ARCH: [RECORDER MALFUNCTION] Services Committee. My name is John Arch, I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS committee. I'd like to invite the members of the committee to introduce themselves starting on, on my right with Senator Walz.

WALZ: Oh. Hi, I'm Lynne Walz. I, I, I represent Legislative District 15, which is all of Dodge County and part of Valley.

M. CAVANAUGH: Senator Machaela Cavanaugh, District 6, west central Omaha, Douglas County.

ARCH: Also assisting the committee is one of our legal counsels, T.J. O'Neill; our committee clerk, Geri Williams; and our committee page, Rolf. Few notes about our policies and procedures. First, please turn off or silence your cell phones. This afternoon, we'll be hearing two bills starting with LB1068, followed by LB1230. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the table near the entrance of the hearing room. Please fill one out, hand it to one of the page-- one of the pages. Well, we have one page. Hand it to the page when you come up to testify. This will help us keep an accurate record of the hearing. When you come up to testify, please begin by stating your name clearly into the microphone, then please spell both your first and last name. We use a light system. We will all recognize the light system for testifying. Each testifier will have five minutes. When you begin, the light will be green. I say we recognize it because it's a stoplight. When the light turns yellow, that means you speed up and run through the intersection. And when the light turns red, it is time to end your testimony, stop, and we will ask you to wrap up your final thoughts. If you wish to appear on the committee statement as having a position on one of the bills before us today, you need to testify. If you simply want to be part of the official record of the hearing, you may submit written comments for the record online via the Chamber Viewer page for each bill. Those comments must be submitted prior to noon on the work day before the hearing in order to be included in the official record. Additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. And with that, we will begin today's hearing with LB1068. Welcome, Senator Stinner.

STINNER: Good afternoon, Senator Arch and members of the Health and Human Services Committee. For the record, my name is John, J-o-h-n, Stinner, S-t-i-n-n-e-r, and I represent the 48th District, which is all of Scotts Bluff, Banner, and Kimball Counties. LB1068 updates Section 71-830, which was enacted by the Legislature in 2009, effectively establishing Behavioral Health Education Center of Nebraska, commonly referred to as BHECN. The bill will allow BHECN to appropriately fulfill the statewide behavioral health service needs, workforce education, and professional training through already established practices and program. The changes proposed by LB1068 reflect the need to provide programming for the entire behavioral health workforce in Nebraska. I have worked to improve access to behavioral and mental health services in rural Nebraska since I came to the Legislature. With over 95 percent of Nebraska counties classified as behavioral health professional shortage areas by the Federal Health Resources and Service Administration and the Nebraska Department of Health and Human Services, there are access issues everywhere. We are facing a severe behavioral and mental health workforce shortage, which negatively impacts access to the appropriate behavioral health services. COVID-19 pandemic has only made matters worse. The Legislature must act now to address immediate needs and implement long-term strategies to alleviate education, training, recruitment, retention challenges in the behavioral health field. Given the fact that we have a potential one-time opportunity to make a lasting, meaningful impact, I brought together a group of stakeholders over the interim to discuss the best ways to address these issues. Our group concluded that the state should focus on addressing the diverse needs across the state and provide funding in a way that will positively impact the entire state and not create winners and losers based on geography or resources. In short, we did, we did-- we don't need to recreate the wheel or waste funds by creating new programs, but instead use the current programs that have a proven track record and existing relationships. A crucial priority to address these issues is to build a workforce pipeline, expand quality education, and professional training opportunities in efforts to ensure that Nebraskans are able to access behavioral health services regardless of where they live. I have proposed a three-bill package to bring meaningful changes for both the behavioral health workforce and access to behavioral healthcare services across the state. Two of those bills, LB1066 and LB1067, are referenced to the Appropriations Committee and address funding from two sources: a short-term infusion by ARPA funds and a long-term commitment of General Funds to allow an existing program to meet its original objectives and evolve with changing needs of our state. LB1068 represents an opportunity to

ensure long-term success of the established recruit-- of the established recruitment, education training, and service program carried out by BHECN, which is housed in the University of Nebraska Med Center and enumerated in Section 71-830. Since its creation in 2009, BHECN has made a big difference, with their programs resulting in 33 percent increase in behavioral health providers across the state. BHECN now has over ten years of experience working with behavioral health stakeholders, educational institutions, students, and professions-- professionals across the state. Their programs make the center well-positioned to help address our current workforce shortage and meet the behavioral health needs of Nebraskans now and into the future. As envisioned by our predecessors in 2009, BHECN has focused on numerous programming and service areas, including psychiatric residency and psychology internship training experiences that would serve rural Nebraska and other underserved areas, training of behavioral health professions in telehealth techniques and other innovative means of care delivery in order to increase access to behavioral health services for all Nebraska analyzing the geographic and demographic availability of Nebraska behavioral health professionals, including psychiatrists, social workers, community rehabilitation workers, psychologists, substance abuse counsels-- counselors, licensed mental health practitioners, behavioral analysts, peer support providers, primary physician-- primary care physicians and nurses, nurse practitioners, pharmacists and physician assistants and then prioritize the need for additional professionals by type and location to establish learning collaborative partnerships with other higher education institutions in the state hospitals, law enforcement, community-based agencies and consumers and their families in order to develop evidence-based, recovery focused interdisciplinary curricula and training. Another priority of BHECN when it was established was to develop six interdisciplinary behavioral training-- health training sites across the state that would allow professionals to receive the training they need closer to home. This is, this is especially important in rural areas of the state. During our discussions this interim, we found that providing access to education and training in each of our six behavioral health regions would be beneficial. And this will allow BHECN to reach that goal while working within our established behavioral healthcare framework. With LB1068, I also recognize the evolution of the behavioral healthcare service providers and have included language to broaden the residency, internships, and practicum programs to include physician assistants, psychiatric nurse practitioners, and mental health therapists. Although the center already works with local school districts in order to facilitate programs that introduce high school students to behavioral health

field, the bill specifies that they're-- that they are one of the enumerated groups for BHECN to collaborate with so that they can expand programming as needed. Finally, in order to ensure that Nebraska can receive behavioral healthcare services no matter where they live, the bill clarifies that BHECN works to educate behavioral healthcare providers and facilitate integrated behavioral healthcare services into primary care practices and other licensed healthcare facilities. Dr. Marley Doyle, the director of BHECN, is here along with a lot of the folks that were stakeholders and a lot of them that were on several of the Zooms that we had putting this bill together will testify today. With that, I, I thank you for your consideration and welcome any questions.

ARCH: Questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Senator Stinner. I'll try and be quick. I just noticed that it changes the requirement from one year to three months for a residency in the rural areas. Is there-- and that might be a question for somebody else.

STINNER: That's probably a question for somebody else.

M. CAVANAUGH: OK.

STINNER: But, you know, we were-- right now, BHECN is only in three behavioral health areas, so this expands to six, creates kind of an overall network for the entire state. And that's what we're trying to accomplish.

M. CAVANAUGH: OK.

STINNER: And that and paid internships and there's, there's quite a few other elements that are in the bill.

M. CAVANAUGH: Thank you.

ARCH: Other questions? Just a quick question on the fiscal note. This is not a one time. This is-- this, this will, this will continue in future years?

STINNER: Yeah, and we're, we're at $2.4 million now that goes to BHECN. OK? So now my intention is to take it to a total of $10 million.

ARCH: Oh, not an additional 10.

STINNER: Not an additional 10.

ARCH: A total, a total of 10.

STINNER: So we can then start to expand some of the services they have. They work with a couple hospitals in Omaha, I think one at Kearney, one in North Platte. We'd like to see that expand, you know, to McCook, to Scottsbluff as a way of getting people out, get the interns out into those areas, and hopefully we'll, we'll be able to expand that workforce in that way.

ARCH: OK, great. Any other questions? Seeing none, thank you. Understand--

STINNER: Thank you.

ARCH: --you're going to waive close.

STINNER: Yes.

ARCH: On to your next committee.

STINNER: Yes.

ARCH: Thank you.

STINNER: Lots of fun.

ARCH: First proponent for LB1068.

KORBY GILBERTSON: Good afternoon, Chairman Arch, members of the committee. For the record, my name is Korby Gilbertson, it's spelled K-o-r-b-y G-i-l-b-e-r-t-s-o-n, and I'm appearing today on behalf of myself. I went to Senator Stinner last spring in response to-- or in order to ask him to do an interim study so that we could look deeper into issues surrounding behavioral health across the state. I know he's been passionate about it for years. In my personal life, I'm passionate about it. I've served on boards and continue to of behavioral health providers and know that we have problems across the state. And so I went to him and I said, let's try to get a group together. No lobbyists, no associations, nobody that has a vested interest in getting anything done that will turn this into a somebody wins and somebody loses. But let's really focus on making sure that we can get services to the people that need them where they need them. And we know that there are three-month waiting periods for children to get care in Lincoln right now. So it's not just in western Nebraska,

it is everywhere. So we talked to a number of people, put together a group that sometimes got up to 15 people on Zoom calls, but we literally went through every aspect of what we could think was missing in behavioral health. And the bottom line or what we kept coming back to was it's a workforce issue that until we can figure out a way to create a meaningful pipeline for workforce and support it somehow, we're going to be in trouble. And obviously, we're already in trouble and we don't need to make things worse. I started going through statutes and ended up with 93 pages of existing statutes having to do with behavioral healthcare services. And when you read that you think, wow, how is this not working? Why aren't we getting everything done that should be done? Well, since I've been around here for 33 years, I think, well, now I know why, because you pass laws and then, you know, things don't always pan out the way that they are planned. But there is one entity, BHECN, that has a proven track record and knows what they're doing. And so our thought was, this is the best way to spend any General Funds and ARPA money is to put it into a program that has already proven that they know how to do this. Let's expand the program, and I wouldn't even call it expanding, I would say modernize it to recognize the different levels of behavioral healthcare professionals so that we can make sure we're covering the whole spectrum of what's needed. And BHECN also gets to focus on things like telehealth, which is very important for the western-- or, you know, lots of places in the state, even during the pandemic everywhere. So I wanted to just kind of give you an idea of where all of this came from and that because I-- it was funny, I'd get phone calls. You're representing UNMC now? No, I'm not. I'm the mean person on the call not letting everyone pick a side and saying we have to leave our allegiances the minute we get on this call. So I think it was really-- my boss, who all of you know, is-- makes fun of me daily because I'm actually excited about something, a bill that you're not making any money on. But so I think that this is something that Senator Stinner is very passionate about, and this is one way that both of us believe is a meaningful, at least partial solution to the problem we have in the state. With that, I'd be happy to try to answer any questions.

