

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee March 3, 2022

**ARCH:** OK, let's begin. Good afternoon. Welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County. I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting on my right with Senator Day.

**DAY:** Good afternoon. I'm Senator Jen Day, represent Legislative District 49 in Sarpy County.

**MURMAN:** Hello. Senator Dave Murman from District 38, Glenvil, and I represent eight counties in the southern part of Nebraska.

**WILLIAMS:** Matt Williams from Gothenburg, Legislative District 36.

**M. CAVANAUGH:** Machaela Cavanaugh from Omaha, Legislative District 6.

**B. HANSEN:** Ben Hansen, District 16.

**ARCH:** Also assisting the committee is one of our legal counsels, Paul Henderson, our committee clerk, Geri Williams, our committee pages. Rolf and Joseph. A few notes about our policies and procedures. First, please turn off or silence your cell phones. This afternoon, we'll be holding confirmation hearings on six gubernatorial appointments and we'll be taking them in the order listed on the agenda outside the room. The hearing on each, on each appointment will begin with the appointee's opening statement. After the opening statement, we will hear from supporters of the appointment then from those in opposition, followed by those speaking in a neutral capacity. 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 pages 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 and then please spell both your first and last name. And we use a light system for testifying, which I don't think we'll need today. If you do not wish to testify, there is a white sign-in sheet at the entrance where you may leave your name and position on the appointments before us today. And with that, I would welcome Senator Walz, if you want to introduce yourself, because we're going to have several people on the phone today.

**WALZ:** All right. Good afternoon. My name is Lynne Walz and I represent Legislative District 15, which is all of Dodge County and Valley.

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**ARCH:** And with that, we will begin today's hearing with Cherlyn Hunt's appointment to the Nebraska Rural Health Advisory Commission. And Ms. Hunt, I know you're on the phone. Welcome.

**CHERLYN HUNT:** Thank you.

**ARCH:** And so we start each of these appointment interviews out with just an opening statement, anything you'd like to tell us about yourself, maybe cover a little bit why you, why you are interested. This is a, this is a reappointment for you, I note. So tell us a little bit about your background and your experience on the commission.

**CHERLYN HUNT:** OK. My name is spelled C-h-e-r-l-y-n, Hunt, H-u-n-t. I have been a licensed nursing home administrator since 2008. I have served on the Rural Health Advisory Commission since 2018. I enjoy serving in this capacity. It provides me a way to ensure that the rural areas are still being taken care of for healthcare. As we have all seen, that's dwindling for people in rural areas to receive this healthcare so it, it does make me feel good to be able to award those scholarships to doctors and other healthcare professionals who have a desire to continue to serve in the rural areas.

**ARCH:** Well, thank you very much for serving on the commission and we'll open it up to questions now from the committee, if there are any. Senator Williams.

**WILLIAMS:** Thank you, Chairman Arch, and thank you, Ms. Hunt, for your interest and continuing service. I notice from your application that you are a licensed nursing home administrator and that is an area that I think all of us from the rural parts of the state have a concern about, the health of that industry. Do you have any comments about how this commission can increase the issues or increase the, the-- or decrease, I'll say it that way, the problems that we have with nursing homes right now?

**CHERLYN HUNT:** That is a great question. I think it's going to have to start with just basic education of how-- what long-term care does and how important it is to rural areas. Generally, you don't see that concern until a facility announces that they're closing and then that community riles around that facility to try to save it. So I do think there has to be more education in that area and not just from our legislative body, but also from the facility itself to be as transparent to the community as they can be. Not share too much, but

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not share enough either. And I think we've seen some of that through COVID when we have to educate at least weekly on what's going on.

**WILLIAMS:** Thank you

**ARCH:** Other questions? Well, I, I did notice one thing on your application. And I don't know if it's a typo or not, maybe it isn't. You state you have been in healthcare since the age of 11.

**CHERLYN HUNT:** No, not a typo. That's true.

**ARCH:** OK.

**CHERLYN HUNT:** I started in my local nursing home in Pierce, Nebraska, at the age of 11, which was a candy striper back then.

**ARCH:** Sure.

**CHERLYN HUNT:** Just a fancy name for a volunteer, but I have had the desire to serve the elderly for a very, very long time.

**ARCH:** Oh, that's terrific. That's terrific. Well, thank you for your willingness to serve on the commission and your-- you certainly appear qualified, having been in healthcare for that long and your passion for the, for the rural communities and making sure that they have quality services. Thank you very much. I don't see any other questions from the committee and I open it up to any, anyone that want to testify in support or in opposition or in a neutral capacity. And Cherlyn, I don't see anyone jumping up to the, to the table to do that. And so with that, unless you have any closing statement you'd like to give us, we will consider your, your appointment here. And when, when we move the appointment, it will go to the full floor and we'll have the introduction on the floor and have a chance for the entire body to vote on your appointment, but thank you again for serving.

