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Health and Human Services Committee March 29, 2023
Rough Draft

BALLARD: [RECORDER MALFUNCTION] Thank you, Mr. Chairman. Thank you for being with us. Part of your statutory authority duties in the Rural Health Advisory to advise and advocate for rural healthcare policies. What would you suggest if you were advising the Department of Health and Human Services and the Legislature? What policy should we look at that we're missing here in Lincoln?

MYRA STONEY: I-- with the Affordable Care Act passing several years ago, I've noticed for myself and other persons in rural Nebraska, we don't have a lot of options for healthcare as far as insurance goes. I would definitely want to look at, as far as policy, let's take a look at some of the policy regarding telehealth. Adrian Smith had mentioned on one of his town hall meetings lately that I attended that he felt that healthcare needs to move in a direction, perhaps of telehealth to get those of us in rural Nebraska more options. And so with that, we're going to need to take a look at what may be hindering us as far as getting more services in our rural area. Does that answer your question?

BALLARD: It does. Thank you.

HANSEN: All right. Are there any other questions from the committee? All right. Seeing none, thank you, Myra. I appreciate you being on the phone call with us and filling us in. And we'll Exec on this here soon and we'll let you know how it goes.

MYRA STONEY: Thank you.

HANSEN: OK. All right. So now we will move on to Dr. Katherine, is it Kusek?

KATHERINE KUSEK: Yes.

HANSEN: Kusek, OK. All right. I just wanted to make sure I pronounce that right. So, yeah, well, if you could, you can give us a little bit of background and why you're running, and we'll see if there's any questions.

KATHERINE KUSEK: Sure. I'm Dr. Kate Kusek. I am a general dentist. I own my own practice in Albion. I graduated from Creighton Dental School in 2011. I did residency in Albuquerque, New Mexico, for a year and then I moved back to my hometown. I wanted to apply for the position. I found out that there was an opening for a dentist from Dr. Lynette Kramer, who previously served on the committee, and she felt

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like it would be a good fit for my interest, which are, are definitely healthcare in rural Nebraska. Actually, just yesterday, I gave a talk to the Student Association for Rural Health at UNMC about being a dentist in rural Nebraska. So I just-- I like the idea of helping advocate for all kinds of healthcare in rural areas.

HANSEN: OK, great. Yeah, I know we were just have-- we typically get a lot of, like one of the other senators mentioned before, some concern about the rural areas in Nebraska and how-- and when it comes to healthcare, whether it's provider rates or whether it's the lack of healthcare providers in general. And one of the things that we were discussing earlier was pediatric dentistry and the lack of pediatric dentists when it comes to Medicaid reimbursement. I know that's one of the bills that came up here on the floor in front of HHS and one of things we've been discussing. So let me see if there are any questions from the committee. Are there any

KATHERINE KUSEK: Sure.

HANSEN: --questions from the committee? Well, Doctor, you got off pretty easy on this one. There seems to be no questions from the committee. You must have done a pretty good job.

KATHERINE KUSEK: So thanks for considering me.

HANSEN: Yeah. Yeah. We'll Exec on this here soon. We'll let you know how everything goes. So I appreciate you giving us a call and filling us in.

KATHERINE KUSEK: Yeah. Thank you very much.

HANSEN: Thank you. All right. We'll move on to our next one, Ryan Batenhorst for the Board of Emergency Medical Services. Ryan, are you there?

RYAN BATENHORST: I am here.

HANSEN: All right, great. Well, same thing. If you can fill us in and-- on your-- on your background and, you know, why you're running. And we'll see if there's any questions.

RYAN BATENHORST: Very good. My name is Ryan Batenhorst. I'm originally from West Point, Nebraska, so Cuming County. I currently serve as a program director at Creighton University in the paramedic program. My experience as an EMT and a paramedic started in West Point, as a

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matter of fact, as a volunteer; then worked in Lincoln as a paramedic and then moved to Orlando, Florida, and also to Kansas City and worked as a paramedic in those urban areas and then and since moved back to Nebraska, functioned as the program director at Southeast Community College in Lincoln, and now serve as program director at Creighton University. I'm currently in a doctoral program and six weeks away from my dissertation phase of that, which is great fun is all I can say about that. And so, yeah, that's kind of my experience. The reason I wanted to get involved is I've got lots of different experiences from being a volunteer in the rural area, to working big city paramedicine to being an educator in the community college and now being an educator in the university system as faculty. So I think I bring about my life experience in lots of different areas within emergency medical services and paramedicine. So that's kind of-- that was kind of why I decided to do this.