ARCH: Thank you. Are there any questions?

KORBY GILBERTSON: Great. Thank you.

ARCH: Seeing none, thank you. Next proponent for LB1068. Good afternoon.

ANDY HALE: Good afternoon, Chairman Arch, members of the HHS Committee. My name is Andy Hale, A-n-d-y H-a-l-e, and I am vice

president of advocacy for the Nebraska Hospital Association, and I'm here to testify in support of LB1068. Behavioral health disorders are a major public health issue, and hospitals provide essential behavioral healthcare to thousands of Nebraskans every day. Nearly 1 in 5 Nebraskans have a mental illness, 88 of Nebraska's 93 counties are designated as federal mental health professional shortage areas, 78 counties have no practicing psychiatrist, 32 counties lack behavioral health provider of any kind. When you get 25 miles outside of Omaha and Lincoln, there's a 10,000 to 1 ratio for population and practicing psychiatrists. Compounding that problem is the high percentage of the behavioral health workforce that is able or expected to retire in the coming years. You look at COVID and what it's done in the last two years, things have only gotten worse. We've had this issue for a long time. We've been trying to work on it. And now COVID is, is really made things a lot worse. Senator Arch knows that telehealth has increased over 50 percent when it comes to behavioral health, but still there is a critical need to get these workers in place. Our member hospitals are excited to continue to collaborate with BHECN and their partners to work and eventually eliminate this workforce issue. Dr. Doyle will be behind me and her and her team have done a fantastic job. As Senator Stinner mentioned earlier, there are some companion bills that go along with this and we support those as well. We're really looking forward to the telehealth component and partnering with them as, as we move forward and having our members take advantage of these. So I want to thank Senator Stinner and his staff for bringing this very important bill, and I ask the committee to advance LB1068.

ARCH: Thank you. Are there any questions? Seeing none, thank you for your--

ANDY HALE: Thank you, Senator.

ARCH: --testimony. Next proponent for LB1068.

MARLEY DOYLE: Good afternoon, members of the Health and Human Services Committee. For the record, my name is Dr. Marley Doyle, M-a-r-l-e-y D-o-y-l-e. I am a psychiatrist and the director of the Behavioral Health Education Center of Nebraska or BHECN, and I'm here today appearing on behalf of the University of Nebraska System in support of LB1068, an amendment to BHECN's original statute, LB603, with the goal to expand workforce development initiatives across the state and to modernize our definitions to be able to train more behavioral health trainees. Thank you so much to Senator Stinner for his leadership and work on LR143. That was the interim study that led to this bill's

introduction today. For background, BHECN is the state-funded behavioral health workforce development center that is housed at the University of Nebraska. BHECN's mission is to recruit, train, and retain the behavioral health workforce in order to expand access to behavioral healthcare across Nebraska. Since BHECN's inception, the behavioral health workforce has grown by 33 percent. Though we monitor this data all the time, and our most recent data has actually shown a continued upward trend of 38 percent. However, significant disparities still exist and there is still limited access to care. According to the Health Resources and Services Administration data, Nebraska has 48 percent of the behavioral health workforce needed to adequately address the state's needs, and 88 of our 93 counties are designated as mental health professional shortage areas. Though these numbers are striking, BHECN does have the infrastructure in place to tackle this workforce shortage. LB603, BHECN's original statute, was created in 2009 to address behavioral health workforce shortages across the state, especially in rural areas. One of our charges was to monitor workforce data. Since we started this in 2010, we have noticed some trends. We have seen a, a dramatic increase in the number of psychiatric nurse practitioners and psychiatric physician assistants. These are advanced practice providers who can prescribe psychotropic medications along with psychiatrists. We have also seen a large increase in the number of licensed mental health practitioners across the state. Our original statute was very focused on psychiatrists and psychologists, and so this has been a change that we would like addressed in our, our statute. And we can have an immediate impact on the behavioral health workforce shortage by increasing the number and type of behavioral health provider. And right now, we have the ability to fund and train 4.5 psychiatry residents and 2 psychology interns. With this expansion, the language would allow us to include psychiatric nurse practitioners and physician assistants in that category. So with this new legislation, we would be able to train up to 10 psychiatry residents, up to 12 psychology interns, and provide practicums in internships for 10 mental health therapists. Another significant impact of LB1068 would be the expansion of workforce development centers in areas of the state that do not have a BHECN presence. Currently, we have three locations: Omaha, Kearney, and the Panhandle. LB1068 would allow us to open three new centers: BHECN Southeast, BHECN Southwest, and Northeast. This would allow us to have a presence in all six behavioral health regions. Finally, LB1068 would allow us to expand upon our successful recruitment and retention efforts. This would allow us to better reach students in rural and underserved areas, further develop our partnerships with K-12 school districts, and oper-- operate training opportunities in integrated

behavioral health in primary care settings. Developing a workforce is difficult. It takes both time and investment. With LB1068, we would be able to increase the number of behavioral health providers in the state while providing much needed behavioral health services simultaneously. On behalf of BHECN, our partners, UNMC and the University of Nebraska System, we are very grateful for Senator Stinner for having this vision in creating access to behavioral healthcare for all Nebraskans. Thank you, and I'm happy to take any questions.

ARCH: Thank you. Are there questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Dr. Doyle. It's nice to see you again. The question that I had for Senator Stinner about the switching of the timeline from one year to three months. And I ask that because I'm wondering if the, the change is to make it more enticing or if there was some sort of barrier there?

MARLEY DOYLE: There's-- the answer is yes to both.

M. CAVANAUGH: OK.

MARLEY DOYLE: So one thing that has been a big challenge over the past ten years is that requirement when, when it was put into place was great for good reason. But in reality, it's been very difficult to find supervisors in rural training sites that could take trainees for that long of a time.

M. CAVANAUGH: OK.

MARLEY DOYLE: And so it's much easier to find placement for students for shorter amounts of time. Now, part of that is we've heard a lot from our stakeholders that a big limitation is financial. So part of the plan that we would have is to be able to support people that agreed to take behavioral health trainees in those rural areas. So we think that would decrease one of the barriers. And then also on the other end, it's difficult to recruit a trainee. It takes a very special person that wants to be in a rural area for that long of amount of time. And so decreasing it, we thought would be more enticing to trainees to open them up to doing those experiences. So it's kind of yes and--

M. CAVANAUGH: Yeah, and then but-- and then it also says minimum. So if there is a trainee who wants to be there for longer, is that an opportunity as well?

MARLEY DOYLE: Yes, we wanted to keep it very flexible. In kind of our big, grand-scheme idea, it would be really great if we would have a rural track in the psychiatry residency, for example, if there was an interested student that could do the majority of their clinical work in the rural areas, you know, but we wanted to kind of keep it flexible so we could tailor it, but at least make sure that everybody gets some exposure.

M. CAVANAUGH: OK. Thank you.

MARLEY DOYLE: Yeah.

ARCH: Other questions? I've, I've got a couple.

MARLEY DOYLE: Um-hum.

ARCH: So first of all, how, how do you ensure-- maybe you can't ensure, but how do you ensure that those that you train stay in practice in Nebraska?

MARLEY DOYLE: Well, we can't force them,--

ARCH: Right.

MARLEY DOYLE: --you know, and, and the only thing that I've found that you can really do is the more that you can build relationships with them early on and they have good mentors and good supports, they feel well-supported and feel like this is their home. And so we've seen there have been trainees that have left to do training elsewhere and then come back to the state because this is where they feel connected. I consider that a success. And so I think part of it is relational. And then part of it is opportunity. And right now, we don't have enough rural training opportunities, so those students are forced to go elsewhere. And then once they, you know, move elsewhere, they're less likely to go back. So I think opportunity is a big part of it, too. And then the last piece is incentivizing any part of it that you can. So offering stipends when appropriate, offering free continuing education credits, looking at what barriers are getting in the way of people continuing to do the work that they're doing or not getting a full license, for example. So we are always trying to kind of look at how do we make it easy? How do we make sure everybody has a connection? And how do we make sure that there's opportunities in places that need care?

ARCH: OK.

MARLEY DOYLE: Yeah.

ARCH: Yeah. Do, do students, when they, when they go in for the training, when they start the program, is there a expectation/understanding that they will practice in the rural area at some point?

MARLEY DOYLE: No, we don't have a formal program. Like, there's the, the Rural Health Opportunities Program, which takes students from rural areas and then they kind of go through the University of Nebraska System. We have looked into, to expanding and making behavioral health part of that. And I think that would be a wonderful opportunity. But right now, we don't have any kind of program where they have automatic acceptance or have any kind of obligation. So we just encourage as much as we can and create opportunities as much as we can, but we don't have a way that we can really, like, you know,--

ARCH: Yeah.

MARLEY DOYLE: --ensure that they go where we want them to go really.

ARCH: OK. OK, last question that I have. It, it-- this is-- obviously, you're quadrupling your funding if this were, if this were approved. How will you measure success?

MARLEY DOYLE: Well, I think-- we have been looking at different ways to do that. So one thing that I want to point out that wasn't in this testimony is that with the increased funding, over 50 percent would go directly to behavioral health trainees. So the biggest expansion would be in the number of, of training slots that were available. So I think that in itself is a success. But what we'd also want to be continuing to measure is all the workforce data. So not only measuring the number of behavioral health providers, their location, which we're already doing, but we want to also shift in the next few years and look at impact. So how does that relate to impact and decrease wait times? Is it really having an impact on people's day-to-day access to behavioral healthcare? So we'll continue to kind of look at the data that we do and then also expand the definitions of success in order to. But I think just at, you know, just first blush, even just having the increased training opportunities will be a success.

ARCH: So those training slots then, are those in addition to what's available now? In other words, these are, these are-- are they all trained at UNMC?

MARLEY DOYLE: No. No.

ARCH: OK.

MARLEY DOYLE: So we have partnerships across the state. So our psychiatry residents, for example, we fund both Creighton Psychiatry Residency Program and UNMC.

ARCH: OK.

MARLEY DOYLE: And with-- so we would expand the number of institutions that were able to take our trainees and expand the number. And we continue to have a commitment to all institutions across the state. So we would work with all of our partners, all of our stakeholders and make sure that, you know, we had everybody represented and at the table. So it wasn't just one place that was, you know, having all the trainees.

ARCH: So are these-- in expanding, are these additional slots that the, that the schools would offer or will you be funding existing slots?