**CHERLYN HUNT:** Thank you for your time.

**ARCH:** OK, thank you. With that, we will close the gubernatorial appointment hearing for Cherlyn Hunt and we are waiting for the next one, Roger Wells, to call in. Is this Mr. Wells?

**ROGER WELLS:** Yes, it is.

**ARCH:** OK. This is Senator John Arch and we, we are going to hold your gubernatorial appointment hearing. We have Senator Murman, Senator

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Walz, Senator Williams, and Senator Cavanaugh at the table here. And we begin by just letting you make some comments, opening comments about your background and your interest in being, in being reappointed.

**ROGER WELLS:** Well, thank you for, thank you for allowing me to speak with you today. I've looked forward to this conversation a lot. I'm a physician assistant in central Nebraska. Been in central Nebraska throughout my career, since 1987, and my passion, my passion is for rural healthcare, both local, state, and national. At this time, I've had a tremendous opportunity to serve on the commission for a number of years and I look forward to further enhancing the opportunity to help Nebraska. And we have multiple issues coming forward and that's what I technically work with most of the time and my interest is in just making a, a difference by one person. And each one of us make that little bit of difference, will make a lot of progress. But we have many challenges, including the EMS, nursing homes, public health departments, home health, hospice, OB care, mental health. And everybody seems to have an answer, but it doesn't appear anybody ever does anything about it. So everyone throws money at telemedicine, emergency hospital initiatives, but we're finding that patients in rural America are sicker. They have difficulty with transfers. We have difficulty with access. Most motor vehicle accident deaths and a higher percentage occur in rural areas because we don't have EMS and a supplier-- our supply of providers is really diminishing because of both the intensity and the frequency of work, as well as the call time, etcetera. So we're really hurting and there's a big issue coming up and it's called a medical desert. And so if you go to Omaha, you might get an 87 percent immunization rate. If you go to western Nebraska, you might be at 37 percent. And so we're really struggling in trying to keep up. And at the same time, other superior people above us look at us and say we're not doing a good job because we're not finishing our quotas and we're not getting all the boxes checked. So I really look forward to trying to work with the commission on this. But our biggest issue is social determinants of health. It has more to do with the outcomes than anything else, such as transportation, food, housing, and insurance. So we need a new investment model into total patient care allowing us to get out of silos. So you have a health department, you have the-- you have Medicaid, you have Medicare, you have all these different programs, but no one ever speaks to each other. So it's kind of-- our goal as the commission over the last year is to reestablish priorities and put forth the recommendations to the Legislature and the Governor, as well as Health and Human Services on how to maybe look at-- step back and

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look at the total program and put ourselves together with better opportunity and lead the United States in appropriate care.

**ARCH:** Great. Thank you. Thanks for the depth of your experience as well. I did notice, I did notice on your, on your CV that you also co-chair the rural health commission at UNMC. Could you tell us a little bit about that and how these might be similar?

**ROGER WELLS:** Absolutely. The University of Nebraska Medical Center has been working on trying to develop new initiatives that will allow our rural health to expand. So by supporting activities such as economic development, new initiatives can work with maybe the USDA, tax incentives, all types of activities that we can look at as globally-- as-- excuse me-- university so we can look in looking over the top of everything, how do we educate people, are educating the right people, are we putting them in the right place so that we can all again get out of their silos? There's new investment such as at UNK, trying to take people from rural areas who are stable and allow us to-- I mean, as an example of that initiative.

**ARCH:** Are you still there?

**ROGER WELLS:** Yes, I am. Did you hear any of that? How far did I get?

**ARCH:** All right. OK, thank you. Yeah, very, very good. Senator Murman.

**MURMAN:** Yes, you mentioned nursing homes. Since I've been a state senator for only four years, the Blue Hill nursing home nearly closed in my district and the Arapahoe nursing home has closed. I know lack of Medicaid funding and, and lack of preparation for being in a nursing-- possibly being in a nursing home and especially the last couple of years, the workforce shortage is a big problem not only for nursing homes, but for all medical care and especially in rural areas. Could you address especially the workforce shortage and ideas on nursing homes, please?