HANSEN: OK. All right. Ryan, I'm going to ask, have you been in front of this committee before to testify?

RYAN BATENHORST: Oh, probably in the past a few years ago, I think.

HANSEN: OK. Just the name-- name sounds familiar. I thought you might have been here before, so. Well, let's just see if there's any questions from the committee. So, yes, Senator Riepe.

RIEPE: Thank you, Chairman Hansen. Thank you for being with us. My question is, in your doctoral studies, where you-- where are you pursuing that degree at and what is the degree and when do you think you're going to get finished?

RYAN BATENHORST: Well, I'm actually pursuing the degree at Creighton University. It's an EdD; it's a doctor of education.

RIEPE: OK.

RYAN BATENHORST: And it's actually in educational leadership. But my, my dissertation, my research is focusing on posttraumatic stress for paramedic students attending clinical rotation.

RIEPE: OK. Thank you.

HANSEN: All right. Thank you. Are there any other questions from the committee? All right, seeing none, again, appreciate you being on the phone here with us today and filling us in. And we'll Exec on this

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here sometime shortly and then we'll see where it goes from there.
We'll let you know. Okay?

RYAN BATENHORST: Sounds great. Thank you.

HANSEN: Thank you, Ryan, appreciate it.

RYAN BATENHORST: OK, great.

HANSEN: So now I think we now have Dr. James Smith on the phone. Dr. Smith, are you there?

JAMES SMITH: Yes, Mr. Chairman. Thank you.

HANSEN: All right. Yeah. And so--

JAMES SMITH: I appreciate that.

HANSEN: --if you would fill us in.

JAMES SMITH: So I appreciate the opportunity to be considered for this position. I'm an emergency medicine physician. I currently hold a position on the EMS board for a board certified emergency physician. Born and raised in Omaha. I went to Ryan High School which no longer exists, years ago. I've been in Nebraska my whole life except for the three years that I spent in my emergency medical residency program in Akron, Ohio. I came back and worked at [INAUDIBLE] for several years, then at Bryan Health System, and since 2004, I've been at Great Plains Health in North Platte, Nebraska. I've been on the EMS Board since 2006. I've been chairman of the board since 2015. And so this is reapplication for me at this point in time. I'm medical director for a volunteer [INAUDIBLE] volunteer squad. I've been medical doctor for our local municipality in North Platte. And I'm medical director for our air flight program, so I have a lot of irons in the fire relative to EMS in Nebraska. I'm a practicing emergency medicine physician at Great Plains Health. I've really enjoyed my experience over the last few decades being on this committee. We've made great progress through the last couple of years here, and I look forward for the opportunity to be considered to continue to volunteer my time.

HANSEN: Well, great. Yeah. Well, we all appreciate the time and the volunteerism you spent with the EMS state board so far and since. And so long you've been on there since 2006. So I know we all appreciate that and experience you have, you know, renders itself greatly to, to

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the board in general. So let's just check and see. Are there any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. My question, one of my concerns is maternal care in rural. I know a number of our even critical access hospitals have closed their maternity services so that in the middle of a Nebraska snowstorm, you might have a real issue about a mom getting to a hospital. Do you have any response to that?

JAMES SMITH: Difficult. So I think in general we're having troubles with volunteerism in Nebraska relative to our volunteer agencies. We've been working closely with the Nebraska Volunteer Firefighters Association on recruitment and retention programs. They've done a fabulous job with some grants that they have out there. It is difficult in rural Nebraska. The weather is such out here, you can't fly all the time. And it's really hard to deliver a baby in a [INAUDIBLE] because you can't even get down to that part of the anatomy. So it often falls on ground EMS providers to make those transport. Thank goodness we have a wonderful relationship with most critical access hospitals who have to transfer in a facility. Oftentimes they'll send an OB nurse with it, which is very, very reassuring when I think probably best patient care, God forbid they deliver their baby in the back of an ambulance. Relative to 911, volunteers try to get the pregnant women to their destination. Again, difficult. We just continue to try and come up with ways to recruit and retain folks to volunteer for their agency. But it's an ongoing struggle, I think, across the board for all volunteerism in Nebraska.