MARLEY DOYLE: We would be funding additional slots. So right now we give, you know, UNMC X amount of dollars to pay for 2.25 residents. And so what we would be able to do is to increase the number of residents that we were able to fund that could train at the University of Nebraska Medical Center. Same for Creighton. And so, yeah, they would have more slots available to match residents into.

ARCH: Oh, OK. And, and they can expand those. I mean, you're, you know, understand that resident slots are limited by the federal government, but they could expand. If they had additional, if they had additional funding, they could expand the number of residents that they could train?

MARLEY DOYLE: Yes.

ARCH: OK.

MARLEY DOYLE: Yep, funding is the biggest limiting factor. And in fact, you know of any given residency program on average has well over-- like, they have thousands of applicants. And right now, we only have five spots. And so over the last couple of years, there's been Nebraska medical students that have not been able to train in Nebraska because there wasn't enough training slots available. And so they had to go out of state. And that's what we absolutely don't want to happen if we can.

ARCH: OK, very good. Any other questions? Seeing none, thank you for your testimony.

MARLEY DOYLE: Thank you.

ARCH: Next proponent for LB1068.

BETH ANN BROOKS: Good afternoon, Senator Arch and members of the Health and Human Services Committee. Excuse me. I am Beth Ann Brooks, B-e-t-h A-n-n B-r-o-o-k-s, testifying as a psychiatrist member on behalf of the Nebraska Psychiatric Society in strong support of LB1068, which would expand the trainees with the Behavioral Health Education Center of Nebraska, BHECN, can support. Psychiatrists work as members of multidisciplinary teams, and we advocated for broader access to behavioral health practitioners, adoption of the integrated collaborative care model, and greater use of telepsychiatry even prior to the COVID pandemic. Assessing mental health-- accessing mental health and substance use services has long been an issue, particularly in Nebraska's rural and underserved areas. Recent public health and economic events have added to the burden of organizing, distributing, and providing those vital services. BHECN has more than a decade of experience in recruiting and educating behavioral health students, as well as training and assisting and the retention of professionals entering the behavioral health professionals. There is much more to be accomplished because many behavioral health clinicians are leaving the workforce due to a variety of factors, and Nebraska already has a severe shortage of behavioral professionals across the state. Increasing the number and disciplines of trainees BHECN can support would build upon its success today and allow expansion to locations beyond its current operations in Omaha, Kearney, and the Panhandle. BHECN has designed novel programs to pair a high school study with college offerings, and these innovations need to be established elsewhere across the state to ensure that behavioral health is viewed as a viable and rewarding future profession. Supporting trainee stipends in psychiatry, psychology, nursing practice, physician assistant studies, and mental health programs will ensure greater access to a broader range of behavioral professionals throughout the state. This is imperative if we hope to establish a pipeline for behavioral health professionals who have received clinical training in nonurban areas and retain those trainees in Nebraska following graduation. Perhaps more importantly, there will be teams to support family physicians and rural hospitals in providing behavioral services to individuals in their own communities. We need more of everything BHECN provides because that it is, it is a distinct asset to the behavioral health continuum in Nebraska. We respectfully urge the HHS

Committee to advance this important bill to increase the number and categories of BHECN trainees, thereby strengthening the education and training of behavioral professionals to address service delivery across Nebraska.

ARCH: Thank you. Are there questions? Seeing none, thank you for your testimony. Next proponent.

ANNETTE DUBAS: Good afternoon, Senator Arch and members of the HHS Committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s, and I am the executive director for the Nebraska Association of Behavioral Health Organizations, otherwise known as NABHO. We advocate for our 52 members that include behavioral health providers, hospitals, regional behavioral health authorities, and consumers. We sincerely thank Senator Stinner for his leadership on all behavioral health issues, including growing and supporting our workforce, and we are here today to support LB1068. The Behavioral Health Education Center of Nebraska was born out of a crisis created by the unintended consequences of Safe Haven Law passed in 2008. The legislation was too broad and resulted in 36 older children being dropped off at hospitals during a 127-day period. That following session, the Legislature looked at all of the issues that drove these desperate parents and guardians to use this option. One of the issues LB603 attempted to address was that there were not enough trained professionals, especially psychiatrists and psychologists, to meet the behavioral health needs of children and their families. BHECN was created to help address the workforce challenges in behavioral health. You've heard today, and have regularly heard that 88 of Nebraska's 93 counties are behavioral health workforce shortage areas and that many of them have no providers at all. You also hear that one in five Nebraskans will deal with a mental health or substance use disorder. That number has increased to one in four or even in one in three due to COVID. While these numbers, excuse me, are very disturbing because of the work done by BHECN, we are making progress. It's important that we revisit the original legislation and expand on what BHECN was charged with doing to retain and recruit a diverse workforce. Last fall, NABHO worked with BHECN to survey our existing workforce. We were concerned with what we were hearing due to the stressors created by COVID and its impact on the retention and recruitment of, of workforce. Of the 69 individuals and organizations that responded, we found that 85 percent of the respondents indicated that the pandemic had increased the severity of behavioral health issues seen in their practices, 68 percent indicated that they'd seen an increase in the number of people being seen in their practice, and 42 percent indicated they had an increased number of clients on their waitlist. The top three stressors

for these providers were the behavioral health workforce shortage, an increase in mental health concerns for the clients and the providers, and the spikes in the pandemic, pandemic for their own safety, their fear of getting sick, the stress of a reduced workforce, and keeping their workers safe. COVID has exacerbated what we were already dealing with to retain and recruit workforce. Demands for behavioral health services will continue to increase as we make our way through this pandemic. We said from the very beginning that behavioral health would pick up the pieces post-COVID. By increasing the number of physician assistants and psychiatric advanced practice nurses and doctoral psychologists residencies and adding ten mental health therapist internships and having these individuals spend time in rural and underserved areas of the state, we can improve access to care. We know that if someone is able to experience time in rural areas, there's a greater chance of them returning and settling in. We also know that individuals who grow up in these areas of our state want opportunities to return. By establishing the six training sites, they will be able to build on their outreach efforts and offer support to those considering a behavioral health career or move up the career ladder. So while BHECN was born of a crisis in children's services, they now need to focus on the current crisis. And with the expansion of these residencies and internships, along with more training sites, Nebraska can continue moving our workforce in the right direction and meet the needs of our citizens. Be happy to answer any questions.

ARCH: Thank you. Are there any questions? Senator Hansen.

B. HANSEN: Thank you. I always think sometimes when you're trying to solve a problem, feedback is always very helpful. And I think Senator Arch kind of-- Chairman Arch touched on this a little bit about more-- how do-- we can't really make them stay in Nebraska. But do we do any feedback about when somebody graduates with a psychiatry degree or psychology degree or they worked here and they move away? Is there anybody that contacts them saying what specifically made you move away or is there something else? [INAUDIBLE]

ANNETTE DUBAS: I'm, I'm-- I, I would probably go back to BHECN and what they've done. I'm, I'm aware of some general types of, of surveys like that and some things that I've read. Especially for individuals who live in the rural areas, they do want to come back to their hometowns or their areas if there's opportunities. So I can, I can try to see if I can find some more specific information for you, Senator.

B. HANSEN: Yeah, just kind of curious because you mentioned surveys, you surveyed 69 other individuals. I'm kind of curious if there has been other stuff like that?

ANNETTE DUBAS: But we-- I think it's a pretty safe bet that if they leave the state, it's really hard to get them back. And so we've got to figure out ways that we can make sure they're getting the training that they need here.

B. HANSEN: Yeah, because it could be a training thing or it could be they're not getting-- they're getting paid better somewhere else--

ANNETTE DUBAS: Well,--

B. HANSEN: --or the climate is better somewhere else or kind of, who knows.

ANNETTE DUBAS: Pay and rates, that-- that's a whole, that's a whole other direction to go, but that's certainly a part of it.

B. HANSEN: Yeah. OK, just curious. Thank you.

ANNETTE DUBAS: You bet. I'll see what I can find for you, Senator.

B. HANSEN: Thank you.

ARCH: Other questions? Seeing none, thank you very much.

ANNETTE DUBAS: You bet.

ARCH: Next proponent for LB1068.

KELLEY HASENAUER: Good afternoon, Chairman Arch and members of the Health and Human Services Committee. My name is Kelley Hasenauer, spelled K-e-l-l-e-y H-a-s-e-n-a-u-e-r, and I'm here to support LB1068 on behalf of the Nebraska Nurse Practitioners. To begin, I would like to thank Senator Stinner for his efforts to grow the mental health workforce in Nebraska. I have been a licensed nurse practitioner in Nebraska since 2001, when I graduated with a Master of Science in Nursing from the University of Nebraska Medical Center. As a board-certified family nurse practitioner, I have practiced in primary care for the last 20 years. In 2012, I completed my doctorate of nursing practice degree, and later that year I opened a primary care practice for women in North Platte. Over the last ten years, my clinic has expanded to include a women's health nurse practitioner and adult geriatric nurse practitioner, a psychiatric mental health nurse

practitioner, and two mental health therapists. Our practice is supported by seven additional employees. Together, we help to meet the primary care and mental health needs of rural southwest Nebraska through approximately 8,000 patient visits a year. From 2011 to 2016, I served as an APRN representative on the State Board of Nursing. As you are well aware, the sole purpose of the State Board of Nursing is to foster the professional practice of nursing and protect the public from unprofessional, improper, and incompetent actions. The Board of Nursing also gathers workforce data related to nurse practitioner training, education and practice in the state of Nebraska. Through my extensive time in primary care and my prior appointment with the Board of Nursing, I have become painfully aware of the dramatic shortage of mental health services in rural Nebraska. The American Psychological Association estimates that in a typical primary care practice, such as mine, 70 percent of visits will involve mental health needs. LB1068 seeks to address this issue with a focus not only on training more mental health providers, but also studying how mental health can be integrated into primary care. My clinic provides one example of how this can work in rural Nebraska. Our primary care clinic has benefited tremendously by integrating a mental health prescriber and two mental health therapists into our primary care model. Our patients benefit with shorter wait times to access these services compared to the general population in rural Nebraska that is waiting up to eight weeks to establish care with a mental health clinic. Recruiting mental health providers to rural Nebraska is very difficult, as evidenced by most rural counties designated as healthcare shortage areas. We were blessed to recruit a psychiatric mental health nurse practitioner that was born and raised in rural Nebraska and intends to stay in the community to raise her family. It is very difficult to recruit nonrural practitioners to North Platte. A large proportion of the healthcare providers who stay and practice in rural communities were born and raised in rural communities. One of the benefits of the proposed Behavioral Health Education Center would be to study how recruitment, education, and training of Nebraska-born and ideally rural students can benefit the crisis of provider retention in rural Nebraska. Telehealth is another issue addressed by LB1068. The COVID pandemic has already had a huge impact on the provision of telehealth through improved reimbursement and lightened regulatory burdens. We need further study and advocacy, especially in rural Nebraska, to ensure that telehealth will remain and grow as a viable way to expand mental health services to rural Nebraskans. Access to mental health services is also vital to our rural school districts. I have been a part of a task force with North Platte Public Schools looking into options for school-based health, including behavioral health services.

