

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee May 1, 2019

ROGER WELLS: Thank you.

HOWARD: Wonderful. All right, welcome to the Health and Human Services Committee. My name is Senator Sara Howard and I serve as chair of this committee. I also represent District 9 in midtown Omaha. I'm going to have the members of the committee go around and introduce themselves so that you know who you're speaking to today. And we're going to start on my right with Senator Walz.

WALZ: Hi, I'm Senator Walz, and I represent District 15, which is all of Dodge County.

ARCH: This is Senator Arch. I represent Sarpy County, Papillion and La Vista, District 14.

WILLIAMS: Matt Williams, Legislative District 36. I live in Gothenburg, so I serve Dawson County, Custer County, and the north portion of Buffalo County.

CAVANAUGH: Hi, this is Machaela Cavanaugh. I represent District 6, and it is west central Omaha.

HOWARD: And we are joined by our committee clerk, Sherry Shaffer; and our committee counsel, Jennifer Carter; and our page for the day, Dana. And, Mr. Wells, you're up for a reappointment to the Nebraska Rural Health Advisory Commission. Would you mind just telling us a little bit about yourself and your background and your, and your experience on the commission thus far?

ROGER WELLS: Yes, Senator Howard, thank you so much for allowing me to call in and to see patients today. I'm a physician assistant has been in St. Paul, Nebraska, for approximately 31.5 years. My original term on the Nebraska Rural Health Commission was approximate four years after I got out of school, and then I went on and actually involved in the American Academy of Physician Assistants. I'm now involved through all this time, to make it brief, in the National Rural Health Association, CMS, the clinical champion to help support the Dennis Dayman programs and give information to them; as well as numerous other organizations including Stratis Health, which is the quality improvement organization. So my focus though is to try to help patients in rural Nebraska. I'm involved-- I have one son who is a physician, one daughter who is a PA, and one other daughter who is a dietitian. All working now.

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HOWARD: Oh, that's wonderful. And then what, and how long have you been on the Rural Health Advisory Commission so far?

ROGER WELLS: Approximately 20 years. Yes.

HOWARD: My goodness, that's wonderful. Is there anything that you've worked on that, that's been particularly exciting or of interest to you?

ROGER WELLS: Yes. The most, the biggest event, the biggest thing that I worked on was the rural health grant and rural-- excuse me, for funding for patients who come out to central or even outpatient, outstate Nebraska for rural health funding. As you may or may not understand that almost 45 to 50 percent of all the providers in rural health care in Nebraska are preretirement. That means they're either going to die, quit practice, or move back to a larger facility. So we're in dire straits right now of trying to put and replace some of these particular individuals, which may be a laboratory technician; a person who is working in mental health as a psychiatrist, psychologist; dentistry; pharmacy; a PA; MD. We're really struggling. And when you look at the ballgame, she can't get enough players to even have enough for the team anymore. And we're not even talking about EMS or some of the other problems. So our biggest issue right now is looking for the shortages and to rehab, reestablish adequate patient care. My biggest input, however, was the initiation of taking away the taxation upon the grant money that we were giving into some of the recipients out here. That was probably the most satisfying so far. Just taxing money that we're trying to give to people was just, it was, it was kind of a fun trip.

HOWARD: Thank you. Let me see if there are any questions from the committee. Are there questions? Senator Walz.

WALZ: Hi. Thank you, Senator Howard. Other than a shortage, are there any other-- or what are some of the other biggest challenges that you face in regards to rural health?

ROGER WELLS: I believe the biggest challenge is what I call population health, Senator Walz. The issue is not-- the issue is the population. So when we look at in portable insurance coverages diminishes as you get further west from, you know, like here at Sarpy County, excuse me, Douglas County or whatever, and we're going west. And the further west you have less insurance, the less people take care of themselves with health. They don't come through the office for wellness exams because

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they don't have insurance. They don't come to the emergency department there for small injuries. They don't, they ignore chronic illness there, they ignore the potentials of high cholesterol and pre-diabetes obesity, pre-cancer risk, colonoscopies, etcetera. So we're sitting on an iceberg of an implosion of huge amount of injury and trauma that's going to come in the future. So as I see this, we have to develop healthcare populations which is, that are healthy. Now, if you look at that, it's not what I do in the office. That's only 20 percent of the outcome. Eighty percent of the outcome is based upon the population, more on their zip code than it is based upon what I do. So we have to get health departments, EMS, this whole cascade of healthcare providers into a circle so we're all working for the same thing. And that's population health.

WALZ: Wow. Thank you for that. I just have one more quick question.

ROGER WELLS: Sure.