RIEPE: OK. Thank you. Thank you, Chairman.

HANSEN: Yeah. Are there any other questions from the committee? I wouldn't mind actually asking one question, especially with your, your experience and your expertise. Just piggybacking off of Senator Riepe, I know it seems to me in my district and maybe seems like what emails I get throughout the state, that there seems to be a growing interest and also a growing concern among midwifery in the state of Nebraska. Interest as in it seems like there-- I have a lot of constituents who would like to see midwifery expand in the state of Nebraska, whether it's certified or whether the state needs to take some greater role in it. And some concern as in certain counties going after midwives in particular due to, you know, various reasons, whether it's practicing medicine without a license, whether it's a certified midwife or a general midwife. I don't know if you just-- your, your two-minute, you

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know, opinion on midwifery in general in the state of Nebraska, if you have any.

JAMES SMITH: Sure. Clearly not my bailiwick as an emergency medicine physician. If I have to deliver a baby once a year, one year, one too many each year. But being out in North Platte, we have a midwife and even more popular, the term I believe is the doula who may be just the assistant, but not the certified or not licensed though the state of Nebraska. You know, my only comment would be I think that if midwives, in my opinion, much like a nurse practitioner colleague, maybe have a-- develop a relationship with a primary care physician who does obstetrics or an OB/GYN group and they work in collaboration as a-- as opposed to maybe competition, then I think that in my mind that would be the best model because even I sometimes get a little over my head with something that I have and I have to reach out to my specialist colleagues to help. But I would like to think that given those circumstances, that there's some collaboration that could be successful, particularly out in rural Nebraska where we have issues with staffing [INAUDIBLE]

HANSEN: Yeah, I think that's kind of what I've been hearing as well in the midwife community. It's, you know, obviously a multifaceted issue. But it seems like one of the biggest things is collaboration, you know, between midwives, between doulas, between home births and between the hospitals so everyone is on the same page when one needs the other, I think. Right? So I think you kind of mentioned that. I think that makes total sense. It's just trying to get there I think is, is a tough thing. And because it's [INAUDIBLE] certified midwives and then general midwives and doulas. And so-- and I think the state hasn't really kind of looked at that too much and maybe we don't need to, but I appreciate your opinion. I was kind of curious to know about this as I'm getting a lot of emails about that, especially lately. So just make sure, are there any other questions?

JAMES SMITH: I think our human resources--

HANSEN: Go ahead.

JAMES SMITH: I'm sorry, Senator. I just [INAUDIBLE] our human resources throughout the state are faced with more and more challenges that we need to think of better ways to work together to solve these. Otherwise, we just end up fighting and getting nothing done.

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HANSEN: Yep. I think you're exactly right. Any other questions from the committee? All right. Seeing none, appreciate you being on the phone with us, Dr. Smith. And you know how this works. We'll meet up in Executive Session and kind of go from there, so. Thanks again.

JAMES SMITH: I appreciate your consideration. Thank you very much, Chair.

HANSEN: Thank you. All right. So we have two more left on the phone, and I believe we'll move on next to Dr. Harrison for the Board of Emergency Medical Services. Are you on the phone with us, Dr. Harrison?

PRINCE HARRISON: Yes, I'm here.

HANSEN: All right. Well, just like the previous appointments, go ahead and fill us in a little bit on your background and then why you're running. And then we'll see if there are any questions.

