR RIEPE: Senator, I have a question. The model that you're using, that you used...I assume that you pulled that from an association or a state or someplace like this to...as a model for that. [LB687]

SENATOR BLOOD: With the national organizations. [LB687]

SENATOR RIEPE: National organizations. [LB687]

SENATOR BLOOD: This is their compact language that's been adopted in the three other states, and they have given us... [LB687]

SENATOR RIEPE: Okay. From what you've heard... [LB687]

SENATOR BLOOD: ...flexibility in laws to make several amendments. [LB687]

SENATOR RIEPE: Okay. [LB687]

SENATOR CRAWFORD: Hmm. [LB687]

SENATOR RIEPE: So does that preclude then any modification in it, because to comply with other states, it has to be sort of verbatim? [LB687]

SENATOR BLOOD: It does not have to be verbatim; it has to be comparable. So we've been allowed some minor tweaks that they've given us permission to do, and I think that there's more flexibility right now because they don't have the full amount of states that they need for the compact to go through. So I think that allows us a little bit of leeway and again, one of the benefits of being one of the forerunners, as opposed to bringing up the rear. [LB687]

SENATOR RIEPE: Did you hear any concerns today that would make you...to suggest any committee amendments to this particular piece of legislation, in the hopes of maybe pushing it out of committee? [LB687]

SENATOR BLOOD: The stuff that was taken out of context I don't, because I do feel it was...they were reading a section incorrectly. But in reference to the Nebraska Catholic Conference, I think we need to discuss it a little bit further and make sure that we're both clear because, being Catholic especially, I want to make sure that we're both clear on what it does and does not say. And if needs tweaking, I think we do, in that area, have a little bit of flexibility. [LB687]

SENATOR RIEPE: Um-hum. [LB687]

SENATOR BLOOD: And I think it would just be a matter of changing a sentence. [LB687]

SENATOR RIEPE: My sense was that it wasn't totally limited to a religious question. And I think there was a question from the representatives of the Nebraska Medical Association, and that went to page--on the prescribing--on page 13, lines 10-16, I guess it was. [LB687]

SENATOR BLOOD: Right, which I addressed at the beginning of my closing, saying that if you read further...I read that paragraph. I can go back to it. [LB687]

SENATOR RIEPE: Well... [LB687]

SENATOR BLOOD: I can go back to it. But yes, I hear what you're saying. And again, I feel it's taken out of context. [LB687]

SENATOR RIEPE: Okay, okay. Thank you very much. Are there other questions from the committee members? [LB687]

SENATOR BLOOD: I appreciate your time. I know it took a long time today. Thank you so much. [LB687]

SENATOR RIEPE: Thank you very much. We appreciate it. Tyler, are there any letters and, if so, how many, and from whom? [LB687]

TYLER MAHOOD: (Exhibits 15, 16, 17, 18, 19, 20, 21, 22, and 23) Yes. The following letters are in support: Connie Benjamin of the AARP; Dean Kenkel, on behalf of the Nebraska Veterans Coalition; Major Sergeant Jeffery Parris, representing himself; Bryon Line of the Nebraska Democratic Party Veterans and Military Families Caucus; Victoria Vinton of the Nebraska Action Coalition-Future of Nursing; Martin Dempsey of the Office of the Deputy Assistant Secretary of Defense; David Brown of the Greater Omaha Chamber of Commerce. And the following letters are in opposition: Dr. James Madara of the American Medical Association; and Dr. Jennifer Kay, on behalf of herself. [LB687]

SENATOR RIEPE: Okay, thank you very much. I would declare that LB687 has had a fair and full hearing today and, therefore, it is concluded. We will now move on. Do we want to take a break? We've been going for a while. [LB687]

SENATOR HOWARD: Yes, I do. [LB687]

SENATOR RIEPE: Yes? Senator, can we do that? We'll take a five-minute break. [LB687]

SENATOR WILLIAMS: Yes. It's all right with me. [LB687]

SENATOR RIEPE: Okay, thank you. [LB687]

BREAK

SENATOR RIEPE: Thank you very much. It's...for anyone that's maybe drifted in, this is the Health and Human Services Committee. And I did talk to the staff and asked them to turn the heat up a little bit. I thought maybe that would shorten the meeting (laughter). So here we go. We are now going to address LB731, which is Senator Williams...provide the licensure of remote dispensing pharmacies. Senator Williams. [LB731]

SENATOR WILLIAMS: Thank you, Chairman Riepe, and fellow members of the HHS Committee. I am Senator Matt Williams, M-a-t-t W-i-l-l-i-a-m-s, and I'm here today to introduce LB731, on behalf of the Nebraska Pharmacists Association and all of their members. The purpose of LB731 is to allow remote dispensing of prescription drugs to occur in Nebraska. As with all of the healthcare industry, the practice of pharmacy is evolving, and yet we have many rural communities that have lost community pharmacies due to retirement of the owner and no new pharmacist waiting to set up the practice and live in those communities. Nebraska has allowed, since 2008, with the passage of the Automated Medication Systems Act, the practice of telepharmacy in our rural hospitals. LB731 would enhance telepharmacy framework to include remote dispensing. Remote dispensing allows a remote pharmacy to be operated by a certified pharmacy technician who is employed and supervised by a pharmacist at the supervising community pharmacy location with all work verified remotely via real-time audiovisual communication. The remote dispensing pharmacy must be licensed by the Department of Health and Human Services and follow the same statutory oversight as a community pharmacy. In addition, a remote pharmacy location must be greater than ten driving miles away from the nearest community pharmacy to qualify for licensure. Most importantly, LB731 provides a framework for remote dispensing to occur in Nebraska, with legal requirements in place to enhance and ensure patient safety. The Nebraska Pharmacists Association convened a working group of pharmacists and pharmacy technicians from across Nebraska to develop the language that is LB731. Patient safety was always the top priority in each item discussed. The working group reviewed laws from surrounding states that allow remote dispensing, such as Iowa, Minnesota, South Dakota, and others, and patterned much of LB731 after those successful models. The NPA has discussed the bill with the Department of Health and Human Services, and I believe they have no issues with the legislation. We anticipate no more than ten remote dispensing sites will be opened within the next five years, based on the economics and sound

business practices of Nebraska pharmacists. The fiscal note comes in much higher, I will tell you, than we anticipated. And Joni Cover, with the Pharmacists Association, will discuss this further. But simply put, we believe that the Department of Health and Human Services is overestimating the amount of remote dispensaries that will locate in Nebraska with this legislation. As I mentioned, we are expecting ten of these to be established. When Iowa adopted this law in 2016, they now have 11 remote dispensing pharmacies, and yet our fiscal note would indicate that there would be 50 the first year and 100 the next year, and then up to 200 following that, which we simply think is problematic. Also, I would note in the fiscal note, they say that they have to be within ten miles, and the bill is outside of ten miles. So that may be their whole problem with the fiscal note is misreading the legislation. So with that, I would encourage you to listen to the testimony from the pharmacists that are going to follow, and I will be here to close at the end of the testimony. And I'd be happy to take any questions now, if you have any. [LB731]