I can tell you from my time on this task force that the need for mental and behavioral health services in our schools is great, but the resources are vastly short. LB1068 also seeks to improve this pressing issue. As you can tell from my testimony, I am passionate about the health of my community and state. Rural Nebraska is facing a growing shortage of all healthcare providers, but the shortage of mental health services is leaving us in a dire position. It is vital that we advance LB1068 to expand our capacity to educate, recruit, and retain rural mental health providers, as well as to study and advance models of care such as primary care and school-based mental health services. Expansion of telehealth options for mental healthcare will also help to reduce health inequities in our communities. I'm happy to take any questions you might have.

ARCH: Thank you. Are there questions? Senator Hansen.

B. HANSEN: Thank you, Chairman Arch. Thank you. Out of curiosity, you opened a primary care practice. Is it-- is-- what kind of clinic is it? Is it a concierge-type clinic or is it more kind of like affiliated with the hospital?

KELLEY HASENAUER: Nope, it's a-- it is a women's health primary care clinic. We serve women from school age clear to death. Very unique model because it's only women and it's all run by nurse practitioners.

B. HANSEN: Like a private practice kind of?

KELLEY HASENAUER: Pardon me?

B. HANSEN: Like a private practice?

KELLEY HASENAUER: Private practice, yes.

B. HANSEN: I was just kind of curious to see--

KELLEY HASENAUER: Um-hum. Yeah.

B. HANSEN: --like, your model, how that kind of works. I know it's kind of a trend that we're starting to see a little more of.

KELLEY HASENAUER: Yeah.

B. HANSEN: And can you expound on your last paragraph when you say advance such models, such as school-based mental health services?

KELLEY HASENAUER: Yeah. So school-based mental health is a, a really exciting opportunity and I think an opportunity for study. I think mental health providers looking for viable practice, meaning practice models that are-- can support them financially, but also make a difference in their community. School-based health is something that I, I don't think is looked at enough. One of the ways to create a practice that is sustainable economically is to have a, a ready and available patient source. And if you think about implementing a clinic within a school system that has the clients already there where they need the services, mental health and, and, and physical health can be really integrated into that model in a really economically feasible model. So I think it's, it's something that BHECN could definitely look at.

B. HANSEN: OK, thank you.

ARCH: Thank you. Other questions? Seeing none, thank you for your testimony.

KELLEY HASENAUER: Thank you.

ARCH: Next proponent for LB1068.

ANNE TALBOT: Good afternoon, Chairperson Arch and members of the Health and Human Services Committee. My name is Dr. Anne Talbot, that's A-n-n-e, Talbot, T-a-l-b-o-t, and I'm testifying on behalf of the Nebraska Psychological Association and I'm also the co-owner of Options in Psychology in Scottsbluff. Psychologists are independently licensed doctoral clinical experts who diagnose and treat major mental health disorders across the lifespan. Psychologists conduct diagnostic-- complex diagnostic psychological and neuropsychological assessments that form the basis for appropriate treatment, including medication, placement decisions, psychotherapy, behavioral management of medical disorders, risk and threat assessments, presurgical evaluations and competency evaluations, among other crucial concerns. Psychology interns are already well trained and readily prepared to apply their knowledge in these areas under supervision and consultation. Those of us training psychology interns to provide these services in rural and other private clinics receive no institutional backing and receive no external funding for paying intern salaries, health insurance or paid leave benefits, infrastructure, office space, and technical support, testing supplies, or paying support staff who spend a high volume of their time in credentialing interns, billing, and dealing with denials of reimbursement. We receive no external funding for providing the four hours of supervision required each week

for each intern mandated for compliance with the American Psychological Association accreditation and no external funding for additional hours of didactics, consultation, reviewing of test data, and reading written reports. We rely on Medicaid reimbursement for working with Nebraska's high-needs populations and for funding our interns. Being heavily dependent on Medicaid reimbursement leaves our rural clinics and internships with precariously unreliable sources of revenue, including denies, denies and-- denials and delays in credentialing, as well as sudden, inappropriate denials of reimbursement from the Medicaid MCOs. As an example, longstanding statute allowing graduate students and interns credentialing under their psychologist supervisor involves a clumsy, onerous credentialing process that can take months into the internship year to get up and running. Agencies and clinics are told this credential is not an option, which it is. As a result, many internship sites go through another lengthy credentialing process, getting their graduate student interns provisionally licensed at the master's level. And given that they answer to a completely different board and cannot provide the services that psychologists do, you can see the problems inherent in that practice. My colleague and I, Dr. Hald, and I have independently funded our interns out of our own pocket over the last few years, including when we received a-- we faced a $50,000 backlog in Medicaid reimbursement that went from January to July and August last year from one of the Medicaid managed care organizations that nearly shut us down, as it did, similarly, with other behavioral health and medical providers around the state. We can't sustain that happening to our Nebraska Medicaid providers again. Psychological assessments for appropriate diagnosis and treatment are essential needs and are the bread and butter of psychological services. Repeated denials and reductions requiring hours and hours of appeals take up enormous clinical and administrative time and are prohibitive and propel clinicians to seek other sources of practice, which means that those of us still providing those crucial services and our clients are faced with months of delays and heavy burnout while the crisis of need escalates. There are solutions in need of funding this bill would provide. Despite these barriers, we have an amazing number of young psychology graduate students impassioned and inspired to work in rural areas with underserved populations. Scottsbluff sites alone, we have our own internship consortium. It's not part of the Nebraska consortium. We received over 45 applicants for the 3 spots we have in Scottsbluff. We could easily recruit four to six more interns if we had the resources to support them from the cohort-- which will help with recruitment and retention. From the cohort we have this year, we already have two of them staying on for postdoctoral placements. The

problem in the next-- in with those is that-- is the three months or more it takes to credential them at the provisioning license level and with-- needed for reimbursement and leaves them unable to provide services and without a salary at a crucial time in their transfer from graduate school to earning an income. We strongly urge the committee members to consider these concerns in following through with LB1068. We recognize the practical, practical, administration value in having BHECN manage the money. But as psychologists around the state not directly included in BHECN, we respectfully request a seat at the table with BHECN in how decisions are made for management and distribution. Thank you for considering the testimony. Ready for any questions.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much for your testimony.

ANNE TALBOT: Thank you.

ARCH: Next proponent for LB1068.

CATHERINE JONES-HAZLEDINE: OK.

ARCH: Good afternoon.

CATHERINE JONES-HAZLEDINE: Good afternoon. Greetings, Senator-- or Chairman Arch and members of the Health and Human Services Committee. My name is Dr. Catherine Jones-Hazledine, C-a-t-h-e-r-i-n-e J-o-n-e-s H-a-z-l-e-d-i-n-e. I'm a licensed psychologist and the owner and director of Western Nebraska Behavioral Health Clinics, centered in Rushville, Nebraska. I would like to thank members of the committee for the opportunity to speak today in support of LB1068. I've had the honor of speaking in front of the committee before, so I will only briefly say that I'm a Nebraska native and I'm someone who has spent my career working to establish and to improve behavioral health access in underserved areas of the state. I live and work in the far northwest corner of the state. I'm on the Nebraska Psychological Association Board and I'm the co-director of BHECN Panhandle. But I'm here speaking with you today as a private citizen of rural Nebraska and a rural behavioral health provider. You've already heard multiple times today that the vast majority of our great state is considered underserved in terms of mental health providers. Those of us working in those areas are aware of this every day in the waiting lists that reach two or three or five months or more, in the referrals that continue to come in daily. Particularly now, it feels as if we struggle to reach everyone who wants services. And we're also

constantly aware that there are so many more who don't reach out for various reasons: because of lack of awareness of mental health issues, distance, finances, or stigma. This means multiple levels of obstacle that we need to try to address: how to recruit or create more providers and scatter them across the underserved areas, how to inform and educate people about mental health issues, and how to push back against stigma starting at a young age. In our little area, we have tried to address some of the need proactively. We've partnered with local schools to teach stigma reduction classes to seventh graders and eighth graders and introduce behavioral health careers to middle school and high school students. Partnering with BHECN, we've created a camp for rural high school students to learn about mental health careers and access mentors, and that's now in its 10th year, and we've worked to train students at various levels over the years. But there is so much more that's needed. We need to continue working to build the workforce, finding more ways to reach our young people in our rural areas and be able to grow our own future providers, as well as funding internships across the state and in a variety of different behavioral health agencies. We need to continue and expand our efforts to work proactively in our rural communities in collaboration with schools and other community entities. By expanding BHECN's efforts, LB1068 can provide support for those efforts and more, and I cannot stress the importance of those efforts enough. After all of these years, I've been back home 18 now, our rural areas are still underserved. There are still people waiting for months for services. Suicide is still the leading cause of death for 10 to 14 year olds and the second leading cause of death for 15 to 24 year olds. Right before I left to drive the 400 miles across the state to come speak with you, I met with two groups of seventh grade students for our final stigma reduction class. We had spent several meetings by that point over the last months talking about mental illness and mental wellness and increasing awareness and normalizing talking about those things. I shared with the class that I would be leaving in a couple of hours to come to Lincoln and to talk to all of you. I briefly explained the bill and I asked them if there was anything that they would want you to know. Hands went up across the room. Kids said things about the numbers of suicides among young people and how those losses affect everyone. One student says: Mental health is health. And my young friend Luke, sitting right there in the front, said to tell you: We need more helpers for the ones that are struggling. And we do. I couldn't have said it better myself. Thank you for listening to my testimony today. And if you have any questions, I'd be happy to try to answer.

ARCH: Thank you. Are there any questions? Senator Hansen.

B. HANSEN: Again, another kind of causal, causal-related question.

CATHERINE JONES-HAZLEDINE: Yeah.