**ROGER WELLS:** Yes. I had the opportunity to work with the Federal Office of Rural Health Policy in the past and we actually went to Michigan and looked at the same model. And what they did is they tried to educate people, even in small community hosp-- or excuse me, community colleges for assistant-- nursing assistants and medical aides to-- in the smaller facilities because we just can't keep adequate staff in these areas and staff is the key, by educating people and keeping them in the community. And so what they did is use small grants and funds, just like the commission would utilize for

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other areas such as physician assistants and medical providers, med techs, etcetera, and, and use those incentives to keep local people into the area and then use local college education to enhance the recruitment and retention by paying their way through the school or giving them grants to give to the school. That seems to be very effective and we're, we're studying that with the western campus that you're working on now at Kearney.

**MURMAN:** Yes, thank you very much.

**ARCH:** Great. Thank you. Any other questions? Senator Williams.

**WILLIAMS:** Thank you, Chairman Arch, and Roger, this is Matt Williams from Gothenburg.

**ROGER WELLS:** Yes, sir.

**WILLIAMS:** For the disclosure to the committee here, I've known Roger for some time and know what he does and have watched how important that is. I also, of his references, have-- know and have worked with each one of his three references. So you've got at least one vote on this committee, Roger.

**ROGER WELLS:** Senator Williams, thank you so much. I was counting on you.

**ARCH:** Great. Other questions? All right, seeing none, anybody want to speak as a supporter, in opposition, or neutral? Seeing none, Roger, thank you very much. Thank you for your willingness to be reappointed. Thank you for bringing your depth of experience to all of this. And what we'll do is we'll consider the reappointment and we'll probably move this out of committee and, and move it to the floor and you'll be notified when, when it is-- when the vote is taken on the floor. But thank you again--

**ROGER WELLS:** Well, thanks.

**ARCH:** --for calling in and thank you for being willing to serve.

**ROGER WELLS:** All right. It is my pleasure to work with you as well as the other representatives. Thank you so much.

**ARCH:** Thank you,

**ROGER WELLS:** Bye-bye.

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**ARCH:** That will close the hearing for Roger, Roger Wells, and we will open the hearing for Rebecca Schroeder. Well, thank you for coming today and being in person.

**REBECCA SCHROEDER:** You're welcome. I--

**ARCH:** Appreciate that.

**REBECCA SCHROEDER:** --decided to work it out. I enjoy being here in person rather-- a little more personal than over the telephone.

**ARCH:** Absolutely. Well, tell us a little bit about yourself and your interest in being reappointed.

**REBECCA SCHROEDER:** All right. Well, my name is Rebecca Schroeder. I'm a clinical psychologist. I live in Curtis, Nebraska, the big city in Frontier County, and I practice mainly in North Platte, although I do spend a lot of time on the road and a lot of time at the Dawson County Jail. I am mainly doing evaluations right now as far as my practice. As far as the Rural Health Commission, I've been on the commission probably as long as Roger. It may be a little shorter time. We've worked together for a long time and it's always hard to follow him, by the way, because he's such an expert in the national and state issues. But anyway, I have seen a lot of changes over the years that I've been on the committee. I've seen the progress. We've had great success. We've also dealt with some challenges. As a matter of fact, the last time I was here was three years ago and our biggest issue was we had a two-page waiting list of individuals we did not have the money to fund. Thanks to the legislator, that problem was solved in 2021. Our waiting list is now minimal, which is wonderful. The big issue now we're facing is workforce and it's kind of an unusual situation right now, affected by COVID, definitely directly affected by COVID, where it appears that more mental health workers, especially with the-- of course, my concern-- are needed. Pretty much everyone I know that's practicing has a waiting list or is not accepting new patients in North Platte. And that's really a travesty and a tragedy because there are a lot of people out there who require and need services. So we've been talking about that as a commission, what we can do to help that, and we're trying to brainstorm some issues. One idea we're looking into is our loan repayment program, which right now requires community match. That's very difficult to get if you're a mental health worker. It's just not the same model as the medical model. So we're looking at some alternatives we might have for that, for bending that a little bit or making changes or looking at other programs where we could do loan repayment without a community match. So we're, we're just

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interested right now in learning new solutions and trying to keep up with the times.

**ARCH:** Great. Great. Well, thank you.

**REBECCA SCHROEDER:** Um-hum.

**ARCH:** Questions for Dr. Schroeder? Senator Murman.

**MURMAN:** Well, not so much a question, but a comment. I've, I've got a bill to address that community match issue.

**REBECCA SCHROEDER:** Oh, you do?

**MURMAN:** Yes--

**REBECCA SCHROEDER:** Wonderful.

**MURMAN:** --to use ARPA funds to replace the community match, so thank you for bringing that up.

**REBECCA SCHROEDER:** And I think, I think that would be very beneficial.

**MURMAN:** Thank you.

**ARCH:** Other questions? So obviously demand-- I say obviously-- is demand increasing--

**REBECCA SCHROEDER:** I believe so.

**ARCH:** --and the supply of providers not keeping up? Is that, is that really what we're seeing in, in Nebraska?

**REBECCA SCHROEDER:** Yes.

**ARCH:** OK. Have we-- are we making any progress in that area? We-- I mean, we hear multiple bills throughout the year and through the years on, on this is a big issue and we try this, we try that. Loan repayments, is that-- I mean, if you were to pick, if you were to pick a strategy, is that, is that the best strategy for what you see?