WALZ: How do you see the telehealth services being utilized and are you, are there any barriers to, to that?

ROGER WELLS: Sure, thank you. Yes. There are two barriers. Some are regulatory, such as in rural health clinic we cannot do telehealth, and I'm working on that at the National Rural Health Association because of certain regulation. But the biggest issue, Senator Walz, is that when you look at the electronic medical records you have to be able to document your telehealth and put it into your system. And many of the smaller areas do not have that. It's nice to have specialists call me, but what about my patients out here that use cell phones and activities that are, can be encrypted? I could actually do that and save money, save patient lives, and et cetera by calling the nursing home, doing things like that right in my clinic. And so telehealth has to be a two-edged two-sided book, you know? The front and the back. So I have to be able to use it send to my patients as well as me to get information from a larger institution. Most people look at it from the big going up, but sometimes just out here getting through the broadband shortages out in the western part of the state, where you have to stand on a guardrail to get a cell phone, the cell phone service, let alone a picture, on a bridge. So you have to be able to look at both sides of these. Telehealth will help, but it still doesn't give you someone who is going to take care of the chest pain, the fall, the trauma, the illness, the diarrhea, and the things that occur every day. You still have to have populations at least targeted

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to identify specific areas within the state that will allow access to care.

WALZ: That is very good information. Thank you so much.

ROGER WELLS: My pleasure.

HOWARD: Senator Arch.

ARCH: Thank you. This is Senator Arch. I, I just had a question on work force development that you touched on earlier. And it appears as though that individual communities are attempting to solve some of those issues specific to their community. Have you seen, have you seen other creative ways of encouraging people to come and practice; of, of developing work force within their own community? Any, any other, any other pilots that you see out there that are working?

ROGER WELLS: Thank you, Senator Arch. Yes, just absolutely yes. There are, the smaller communities have the biggest wins. So we, we see people developing grants from their own communities paying into projects, et cetera, trying to have people come out. But the biggest issue is to find leadership within their community that are willing to look forward and see what they, what they need. So just like, you know, like in Sarpy County where you're from, lots of building stuff. Well, we don't need buildings anymore. We need access to electronic medical records, and we can come out with small amounts of expenses and do big things. And so I think what we're seeing is that, just like the telehealth that was questioned earlier by Senator Walz, the issue is looking outside the box, developing a program by which my community will benefit. So my community in St. Paul, Nebraska, will not be the same one as Gordon or maybe Gothenburg. Each community has to identify what it needs. After they've done that, they get the mental health, they get the teledentistry for to get a hygienist out further and to get the dentist to oversee them and those things start to occur. But the biggest issues to identify what the population needs. Once that's done, the communities that seem to gather around and say, OK, I want a wellness clinic; like, OK, fine, they built it. St. Paul wanted a wellness clinic, they built it. I mean, it's just, it's amazing. But the key is to have this task force development of what the community needs and they take off on their own.

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ARCH: Thank you. One other question. Is the, is the visa system working well for attracting providers to underserved areas that you've seen?

ROGER WELLS: There's two answers. One is, yes, it gets you someone temporarily. No, it doesn't work for the long-term. As being on the Rural Health Advisory Commission, the biggest, the biggest finding that we see is that the grant funding that you give us money for, which are now up to almost a year waiting period we're short, short of money, that seems to be a better alternative with every \$1.12, I-- excuse me. With every dollar that's spent, I would make \$1.12 for that town. So what happens is these people come out, their chances of staying are greater than 50 percent. The visa system will give you someone a chance of staying about 12 to 15 percent. And so the money spent is not as advantageous as the money spent for loan forgiveness or reimbursement of grants.

ARCH: Thank you. You obviously have a lot of experience. That's very helpful.

ROGER WELLS: My passion is to come out here, take care of my family, take care of my own community that I was raised from. And it's been a joy and a blessing for me.

HOWARD: Are there any other questions from the committee? Seeing none, Mr. Wells, we truly appreciate your willingness to serve. And we will meet in executive session after this and discuss your appointment. But we do appreciate you taking the time to speak with us today.

ROGER WELLS: It's my pleasure to be able to be serving on this commission. You have a tremendous commission. And the Office of Rural Health is just an outstanding entity. Thank you so much, and I hope you all have a good day.

WALZ: Thank you.

HOWARD: Thank you.

ROGER WELLS: Bye-bye.

HOWARD: All right, this will close the appointment hearing for Roger Wells and open the appointment hearing for Frances Beurivage.

ARCH: Very good.

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HOWARD: Welcome, Ms. Beaurivage. Shocked I got that right.