B. HANSEN: In your opinion, because I always like to ask these when, when we have psychology, psychiatry bills that come up. Why do you, why do you think there is more of a need for mental health in the state of Nebraska? Why do you see an increase in mental health disorders, suicide in the state of Nebraska, like, in your personal opinion?

CATHERINE JONES-HAZLEDINE: That's a big question.

B. HANSEN: It is because, again,--

CATHERINE JONES-HAZLEDINE: It is. Yeah, no.

B. HANSEN: --we, again we, we, you know, when we're looking at trying to maybe address a problem,--

CATHERINE JONES-HAZLEDINE: Absolutely.

B. HANSEN: --you know.

CATHERINE JONES-HAZLEDINE: Absolutely. So one of the things that I've discovered in the 18 years I've been there is that the lack of access to services over the years is cumulative. So what, what I think has happened in part, is in our rural areas that had no services so-- for so very long problems that might have started out to be relatively minor and that could have been addressed and, and, and put to bed in some way went unaddressed and so became generational in nature so that by the time there are even a few providers, the problems have become so much more complex. And so we end up dealing with, you know-- I, I think I spoke-- when I spoke last to this committee, I talked about at this point seeing the children of some people that I saw when they were kids themselves. And I consider that a win because those kids are getting in there earlier, you know, their parents are bringing them in at, you know, 5 or 6 or 7 instead of 16. So that's one of the issues, I think. And then, you know, our rural populations are primarily agricultural in nature. And that brings a whole extreme set of stressors that people are dealing with. And then you have the stigma that comes with that same population that, you know, pull, pull yourself up by your bootstraps and don't seek help unless it's an

absolute emergency. And, and a whole bunch more. But that's part of it.

B. HANSEN: OK. Do you see some of it exacerbated maybe by the use of, like, social media and, like, you know, the lack of maybe communication, personal communication in society? Again,--

CATHERINE JONES-HAZLEDINE: So--

B. HANSEN: --I don't, I don't, I don't want to get too far off topic,--

CATHERINE JONES-HAZLEDINE: Right, right, no, it's--

B. HANSEN: --but sometimes this relates to, like, what, what, what the state needs and how it needs to get involved?

CATHERINE JONES-HAZLEDINE: Yeah. And so then, you know, of course, COVID, right? Because we had all the isolation and all of the kids who were a year or two behind in where they should have been. And not just a year or two behind in reaching their goals, but I've also had so many teachers that I work with tell me that when kids came back to school after that time out, they were on average a year behind in terms of maturity and in terms of socio-emotional kinds of things. But that's, that's another tangent. And, and then, of course, yes, social media adds another layer, especially in terms of-- we see it in terms of kind of bullying behaviors because we all know you can say things to people on social media that you would never feel comfortable saying to their face. And for young people who have limited resource for dealing with those kind of stressors, that's a very real trigger.

B. HANSEN: OK. Thanks for your opinion. I appreciate it.

CATHERINE JONES-HAZLEDINE: Absolutely. Yeah.

ARCH: Are there other questions? Senator Walz.

WALZ: I don't know if this is a question. First of all, I want to thank you for the program that you started in the school. That is an awesome program. I love it. Thank you. And the statistic for suicide for kids is, is--

CATHERINE JONES-HAZLEDINE: Heartbreaking.

WALZ: Heartbreaking.

CATHERINE JONES-HAZLEDINE: Yeah.

WALZ: Yeah. So I guess when it comes to programs for kids in schools, you-- I mean, you started one, but what other resources do you feel are needed as far as being able to reach kids and--

CATHERINE JONES-HAZLEDINE: Yeah. So one of the, one of the earlier speakers had talked about direct services in schools. And that's, you know, we've been blessed in our, our little area for the last 10, 12 years because we have a school system where the administration has considered the importance of behavioral health alongside learning. So, so we have been providing direct services in that school for 10 to 12 years now where kids without being taken out of school can be seen and those providers grew this year. We now have five providers instead of one provider meeting that need. We have five this year and they're constantly busy. So I think that is, that is a large part of it is being able to provide needed services directly to kids in schools to reduce some of the obstacles. And a number of years ago, people said, you know, parents won't want their kids or kids won't want to access those services because they'll be afraid people will know. But weirdly, that's not the case, like, parents are very accepting of their students and, and the students are very accepting of being seen. That's true in our little area at least. I know every area might be different. I think, you know, we also see kids very young using drugs and alcohol and the couple of times a year going in and saying, you know, don't do drugs. Here's-- you know, here are, here are the videos of what can happen if you drink and drive. They're not enough, like, we need to, we need to double down on those. I have a list.

WALZ: Yeah.

CATHERINE JONES-HAZLEDINE: I have a whole bunch of ideas.

WALZ: Well, it's pretty apparent when you ask kids, what can we do, and hands are going up all over the room.

CATHERINE JONES-HAZLEDINE: Yes. Yes.

WALZ: They realize there's a problem in their school and they know that they need-- you know, there has to be some type of resource--

CATHERINE JONES-HAZLEDINE: Yeah.

WALZ: --to help their friends who are struggling.

CATHERINE JONES-HAZLEDINE: Yeah. And those, and those kids, I mean, like that, you know, little Luke. They just, you know, that they know that and they understand that. And, and he's not even talking about himself. He's just talking about the, the kids around him.

WALZ: Yeah.

CATHERINE JONES-HAZLEDINE: They do know and they know a lot younger than we think they know, and they have needs a lot younger than we think they do.

WALZ: Yeah. Well, thank you so much for your work.

CATHERINE JONES-HAZLEDINE: Thank you.

WALZ: Very much appreciated.

CATHERINE JONES-HAZLEDINE: Thank you.

ARCH: Other questions? Seeing none, thank you for coming today,--

CATHERINE JONES-HAZLEDINE: Thank you.

ARCH: --and for your testimony. Next proponent for LB1068.

MEGAN LAWHON: Good afternoon, my name is Megan Lawhon, that's M-e-g-a-n L-a-w-h-o-n, and I'm an intern. I'm the current doctoral intern at Options in Psychology in Scottsbluff, and I came to Options from Marshall University in Huntington, West Virginia, as a doctoral candidate in the clinical psychology program with training that emphasized rural mental health and underserved populations. I'm a first-generation college student coming from a working-class background in Appalachia. The journey to completing a terminal degree has not been easy, but I'm not one to avoid a challenge, either. This is one reason I sought an internship, two time zones and 1,300 miles from home. I knew how to live and work in a rural area, but western Nebraska is the frontier and would allow for the personal and professional growth I was looking for. I'm not halfway through my internship year at Options, and it has already proven to be an invaluable experience. I see consumers of all ages across the lifespan for psychotherapy, neuropsychological, complex psychodiagnostic evaluations, and I also see patients for dementia evaluations, presurgical evaluations, parent capacity cases, and evaluations relating to the juvenile justice system. We often get referrals from as far as North Platte, Sidney, Alliance, Chadron, and various areas across the northern Panhandle and central Nebraska. Due to the deficit

of providers in the High Plains area, I can speak to the barriers to care, such as limited insurance coverage and limited insurance reimbursement and lack of providers. The clinical staff at our practice is regularly booked out and taking waitlists, and this is true for many of the other behavioral health practitioners in the community. There's a significant need for recruitment and retention of qualified mental health professionals. Having the opportunity for diverse generalist training was not only important to me, but to the prospective interns that myself and my supervisors recently met through this year's interviewing process. Many of our prospective interviewees had an interest and passion for working with underserved populations, and they also understandably had questions about stipend versus cost of living. I moved to Scottsbluff in summer 2021. It was the first time I ever stepped foot in Nebraska. I very quickly felt at home and welcomed by both colleagues and people in the community. The Options office and western Panhandle region align with my personal and professional interests, and solidified my interest in staying here for a postdoc year. The credentialing process for a postdoc clinician in Nebraska can be time consuming and take between 6 to 12 weeks, during which income cannot be generated through typical billing services. This is a significant barrier, as internship stipend does not allow an individual to save for two to three months without income. Funding is especially important for a rural internship placement for things such as cost, such as a large amount of travel. And in my case, moving. And some of my cohorts serve school districts that are up to an hour and a half apart. Now interns are not asking to get rich off internship, but we are at least master's level trained clinicians asking to not live with the anxiety of needing to pay for typical but unpredictable life events. Internship placement patterns show that psychology students are likely to stay in practice in the same area they do their internship or postdoc. If the internship stipend was expanded to provide more financial security to the intern, I have no doubt recruitment and retention rates would be higher in the Panhandle. Further, having the financial backing to support more than one internship placement at Options would help with meeting the needs of the community because, as mentioned before, there is no lack of referrals and no lack of need. Allotting funding to internship placements in these rural and underserved areas is vital to improve recruitment and retention rates and meet the ever-increasing needs of our consumer base. Thank you for taking these concerns into account and hearing my testimony and happy to address any questions.

ARCH: Thank you. Are there questions? Senator Hansen.

B. HANSEN: Got a couple of questions. Again, more curious. You mentioned because of the challenge of coming here but is there any other reason why you came to Nebraska?

MEGAN LAWHON: I really enjoyed the interview I had.

B. HANSEN: OK.

MEGAN LAWHON: Yeah.

B. HANSEN: I don't know if we can provide government funding for good interviews, but I guess that's, that's a good answer. And one other thing you mentioned internship placement patterns so that psychology students are likely to stay when they do their internship or postdoc. Well, where-- where'd you get that information?

MEGAN LAWHON: My program.

B. HANSEN: OK. All right. Just kind of curious about like, you know, yeah, how important that would actually be, because if that's like probably the most important thing that keeps people here, internship, you know, funding would might be one of the most important things--

MEGAN LAWHON: Absolutely.

B. HANSEN: --a part of the bill. So just kind of curious. Thank you.

MEGAN LAWHON: Yeah.

ARCH: Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you so much for being here and for coming to Nebraska to begin with. First of all, you're coming from Appalachia, you're in Scottsbluff, so you're not too far from mountains still.

MEGAN LAWHON: No. Yeah.

M. CAVANAUGH: OK, so a little bit of home from the Rockies, but. You're talking about the, the, the internship stipend, and that is extremely hard to live off of. I've been a college student myself, so I know how that is. I'm just trying to figure out if this bill does what you're asking for. Is it your understanding that it does?

MEGAN LAWHON: Yes.

M. CAVANAUGH: OK, all right. I just wanted to make sure otherwise I was going to follow up with Senator Stinner, so thank you.

ARCH: Other questions? Seeing none, thank you very much for your testimony. Next proponent for LB1068.