PRINCE HARRISON: I'm Prince Harrison. I'm an emergency department physician at Children's Hospital in Omaha. I did my three-year residency training in pediatrics in Brooklyn, New York. I followed a two-year fellowship training in pediatric emergency medicine in Austin, Texas. I've lived here in Omaha since 2018 when I graduated from fellowship. I've worked at Children's Hospital in Omaha since then. So my link to EMS started around pediatric residency fellowship time when I worked with a faculty member who was also EMS director in Austin. Also during fellowship, we do an EMS rotation where we ride with ambulances on ground and air. At this time, we were able to see firsthand what our EMS staff deal with on a daily basis. I learned that in Omaha I became more interested in EMS in 2022 when I was asked to be the emergency department EMS liaison at Children's Hospital, and I also became involved in EMS outreach and education in the Omaha area. So when asked if I was interested in being the Nebraska EMS Advisory Board member, I was happy to have the opportunity to bring my pediatric emergency medicine expertise to the board. Members of the board, I've been a [INAUDIBLE] member since October/November last year. My roles on the board so far have included being a pediatric consultant to the board as well as being on the Nebraska EMS Advisory Committee, the emergency medical [INAUDIBLE] children. [INAUDIBLE] a bridge, a bridge between the two. The EMS Advisory Committee and the Nebraska [INAUDIBLE] Board. I also represent [INAUDIBLE] and the only member on the board from Children's Hospital. So overall very excited to be part of the board and contribute my time for EMS in Nebraska.

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HANSEN: OK. All right. Well, thank you very much. We'll see, are there any questions from the committee? Yep. You're another one got off easy today, so no questions from the committee. I think, I think a unique perspective with children and you mentioned that a little bit in your description there about how you'd like to, you know, bring your expertise and the needs of children to the Board of EMS. And so I appreciate you being on there. That'll, that'll help the board and everybody in the state of Nebraska as well. So what we'll do next is, again, like I mentioned before, we'll meet during Executive Session and then we'll move from there and get on the floor and then hopefully on the Governor's desk to sign and you'll be on the EMS Board here soon.

PRINCE HARRISON: Thank you, Senator.

HANSEN: All right. Thank you, Doctor. Appreciate it. All right. That will end the hearing for Dr. Prince Harrison. We'll now move on to Jonathan Kilstrom for the Board of EMS. Jonathan, are you there?

JONATHAN KILSTROM: I am.

HANSEN: Oh, good. OK. All right, well, again, yeah, if you can just fill us in a little bit on your background, why you're running. We'll see if there's any questions from the committee.

JONATHAN KILSTROM: Sure. Good afternoon. Thank you all for considering me. I live in Omaha, Nebraska. I've been here about ten years. I'm originally from a small town in northwest Iowa called Merville. I've been emergency medicine physician assistant at the Methodist Health System, primarily at Jennie Edmundson. And I'm a full-time faculty member for a PA program. I've been involved in EMS for about 20 years now and I've served in a volunteer setting as well as through critical access hospital-based services. And I've been a PA for ten years primarily practicing in emergency medicine. I graduated with my bachelor's in EMS from Creighton University and then my master's in PA studies from Union College at Lincoln. And I still serve on the Creighton University EMS Education Advisory Board. I'm interested in this position because of my passion both for EMS and now in my role in PA education, as well as being an emergency medicine provider. And I continue to closely work with EMS personnel in my job. And I'd like to continue to see Nebraska being a leader in our progressive EMS training and protocols and also look forward to trying to help solve the issue of our volunteer shortage in our rural communities.

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HANSEN: All right. I got a quick question. I was reading through some of your speaking engagements. What are-- what are endocrine emergencies? Obviously it has to do with, you know, hormonal emergencies. Like what's an example of that? I was kind of curious.

JONATHAN KILSTROM: Yeah. So they're not-- well, diabetes 1, low blood sugar, so hypoglycemia. And then also there's some thyroid endocrine emergencies that I also have lectured on that require more immediate treatment.

HANSEN: OK, yeah, I just read that. I was kind of curious some examples of that so. All right, well, let's see if there's a question.

JONATHAN KILSTROM: [INAUDIBLE].

HANSEN: Yeah, sounds like it. Let's see if there's any questions from the committee. Are there any questions from the committee at all? All right, Seeing none, well, we'll move-- we'll move on. We'll have an Exec Session here shortly and then vote on this to move it on the floor and we'll kind of go from there. So I appreciate your being on the phone with us, Jonathan.

JONATHAN KILSTROM: Thank you for your consideration. Have a good afternoon.