**REBECCA SCHROEDER:** We know it works. As a matter of fact, 40 percent of all family practitioners in rural areas went through our program.

**ARCH:** OK.



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**REBECCA SCHROEDER:** And that's an amazing statistic because that doesn't include the people who were already in family medicine before the program existed. And we know it works. I know of a young couple right now who are finishing their residencies, one in surgery and one in OB-GYN, and they've already committed to come to North Platte because of the loan repayment program. You know, they have ties to the area, which of course, is a big--

**MURMAN:** Oh yeah.

**REBECCA SCHROEDER:** --issue as well.

**ARCH:** Yeah.

**REBECCA SCHROEDER:** We know that in recruiting and retention.

**ARCH:** Any area.

**REBECCA SCHROEDER:** Yes, any area, but it works. It-- we, we have the stats. We know it works.

**ARCH:** Is there, is there a key to keeping them in the community once they come because of the loan repayment?

**REBECCA SCHROEDER:** We had some stats on that a few years ago and I was thinking about that this morning, but it was very high as to how many actually stay in the area once they commit to their three-year commitment once they finish that.

**ARCH:** OK, OK. They find relationships. They find the life there--

**REBECCA SCHROEDER:** They get involved in the communities, exactly.

**ARCH:** --put down roots and, and, and they're able to, they're able to stay.

**REBECCA SCHROEDER:** Yes, yes. And of course, that's even higher for people who were raised or familiar with the rural area.

**ARCH:** Oh, certainly.

**REBECCA SCHROEDER:** Yeah, homegrown approach, yeah.

**ARCH:** Certainly. Any other questions? I don't see any other questions, but we really appreciate you coming in and being willing to, to see us today and to stand for reappointment.

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**REBECCA SCHROEDER:** All right. Well, thank you very much.

**ARCH:** Yes, thank you.

**REBECCA SCHROEDER:** Appreciate you listening to me.

**WILLIAMS:** Tell John [PHONETIC] hi.

**REBECCA SCHROEDER:** Will do.

**ARCH:** Is there anyone that would like to speak as a support, in opposition, or neutral? Seeing none, this will close the appointment hearing for Dr. Schroeder and we will open the next appointment hearing for Claire Bazata who will be calling in. Good afternoon, is this Claire Bazata?

**CLAIRE BAZATA:** Yes, it is.

**ARCH:** Well, thank you for calling in and we have the senators here: Senator Day, Senator Murman, Walz, Williams, and Cavanaugh. My name is Senator Arch and we just-- thanks for calling in and we're, we're anxious to hear a little bit about your background and why you're willing to step up and be part of the Child Abuse Prevention Fund Board.

**CLAIRE BAZATA:** Yes, thank you. My name is Claire Bazata and I am currently practicing as an attorney in Cozad. I do a lot of juvenile law right now in mostly Lincoln County and Dawson County, but also in Buffalo and Custer as well. Prior to going to law school, I received my bachelor's degree in social work and did a practicum with the court-appointed special advocate program in Lancaster County. And then after that, I spent some time working in group homes and then went on to work for Health and Human Services as a child and family services specialist, doing casework and investigation prior to going to law school. So it's-- child abuse prevention is something that's very important to me. I feel like I have a lot of familiarity with the needs, especially in my area, but also I'm able to see in real life, you know, kind of the, the ways that these services that the board is funding are helping our children and families directly. I'm also the current president of the new child wellbeing collaborative in Dawson County, which is the Dawson County Family Partners. So I'm very excited to be given an opportunity to be involved in this board and see how we can better help the families of Nebraska.

**ARCH:** Great. Thank you very much. You have a very deep history in helping these, helping these families and children. That's, that,

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that's great. I'd like to open it up to any questions from members of the committee if there, if there are any questions. Senator Day.

**DAY:** Thank you, Chairman Arch, and thank you, Ms. Bazata, for your willingness to serve. This would be your first term on the board, correct?

**CLAIRE BAZATA:** Yes.

**DAY:** OK, so I have a couple of questions. First, how did you hear about the possibility to be appointed? And also, my second question is what do you see as the major issue in Nebraska or, or the most important issue in Nebraska in terms of preventing child abuse in the state?