MARK HALD: Good afternoon, Chairman Arch and other members. I'm Dr. Mark, M-a-r-k, Hald, H-a-l-d. I'm a licensed psychologist and I practice with Options in Psychology in Scottsbluff. And I, I'm a-- one of Megan's supervisors and I'm pretty proud of her. So I just want to say that. I also want to say that I don't, I don't need to really read my testimony. I just want to highlight a couple of things and reinforce what everybody has said. The need, the need is tremendous. We can and we must do better. I think we have an incredible opportunity by the work that Senator Stinner and the group that I sat on to be a part of. I think the opportunities to expand what BHECN does is, is tremendous. Senator Cavanaugh, you asked if the bill does what Megan was talking about. I believe it can. We currently are part of an internship consortium that's in Colorado and Wyoming and Nebraska and ESU 13 is a part of that also. We have one intern. We pay a pretty low salary because we're-- our, our pool that we began to generate was gracious money that we got from UNMC a few years ago to get started or we wouldn't even have been able to have been started. But what we're finding is the money that we're able to generate because they only-- they, they bill for service and we're Medicaid dependent. And that money is not quite enough to cover everything. So the pool we had is decreasing and we're, we're losing money. The benefit of that is we hopefully will be able to keep somebody in the community over time, which benefits all of us. So that's one thing. I'm a native Nebraska, and I grew up in Cozad. I like Nebraska, and I think one of the things that I agree with what Dr. Doyle said, I think it's about relationships. But people come and they love it here and yet they're drawn to go other places. I think one barrier is to get people to stay is they look at this daunting task of moving from internship to postdoc, and it can take three to six months to get credentialed. They can get a provisional license immediately, but they can't practice and bill. And in our setting, we can't pay a postdoc. It's dependent on what they can generate themselves. So I think the bill would help some of that too, and providing some income to help somebody get started. It doesn't help the credentialing process that's just essentially too slow. And that's basically everything else that everybody said, yeah, the, the need is just incredibly challenging right now. Everybody in our clinic has a waiting list. We, we get referrals. You know, we all generate our own referrals and we beg each other, can you take this person? Can you take this person? And then we

know who our go-to people are in the community and around the Panhandle, and everybody is that busy. One of the other things I do, you're talking about programs in the schools. Scottsbluff for years has-- their elementary counselors are all licensed mental health practitioners and in addition to their school backgrounds. And that's more and more true in all of our schools. And one of my roles as consultant to others, I provide supervision and consultation to the counselors with Scottsbluff Schools, which is a nice relationship where we support them when they have high-acuity kids. We do our best to manage the acuity and get them in as quickly as we can. So there's, there's a lot of cool things going on. It just never seems to be enough. One other quick comment. I do believe people are more open than ever to getting behavioral health services. You know, it's the kind of service you don't know you need until you need it, and then it's really hard to find lots of times. So thank you for your time and I'll take any questions if you have any.

ARCH: Thank you. Are there questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for being here. You mentioned the cost. Sorry, I have a lozenge and it's like hurting my eyes. You mentioned the cost isn't quite covered with the Medicaid. Will the-- will it provide a rate increase, help with that part?

MARK HALD: My understanding is if we got funding to help pay for an intern, that would allow us then to continue to bill for services and increase the pool of money that we have to do that, that could be used to supplement intern salary, being able to have opportunities to do things like this in terms of helping develop advocacy as well as perhaps funding start-up and on a postdoc situation.

M. CAVANAUGH: OK, thank you.

MARK HALD: Yeah.

ARCH: Other questions? Seeing none, thank you for your testimony. Next proponent for LB1068.

LISA LOGSDEN: Oh, hey.

ARCH: Good afternoon.

LISA LOGSDEN: Good afternoon, Chairperson Arch and members of the HHS Committee. My name is Dr. Lisa Logsden. It's L-i-s-a L-o-g-s-d-e-n. I represent Nebraska Mental Health Centers Psychology Internship Program. I am the training director of the Psychology Internship

Program. Nebraska Mental Health Centers is a private group practice-- outpatient mental/behavioral health clinic and-- with multidisciplinary staff, including doctoral and master-level clinicians at the graduate and postgraduate level. Together we serve Lancaster County, Dodge County, and Gage County and the surrounding communities with our main office in Lincoln and satellite clinics, one in Fremont and the other in Beatrice. We provide psychological evaluation and treatment for a diverse client population, including children, adolescents, adults, families referred for multiple agencies, clinicians, schools and courts, law enforcement, and NDHHS caseworkers. Psychological evaluations assist with physicians and medication management decisions, the courts, HHS with placement and competency decisions safeguarding well-being, and therapists with treatment plans. At Nebraska Mental Health Centers where I have worked for ten years in an active internship site that has participated in the national match process and has been recognized by several state licensing boards as being APA equivalent or meeting the accreditation standards. In 2019, the APA Commission of Accreditation awarded us ten years of accreditation noting strengths in the opportunity we provide for our interns to attend satellite clinics in two different rural communities. Over the ten years that I have been in the supervisory role with the agency, we've had 25 interns graduate our program. Over-- of those interns, five transitioned to postdoctoral positions within our agency. And at the last contact, there were approximately an additional six that have chosen to call Nebraska home after completing their degree and practicing in their communities. Last year, we totaled around 83 applicants for internship, and this year we just completed 24 interviews in the first part of the first phase of the match process, and five of them had Nebraska connections. The excitement communicated by applicants during interviews has been to provide services in rural communities and to learn the vast skill set that is required of a generalist, as well as the quick and resourceful thinking of a generalist practicing in a more rural setting. Being a private clinic, we function through the reimbursement of the services rendered. As a training clinic, we are required to meet the supervisory expectations as outlined by the standards of accreditation in health service psychology. Therefore, this year, when we have three interns that each require two individual hours of supervision from a psychologist, plus two hours of group supervision and two hours of didactic or teaching lecture that totals ten hours a week total. That is over one day a week of unbillable hours donated by a psychologist who is unreimbursed for the supervision, consultation, or support services. The interns' billable hours do not compensate for the billable time lost because each hour they are providing services

allows an opportunity for documentation to be reviewed and just-in-time consultation with both services again not being billable. This is just an example of the financial costs that are considered each internship year when we are determining the stipend, the number of intern positions that we have available, the considerations for the interns who have access or might lose access to transportation, but still have competency and interest in providing services in the rural settings. And our cost for applying and paying for being able to have our internship site to APA. Having resources that are outlined in LB1068 that are dedicated to the same mission that we have are strongly encouraged. There is value in providing the funds to persons with the field-- within the field that share a similar mission of training young professionals and serving the rural communities. Admittedly, I am a psychologist that originally grew up and did her training in San Francisco. I did my internship in Colorado and I had to look at a map to find out where Lincoln, Nebraska, was when I got my residency for postdoc here. The entire time I have been a licensed psychologist in the state of Nebraska, I shared my license with four other trainees each year for them to provide services to persons within the state of Nebraska. There is experience, dedication, and passion for the work that is being advocated to continue and then grow in this state. Respectfully, let us be included in the conversation and how these decisions are made for the monies in the management and distribution with BHECN.

ARCH: Thank you for your testimony. Are there questions? Senator Hansen.

B. HANSEN: A lot of people still have to look up where Lincoln is at on a map.

LISA LOGSDEN: It's a true statement. Yeah.

B. HANSEN: A lot of people still think we're just covered in farms too so they're surprised we have cities.

LISA LOGSDEN: Yeah, I talk to my family all the time. Yeah, correct them still.

B. HANSEN: On your first page of your testimony in that last paragraph, you talk about some statistics about your applications for internships, you say last year you totaled 83 applications for internship and did 24 interviews recently. What has the trend been looking like in the number of applicants? Has it been going up? Has it been going down?

LISA LOGSDEN: Honestly, it's a little difficult for me to answer. We got our accreditation in 2019, which allowed our applications to automatically go up and then a pandemic happened. And so that made the numbers again a little bit different. So it's starting-- it's going up with the accreditation all of a sudden happening. It looks like it's still kind of going up because the American Psychological Association has put together a task force for rural psychology services. So there is an emphasis and push for the training to be-- to occur, and that is then trickling down to all of our graduate programs. And so there is already in our graduate programs an emphasis. This is valuable. And so when they're coming to the internship phase in their training, they're already hearing this is valuable. This is a good thing. And so that is, that is coming to our, to our interviews. And that's a, that's a new passion that has not been there before.

B. HANSEN: OK, good. Thank you.

LISA LOGSDEN: Um-hum.

ARCH: Any other questions? Seeing none, thank you very much for your testimony.

LISA LOGSDEN: Thank you.

ARCH: Next proponent for LB1068.

ASHLEIGH CLARKE: Hello, my name is Dr. Ashleigh Clarke. My name is spelled A-s-h-l-e-i-g-h, Clarke is C-l-a-r-k-e. I would like to start by thanking the committee for taking the time to hear a little bit about me. I am a graduate of the predoctoral internship program that Dr. Lisa Logsden just mentioned and soon here, as soon as the paperwork is processed, I'll be entering my postdoctoral residency there. Up until 2018, Nebraska was just another flyover state for me. I spent most of my life moving between metropolitan cities on both coasts. When I was completing my academic portion of my program, my cohort was strongly encouraged by advisors to be willing to be open to different geographic locations. In my cohort of seven, I was the only one who did this. The training opportunities at Nebraska Mental Health Centers were too appealing to me, and I ended up coming here. I told myself it was just a year and after a year I could return to one of my beloved cities on my coast. I almost did that. The exceptional training I obtained at NMHC contributed to me being offered postdoctoral residencies in all four sites I applied for, including one of the nation's leading freestanding DBT clinics. While I did not take the position at the DBT clinic, I have focused my passion for the

intervention to application within our local communities using this treatment that was created to work with clients who experience a high rate of distress related to acute chronic mental health conditions with severe functional impairment, including suicidal behavior and addiction. Applying for internship is a daunting process. There are several things we're encouraged by advisors to look at. Beyond training opportunities that fit our career goals, we're encouraged to look at things such as if there's postdoctoral positions available and to inquire about the rates of retaining interns into these residencies as it is a sign of quality training and job satisfaction. We are also encouraged to look at cohort size because internship is an intense year and you need friends and people who can relate. Finally, as someone who's been through the process and has recently participated in interviewing the 2022-2023 internship applicants, one of the biggest concerns of interns is work/life balance, especially if the person is potentially going to be coming from some-- somewhere else and to somewhere new and wants to be able to explore and see if this place may become a future home. The shortages in the state of providers, especially in the era of COVID-19, is contributing to increased rates of stress, compassion fatigue, and burnout, particularly in agencies serving a large population and are trying the best they can to serve. This bill can directly impact these things for agencies who serve the Nebraska communities with the greatest need by allotting funding into internship placements into agencies within Nebraska. Thank you.