HANSEN: Thank you. All right. We'll now end the hearing for Jonathan Kilstrom, and those will end all the phone conference call appointments. And now we'll move on to in-person gubernatorial appointment hearings. And we'll start off with Martin. Is Martin here? Oh, OK. Just want to make sure, for the Rural Health Advisory Commission. So you're more than welcome to join us up here in the front. And just like all the previous testifier hearings, just fill us in a little bit on background and why you're running and we'll go from there.

MARTIN FATTIG: Well, my name is Marty Fattig, and I've been on the commission since 2004, and I find this very enjoyable. For the last several years, I've served as the chair of the Rural Health Advisory Commission, been in rural healthcare my entire career. I started out in laboratory medicine and got into administration by a-- kind of by default. And I've been a hospital CEO in Auburn for almost 21 years now. And you might-- also I would like to mention that there are 13 members on the commission and they all represent a position that is defined in statute. So, for instance, Myra is a public health

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administrator, but she is also on as a consumer and I am on as a rural hospital CEO. Rural PAs, rural psychologist, rural physician and then the directors of each of the medical colleges and various other positions, rural dentists are all positions on the commission. And I really enjoy the work of the commission. It's a group of dedicated individuals that really work well together and are really concerned about access to healthcare across for all Nebraskans, which is becoming more and more difficult in the, what, almost 20 years now that I've served on the commission. So it's with great pleasure and, and also lots of challenges that the commission tries to dig through and advise the various entities, again, established in statute, about what the state needs to do for rural healthcare.

HANSEN: OK. Well, thank you for that. Any questions for the committee? Yes, Senator Riepe.

RIEPE: Thank you, Chairman. Marty, good to see you again.

MARTIN FATTIG: Good to see you again, Senator Riepe.

RIEPE: We go back some way. Are you still the CEO at Auburn?

MARTIN FATTIG: I am.

RIEPE: Good for you.

MARTIN FATTIG: Yeah.

RIEPE: Stay with it. Retirement's overrated.

MARTIN FATTIG: That's what I hear. That's what I hear. My wife thinks she wants to keep me out of the house for as long as she can.

RIEPE: One thing that I believe in, I like continuity in organizations. So I think you would bring a lot of continuity to this, this particular commission.

MARTIN FATTIG: It's extremely, extremely important work. And I-- and I'm happy to do it.

RIEPE: We're glad you are. Thank you, Chairman.

HANSEN: Yes. Any other questions? Yes, Senator Walz.

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WALZ: Thank you, Chairman Hansen. Thank you for coming today. One of the things you mentioned, you talked a little bit about how you might-- how you appreciate the committee that you're on.

MARTIN FATTIG: Yes.

WALZ: And then, you know, you discussed what the state needs to do with rural health, healthcare. I guess my question is, when you have those discussions, are you making then recommendations and who do you make those recommendations to? Like, how do we make sure that the recommendations and the needs that you see on that committee are being addressed at the state level?

MARTIN FATTIG: Excellent question, and I appreciate it very much. First of all, we are required by statute again, to, to put out an annual report, and that contains a pretty high level discussion. We also enlist the help of of various senators over the years, collectively and individually, to talk about these rural health needs. I work very closely with, with Senator Gloor and with Senator Kathy Campbell, with Senator Mark Kolterman, and a senator from our area down in southeast Nebraska, Senator Lavon Heidemann. And so I've done a lot of work over the years. Sometimes we agree, sometimes we don't. I also did a lot of work with Senator John Stinner, because one of the big things that we had with this group-- problems we had with this commission and the programs we're charged with administering was our medical student loan repayment program. We had over 50 people on the waiting list simply because we didn't have enough funds to-- and these were people that are already practicing in rural communities, and we were in danger of losing those people to another community if we didn't hurry up and get them funded. And Senator Stinner saw fit to appropriate some money and, and really helped. And then again we received \$5 million in ARPA funds to, to admin-- to award loan repayment programs to-- that did not require a community match to various providers. And I'm happy to say that we, being of sound mind, we spent that money. We had applications come through like crazy. And so that is-- you can be rest assured that the ARPA funds that we were pleased to get have been spent or at least see the loan repayment program is a three-year program. So, so those funds are obligated for the three years.

WALZ: Very good. Thank you.

HANSEN: Yes, Senator Riepe.