SENATOR RIEPE: Senator Williams, thank you very much. Are there questions of the good senator? Senator Erdman. [LB731]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you, Senator Williams, for bringing this. This will be important for where I live. I read the bottom of that fiscal note, and they talk about 1,000 miles of travel per month. So my assumption is they're going to drive all the way from Lincoln. So we have a pharmacy in Brigdeport, he has one in Bayard; they're going to drive one day to Bridgeport, drive back to Lincoln, drive the next day to Bayard? I mean this doesn't make any sense. This fiscal note doesn't make any sense at all because, if they come to inspect Bridgeport, they're going to drive 15 miles further and inspect Bayard. So how do you get an extra, additional 1,000 miles a month doing this? And my district is so spread out, there are only a couple of incidences in my district where ten miles would be the appropriate distance. So I could have two, maybe three, in my district. I don't know where they're going to get the other 180. So I don't...the fiscal note doesn't make any sense. I agree with you. [LB731]

SENATOR WILLIAMS: We have requested of the department a list of the communities that they would think would make up the 200, and they have not yet responded to that. So Miss Cover will be able to address that a little bit further, Senator Erdman. [LB731]

SENATOR ERDMAN: When you do get that information, could you share that with us? [LB731]

SENATOR WILLIAMS: Absolutely. [LB731]

SENATOR ERDMAN: Thank you. [LB731]

SENATOR WILLIAMS: Because my intent would not be to bring legislation forward that has any significant fiscal note. [LB731]

SENATOR ERDMAN: Thank you, Sir. [LB731]

SENATOR WILLIAMS: And this again, as we've seen many times, I think could be paid out of the cash balance they already have. [LB731]

SENATOR ERDMAN: Thank you. [LB731]

SENATOR RIEPE: Senator Crawford. [LB731]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you, Senator Williams. I wonder if you could just establish some legislative intent with the language on page 8. At the bottom of page 8, it talks about, beginning on line--begins on line 27, it talks about the fact that when a prescription is being dispensed to a patient or caregiver, the supervising pharmacist must attempt to counsel on all new prescriptions dispensed from the remote dispensing pharmacy. So if that...what does "must attempt" mean? [LB731]

SENATOR WILLIAMS: Thank you, Senator Crawford. And I think that would be a great question for the pharmacists that are going to be coming behind me. [LB731]

SENATOR CRAWFORD: Yeah. [LB731]

SENATOR WILLIAMS: But it is my understanding, and I should've talked maybe a little more about this, the remote dispensing pharmacy would have to be connected all the time with audiovisual communication. So the pharmacist in the community pharmacy would be available to offer that communication and that counseling. And it's my understanding, from conversations I have had, that they will, under this legislation, they are required to offer that. Now a patient can say: no, I'm not interested, but they will be offering that. [LB731]

SENATOR CRAWFORD: Okay. And is it your understanding that the remote facility will focus more...will provide refills, or refills and new prescriptions, both? [LB731]

SENATOR WILLIAMS: I believe. under the legislation, a pharmacy tech can, under certain circumstances, supply refills. [LB731]

SENATOR CRAWFORD: Refills. Thank you. [LB731]

SENATOR RIEPE: Okay. Are there additional questions from the committee members? We know that you'll be staying, so thank you very much. Oh, I'm sorry. Lou. [LB731]

SENATOR LINEHAN: That's okay. Because I'm reading through the fiscal note and not as prepared as Senator Erdman. And I'm even more confused. You'd have to have a person there, right? There has to be a tech. I's not like it's a box you can just put your cash in and take the pills out. [LB731]

SENATOR WILLIAMS: This is not a vending machine. [LB731]

SENATOR LINEHAN: Right. So you have to... [LB731]

SENATOR WILLIAMS: This a brick and mortar location that would have a pharmacy tech located there, that would be under the direct supervision of a pharmacist, a licensed pharmacist at the community pharmacy. [LB731]

SENATOR LINEHAN: So one would assume that there's not going to be one in Crab Orchard, Nebraska. There might be one in Tecumseh, Nebraska, which is where my home...you're not going to have them...okay, that's what I... [LB731]

SENATOR WILLIAMS: What we are seeing happen across, in particular, the less-populated rural areas, is some of the community pharmacies, when the pharmacist retires, they're not open anymore. [LB731]

SENATOR LINEHAN: Right. [LB731]

SENATOR WILLIAMS: And recruiting a licensed pharmacist to be there is not economically feasible. So having a pharmacy tech that is connected to another operating pharmacy provides the convenience for the residents that live there that, oftentimes, are older and wouldn't have to be driving down the road. [LB731]

SENATOR LINEHAN: Right, thank you very much. Thank you, Mr. Chairman. [LB731]

SENATOR RIEPE: And we assume Amazon is not going to come in and resolve all these problems for us. Okay. Thank you, Sir. Proponents, please. [LB731]

TRAVIS MALOLEY: Hello. [LB731]

SENATOR RIEPE: Can you just give us your name, Sir, and... [LB731]

TRAVIS MALOLEY: Yep. [LB731]

SENATOR RIEPE: ...spell it. [LB731]

TRAVIS MALOLEY: Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Travis Maloley, T-r-a-v-i-s M-a-l-o-l-e-y, and I am a pharmacist and pharmacy owner from Lexington, Nebraska. On behalf of the Nebraska Pharmacists Association, I am here to testify in support of LB731 and would like to thank Senator Matt Williams for introducing this legislation for us. I served on the NPA's work group that developed the concept and language of LB731. Our group focused on patient safety and access to pharmacist services, as the goal of this legislation. LB731 is important to Nebraska to allow pharmacists to open pharmacies in underserved areas, particularly in rural Nebraska. The concept of LB731 is that a supervising pharmacy would be connected to a remote dispensing pharmacy via real-time audiovisual communications systems. The pharmacist at the supervising pharmacy would be required to supervise and verify the work of a certified pharmacy technician located at the remote dispensing pharmacy. A remote dispensing pharmacy could not be located within ten driving miles of another retail pharmacy. All of the current pharmacy practice requirements of the pharmacist and pharmacy technician would apply to this remote dispensing process, which would ensure safety and standards of best practice. LB731 would require licensure and oversight by the Nebraska Department of Health and Human Services. Nebraska law currently has a ratio of pharmacy technicians to pharmacists of 3 to 1, and that would remain in place. This ratio will limit the number of remote dispensing sites owned and operated by a supervising pharmacy/pharmacist. I own a pharmacy in Lexington, and I am considering opening a remote dispensing site, if LB731 was to pass, in Franklin, Nebraska. With my wife's family being from Franklin, I've had numerous people contact me about wanting us to reopen the pharmacy that they did have in town. They appreciated the access and convenience that the pharmacy provided them. Without LB731, maintaining a retail pharmacy would not be economically feasible in a town of Franklin's size. But with the possibility of having a remote dispensing pharmacy, not only would it be possible, but I feel it would flourish. Rural Nebraska deserves access to healthcare, and LB731 gives the pharmacy profession our chance to provide it. Lastly, I would like to just say that this is not necessarily new, as Senator Williams mentioned. Clinical and hospital pharmacies are already doing telepharmacy currently now and so, really, we'd just be putting this on the retail side, which they've been doing that for eight years, I think. And then, obviously, there's 19 current states that are already doing telepharmacy, including North Dakota, South Dakota, Iowa--which we never want to be behind Iowa... [LB731]

SENATOR RIEPE: (Inaudible). [LB731]

TRAVIS MALOLEY: ...so we're ready to join them. So in closing, I urge the committee to advance LB731, and I'm happy to answer any questions. Thank you. [LB731]