**CLAIRE BAZATA:** Yes. Deb VanDyke-Ries, who actually I met when I was doing my practicum at CASA back in college, reached out to me about the opening on the board and asked me to apply.

**DAY:** Great.

**CLAIRE BAZATA:** And so I, I do whatever she tells me to do. No, I-- and then as far as the most important thing, I'm sorry, can you repeat that?

**DAY:** Yeah. What-- do you-- I mean, what do you see? Obviously, this is a huge question and there's, you know, I'm sure dozens of things you could list off. But you know, what is the one major issue you see as the most important thing that we could address in terms of preventing child abuse in the state?

**CLAIRE BAZATA:** Yes, that's a huge question. I think that really when I see parents and kids successfully go through our system, you know, I mean that's not preventing it, but that getting through the system, but the ones that can, that can do well have informal support. And so I think any way that we're able to support families having a community surrounding them, we're also preventing child abuse and we're preventing-- or we're keeping our kids safe. So I think some of these programs that the board is already funding, like the community cafes, like the child wellbeing projects and parenting classes and things like that are, are extremely important. They allow parents to come into a community where there's other parents where they can connect with them and have that ongoing support from informal places in the future. And that's where I think we see the best outcomes is when we have someone who's very well supported by their community.

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**DAY:** Wonderful. Thank you.

**ARCH:** Thank you. Other questions? Senator Williams.

**WILLIAMS:** Thank you, Chairman Arch. Claire, this is Matt Williams from Gothenburg. Appreciate your application and what you're wanting to do here. I had the joy of watching Claire grow up and go through high school. I've known her father and her grandfather very well so my question is how in the world can you stand practicing law with your father?

**CLAIRE BAZATA:** Oh, well-- oh, it's-- you know, I got a lot of practice arguing with him and so--

**WILLIAMS:** Let's put it this way, you have a wonderful mother too, so.

**CLAIRE BAZATA:** Yes, that's true. Thank you.

**WILLIAMS:** Thank you for your commitment.

**CLAIRE BAZATA:** Thanks.

**ARCH:** Thank you. Is, is most of your-- this is Senator Arch. Is most of your practice in family law?

**CLAIRE BAZATA:** Yes, I do a lot of juvenile law and then I also do like traditional family law, which would be divorce, custody-type cases as well.

**ARCH:** Yeah. Well, you've got a great background to understand that and you, and you serve as guardian ad litem I see as well on, on cases, so.

**CLAIRE BAZATA:** Yes.

**ARCH:** Thank you very much for doing that. Any other questions? I don't see any other questions. Thank you again for being willing to be appointed. We'll consider the appointment and move that to the full Legislature for the vote. And as soon as that passes, then you'll, you'll, you'll be notified that it was a positive vote, I'm sure.

**CLAIRE BAZATA:** Thank you.

**ARCH:** Thank you. I would ask does anybody want to speak as a support-- in support or in opposition or in a neutral capacity to her appointment? Seeing nobody, thanks very much for calling in today and, and have a, have a good, have a good day and a good weekend coming up.

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**CLAIRE BAZATA:** Thank you, you too. Goodbye.

**ARCH:** All right, thank you. That will end the appointment for Claire Bazata and we will open the appointment for Dr. Alysson Muotri. Are we going to-- are we trying to get a hold of him? Is that what we're doing? OK. All right. Sure, sure. OK, so we'll move on. He said that he's in a meeting right now, so we'll, we'll, we'll put him to the, to the last of our, of our hearing today. So we'll move to Dr. Harrison and since you're a new appointment, we'll, we'll question you for about a half-hour.

**JEFF HARRISON:** No problem.

**ARCH:** So tell us, tell us a little bit about yourself and, and your background.

**JEFF HARRISON:** Sure. Thank you for the opportunity to be here. My name is Jeff Harrison, J-e-f-f H-a-r-r-i-s-o-n. I currently serve as the chairman of the department of family medicine. Been in that role for the last two years. A little bit about my background: I grew up in Norfolk, attended Wayne State College, and UNMC for medical school. Always had this idea that I would return to rural Nebraska to be a rural family doctor. That's-- that was my vision as a kid. My wife had other ideas, that Omaha was just too, too good to leave. Having grown up on a farm in, in Stanton County, she still decided Omaha was a great place to be. So I've, I've sort of lived my rural healthcare vicariously through a number of residents. In 1998, I became the program director of our rural training tracks, which is a-- actually probably the most successful in the country in terms of how long it's lasted and number of graduates. We're training residents for their first year in Omaha and their last two years in one of our rural sites. And it's always-- you always want to not offend rural people when you say Grand Island, Kearney, North Platte, and Scottsbluff are rural because relatively, compared to Omaha, they are compared to the rest vast part of the state. Those are at least micropolitan areas, if you will. So I directed that program for, for 20 years. I spent about a ten-year stint as assistant and associate dean for admissions, really focused on our pipeline programs, the RHOP program with Chadron and Wayne, the KHOP program with UNK. And at the very end, our UHOP program for more underserved, focused with the University of Nebraska-Omaha. And those have been quite successful programs and, you know, it's a critical piece of us of solving the rural health issues. You've got to have a workforce and we know very well who's going to go practice in rural America, not just rural Nebraska? It's kids who grow up there. It's young people who have the values there. It's who have