FRANCES BEAURIVAGE: Good afternoon, Senators. My name is Frances Beaurivage. My last name is B-e-a-u-r-i-v-a-g-e, and I'm glad to be here this afternoon and entertain any questions that you have.

HOWARD: Would you like to give us just a little bit of your background and your experience in this field.

FRANCES BEAURIVAGE: Sure. Absolutely. I was actually raised by deaf parents, so I have always been involved in the deaf community. And so it's a passion of mine to give back to that community. I have worked previously for the Commission for the Deaf and Hard of Hearing as an employee of the agency, and I'm a sign language interpreter. That's always been my employment from as an adult in my career life. A lot of my work has been with youth, with children in public schools. So after that I worked for quite a while for Boys Town Research Hospital as the director of a program that's called the Educational Interpreter Performance Assessment. It's a test that assesses a sign language interpreter's ability to interpret effectively in the classroom for young students. It's actually that test has gone from being a local test that was used by very few states to now a test that's used by the entire United States and some places in Canada. And the reason that that's really, really important is that children are going to grow up and be tax payers and be citizens. And ensuring that they have access to their education is, is paramount. If you have a really good teacher in a classroom and you do not have an effective interpreter, that child does not have access to their education. They don't have access to the teacher's teaching experience. So that has really been a passion of mine. At one point in my career, I worked at the University of Nebraska as an interpreter coordinator there. And so we were coordinating interpreters for undergraduates, graduate level students, and we had several PHD candidates when they were at the university. And to them, their access was very important because without that success, you know, without that access they would not be able to be successful candidates and giving back to the community in a manner that they chose to. And while I was at the University one of the things that really impacted me was when we had freshman students come in and they were not as prepared as they could have been to, to succeed in the academic setting at the, at the graduate, at postgraduate level. It was very interesting to me that part of what was wrong is that their access in the K-12 setting was maybe not what it should have been to allow them to succeed in the postsecondary

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setting. So that's really been my passion, but I work, I have always worked with deaf adults also. And since my parents were deaf, I have always seen the lack of access and the underemployment of many deaf individuals. And access is not just, I mean, it's access to go to the doctor's office, it's access to, to watch the news on television with closed captioning. Today, we've made so many strides in a short time from the time that I was being raised by deaf parents to what you see today. So access to communication and access to information is really important. And I'm looking forward to working on the commission because much of the work that they do is to serve deaf individuals to help them have access in various venues across the state. And I hope to support them in that endeavor.

HOWARD: Thank you. Are there questions? Senator Arch.

ARCH: I do have a question. Ms. Beaurivage, you and I worked together for many years at Boys Town Hospital, and I greatly respect your expertise in working with, with deaf and hard of hearing individuals. I'm interested, and maybe the committee would, would gain some insight into understanding how technology, cochlear implants. You are an interpreter, sign language. And, and cochlear implants now, I believe, has changed a lot of that. Could you talk about how children now with deaf-- who are deaf or hard of hearing are being, are being raised and prepared for school?

FRANCES BEAURIVAGE: Yes. Many of them have much more access via their auditory input from the cochlear implants. We do know that one of the challenges for them in the classroom, though, is, is a lot of the other ambient noise that goes on and a lot of the other side conversations that they may or may not have access to. But with cochlear implants, with FM systems today many more of those children are able to succeed. They may not need as much interpreter support-- but some of them do use interpreter support-- but they use it differently than children that are profoundly deaf, that rely on all of their communication being visual versus these kids that get a lot of auditory input. So it's impacting the field of interpreters' work also in that we need to make adjustments to be able to interpret in a manner that accentuates what they need, what they need to have accentuated because we do not want what they're hearing auditorily to be in conflict with what they're seeing visually. So that's a, that's a new arena since cochlear implants have become so much more successful in the, in the recent years. You know growing up, in all honesty, my father, when he was in his 50s and 60s was when cochlear

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implants were coming out, and he wanted one. And I said, Dad, I think that would be a really bad idea because, number one, of his age and, number two, cochlear implants back then were still not what they are today. What I have seen, you know, from having gone to a person who would have told my father no, I wouldn't have a cochlear implant too today if I had a child that was deaf or hard of hearing. Absolutely I would give them a cochlear implant because they need to have every opportunity that they can to access information, whether it's auditorily or visually.

ARCH: Thank you.

HOWARD: Any other questions? Seeing none, thank you for your willingness to serve, and thank you for visiting with us today.

FRANCES BEAURIVAGE: Thank you all, Senators, for your time.

HOWARD: All right, this will close the gubernatorial appointment hearing for Francis Beaurivage and open it up for Sandra Shaw. Welcome.