SENATOR RIEPE: Are there questions from...Senator Erdman. [LB731]

SENATOR ERDMAN: Thank you, Chairman Riepe. Thank you for coming. So your business over in Franklin, if you open one, how many hours would you be open over there? [LB731]

TRAVIS MALOLEY: That would have to be determined on, you know, how many prescriptions we would be doing and how busy it would be. I could anticipate seeing us open Monday through Friday, from a 9:00-5:00 type of thing, depending...they do have a clinic and a nursing home, so that could be...that could be open five days a week. [LB731]

SENATOR ERDMAN: Tell me how this contact with that remote pharmacy would be. What kind of a connection would you have? [LB731]

TRAVIS MALOLEY: It would be audio, real-time audiovisual connection, so the...like Cardinal Distributing or McKesson Distributing (sic: Distribution). They have some programs, themselves, that we could use. I believe that my own software, that I use in my store in Lexington--PioneerRx, actually has a program themselves, too. [LB731]

SENATOR ERDMAN: Okay. [LB731]

TRAVIS MALOLEY: ...that I would be able to use down there. [LB731]

SENATOR ERDMAN: Okay. [LB731]

TRAVIS MALOLEY: So they're provided. The companies have already made them. [LB731]

SENATOR ERDMAN: All right, thank you. [LB731]

TRAVIS MALOLEY: Um-hum. [LB731]

SENATOR RIEPE: Does that...does that allow for billing and collection, as well as (inaudible)? [LB731]

TRAVIS MALOLEY: Correct, yeah...the whole nine yards. [LB731]

SENATOR RIEPE: Okay. Are there other questions? Hearing none, thank you very much. [LB731]

TRAVIS MALOLEY: Thank you. [LB731]

SENATOR RIEPE: Are there additional proponents? [LB731]

PATRICIA GOLLNER: Hello. My name is... [LB731]

SENATOR RIEPE: Welcome. If you'd just be kind enough... [LB731]

PATRICIA GOLLNER: Thank you. [LB731]

SENATOR RIEPE: ...to state your name, spell it, and then proceed on. [LB731]

PATRICIA GOLLNER: Thank you for having me, Senator Riepe. My name is Patricia Gollner--Patty, P-a-t-r-i-c-i-a G-o-l-l-n-e-r. I am a community pharmacist from Hastings, Nebraska, and I am here, on behalf of the NPA, as a proponent for this bill, also. And my background is from the safety standpoint and the need for access to a good pharmacy, from the safety and efficacy standpoint for rural Nebraskans. My background for community pharmacy is that I have served on the Nebraska Medicaid DUR Board for 17 years, and then I moved on to the public health formulary committee for the state of Nebraska. And now, more recently, I serve on the Nebraska Board of Pharmacy. I am not representing the Board of Pharmacy, but I had the opportunity to sit on the standards-for-telepharmacy committee at NABP, the National Association of Boards of Pharmacy committee for telepharmacy. And when I went to that, it afforded me the opportunity to see the huge benefits that telepharmacy could offer for people in the rural areas. And then I sat on Joni's committee, at the NPA, for telepharmacy for the citizens of Nebraska through LB731. My parents are in their early 80s and live in rural Nebraska. Their closest pharmacy is 18 miles away. And on a cold...over this last cold spell, they had left their house twice in a three-week period of time, just because of the cold weather. So when you're talking about being able to get out for groceries or your pharmaceutical supplies, this becomes a real issue. So if they could drive in to their local town that's only ten miles away from their farm, and pick up their prescriptions from a technician that has been overseen by a pharmacy, just a video link away and

able to ask questions, it would be a huge benefit. There are 19 states doing telepharmacy right now, and the programs that they refer to through Cardinal and McKesson and--there's a lot of different programs--they're all bar-coded so that the technician is...it's almost unheard of to have a mistake happen with what the prescription is and what they put in the bottle. The pharmacist is able to help them, via video link, to interpret the prescription if it's handwritten, but almost everything is going through e-scribing (sic: E-Prescribing). As far as the fiscal point of the issue, and seeing it blossom into all these hundreds of telepharmacies, when you look at setting up a telepharmacy, you have software, hardware, inventory. And just there, if you're doing just a very small pharmacy, you're looking at minimum of, probably, $150,000. And that's for a very small, small inventory. So I don't think you're going to see these popping up all over the place, because you have to have some money behind you to get this started, and a real want to serve the community that you're going to. And with that, I think I'm just repeating what Travis and Senator Williams said. So if you have questions, I'd be glad to answer them. [LB731]

SENATOR RIEPE: Okay, thank you very much. [LB731]

PATRICIA GOLLNER: Yes. [LB731]

SENATOR RIEPE: Are there questions from the committee? Senator Linehan. [LB731]

SENATOR LINEHAN: Thank you, Mr. Chairman. Do you have any idea how many pharmacy techs we have licensed in the state of Nebraska? [LB731]

PATRICIA GOLLNER: With that I would defer. [LB731]

SENATOR LINEHAN: That's fine, that's fine. [LB731]

PATRICIA GOLLNER: It's a lot. [LB731]

SENATOR LINEHAN: That's okay. [LB731]

PATRICIA GOLLNER: About 800? [LB731]

_____: It's 4,000. [LB731]

PATRICIA GOLLNER: 4,000, okay. 4,000. [LB731]

SENATOR LINEHAN: And...like I... [LB731]

PATRICIA GOLLNER: I can tell you that the pharmacist to technician ratio, at any given time period in your shift, is one to three, and that would include the ones you are supervising on site and the ones that you would be off site. [LB731]

SENATOR LINEHAN: So here's one that...how many pharmacists do we have, licensed pharmacists in the state of Nebraska? [LB731]

PATRICIA GOLLNER: I think with that--and that's in-state, out-state, and those that are... [LB731]

SENATOR LINEHAN: Licensed? [LB731]

PATRICIA GOLLNER: ...licensed, but not practicing--it's around 2,000. [LB731]

SENATOR LINEHAN: Okay, thank you very much. [LB731]

PATRICIA GOLLNER: Um-hum. [LB731]

SENATOR RIEPE: Okay. Are there other questions? Seeing none, thank you very much for being here. [LB731]

PATRICIA GOLLNER: Yes, thank you. [LB731]

SENATOR RIEPE: We appreciate it. [LB731]

PATRICIA GOLLNER: Can I add one thing? [LB731]

SENATOR RIEPE: Yes. [LB731]

PATRICIA GOLLNER: On the board--or the meeting that I went to, they have not had a huge issue with diversion or mistakes made by the technicians practicing in these rural settings in these other 19 states. It's been a very safe and efficacious practice. So I believe that's important to think about. [LB731]

SENATOR RIEPE: Okay, thank you very much. Our next testifier, in terms of a proponent. [LB731]