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family there. It's who have their friends there. And, you know, all of those programs that have really been quite successful. It's not solved the problem, though, and so we still have our work to do. And with the opportunity to serve on this commission, it kind of lets me carry the education focus I've had into a broader piece. Philosophically, I truly believe that, you know, citizens living in rural Nebraska should have the same access and quality of care that anybody living in Lincoln or Omaha has, but we can't continue to do things the way we've always done them. You know, rural Nebraska is getting less populous and it's getting older and I think that really presents some challenges for us and the absolute need that we've got to think about how we're going to deliver healthcare in, in a little different model. Those of you from rural communities know if, if CMS decides they're going to quit giving cost-based reimbursement to our critical access hospitals, there is no way they'll-- Senator Williams knows that. There's no way they're going to be able to stay open. How do we address that piece? We've already talked about the loan repayment. That's critical. Fifteen years ago, I would have said that is probably not an issue for most of our graduates coming out. You know, our average medical student who goes and finishes residency comes out with \$150,000 to \$200,000 in debt. Those are real, those are real dollars, even, even if you're very well compensated for the work you do. One of the few good things that came out of COVID and there weren't a lot, but one was it really showed us how telehealth/telemedicine can work. And we've really gotten much better at doing it, you know, both, both in the metropolitan areas as well as the rural communities. I think that's going to be a key for us too, you know, to guarantee that, you know, if you're living, if you're living in Merna, Nebraska, that you know, somebody can come into your home, whether it's a mental health professional or a physician or a nurse practitioner, and actually be able to provide care without you having to travel. The other piece that, you know, I focused on and you might see in my, in my CV, I've been a medical director for a rural EMS squad since '92. I've had Murray, Ashland, and North Bend on my, on my agenda and you appreciate those are volunteers. And right now, the average age of an EMS provider in Nebraska is almost 60 years old. And you know, how do we, how do we-- as we have less populous areas-- Roger, Roger spoke to that-- you know, you're much more likely to die. How do we have a robust EMS system that-- we rely on volunteers. How do we make it easy for them? How do we have them well-trained? How do we use those folks to get places-- to the, to the, to the hospitals they need to be at to have appropriate care? So we definitely have our challenges cut out for us. I'll shut up and let you ask me questions because I can ramble on about a whole lot of things, so.

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**ARCH:** That's great. What a-- I mean, so-- what a great background that you're willing to provide this to the state. Thank you very much. Questions for Dr. Harrison? Senator Walz.

**WALZ:** I'll ask a question. You mentioned that you had been thinking about doing this since you were a young boy. What, what was the reason that you wanted to become a doctor?

**JEFF HARRISON:** You know, I grew up-- I mean, our doctors were family doctors. You know, I was delivered by one. That's who we always saw. You know, that kind of-- you kind of get in your head that's what a, what a doctor should be, somebody who, you know, takes care of the full spectrum of care. You know, I honestly, I went into medical school with an open mind, you know, and I liked everything I did, but by the end of every clerkship, I was thinking, oh man, I'm ready to see what's new and so. Except for family medicine, it's like, well, yeah, this is something new every day, new patients all the time and now even carried it because now I do a whole lot of things. I do patient care. I do administration. I do education, so I just can't-- it's, it's fun to do a lot of things.

**WALZ:** You would say it was the service first?

**JEFF HARRISON:** Oh, absolutely.

**WALZ:** Yeah.

**JEFF HARRISON:** I mean, it's, it's great. It's, it's-- you know, I always ask, I always ask medical school applicants, you know, what would you do if you didn't get into medicine? And probably 75 to 80 percent say, well, I'd probably be a teacher. And the answer is always, well, of course you would be. Where does-- and I always ask the question they never know the answer to, you know, where does the Latin root of "physician" come from? And the savvy ones know it's a leading question. Well, teacher. I said, yes, of course, you know? So that's what we do. We teach our patients about their illness. We teach their families about how to take care of them. So it's, it's always such a natural fit that, you know, people who go into medicine always kind of have education and teaching as that thing I might do if I didn't get into this.