ARCH: Thank you. Are there any questions? Seeing none, thank you for your testimony. Next proponent for LB1068. Seeing none, is there anyone that would like to testify in opposition to LB1068? Seeing none, anybody want to testify in a neutral capacity to LB1068? All right. I don't see any. Senator Stinner has waived closing on this. I would mention that we did receive two letters in support for LB1068: one from Andy Hale, Nebraska Hospital Association; and Sarah Hanify, the Nebraska Chapter National Association of Social Workers. And with that, with that, we will close the hearing for LB1068. And we will open the hearing for LB1230. And we welcome Senator Hilkemann to open the hearing on LB1230. Welcome.

HILKEMANN: Thank you. Good afternoon, Chairman Arch and members of the Health Human Services Committee. I'm Robert Hilkemann, that's R-o-b-e-r-t H-i-l-k-e-m-a-n-n, and I represent District 4. LB1230 would appropriate $500-- or $500,000 to the Department of Health and Human Services for the purpose of providing a statewide education program regarding cancer, its causes, and the resources available to support cancer patients. As directed in the bill, the department would

contract with an organization located in Nebraska to carry out these objectives. After conversation with stakeholders and learning about the comprehensive cancer control program within DHHS that is currently providing a statewide education program regarding cancer, I have brought with me a copy-- a white-copy amendment that simplifies the language and accomplishes the same goal. These are dollars that will save lives. Research has shown that effective and consistent education on cancer prevention can reduce the overall number of cases by 40 to 50 percent. When I was in my private practice of podiatry, the thing that, that we could never stress enough is what you could do to prevent the problem from occurring. The same thing happens all-- certainly more-- probably even more so in cancer. But at either rate, prevention is so much better than trying to treat everything and so that's why I-- really looking forward to your approval of this program. It's likely that we all know someone who has been affected by cancer. Hopefully, there will be an early diagnosis because detecting symptomatic patients as early as possible gives them the best chance for a successful treatment. When care is delayed or inaccessible, we see a lower chance of survival, greater problems associated with treatment and higher costs of care. When a patient receives a diagnosis, there is a tsunami of emotions. I know this because I've had loved ones experience it. Ensuring they have the access to information on how to best proceed with their care, as well as the supports that are available to make a difference for them. It's a statewide program. Cancer doesn't lend itself to Lincoln and Omaha. It's statewide. This is important that we carry this out to our rural areas as well. These are just a few examples of why, as a Legislature, we need to ensure that the funding is available to support a statewide cancer education program and it is vital of our public health strategy as a state. We're very fortunate today to be able to hear from an expert like my lifelong friend, Dr. Al Thorson. And I want to thank all of you members of the committee. You came out and met him the other day when he was here. He has been the past president of the national boards of both the American Cancer Society, the American Society of Cancer Action Network. And so it's certainly been my pleasure to work with him on this. We've been friends and neighbors for years and a very trustworthy person to present this. I'm going to do this as my opening. We have a very important hearing in Appropriations that I've been listening to on my phone about building a new prison. I trust that, that, that Dr. Thorson will be able to answer those questions and so I will be waiving my close at this point, Senator Arch. And if there's any questions that I could answer individually after this testimony, I would be more than pleased to do so.

ARCH: OK, thank you. Are there any questions? I just want one point of clarification. Your AM1775 is now the bill. It's--

HILKEMANN: Correct.

ARCH: It's the white copy.

HILKEMANN: Yes.

ARCH: And you, you referenced an existing comprehensive cancer control program. Is that-- rather than, rather than giving it to the organization, are you saying the department already has a program and this would increase funding to that program?

HILKEMANN: That would, that would be a good question to ask Dr. Thorson.

ARCH: Very good. I will do that. All right, any other questions? Seeing none, thank you.

HILKEMANN: Thank you very much.

ARCH: First proponent for LB1230. Welcome, Dr. Thorson.

ALAN THORSON: Thank you, Senator Arch. Senators Cavanaugh-- did she go-- she stepped out--

ARCH: She stepped out.

ALAN THORSON: --Senator Day, Senator Hansen and Senator Murman, Senator Walz, and Senator Williams is not here, so thank you for allowing me to speak to you today. My name is Alan Thorson. It's A-l-a-n T-h-o-r-s-o-n. I am here to testify as a proponent for LB1230 on behalf of the Nebraska Cancer Coalition, the Nebraska Medical Association, and the Nebraska Rural Health Association, as well as the organizations that are represented, represented on the NC2 board, whose letter of support is attached to my written handout. I have also attached an infographic of pertinent facts for Nebraska, emphasizing the urgent task currently before us to return to screening in the aftermath of COVID. In 2022, there will be about 11,000 new cancer diagnoses in Nebraska, with nearly 3,500 deaths. Nebraska currently has over 108,000 cancer survivors. It is estimated that 42 percent of cancers could be prevented simply by applying now what we already know. To do so requires extensive public education about screening, early detection, understanding of treatment alternatives, caregiver support, survivorship management and support, nutrition, and physical

therapy. But these are just statistics and in the words of Irving Selikoff, statistics are merely aggregations of numbers with the tears wiped away. I know I've shared those tears. My brother, a UNL law professor with special expertise in agricultural, environmental, and water law, succumbed to cancer three days before his 54th birthday in 2003. As with so many, a productive career with so much promise was cut short. In the words of Harvey Perlman, who said no one would have expected Norm to solve these problems. Indeed, they may not be solvable, but no one should doubt that he would have made important contributions to ongoing efforts to solve them. So my question is how many times will such tragedies repeat because we are not aware of what we already know? What more can we do to help Nebraskans understand and learn what we already know? Education is critical. Over 800,000 new cancers and nearly 1,500 in Nebraska are potentially avoidable. These include the 19 percent of cancers caused by smoking, at least 18 percent caused by a combination of excess body weight, alcohol consumption, poor nutrition, and physical inactivity. Certain cancers caused by infectious agents such as HPV, Hepatitis B and C, and H. pylori could be prevented through behavioral changes or vaccination to prevent infection or the treatment of infection if it's present. Many of the more than 5 million skin cancers diagnosed each year could be prevented by avoiding excess exposure to the sun and indoor tanning devices. Screening can prevent colorectal and cervical cancers by removing precancers and by check-- by detecting these and some other cancers early when treatment is office-- often less intensive, less costly, and more successful. Screening is known to reduce mortality for cancers of the breast, colon, rectum, lung, and prostate and cervix. But to be effective, people must be given this information in a way that they will understand and accept. Nebraska has many unique determinants of cancer care, including our large rural population. In the case of colorectal cancer, we know that our population distribution leads to disparities in the early diagnosis. It is likely that similar disparities exist between urban-- rural and urban areas with other cancers. Nebraska also has disparities based on race, ethnicity, refugee status, household income, poverty, and level of education. Each of Nebraska's counties and communities and communities within communities individually are best equipped to understand and implement the approaches and resources needed to reach their unique populations with programs that will be accepted and understood. Engaging partners with each community can help ensure implementation of a strategy to meet the needs of each group in a way they want them met and with the underlying mission of building trust and long-term sustainable partnerships. A Nebraska-based organization partnering with the cancer community of healthcare professionals, patients,

caregivers, survivors, individuals, and public and private organizations would be an invaluable assistance. LB1230 provides an opportunity to sustainably fund administrative staff to execute the basic functions of such an organization. Nebraska's current cancer coalition is hampered by its reliance on unpredictable grant funding, which prohibits the hiring of full-time staff, which would be necessary to achieve its potential. Properly funded, an organization as described can efficiently identify, coordinate, distribute, organize, program, educate, and reduce redundancy. Reliable and sustainable financial support would provide the resources necessary to obtain grants, the proceeds of which should go directly to education rather than administration and whose value could net a positive return to the state. We believe that with grassroots input from each of our 93 counties to a neutral, diversely governed Nebraska-based organization, we have the best opportunity to make the greatest impact on cancer control. National organizations are awesome at what they do. I know, I have led two of them, and I continue to support them both financially and with my time. The control of cancer requires a team effort. We would expect that national, regional, and local organizations would continue to be a part of a coalition funded under this bill. Our national partners provide great resources, but it takes local grassroots efforts to get that information where it needs to go in a format based on needs and actions of local communities. A Nebraska-based organization would be best-- support Nebraska's unique population needs. Finally, after careful review of the Health Care Cash Fund and its intended purpose, we believe that LB1230 establishes the type of healthcare education that aligns perfectly with the reason for the health fund's existence and as such, would be an appropriate program for the fund to support. For all of these reasons, we strongly urge members to provide support for LB1230, both here in the committee and on the legislative floor. I'd be happy to take any questions. Thank you for the opportunity to present.

ARCH: Thank you. Are there questions? Senator Walz.

WALZ: Thank you for coming today. So in your testimony, you talked a little bit about how the, the funding would be used and one of them is to hire a full-time executive director and then a program manager, which is, you know, seems reasonable. How, how then would this information be distributed out to the many, many communities in Nebraska?

ALAN THORSON: So the coalition is made up of a diverse group of other organizations and healthcare groups, private-public individuals, survivors, and we reached out to the-- across the entire state. And

the, the purpose of the coalition is to reach into those local communities, obtain volunteers, people within those communities to feed back to us how that community needs to be approached so that the information we need to deliver is delivered in a way that their community can understand and appreciate and actually accept, the whole purpose being to push out education and information that we don't feel is getting it to where it needs to be based upon the data that we have about cancer in the state of Nebraska, which we feel we can do better with treatment and screening levels and survivorship by getting this information out. It's all about educating the public in ways that they can understand and accept to-- these issues that we can provide that we already know-- we probably prevent somewhere between 40 and 50 percent of cancers as we know that.