JONI COVER: (Exhibit 1) Good afternoon, Chairman Riepe. My name is Joni Cover; it's J-o-n-i C-o-v-e-r. I'm the CEO of the Nebraska Pharmacists Association, and I'm here today testifying in support of LB731. I would really like to thank Senator Williams for introducing the bill, and Senator Kolterman for being a cosponsor. I wanted to just touch on a few things. I think it was mentioned earlier, by Senator Williams, that Nebraska has had some sort of telepharmacy in place since 2007/2008, where we have remote access pharmacist oversight of our critical access hospitals. And I think that it's improved the care in those hospitals. The technology that we have today...you know, you've all heard lots of telemedicine kinds of issues coming up. We have the same great technology in pharmacy. We actually addressed this issue several years ago, and I don't think the pharmacy professional was quite ready to do this yet. But now, as we're seeing retirements and communities losing their pharmacy services, we felt like this was the time, so pulled our work group together and that's how we got LB731. I understand that you received a letter from the Department of Health and Human Services with a whole bunch of issues. I received that same list of issues last week, as did Senator Williams. And I met with the folks at DHHS on Tuesday. We went through the entire list, and it was my understanding that we had kind of worked out all the questions that they had. There were two items that we had, kind of back and forth, that we felt that maybe the language was clear and they said: Well, we're not sure it is. And so I asked for some clarifying language that we could bring to you. And I have not heard from them. So I just want you to know that I have addressed all of those issues with the department--I thought to our satisfaction and theirs. But the letter still appeared in your mailboxes. The fiscal note is a bit confusing to me. I don't honestly know 200 communities in Nebraska that we could put remote pharmacies in; I really don't. You know, Senator Erdman, you've got the largest district where, if you look at that map, how many pharmacists aren't in some of these locations? So even if you picked 200 communities--I don't even know if there's 200 unincorporated communities...you know, Travis and Patty both said it has to be economically feasible to be able to put a pharmacy. You have to have a clinic or a nursing home, or some other entity there, in order to support this. And so I think the 200 number is completely off base. I'm not kidding, we spent a lot of time talking about what does this look like in the next five-ten years and, if we get ten, I'll be shocked at...I just...I don't really know where the 200. I did find something quite interesting as I was reading the fiscal note, that in 2020 our licensure fees are going to go up. So that was news to me. I also thought it was interesting, because I believe there's a bill that's been introduced in the Legislature--and I can't tell you which number it is off the top of my head--that is doing a cash fund sweep. So to me it would seem, if the money is necessary for this kind of program, why would we let it sweep out of the cash fund for the occupations and professions? So I just...I'm thinking out loud. I just bring that to your attention. So I'm happy to sit down and work with whomever has questions, whoever we can, you know, work out any issues that we have. But again, we've spent a lot of time going through

the process, really trying to think about what this looks like in Nebraska, knowing that we may, in two or three years, have to come back and make some tweaks. But we just feel like 19 other states are doing this successfully, and we feel it's time to offer this in Nebraska. So with that, I would answer any questions. I also want to comment...in the fiscal note it said that there would need to be rules and regulations written, and I'm kind of perplexed as to why that's necessary either. So we have...actually we have rules and regulations that are...since 2007 haven't been updated. So I don't know how long it would take to get new ones written, since the old ones haven't been completely updated. So with that, I'll answer any questions. [LB731]

SENATOR RIEPE: Okay, thank you very much. Are there questions from the committee members? Senator Linehan. [LB731]

SENATOR LINEHAN: Thank you, Senator Chairman. It's because I'm trying to drill down on this. So if there's 4,000 techs--just on the back of the fiscal note--if there's 4,000, of which many of them are already full-time employed, I'm assuming... [LB731]

JONI COVER: Probably, yes. [LB731]

SENATOR LINEHAN: Where would you find enough techs to open even ten? [LB731]

JONI COVER: Well, that's a great question. And we've actually talked about that, because it's a challenge right now to find technicians, because they have to be registered in the state of Nebraska. And then, within a year, they have to become certified. So it's a challenge sometimes, in our rural areas, to find a technician. So you just recruit. I mean, that's what we're dealing with now. And so you know, hopefully, for example, the location in Franklin that Travis talked about, hopefully there's still a technician or two that live there, that would want to work with Travis and his team, to be the technician in that community. But yeah, it's a shortage thing, just like we're dealing with... [LB731]

SENATOR LINEHAN: Nursing. [LB731]

JONI COVER: ...nursing, like we just heard, and, you know, others. So... [LB731]

SENATOR LINEHAN: Okay, thank you very much; appreciate it. Thank you, Mr. Chairman. [LB731]

JONI COVER: You're welcome, you are welcome. [LB731]

SENATOR RIEPE: Thank you. Ms. Cover, have you found that there are more and more small pharmacies out there that are...I mean, I'm sure there are new pharmacies just opening, but are there more and more just dropping off the scene? [LB731]

JONI COVER: There are a few dropping off the scene. There are communities that, you know, the populations are dwindling and it can't support. Maybe where you used to have three, now we only have two. There are times when you'll have a pharmacist that is retiring and some new pharmacist will come in and do some remodeling or, like in Travis's case, there were two pharmacies in their town and they combined, so there's one. So we're seeing that. So you know, with aging workforce and reimbursements the way they are, it's challenging. And really it's easier to keep a pharmacy in a community that has one versus trying to get a new one to come in. [LB731]

SENATOR RIEPE: Oh, absolutely. [LB731]

JONI COVER: So this remote idea is really, hopefully, an answer to some of these communities that they can't get one to come in to their community. So... [LB731]

SENATOR RIEPE: Okay, thank you very much. If there are no additional questions, we appreciate very much your being here. [LB731]

JONI COVER: Thank you so much for your time. [LB731]

SENATOR RIEPE: Thank you. Additional proponents. Seeing none, do we have any opponents? Seeing none, do we have anyone that is...are you an opponent? [LB731]

JOHN HILGERT: No, Sir, neutral. [LB731]

SENATOR RIEPE: You're...you dare to be neutral (laughter)? [LB731]

JOHN HILGERT: I do. [LB731]

SENATOR RIEPE: Please take the seat; we're waiting. [LB731]

JOHN HILGERT: In response to the intrigue of why I'm neutral... [LB731]

SENATOR RIEPE: You will when you're done. [LB731]

JOHN HILGERT: I'll start with that. I used to have some firsthand familiarity with the Legislature, and one of the frustrations that I had when I was a... [LB731]

SENATOR RIEPE: Did you state your name and spell it? [LB731]

JOHN HILGERT: John Hilgert, J-o-h-n H-i-l-g-e-r-t. I am the director of the Nebraska Department of Veterans' Affairs. [LB731]

SENATOR RIEPE: I thank you, Sir. [LB731]