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RIEPE: Thank you. Who were those loans, were they limited to physicians or nurses or OT, physical therapists or?

MARTIN FATTIG: The people that can apply for loans through-- for loan repayment programs through the state loan repayment program are physicians, dentists, nurse practitioners, PAs, physical therapists, occupational therapists, and PAs.

RIEPE: Nurses were not in that.

MARTIN FATTIG: Nurses are not, They're not. And I was just-- I've been visiting with some folks that I associate with that I, you know, really respect their opinions. And we are going to try to get together and develop a similar program for nursing and then try and find a legislative champion to maybe breathe some life into a program like that. I think it's enough different than the other programs we administer that it wouldn't fit in with what we're currently doing. But I think there's a great opportunity to create another state program and do something different than other states are doing and maybe offering something that other states don't and maybe, maybe, you know, attract some of those nurses from other states.

RIEPE: We do have LB586 I think it is--

MARTIN FATTIG: Um-hum.

RIEPE: --slow crawling through the--

MARTIN FATTIG: Yeah.

RIEPE: --the process here for nursing recruitment, faculty--

MARTIN FATTIG: Right.

RIEPE: --and sites and [INAUDIBLE].

MARTIN FATTIG: And that addresses a very important, very important problem. Absolutely.

RIEPE: Good to see you again. Thanks for coming

MARTIN FATTIG: Good to see you, Senator Riepe.

HANSEN: Yes. Any other questions? Well, I'm glad to see you spent all the ARPA money.

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MARTIN FATTIG: We didn't want to send it back.

HANSEN: You'd be surprised how many didn't.

MARTIN FATTIG: I know.

HANSEN: [INAUDIBLE] because we-- and we appropriate a lot of this money and, you know, and creating these programs and either (a) [INAUDIBLE] in getting it or (b) they just couldn't find people to--

MARTIN FATTIG: Right.

HANSEN: --how to spend it, you know, so it's good that it went to a good cause and a good purpose.

MARTIN FATTIG: It absolutely did.

HANSEN: So I'm glad to see you're looking into the nursing program as well, and sometime-- maybe somebody is not reinventing the wheel completely because other states, I'm sure, have done some well. But I know Nebraska's, you know, for, you know, different than other states in particular in certain ways. So I'm glad to see you with your experience that you're-- that you're looking into it so--

MARTIN FATTIG: [INAUDIBLE]

HANSEN: --appreciate you doing that.

MARTIN FATTIG: Yeah.

HANSEN: So OK, any other questions just to make sure? All right. Seeing none, thank you very much for coming--

MARTIN FATTIG: Thank you.

HANSEN: --too, appreciate it. OK. All right. Well, we will take a brief recess because they did a call of the house, so we have to go upstairs to vote and then we'll be down here as soon as we possibly can. So hopefully not too long. So we'll see. All right.

RIEPE: We hope we survive it.

[BREAK]

LINDA JENSEN: [RECORDER MALFUNCTION] And then I worked my way up to education and leadership positions in nursing. I value what nurses do

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in the state of Nebraska and for our country. I also value what all of our EMS personnel are doing. I see a great relationship there, and I'm one to build on relationships. I would like to ask for your consideration for reappointment, because I tell you, we have set aside some very good strategic plans for the next few years. We did that at our strategic planning session in 2022. We have some goals that are set for the EMS Board. I would like to be a part of finishing up some of those projects that we have started. And I tell you specifically some of the projects, and that would be defining competencies, defining skills, competencies and being able to work on our protocol so that it is more understandable, more user friendly and more well-delineated for all the different parts of EMS who will be using it from the EMR, from the emergency medical responder, up to the medic, and very inclusive. I also, as a nurse, I have been very pro nursing for-- in our communities, we have many nurses who are there in the smaller communities and they would love to be a part of the rescue squads. They would love to help with that. And why not? So I have been promoting that as well. I have also helped in my own way to begin to utilize our EMS personnel more in the hospitals. We need the help in the hospitals because we're short of nurses. So it's what Dr. Jim Smith just talked about. We really have to come together and use all the strengths of all the different disciplines to augment the care for Nebraska. And thank you for listening.

HANSEN: Thank you. I think you kind of touched on this a little bit, Linda. One of the-- I think-- I think you're related to many of the Jensens, your family is, in the Herman area. Isn't that right?