WALZ: OK and then you talked a little bit about reaching out to volunteers in communities. What-- does that also include, like, nonprofit organizations, schools, chamber of commerces, or what's--

ALAN THORSON: We, we-- if we had the right, if we were funded appropriately to allow full-time directors, our goal would be to reach all of those, you know, through faith-based organizations, through schools, through other entities. I just think about, you know, we have some of the health systems on our board. We have represents-- representation from North Platte, you'll see on the letter from McCook. We're reaching out to-- into the Panhandle. We have-- we've had issues there, I think, because of COVID and manpower issues, having-- giving enough time-- having enough time to, to participate right now. But all those, all of those are our goal. We need to reach into all those communities. And what makes it difficult is because so many of those, so many of those communities will have slightly different needs to present that information to make it effective in that community. Whether it's, you know, rural or a community within a larger community, whether it's an ethnic community, a community of refugees, whatever it is, their messaging needs to be a little bit different. We need to work with the members of that community to find out what works to get out this information that's so important.

WALZ: All right, thank you.

ALAN THORSON: Um-hum.

ARCH: Any other questions? Senator Hansen.

B. HANSEN: Thank you. Good to see you again.

ALAN THORSON: Yeah, thank you.

B. HANSEN: So, so some of the funding that would be, be through this from the Health Care Cash Fund, would that be also used to help support other 501(c)(3) organizations at all?

ALAN THORSON: No, I don't believe so. So the idea-- you know, we're looking at-- so I have a limited understanding of exactly how this funding works. I'm not a fiscal guy, so-- but I understand that one of the primary purposes of the Health Care Cash Fund was for education and we would look at this, even if we could be funded for five years, to establish the foundation that we need to then go ahead and-- you know, so right now, the problem we have right now is that we're basically grant based, OK? And the largest share of that has been coming through the CDC and we're-- we were a part of the comprehensive cancer control program that was reinitiated in about 2009. We were one of the first statewide organizations that got funded through that, but as you know, CDC, CDC funding can be fleeting and uneven, uneven so that-- it leaves us with an inability to have the foundation that we need to establish a footprint that we can grow on. If we had the right infrastructure, I think that we would-- even if CDC became unavailable, which is where we get our current funding-- I think the question was about the coalition right now. We have funding through DHHS, part of it. We also raise our own funds because we are a 501(c)(3) doing-- initially, we're-- it was a different organization, but we became a 501(c)(3) a few years ago so that we could raise the funds on our own. And just to-- the members of our board believe in this concept to the point where we individually last year raised over $14,000 to support the organization and to provide us with some-- an interim executive director that's helped us significantly in moving forward. But we really need to have some sustainability, something that we can count on to, to build the infrastructure that would keep us sustainable in the future.

B. HANSEN: I was asking actually-- I appreciate that response. I was actually trying to review the comprehensive cancer control program. I know the CDC and then it kind of disseminates-- each state then kind of has their own kind of program. I was trying to review-- looks like they had a lot of information on there about kind of what their goals are and they have kind of quadrants about what they're trying to do and what they're-- so I know the Health Care Cash Fund can be used for education purposes. I just don't know if some of this might be for used for treatment purposes at all or will all of it go to the Nebraska Cancer Coalition and they kind of use it to help--

ALAN THORSON: This, this-- yeah, if it comes to Nebraska Cancer Coalition, we're about education. It's not-- and we-- so the-- and education is a kind of-- it's education about these factors that can help prevent cancer. But it's also education-- dissemination of resources that are available to not just patients, but to caregivers, which left-- frequently left out of the picture, and survivorship-- survivors, the 108,000 survivors in the state of Nebraska right now. If you know a survivor, you'll know what I mean. They have a different life because they always-- in the back of their mind, many, is it coming back? Or they have issues with-- from the radiation they received or they have issues from the chemotherapy they received. They may develop a second cancer because of therapy they received to treat the first cancer. But we've not done a really good job of disseminating information to our survivors to know what they should have and follow up and what resources are available to them. We don't-- as, as a coalition, we don't provide actual services. We provide education, education, including the resources available to all these groups: survivors, caregivers, patients, even healthcare systems.

B. HANSEN: Yeah, I'm asking because I-- I'm, I, I'm trying to figure out where this money is going to go--

ALAN THORSON: Yeah, so--

B. HANSEN: --because we-- it just says the comprehensive cancer control program. Well then I looked it up online and it's, like-- there's a whole-- that just involves a whole bunch of things and so I think--

ALAN THORSON: So--

B. HANSEN: --where this taxpayer money is going to go, I'm kind of curious.

ALAN THORSON: Yeah, so that's-- I think that's a good question, but-- and I don't know if I'm answering it as well as it could, but the-- so the comprehensive cancer control program-- and the Nebraska Cancer Coalition is an organization that has applied for the funding from the CDC through DHHS, OK? But that funding is always highly variable and we don't always know where all that's going to go, OK? We work closely with the DHHS. I think right now we have a very good relationship with DHHS and I think that they're-- I think that they'd be-- we have-- and I can just say, I think we have a very good working relationship within this time--

B. HANSEN: OK.

ALAN THORSON: --and--

B. HANSEN: All right.

ALAN THORSON: --so.

B. HANSEN: Thank you.

ALAN THORSON: Yeah, it's not from-- when it comes to the coalition, that's-- we have a different purpose. If you talk about the whole comprehensive cancer control program on the federal websites and-- that becomes a little bit more complex.

B. HANSEN: Um-hum.

ALAN THORSON: Yeah.

B. HANSEN: Thank you.

ALAN THORSON: OK.

ARCH: Any--

ALAN THORSON: Thank you.

ARCH: --other questions? Senator Murman.

MURMAN: Yes, thanks for coming in. If a person visits their general practitioner regularly, they would get hopefully all this information and the screenings done and, and so forth. So is the purpose of this extra funding to provide information both to practitioners and to the general public in a more broad-based way of disseminating it?

ALAN THORSON: So several things that you mentioned, yes. And I'm not taking anything away from my primary care physicians, but I know there is data out there that if they, if they did all of the preventative care that they could do, they'd end up spending over half their time, 60 percent, just doing preventative care and would not have time to take care of people who are sick. So they're stressed. They're stretched very, very thin. And when we talk about screenings, there are so many-- like-- so I'm a colorectal surgeon, OK, so I can talk about colorectal cancer, but there are so many alternatives, methods to do that screening. And ideally a primary care physician would go through all of those with that individual and it takes a lot of time to accomplish all of that. I can just say I know, because of how busy

they are, that doesn't always get done. So, yeah, we do educate physicians, but we also educate the general public so they know to ask the questions because sometimes that's what it takes. It takes the patient to say, oh, and how about my screening? What am I due for? So it's-- and we don't-- it's not a broad-based-- again, what we're talking about is, is building an infrastructure to allow us to engage specific communities with what they need for their community to get message across. So that needs more focused messaging, not so much broad-based messaging, focused for rural, rural areas, focused for refugee areas, focused for ethnic, racial, whatever it takes-- cultural-- different, different groups require different messaging to understand what we're trying to get across and to make that acceptable to them. There's a lot of-- there can be a lot of distrust from a lot of groups. And so part of, part of the issue is developing a system, a infrastructure that allows us to, like I mentioned, build sustainable partnerships that are trustworthy so we can work together. But again, it's more-- we're talking about issues that need to be more focused so that we can do a better job at what we want to get done.

MURMAN: OK, thank you.

ARCH: Senator Walz.

WALZ: Thank you. I, I was looking through the materials that we have and it talks a little bit about, in one of these letters, that, that there will be a formal competitive bid process through DHHS.

ALAN THORSON: So if-- and that could-- I don't-- I'm, I'm not-- I don't know exactly how that fiscal note was going to come. I, I've had-- I have received mixed messages about --that the Legislature has complete prerogative about how Health Care Cash Fund is spent, so I don't know exactly what that means, but it seems like it opens up some differential. If it comes down to competitive bid, you know, we welcome that because we-- right now, we have a skeleton infrastructure, but we have contacts throughout the state, OK? We think that we could do a good job. We think we could do a great job. And we think that we could do the best job. However, if it was open to a competitive bid and someone else could prove that they could do a better job-- you know, my role is not actually NC2. It's about getting messaging to the patients. So if someone could do it better than us, then we'd try next time to do it better. You know, competition can be good and we're looking at trying to do the-- have the best people to do the best job to, to provide the information that needs to be put out there.

WALZ: All right, thank you.

ARCH: Other questions? Do we have another proponent who intends to speak on this bill? OK. So let me see if I can restate-- I was seeing if somebody was behind you here. Let me see if I can restate, just so I think I understand. The comprehensive Nebraska control program is a CDC program.

ALAN THORSON: The Comprehensive Cancer Control Program is a CDC program. It's-- which allocates money to the states through a process.

ARCH: And the Nebraska Cancer Coalition, does that operate the program or does DHHS operate-- does, does DHHS provide you with dollars to operate the program or do they do it themselves?

ALAN THORSON: DHHS, DHHS provides us with dollars to operate at least a portion of the program that they would like us to perform for them.

ARCH: OK.

ALAN THORSON: I don't-- I just-- from the size of the grants that come through, I just know that we don't get the full value of those, so I don't know where some of that else is going. I think there's administrative costs and things. You know, administrative things take dollars all the time, so I don't know where that goes and I am not--

ARCH: OK.

ALAN THORSON: --I can't really, I think, speak to that--

ARCH: OK, all right.

ALAN THORSON: --honestly.

ARCH: That's good. All right, thank you. Any other questions? Seeing none-- oh, wait.

B. HANSEN: Yeah, see-- I may have a question, but not really.

ALAN THORSON: OK.

B. HANSEN: But when I'm looking at the state plan, the Nebraska Cancer Plan, which I think is an offshoot of what the comprehensive-- like the DHHS--

ALAN THORSON: Right, right.

B. HANSEN: --one is, they have Nebraska DHHS and then the Nebraska Cancer Coalition. Looks like their logos are below that, so those two must be the--

ALAN THORSON: So we work in conjunction with them. We have-- with them and help them develop the state cancer plan, yes.

B. HANSEN: OK. Cool, thanks.

ALAN THORSON: Yeah, we have a good working relationship.

B. HANSEN: OK,

ARCH: Any other questions? Seeing none, thank you very much for your testimony today.

ALAN THORSON: Thank you

ARCH: Thanks for coming.

ALAN THORSON: Thank you.

ARCH: Are there any other proponents for LB1230? OK, seeing none, is there anyone that would like to speak in opposition to LB1230? Seeing none, is there anybody that would like to speak in a neutral capacity to LB1230? OK, seeing none, hang on just a second here. All right, we did receive two proponent letters; one from the Nebraska Chapter of National Association of Social Workers and one, one from Dexter Schrodt from the Nebraska Medical Association. There was neutral testimony provided by Bryson Bartels representing DHHS as well. And with that, we will close the hearing on LB1230 and that will close the hearings for the day. Thank you.