JOHN HILGERT: Thank you. And again, one of the frustrating things that I encountered, as a state senator, was that we would get a great idea along to Select File and, all of a sudden, someone would pop up out of nowhere and object. And the first thing I would say was: Where were you? You know, we had a hearing; you should have come forth. And I'm here to say that we may be an interested party to the bill. We...I--I will say myself--was not clear on reading the bill. There are some questions that I had where it may or may not impact us. I've talked to Senator Williams' office. I've had some assurances there, some questions other places. And we're an interested party. We have no suggested language or amendments. But that's why we're neutral, because hey, we're an interested party; we're not exactly sure how this bill may or may not affect us. And I'll proceed from there. The goal of the Veterans' Home Division was to develop and deploy a redundant and mutually-supporting, in-house, automated pharmacy delivery system. The pharmacy delivery system will network with each pharmacy within the division. I have four pharmacies in four veteran's homes. They will allow any pharmacist within the division to process pharmacy orders at any other veterans' home within the division, as necessary. Each veterans' home has a licensed pharmacy at their location, within their facility: Scottsbluff, Western Nebraska Veterans' Home; Norfolk Veterans' Home; Eastern Nebraska Veterans' Home in Bellevue; and the Grand Island Veterans' Home. Each veterans' home currently employs a pharmacist and a pharmacy technician. The division will--the divisions, excuse me--will dispense medications through a pharmacy dispensing machine located at each facility, but not necessarily within the facility's pharmacy proper. This is the pharmacy...it may be down the hall. And in the case with the Central Nebraska Veterans' Home, 338,000 square feet, that may be a long hallway. The division deployed audiovisual monitoring in order to provide 24/7, 365-day support by pharmacists within the division, whether that pharmacist coverage originates in the facility, down the hall, or across the state. Division pharmacists will provide on-call support to other pharmacies, within the division, on a rotating basis. Pharmacist in Scottsbluff wants to go on vacation, pharmacist in Grand Island can log in and make the adjustments to the dispensing machine at Western Nebraska Veterans' Home. Each home will establish an after-hours process for filling orders that the dispensing system is unable to process. Pharmacy contracts that provide pharmacy coverage and medication reviews will be reduced or eliminated once the system is

operational and coverage procedures have been established. This system will save money. Through the reduction of waste, it will assist us certainly, and the reduction of med errors, and allows to provide for an efficient, effective, customer-focused way to serve America's heroes. We dispensed our first medication in Grand Island yesterday. I was fiercely trying to figure which, exactly what was actually distributed. We are...so we are up and running in one facility. We're in the process of pushing this out to all four, and we would invite all of you to come to see when it's operational. It does have great promise. And that's why we're here in a neutral capacity, to further dialogue with the senator's staff, perhaps now with the association, to make sure that we can continue on this exciting, groundbreaking, and efficient way to deliver our service. [LB731]

SENATOR RIEPE: Thank you. Senator Erdman. [LB731]

SENATOR ERDMAN: Thank you, Senator Riepe. You made a nice presentation on how this works but I would, again, say you're probably in the support category. [LB731]

JOHN HILGERT: I don't think Senator Williams would be offended by that, but... [LB731]

SENATOR ERDMAN: But I feel that way. [LB731]

JOHN HILGERT: You know, it's a good idea, but I didn't want to say I'm supportive and then, you know, well, you said it was okay. And we may come up with an amendment, working with the association. It might tweak it. [LB731]

SENATOR ERDMAN: I understand. [LB731]

JOHN HILGERT: And that's the only reason. But yes, it's...I'm not against the concept, Senator. You are correct. [LB731]

SENATOR ERDMAN: I'm keeping track; I'm putting you in the positive category. [LB731]

JOHN HILGERT: Okay, fair enough, Senator. [LB731]

SENATOR ERDMAN: Thank you. [LB731]

SENATOR RIEPE: Thank you, Senator Erdman. Are there other questions, comments from the committee? Hearing none, thank you so very much. [LB731]

JOHN HILGERT: Thank you. [LB731]

SENATOR RIEPE: Thanks for your work with the veterans. [LB731]

JOHN HILGERT: Thank you. [LB731]

SENATOR ERDMAN: Yeah, that's true. [LB731]

SENATOR RIEPE: Okay. Any other additional on the neutral capacity? Seeing none, Senator Williams, would you like to close? [LB731]

SENATOR WILLIAMS: Absolutely. And thank you all for taking the time this afternoon to hear LB731. And I really appreciate the pharmacy from my legislative district and then also, down the road in Hastings, for being here and talking about it. I would assure the Veterans' Home people that are here today that LB731 has no intent to interfere with the establishment of the remote dispensing that they are talking about. Each one of those communities that they are in already have community pharmacies, so anything that we would be talking about would be outside that ten-mile driving distance that would be there. I think, here again, we're talking about the right thing to do, and I would just encourage you to advance this so that we can move forward. And I would be happy to answer any final questions. [LB731]

SENATOR RIEPE: Are there any additional questions of Senator Williams? Seeing none, thank you very much, Senator. Tyler, could we have letters? [LB731]

TYLER MAHOOD: (Exhibits 2 and 3) Yes, I have a letter, signed by Adam Chesler of Cardinal Health, in support, and Dr. Thomas Williams, Department of Health and Human Services-Division of Public Health, in the neutral capacity. [LB731]

SENATOR RIEPE: Okay. Thank you very much. With that I declare a full and fair hearing of, and close the hearing on, LB731. We will now proceed on to LB788, which is my bill. And Senator Erdman, as vice chairman, will manage the process. [LB731 LB788]

SENATOR ERDMAN: Thank you, Senator Riepe. Please join us for your opening on LB788. Is it cooler over there? [LB788]

SENATOR RIEPE: I have a sense it's going to get warm. [LB788]

SENATOR ERDMAN: Okay, proceed when you want. [LB788]

SENATOR RIEPE: Because I'm not...but I am not coming in neutral, okay? [LB788]

SENATOR ERDMAN: I understand that. [LB788]

SENATOR RIEPE: Okay. [LB788]

SENATOR ERDMAN: Thank you for coming. [LB788]

SENATOR RIEPE: You want me to go ahead? [LB788]

SENATOR ERDMAN: I do. [LB788]

SENATOR RIEPE: (Exhibit 1) Thank you, Vice Chairman Erdman, and fellow members of the HHS Committee. Today I present to you LB788. According to the CDC, the majority of drug overdose deaths in the United States involve opioids. Addressing this issue requires improving opioid prescription practices. It is crucial for the patients to receive pain treatment that is not only effective, but is also safe. In August, President Trump acknowledged the opioid crisis as an issue of national concern. In October, the President directed the Department of Health and Human Services to declare a public health emergency. As members of the Nebraska Legislature, we must do our part to respond to this national emergency, as it continues to draw closer to Nebraska. Previous national guidelines for prescribing opioids fell short in combating opioid abuse. As the CDC reports, those guidelines recommended higher dosages and focused assessment of risk on patients already known to be in high risk. New guidelines provide for lower dosages, increased monitoring, and assessment of risk for all patients. It is critical for medical professionals to be familiar with the new guidelines in order to proactively address potential opioid abuse. Additionally, in October, 2017, the Division of Public Health issued new Nebraska pain management guidance. In 2010, Senator Gwen Howard introduced LB827, which would have required practitioners to complete at least two hours of continuing education in prescribing controlled substance. It appears Senator Howard was ahead of her time. That bill was indefinitely postponed. In light of the persistent opioid concerns affecting Nebraska, I believe the Legislature must revisit continuing education for health practitioners. LB788 would require practitioners to enroll in continuing education, specifically regarding the prescribing of opioids. Currently, medical professionals must complete a number of hours in continuing medical education. LB788 would require that five of those hours pertain to prescribing opioids. Additionally, LB788 provides that two of the five hours on prescribing opioids must cover the Prescribing (sic: Prescription) Drug Monitoring Program, which is PDMP. I am presenting

AM1563, which would modify this provision. Instead of two hours on the PDMP, medical professionals would be required to complete one half hour of continuing education regarding the PDMP. Currently, the Division of Public Health has a one half hour of continuing education prepared. The department has also provided a letter of support for LB788. Thank you, my friends and colleagues, and I will take questions or you can ask people that will be following me. [LB788]

SENATOR ERDMAN: Thank you, Senator Riepe. Are there any questions for Senator Riepe? [LB788]