LINDA JENSEN: Actually, we--

HANSEN: Or are you one of the nonlocal Jensens?

LINDA JENSEN: We have a couple people who are related to us up in the Herman area, but not-- we're not related to the vast number of Jensens there. We get that question a lot.

HANSEN: Yeah. We share that commonality because I'm a Hansen and I'm one of the, I think, the only one of the only non-Danish Hansens in Nebraska. I haven't been thrown out yet so I'm doing all right so. And I'm not related to any Hansens around, like, eastern Nebraska so we share that. And you touched on this a little bit about EMS. And I think what makes people who are in EMS, you know, our local firefighters unique is the volunteer aspect I think of both of those. And I think the more I think we can foster those as a state and build

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them up. And I think that's kind of one of your goals I know that only serves us better I think, what kind of makes them unique professions. So I appreciate you doing all the work you have.

LINDA JENSEN: If I may, I would like to just repeat something that Dr. Jim Smith tells us a lot, and I have such respect for him as our chairperson. But he says, I wonder what would happen to our state if for one day when we called 911, we didn't have a volunteer there to answer up that call. And I think that's very much worth our consideration. We have many, many volunteers in the state of Nebraska who work all day long at their jobs or all night long at their particular professions or their jobs. And then they're ready to answer that call when their community calls them on 911.

HANSEN: Yeah. I was just recently at the annual banquet for Tekamah EMS and the firefighters there and a great group of guys and gals, and they're giving out awards about how much, the volunteer hours that they gave is pretty staggering what people--

LINDA JENSEN: It is.

HANSEN: --actually took out time of their lives to do what they do. So it's just good for them. And I was glad I was able to attend that. It was pretty cool. Any questions from the committee? Senator Riepe.

RIEPE: Thank you, Senator Chairman. Senator Chairman-- Chairman Hansen.

HANSEN: I've been called worse.

RIEPE: I appreciate your being here. One of the questions I have is how you schedule to make sure, given the volunteers that, who's on vacation or holidays or sick or how do you-- do you have some centralized agreement where people coordinate?

LINDA JENSEN: Well, we have--

RIEPE: So many and then probably a few backups.

LINDA JENSEN: Yeah, we have-- you'll find among most of the volunteer groups that they're very attuned to what their-- what their colleagues are doing. And so they do try to cover for that in a more unofficial way. However, in a more official way, we're required in the state of Nebraska to have a backup response plan. And so, for instance, for Blair, let's say Blair could not get the number of people that they

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needed on their call. We have a backup response plan which indicates that after a certain amount of time, that call goes to Fort Calhoun or it would go to a neighboring community to help with that. Now, that's all-- that all works very well. But once again, our volunteers are being pulled and pulled, and especially through this pandemic, where many of them were ill or couldn't, couldn't leave their family members or whatever. It has been a struggle.

RIEPE: OK. Thank you.

HANSEN: Any other questions? Senator Walzl.

WALZ: I have a quick question. First of all, you have such a soothing voice I could just listen to you all day. I know Senator Hansen was almost in a trance.

LINDA JENSEN: Comforting.

HANSEN: Yes. Anyway, anything's better than being up there on the floor.

WALZ: We're all just like, oh, this is nice. Just stick around. I wanted to ask you, you talked a little bit about goals and defining competencies and working on policy. One of the things that we've heard about in the past just has been the barriers for us to recruit and retain EMS workers. And I was just wondering if you had any thoughts on that.

LINDA JENSEN: Well, one of the things that we're seeing now more in the literature and it's being dealt with more at the, the education that they receive and the workshops they go to, they are really talking more and more about that self-care part of it. And I can give you some examples of just some simple things that we've done within our own groups that have really helped. You know, I'm going to use Ponca Hills, for instance, right now. They-- here-- OK, here's a scenario, you get your volunteers, you go out, maybe it's a real bad accident, lots of injuries, some pretty bad injuries. So you do all your work as the EMT. Now, you go back, you clean up everything, and now you go home and you go back to your family and they have-- your family has no idea what you've been through. And you try-- you're supposed to try to just integrate back into whatever's going on at home. Maybe your wife wants you to do something that you haven't done for a while. You know, it's, one, at Ponca Hills what they did was really simple. They said, when we're done with a call, we all go in