**WALZ:** Yeah, good. And then-- can I ask one more?

**ARCH:** Yeah, please.

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**WALZ:** Just what-- as a physician, what do you think is one of the biggest challenges for a physician?

**JEFF HARRISON:** Honestly, right now it is, it is the stress of the last two years and, you know, it is burnout. It is, it is the administrative burden. It's, it's the things that keep you from doing what you went into medicine before. I mean, you talk to most people, yes. I want to talk to patients. I want to help teach them. I want to educate them and I want to make them better. I don't want to spend another two hours at the end of day in the electronic medical record documenting things to keep somebody else happy, to meet regulatory burdens. I mean, that's a, that's a practice issue that is a challenge. And it doesn't matter if you're a primary care doctor or a specialist, you hear the same things across the board.

**WALZ:** Yeah, yep. Well, thank you.

**JEFF HARRISON:** I don't have a solution for that.

**ARCH:** Other questions? What-- I, I-- just kind of as a follow up to her question, unique, unique issues that rural physicians face?

**JEFF HARRISON:** Absolutely, so-- and this will be-- this is one of our challenges is, you know, nobody-- I have a saying. Nobody wants to be the one doctor in a one-doctor town and you know, you want colleagues. You want, you want your support. You know, as a, as a primary care doctor, you want other primary care doctors, you want your PAs and nurse practitioners, your pharmacist, your mental health folks. You want that team and, you know, you know, that's our huge challenge is-- you know, we, we at the med center are always happy to point out that there are, you know, there are 14 counties in Nebraska without a full-time primary care doctor. Well, you know, 12 of those counties have less than 1,500 people. You need at least 2,000 people to support a family doctor's practice.

**ARCH:** If you had to--

**JEFF HARRISON:** And I just add--

**ARCH:** --everybody in the county as your patient.

**JEFF HARRISON:** You need, you need the entire county. And you know-- and I think that's probably one of the biggest challenges we face is, you know, you go into a community, you don't want to be on call 24 hours a day, seven days a week, 365 days a year. You want partners. You want colleagues who can share that, you know, can share that load.



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You know, you want to have an occupational therapist in your community to help with your-- rehabbing your stroke patients. You want to have your pharmacist and mental health folks there. So you want that team and, you know, the problem is those teams mean, mean we need people and, you know, you just-- again, you look at the, you know, you look at our declining, you know, population density and it gives us a, an even bigger challenge, I think.

**ARCH:** Good. Senator Williams.

**WILLIAMS:** Thank you, Chairman Arch, and that spurred me to ask the question that I have watched and I think everybody else has over the last-- well, starting maybe 20 years ago, watching rural practices where we have now switched to where most of the rural practices are owned by the hospitals, not doing business privately in their communities and that's changed things. How-- what, what's your reaction to that and how we deal with that?

**JEFF HARRISON:** It's been, it's been interesting because you're, you're, you're, you're spot on. From the day when, you know, most practices were privately owned-- and, you know, the practices and the hospital had a, had a parallel collegial relationship. But, you know, one of the things that drove that for a lot of practices is regulatory burden. You know, when, when we decided that everybody would have an, an electronic health record, those are expensive. I mean, I-- you know, a practice of one of my graduates up in Broken Bow said, we can't afford to do it so we can't stay private anymore, you know? You know, \$100,000 investment in an electronic health record is-- you know, that's your, you know, that's your capital improvement for your practice. So for, for a lot of practice, it's become easier to not worry about the business side of medicine, the regulatory side of medicine and let the hospitals do it. I don't necessarily think it's a bad thing. It's just it's the evolution of, I think, where we're going.

**WILLIAMS:** Has it changed anything, do you think, as far as patient care?

**JEFF HARRISON:** Honestly, I don't think it has. You know, in some ways, in some ways, I think it's helped a little bit, you know? I don't, I don't have to spend my time thinking about, about, you know, how do I pay my support staff? I don't have to think about, you know, are we meeting all the regulatory burden? I can actually do patient care. So I think it's been good on that extent. You know, there are those who

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are still hanging on and like being their own boss, but it's gotten tougher.

**ARCH:** Thank you. Other questions? Seeing none, thank you very much for being willing to step up and serve the state this way, as you have your whole life. And so as you've heard, we'll, we will consider the appointment and pass that on to the full, to the full Legislature and let you know as soon as that passes.