SENATOR RIEPE: I will... [LB788]

SENATOR ERDMAN: Hearing none... [LB788]

SENATOR RIEPE: Thank you, Sir. [LB788]

SENATOR ERDMAN: Thank you so much for your testimony. Any proponents? Thank you, Sir. [LB788]

STEPHEN LAZORITZ: Good afternoon. My name is Stephen, S-t-e-p-h-e-n Lazoritz, L-a-z-o-r-i-t-z. I'm the chair of the continuing medical education... [LB788]

SENATOR HOWARD: He has to sit in front of the microphone to carry... [LB788]

SENATOR ERDMAN: You have to sit at the microphone. [LB788]

STEPHEN LAZORITZ: Oh, okay. I'm chairman of the continuing medical education commission for the Nebraska Medical Association, and I'm medical director for WellCare, which is a Medicaid managed care organization. And I'm very happy to testify here. Coming here, it's reassuring to know that the state does pay its heating bills (laughter). But I'm excited to support this bill because my expertise spans several areas and, as a coincidence, last week I was watching one of my favorite things. I love old westerns; my favorite is Gunsmoke. Now Senators Crawford, Linehan, and Howard, and Kristen wouldn't remember that, but I'm sure the male members of the committee would. And Doc Adams, the doctor in Dodge City, caused a big stir in the committee because he wanted to take two weeks off to go to Kansas City for continuing medical education. And since that time, the role of continuing medical education has expanded even more. I've been involved in continuing medical education for 30 years. And let's put things in perspective. I graduated from medical school in 1976, I finished my residency in 1979. And if

the state of Nebraska, or any other state, didn't require me to have continuing medical education, I could've treated any one of you without having any additional education. And that's pretty scary. The state of Nebraska, for physicians, requires 50 hours, every two years, of continuing medical education, which is not the most of any state, nor is it the least of any state. 50 hours, every two years, is a minimal amount. I spent, probably, last week watching half of that, watching Gunsmoke episodes. It's not a bad amount. You guys did the heavy lifting with opioids, so far in the state, and that's establishing the PDMP. That was a huge change and something that may well move the needle. Now we have the rest to do. There are all kinds of pieces to the opioid puzzle. This bill, LB788, is just one piece of the puzzle. In order to use the PDMP, you have to know how to use it, and that's why we want to require training on how to use it. The rest of the education is regarding pain control, use of opioids, and anyone who writes a prescription really needs to do this. And let me give you an example from my roles at WellCare. I do credentialing of physicians and behavioral therapists, and we've had several--and it's not just one or two--several therapists who had trouble with opioids and drugs in the past. And of those several, several of them got their drugs from nurse practitioners, physicians, dentists, and--gasp--veterinarians. They got a prescription for their dog or cat, and diverted that to their own use. In fact, a few months ago in the Pacific Northwest, police raided and found a warehouse with 100,000 doses of Tramadol and 11 badly injured dogs. And what this couple would do is bring their dog to a vet, claiming the injury, and get pain medication for the animal. And I'm...from some research, I found that that is not an unusual state, that many veterinarians will prescribe it and not be cognizant that the drugs are being diverted. The PDMP will prevent this to some degree. Excuse me. Anyone can look at the PDMP--who prescribes--and see if that person is abusing the drugs. And that's why you did the heavy lifting before; now we're just moving forward. Continuing medical education is the cornerstone of education for most physicians. Requiring five hours every two years is not onerous for three reasons: 1) There's no cost; there's ample, free CME available--CDC, American College of Physicians, American Society of Pain Physicians. 2) It won't cost the state anything because there are no fees associated with it. The licensure requirement of 50 CMEs is honor system. So they'll only check at random audits. So all they have to require is a box--I did my five hours of opioids and then, if they spot check, they'll require compliance. And so there's no additional time for the physician or the practitioner, because we have the requirement anyway. So this bill is a no-brainer. It's a win-win for everyone, and I hope that Senator Howard's support of this genetic. So I'll take any questions. [LB788]

SENATOR ERDMAN: Thank you for your testimony. Any questions? Senator Crawford. [LB788]

SENATOR CRAWFORD: Thank you. And thank you for being here, Doctor. Just to clarify, in terms of the access to those continuing education credits, including, I guess, on the PDMP... [LB788]

STEPHEN LAZORITZ: Yes. [LB788]

SENATOR CRAWFORD: Those are available across the state? Or can people...how would people access? [LB788]

STEPHEN LAZORITZ: Nationally, the CDC has education. The American College of Physicians has on-line education. Most of the education is on-line at no cost. Even some states, like the state of Maine, has free education for veterinarians. I don't know much about dentists, but I'm sure there's education that the dental society provides. So the Nebraska Medical Association is really invested in this and wants to see that the education for physicians is free and accessible. [LB788]

SENATOR CRAWFORD: And then the hours that are...would be...are you involved in efforts to provide the education that would specifically cover the Prescription Drug Monitoring Program? [LB788]

STEPHEN LAZORITZ: And that's already on the state Web site. [LB788]

SENATOR CRAWFORD: Okay. [LB788]

STEPHEN LAZORITZ: So that's why it was cut down to a half hour, because that's the duration of that. [LB788]

SENATOR CRAWFORD: Okay, of the...okay. [LB788]

STEPHEN LAZORITZ: Just to put in perspective, this year, I've had 25 hours of continuing education this year, of which half were regarding the prescription of opioids. And I'm an administrator in Medicaid. So it's not hard to meet this requirement at all. Yeah, I'm a recovering hospital administrator, too. [LB788]

SENATOR CRAWFORD: Thank you. [LB788]

SENATOR ERDMAN: Any other questions? I have one. Have you ever noticed that Matt Dillon always draws last, but always wins? [LB788]

STEPHEN LAZORITZ: Yes, absolutely. [LB788]

SENATOR ERDMAN: It's crazy. [LB788]

STEPHEN LAZORITZ: Absolutely, but he always wins. [LB788]

SENATOR ERDMAN: He always wins, Sir. Thank you for coming. [LB788]

STEPHEN LAZORITZ: Okay. [LB788]

SENATOR ERDMAN: Any other proponents? Thank you for coming. [LB788]

EDWARD TRUEMPER: Thank you, Senator Erdman. My name is Dr. Edward Truemper, last name is spelled T-r-u-e-m-p-e-r. I'm a pediatric intensive care specialist, for the past 30 years, and a general pediatrician, have practiced exclusively in academic medicine. And I am a faculty member at both of our medical universities. I'm also a faculty member at UNL and belong to multiple medical organizations. I will be only offering my opinion today. My experience with dealing with opiates comes in the form of several situations. The first one is as a student, after the past 40 years in studying opiates, both for my own needs to prescribe, but also to teach. And I have taught everywhere from premeds all the way to people who are of my own background, and also to...also medical research, having participated in the landmark RESTORE trial, which was the largest trial in prescribing opiates in children. It was actually an international study. Why is this bill so important? Some background...first off, when you come to prescribing opiates, where do you get your education? Well first, you go to your background, your basic didactic education where you study pharmacology. And beyond that, once you've completed that, you then--further down your education--go to the clinical realm, at which point you learn how to prescribe, based on training and actually delivering those medications--prescriptions--to patients under the direction of someone who is vastly more experienced than you are. Now beyond that, where do you go for your education? Well, that's where it drops off considerably. Once you leave your training realm, where do you get your education related to anything? Well, it's pretty much self-determined. The state requires a certain volume of CME, which could cover, depending on what you believe is what you need for your practice...I would venture to say the vast majority of my colleagues do not have a single hour of CME related to the prescription delivery of opiates, even pain management. I, myself, have had considerable experience with this, partly because of what I have seen in my own practice, which is the consequences of opiate use and overuse and, in fact, diversion of medications. And last year in my practice, we averaged at least one child a week who was taking medications that were diverted from their parent's or someone else's use. Much to, probably, the ire of some of my colleagues, the lack of knowledge related to prescribing, related to opiates, is a travesty. And we are responsible for much of the problem we currently have here in the United States. We need to have this education. It needs to be mandated. 20 states have already done this; there are at least 4 more, this cycle, who are looking