SANDY SHAW: Hi. Good afternoon. My name is Sandy Shaw, S-h-a-w. I am new to the deaf world. My husband lost his hearing due to an autoimmune disease, and he does wear cochlear implants. He was able to get one on each side. We've had a rough road from 2005 to where we are today. My daughter-in-law is also, was born deaf, hard of hearing. She can hear a little bit out of one ear but she also wears a cochlear implant. So I am new to the, to the commission and just to the deaf world. And I hope to be able to be an advocate for, as Frances said, access and communication. That's where I'd like to put my, my energy and my time.

HOWARD: That's wonderful, thank you. Are there questions? I have one and this may be-- you might not be the right person to ask this question of. But I, we've heard access twice and I understand-- how, how was the access in your opinion around some of the emergency management and the flooding that happened? Do you know anything about that?

SANDY SHAW: I don't know a lot about that yet. That's what, those are, those are things that concern me as well. And I'm hoping to learn how to, you know, you know, what concerns me are things like where we go to a motel or say my husband goes to a motel. When he takes his cochlears off, he's deaf. So if there's a fire, you know, I want to

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make sure those places like that have the ADA, the access to, you know, have the flashing lights or-- he takes a, he takes an alarm clock with him, you know, to get up that will, you know, like the flash and then it vibrates the bed. So those are kind of things we've worked through. But, you know, just even, you know, you go to church and, and it would be nice if he could Bluetooth because there are buildings that have that capability now where he could Bluetooth to hear, you know, the sermon or what's going on. And, you know, we were just, we just got back from Washington, D.C. yesterday. We have a new grandbaby. That's a side point. But, but, but in the, in the metro, you know, they're over the intercom and they're telling you what the next stop is going to be. And if, you know, you kind of have to watch it flash by on the building that's there. And he's like, can you understand what they're saying? And I'm like, no, I have no idea how you can understand it, because I can't understand it. So it's things like that, until you are put in that position, to really understand what a deaf person or hard of hearing. And I also work for Seward County aging services, so I'm around elderly, and kind of an advocate for hearing aids because there's such a stigma about having to get a hearing aid. I have a friend who's going to be 105 in June, and when she was 90 she was not ready for them. And when she was 100 she says, well, why bother now? And it's so hard to communicate with her now because she doesn't have a hearing aid and I'm, you know, she's lost a lot of communication. And, and that's too bad because, you know, they're, they're available, they're out there. So anyway. Yeah, that's where I'd like to kind of put my time so.

HOWARD: That's wonderful. Senator Williams.

WILLIAMS: Thank you, Senator Howard. And thank you, Ms. Shaw, for being here. Since you've gone through this fairly recently with, with a husband who had a situation of loss, what were some of the biggest surprises to you of experiencing that and living life?

SANDY SHAW: Well, our situation was that one day he e-mailed me and said, I can't hear out of my right ear. So we learned really quickly that he'd gone deaf in that one ear. But then the other ear fluctuated. And so working with the EMTs that, that even the EMTs didn't really understand what was going on. They tried to give him a hearing aid but one day his hearing was up here, the next day it was here. So a hearing aid wasn't helping him. So there was just, you know, we, we actually had to do our own research and we had to, because this happened on the Friday after Thanksgiving there was--

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people were closed. And they said, oh, if you would've got here 24 hours, you know, within 24 hours, we're like, well we tried. But we had to do our own research and we ended up going up to the Mayo Clinic and then Boys Town is where he got his cochlears. And they're amazing, by the way, amazing EMTs. But just like even now, like I say, just people don't understand what it is. And I don't even understand sometimes when, you know, maybe he-- and music doesn't sound the same with the cochlear. But thank God the technology is there because he was able to get a phone from the Commission of the Deaf and Hard of Hearing that had the captioning on it. We're in a world now where there's technology, the texting, the e-mailing. All those things are so huge and that, those are just, I guess, thank God we're in the technology world that we're in. And I was always kind of like shied away from technology. But I really see where it's amazing and what it can do. But, you know, simple things like going through a drive-through. He doesn't even want to order at the drive-through because he can't, he can't understand what they're saying. It's simple things like that that you just don't even, you just, you don't even think about as a, as a person that can hear. So I just, yeah, it's just a whole new world out there.

WILLIAMS: Thank you.

SANDY SHAW: Yes.

HOWARD: Any other questions? Seeing none, thank you for your willingness to serve.

SANDY SHAW: Yes, thank you.

HOWARD: And thank you for presenting with us today.

SANDY SHAW: Thank you.

HOWARD: Thank you. All right, this will close our hearings for the day. And we are going to have a very brief executive session, so we'll ask to clear the room. Thank you, John.