**JEFF HARRISON:** All right, thank you.

**ARCH:** Thank you--

**JEFF HARRISON:** Yeah.

**ARCH:** --thank you for coming down in person today to meet us.

**JEFF HARRISON:** Always, always-- I'm Zoomed out.

**ARCH:** Right.

\_\_\_\_\_ : So are we, so are we.

**JEFF HARRISON:** Yeah, we've all-- well, thank you for the opportunity to--

**ARCH:** Thank you, thank you. Anyone want to speak in support or opposition or in a neutral capacity? Seeing none, this will close the hearing for Dr. Harrison. All right and this will open the hearing for Dr. Alysson Muotri. Dr. Muotri?

**ALYSSON MUOTRI:** Yes.

**ARCH:** Thank you for joining us today. Thank you for being willing to--

**ALYSSON MUOTRI:** Thank you. Thank you.

**ARCH:** --to continue to serve. So I understand from the material that we've received that you are a reappointment to the Nebraska Stem Cell Research Advisory Committee and so-- but tell us a little bit about your background and your interest in continuing to serve.

**ALYSSON MUOTRI:** That-- thank you. That's, that's right. So I'm a professor of faculty here at UC San Diego. I'm also the director of the stem cell program. My lab focuses on modeling neurological disorders with human stem cells. We focus mostly on pediatric disorders by supplying cures and treatments for conditions that are

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rare or neglected. Orphan diseases are really hard to treat. I've been serving for a while now and being very happy with the progress of the program. I definitely felt that the level of applications and applicants have increased in caliber so the research that is done is quite good. I'm happy to continue to serve.

**ARCH:** Great. Well, thank you very much. Thanks for bringing your expertise. Well, the senators that are sitting here at the table certainly are not scientists. So in reading some of the work that you do, it was interesting, but I don't know that we fully understand it. So what-- let me just ask you a general question. What-- as you see the future of stem cell research, what, what excites you about the field and what, what do you see coming?

**ALYSSON MUOTRI:** Yeah, I think in the queue of very young students with so much to learn and to [INAUDIBLE] and I, I teach two potential applications of stem cells in biomedical sciences. One is on, on the modeling the disorders so we can learn how to use it as support in the tissues, and [INAUDIBLE]. The other one is what we call regenerative medicine. This is to replace cells that people have lost. Take an example of Parkinson's disease. There's a region in our brain that causes reactions that produces the dopamine. So we could basically recreate those cells in a day in the lab and then use those cells that are derived from the patient and replace it back into the patient's brain so we can continue to produced dopamine. So that idea is very attractive to me and, you know, many people here in California as well.

**ARCH:** Good. We're seeing some clinical applications now, aren't we? Is it, is it still in the basic science? You know, is that where most of the work is being done or are we seeing, are we seeing it go to clinical applications now?

**ALYSSON MUOTRI:** Yeah, no. We have been investing lots of a movement towards clinical. I would say that the skills is maturing, a couple of conditions that we reaffirm how to manipulate those cells. For example, even between cancer, I mean, CAR T is a type of therapy that we can engineer the stem cells to fight cancer. So that is already finished for certain types of cancer. So the past five years, I mean, we definitely saw some of these sequence moving to being profiled in the fact that some of them will become big or routine in the years to come.

**ARCH:** Yeah. Well, that, well, that's great. Thank you. Thank you. Questions from the committee. Anybody have any questions?

**M. CAVANAUGH:** I have one.

**ARCH:** Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Thank you so much for your willingness to continue to serve. It's more of a statement. In looking at your contributions to science, I just-- I'm very impressed and grateful for you finding the causal relationship between the Zika virus and the fetal defects. That was a huge thing and made a large impact in a lot of people's lives so thank you for that.

**ALYSSON MUOTRI:** Thank you and we continue to apply this technology to the coronavirus and we are learning the way that the coronavirus might impact the brain and most importantly, how to mitigate the long, long-lasting impact that it has on some people.

**M. CAVANAUGH:** Thank you.

**ARCH:** Great, thank you. Any other questions? Seeing none, what we'll do is we will consider your reappointment and I'm sure we'll be moving that on to the full Legislature for their vote. And as soon as that's done, I'm sure you'll be notified and we really appreciate you again spending your time to help us in Nebraska and to help the, the field of science. So thank you very much for your time today.

**ALYSSON MUOTRI:** Thanks so much. Thanks for hearing me.

**ARCH:** Thank you. Have a good day.

**ALYSSON MUOTRI:** Thank you. Bye.

**ARCH:** Anybody want to speak in-- as a proponent, opponent, or neutral to his appointment? Seeing none, that will conclude the appointment hearings for the day and that will conclude our work as a committee for the session. Thank you, everybody.