at this education. Virtually all of those states did this because we had a problem...they had a problem in their state with the opioid epidemic. It has not reached to the levels of, say, New Hampshire or Massachusetts or Florida in this state. But why wait? We need to have mandated education in order to ensure a quality level of knowledge and expertise on prescribing these medications and, even more importantly, on alternatives to these medications, which are many, and most of my colleagues are completely ignorant of. After 30-odd years of clinical practice, one of the things that I have seen in my practice is the vast array of side effects of different medications. Opioids happen to be the number one, in my estimation. I do completely support the bill in its totality. There are a couple of things that I would recommend. The first one is I think the education needs to be what's called type 1 (sic: Category 1) level in education, which is a higher standard than the type 2 (sic: Category 2) continuing medical education. The other one was already remedied, which was the two hours for education mandated for the education for our own program. I do appreciate you all's time. Now I understand, having listened to Dr. Lazoritz speak when he said that it was a no-brainer to support the bill, that I was asked to come today (laughter). [LB788]

SENATOR ERDMAN: Thank you, Dr. Truemper. Any questions? Dr. Truemper, I... [LB788]

EDWARD TRUEMPER: Thank you very much for your time. [LB788]

SENATOR ERDMAN: I see my astute colleague was making notes of what you commented about, what needed to be changed. So he may be contacting you to talk about that. Thank you for coming today. [LB788]

EDWARD TRUEMPER: He's got my phone number. Thank you. [LB788]

SENATOR ERDMAN: Any other proponents? Thank you. [LB788]

DAVID O'DOHERTY: (Exhibit 2) Good afternoon, Senators. My name is David O'Doherty, O-'-D-o-h-e-r-t-y. I'm the executive director of the Nebraska Dental Association, representing just over 70 percent of the dentists in Nebraska, and here in support of LB788. Thank you, Senator. One...we do have a couple of modifications that we would recommend. I'm guessing this probably wouldn't apply, necessarily, to all the different specialties. Dentistry is fifth overall in specialties about prescribing opioids. The first four groups above dentists are all MDs: family practice, internal medicine, general practice, surgery; and then dentistry. The Board of Dentistry recommended, at their last meeting I believe, three hours one time for the CE, which is very important, and the NDA would support that also. 50 percent of the dentists, approximately, don't have a DEA license. So they would be forced to take education that doesn't even apply to them in their practice. So we would ask that that be put in. The...only practicing for the...dentists who

have the DEA license would be subject to this requirement. In addition, we think the five hours is a little high; three, we think, would be great. The state of New Jersey has had this issue. They've created...the New Jersey Dental Association has created their own publication for their own association, specifically addressing opioid prescribing and everything that goes along with that. This could easily be presented in a three-hour CE class. The...in 2013 the ADA did a study, the best medications for dental pain following a wisdom tooth removal would be a combination of Tylenol and Advil--no opioids. So this is an important message to get out to all dentists, that, you know, the game has changed. It may have been prescribed opiates in the 80s and 90s and 2000s, but not now. This is an important problem and, if you're doing that, you are part of the problem. This is the standard. So we'd be writing the standard of care for the...for prescribing for the state. I did talk to the medical school. The dental students do get training in this as part of their dental education. And so they would be updated on anything that the...what's going on here. So they would be coming out of dental school with that current training on what the guidelines should be. So we'd recommend dropping it to three hours, limiting it to only the DEA license--or permanent, and either have a one-time CE or have some sunset provision that would come back and look at it, and do we still need to have required CE. I'd be happy to take any questions. [LB788]

SENATOR ERDMAN: Thank you for your testimony. Are there any questions? [LB788]

DAVID O'DOHERTY: I'm sorry. I did...what I passed out are the dental boards that I could find that had required CE. There aren't very many. Two of them have one hour, two of them have three hours. The two citations at the bottom of the page are great resources. I thought this one would be even better: State Continuing Education Requirements for Physicians and Dentists. They listed nine states for dentists. I checked all nine; I could only find four of the nine that were specifically required that. But it's still a good overall source. The second one is really good, by the FDA in 2015. I just put that link in there for your information. [LB788]

SENATOR ERDMAN: Thank you very much; appreciate it. Any other proponents? Any opponents? Anyone opposed to the bill? Thank you for coming. [LB788]

LANCE ROASA: Thank you. Good afternoon. My name is Lance Roasa, L-a-n-c-e R-o-a-s-a. Thank you for allowing me to be here today. I'm a veterinary...a licensed veterinarian in the state of Nebraska. I'm also a licensed attorney in the state of Nebraska. I currently teach veterinary law at the University of Nebraska-Lincoln and, also, Iowa State University and 12 other veterinary schools across the country, covering specifically a lot of the laws of prescribing in the state. I come to you today...I also own five veterinary practices in the state of Nebraska and employ a fair number of veterinarians, as well. I come to you today in...to speak in opposition of LB788 for some of the same reasons that were just presented to you. I come on behalf of the

Nebraska Veterinary Medical Association for the same reasons that were presented earlier, although in favor of the bill. Many veterinarians in the state don't actually prescribe or dispense opioids at all. This includes most of our poultry veterinarians, a good percentage of our--or almost all of our consulting veterinarians, again, subject to those DEA licensure requirements. Veterinarians are included in the Prescription Drug Monitoring Program, and I can tell you that that has changed the behaviors of veterinarians in the state. And so I do see, in my practices and also across the NVMA, that the number of prescribed opioids is going to reduce drastically because of that. At the NVMA we do think that the standards for continuing education should be prescribed at the state board level, where some of these exact nuances can be worked out, as opposed...as to who gets the CE, who needs the CE, and how exactly how that CE should be delivered. At the NVMA convention that's upcoming in just a couple of weeks, we will have Kevin Borcher, of NeHII, delivering CE for us on the Prescription Drug Monitoring Program, as well as other tracks on prescribing, as well. So this is something that our profession--and I want to be very clear here. Our profession, and the NVMA, is very much for the intent of this bill. We do know that we have an opioid crisis, and we're every bit as committed to ceasing that crisis. However, this legislation does affect a lot of veterinarians that don't contribute to that crisis at all. [LB788]

SENATOR ERDMAN: Thank you for your testimony. Any questions? I have one. Do we have a vet school here in Lincoln? [LB788]

LANCE ROASA: We have a two-plus-two program. The students actually graduate from their...the degree-granting institution is Iowa State University. [LB788]

SENATOR ERDMAN: Okay. [LB788]

LANCE ROASA: But approximately 25 Nebraska residents go through the first two years of training on the Lincoln campus. [LB788]

SENATOR ERDMAN: Okay, thank you. Senator Crawford. [LB788]

SENATOR CRAWFORD: Thank you. And thank you for being here today. In how the ongoing continuing education is recorded or enforced, is there any difference for those who have a DEA license? Is that a category? [LB788]

LANCE ROASA: That's not currently a category at the state board level. [LB788]

SENATOR CRAWFORD: All right. Thank you. [LB788]

SENATOR ERDMAN: Thank you. Any other questions? Seeing none, thank you for your testimony. [LB788]

LANCE ROASA: Thank you. [LB788]

SENATOR ERDMAN: Any others? Any neutral testimony? Good luck (laughter). [LB788]

TIFFANY OLSON: I know; it's a very tough position to take. [LB788]

SENATOR ERDMAN: Thank you for coming. Please spell and state--state and spell your name, please. [LB788]

TIFFANY OLSON: (Exhibit 3) Hello. My name is Tiffany Olson, spelled T-i-f-f-a-n-y, Olson spelled O-l-s-o-n. I am offering testimony in the neutral position regarding LB788, and I am speaking on behalf of the Nebraska Association of Nurse Anesthetists. I do not represent my employer. I'm a resident of Nebraska, as you have learned before, and a nurse anesthetist practicing in Nebraska, as well the president of the Nebraska Association of Nurse Anesthetists. Nebraska CRNAs definitely recognize the importance of joining together with all medical professions in addressing the opioid crisis on a state and national level. And we do thank Senators Riepe and Lindstrom. We appreciate your attentiveness to this issue and appreciate your ambition and combating it on our state level. Due to the magnitude of opioid addiction, CRNAs are already receiving educational components to address our role in reducing the opioid abuse and misuse, on both the state and national level. In the current practice of CRNAs in the state of Nebraska, we also do not have prescriptive authority and do not hold a DEA license to write scripts for patients outside of the hospital setting. In the nature of our profession, we are involved with the care of each patient during the perioperative phase of his, or her, care, meaning writing orders for RN opioid administration only during the preoperative and postoperative phases of care. This usually occurs in the first two hours prior to surgery and the first two hours after surgery. The same involvement is pretty consistent across the OB area, as well, providing care during labor and delivery and immediately postpartum. With the practice...with this practice in mind, we are not certain that we fit in the intent of this particular bill. Line 21 on page 3 specifically states that...requires that two of the five hours shall cover the Prescription Drug Monitoring Program described in sections 71-2454 and 71-2456. As I indicated, CRNAs are not included in the Prescription Drug Monitoring Program, due to that DEA licensure, so that we would not currently apply to that portion of the education. CRNAs are currently certified and maintain the national certification through the NBCRNA. Current continuing education requirements of this certification is 100 hours every four years, so 50 hours every two years. Requiring 5 of those 50 hours to...dedicated specifically to prescribing opioids seems a bit excessive, in comparison, as we don't prescribe opioids outside of that perioperative phase. In

addition, for the intent of this bill to truly be achieved, it may be best for the Nebraska Department of Health and Human Services to provide standardized educational modules to all the identified licensed providers, in a format easily accessible to all areas across our state. Thank you for the opportunity to testify on this bill. And I am happy to respond to any questions. [LB788]

SENATOR ERDMAN: Any questions? None at all? So in this instance, are you saying that, because of the way it's written, you'll be required to take the schooling as well, the training? [LB788]

TIFFANY OLSON: We would be happy to take any training, just because we also recognize the opioid crisis. We'd be happy to take any training, but it would be nice for all the training to apply to how we practice in the state. So the prescription drug monitoring portions of it, as well as mostly that part, is just really doesn't apply as we don't hold a DEA license. And I have heard that as a common theme among a few of the providers that were named in this bill, so... [LB788]

SENATOR ERDMAN: Okay, thank you. [LB788]

TIFFANY OLSON: Thank you. [LB788]

SENATOR ERDMAN: Are there other questions? Thanks for coming. [LB788]

TIFFANY OLSON: Thank you. [LB788]

SENATOR ERDMAN: Anyone else? Senator Riepe, would you like to close? [LB788]

SENATOR RIEPE: Thank you, Vice Chairman Erdman. I'd like to take just a second. And part of that is just I think the resolution of the issue of opioid abuse is going to be a matter of incremental answers. And I think that this is one step towards that. We're not going to have one magic bullet that just now, all of a sudden, it's solved. I think the other thing that we're going to find is that, and particularly with the veterinarians, I think that we will find that with added pressure on other prescribers, that we might have individuals who will rely on their pet Fido to help them obtain drugs. And so I do think that it needs to be a comprehensive thing. I think we had this discussion some time ago, with Senator Kuehn and Senator Howard's legislation about whether veterinarians would be included in that bill. With that, I have no additional comments, other than I think that it's...the education is a key piece. We need to make sure that all the providers have some knowledge--working knowledge. [LB788]

SENATOR ERDMAN: Okay. [LB788]

SENATOR RIEPE: With that, I will take questions if you have some. [LB788]

SENATOR ERDMAN: Are there any questions? Senator Crawford. [LB788]

SENATOR CRAWFORD: So do you have a thought about the discussion about those who have a DEA license, the nurses? [LB788]

SENATOR RIEPE: I think we can take a look at that. You know, I made a note in terms of that. And I also...I know that Tylenol and the Advil combination for wisdom teeth, as long as that doesn't move on over, then, into the use of an opioid because of a patient--particular patient. Everybody has different pain tolerance levels. As long as that doesn't move over to an opioid, I don't know that one can come in and say that because it was stated that all dentists are aware of this, but not necessarily all dentists would be limited to that. They might say: This one does not tolerate pain, I have to go to a...something stronger. And that might be an opioid. That would be...I'm not a dentist; that would just be a casual observation on my part. [LB788]

SENATOR ERDMAN: Any other questions? [LB788]

SENATOR CRAWFORD: Thank you. [LB788]

SENATOR ERDMAN: Senator Linehan, do you have a question? [LB788]

SENATOR LINEHAN: Uh-uh. [LB788]

SENATOR ERDMAN: Senator Kolterman? [LB788]

SENATOR KOLTERMAN: No. [LB788]

SENATOR ERDMAN: Thank you. [LB788]

SENATOR RIEPE: Thank you. Thank you all. [LB788]

SENATOR ERDMAN: Any letters, Tyler? [LB788]

TYLER MAHOOD: (Exhibits 4, 5, 6, and 7) Yes. I have a letter from the Nebraska Nurse Practitioners, in support; a letter signed by Dr. Richard Azizkhan and Liz Lyons of Children's Hospital and Medical Association (sic: Center), in support; Dr. Thomas Williams, director of the Division of Public Health for the Department of Health and Human Services, in support; and a letter signed by Dr. Jeff Popp of Popp Cosmetic Surgery, in opposition. [LB788]

SENATOR ERDMAN: Thank you. That ends the hearing on LB788. Thank you for coming. That's the end...that ends our hearings today. I'll turn it back over to Chairman Riepe. [LB788]

SENATOR RIEPE: Thank you, Senator Erdman. We will now go into a Executive Session, so that we will ask for the room to be cleared, please. The press is welcome. We do have a quorum, so we will go on with the Executive Session. [LB788]