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and we sit down just for five to ten minutes. We're just going to sit there together. No one has to talk. No one has to say a word. You may say a word if you want to. You can talk if you want to, but we're going to turn on the TV. We can play cards a little bit, but you have to stay here for five to ten minutes. And they have noticed a dramatic improvement in how they feel, just little things like that. We do suicide prevention education with them and for them. We sit around and just have a cup of coffee with them. Dr. Holcomb and I do a lot of that, just go and visit with them. We go to their banquets. I think there are many things that can be done. We also promote that they get regular physicals, regular checkups. And we have-- Dr. Holcomb and I have pretty much left ourselves 24/7 we can receive a call, and they do call us if they're troubled about a call. I would rather have them call us and talk about it than for them to worry about it all night long.

WALZ: Thank you.

LINDA JENSEN: I hope that helps. It's just some simple things that we can do.

WALZ: Sure.

LINDA JENSEN: But there are things more programmed or more structured also.

WALZ: Sure. Thank you so much.

HANSEN: Any other questions from the committee? And just lastly, for the record, I do have to say, and what I hear from many people here is you are probably in the best legislative district in the state of Nebraska, right?

LINDA JENSEN: In the best. It's the best.

HANSEN: OK. I just want to verify, with all your experience, I appreciate it.

RIEPE: The best representation.

LINDA JENSEN: Thank you.

HANSEN: All right. Well, that will end the hearing for Linda Jensen, and then we will move on to Leslie Vaughn for the Board of EMS. Welcome.

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LESLIE VAUGHN: Hi. All right. My name is Leslie Vaughn. I am from Omaha, Nebraska. This would be my first appointment. My background, I had started a medical billing company back in '97, and the only clients I took on were EMS, ambulance transports. I grew that to over 450 clients in 21 states. And the problems and the issues that I hear in Nebraska are not unique. So I've heard them from multiple different ambulance services. Sold the company in 2019 and started a nonprofit for first responders. It's been a real struggle. I heard so many stories from so many different paramedics, EMTs, first responders. My heart, my passion grew over the years. So when I started this nonprofit, I wanted to give back to a very thankless community, tried very hard to make that work. And sadly-- and sadly, up to this month, I dissolved the nonprofit. But I still feel that the things that I've heard, the communities I've worked with, I've worked on a state level, I've worked on a federal level, I've worked with federal attorneys that deal with just EMS and all of it being in retention, recruitment, mental health awareness, trying to find ways to obviously grow the community because we're heading to extinction. Of that 450 client base that I have, 50 of them I've lost. And of those 50, 40 of them were due to disbanding their units. They didn't have enough volunteers. So I listened to patients calling in, not, you know, having to wait a half hour for the next ambulance. And I've heard it from both ends. So with passion and purpose and hopefully some fresh energy, I would love to bring what I've learned to the board, maybe help grow some retention, recruitment, whatever else we can do to, you know, solidify a-- an industry that's struggling. And I'll tell you, when I first started the medical billing company, it was numbers. You know, it was I need to pay bills. But after about a year or two years, three years, hearing what I was able to do for my clients, things they were able to buy. Even hearing them get charged, oh, we can buy a new cot. Now we can buy a new squad. That just grew the passion I didn't even know I had. So I'm hoping if appointment is, is made, I would love to bring some education to the public. I would love to work with a group of-- and I will say the same thing that I've heard from the others on Dr. Smith, the little I've worked with him so far, I'm pretty impressed. I like his direction, his movement, and I would love to be a part of that group and see what we can do to help grow the community.

HANSEN: Thank you for that. Appreciate that. Are there any questions from the committee? Senator Walz.

WALZ: Thank you, Chair Hansen. Thanks for coming and thanks for your passion. Appreciate it. Can you just talk a little bit about maybe a

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couple of the issues that affected or why those EMS services were disbanded or the?

LESLIE VAUGHN: Well, it's an older population that's manning these units right now. They're heading to retirement. I have my opinions on what has led us to that point, you know, to that point. Part of it, so many people have moved to the bigger cities that we don't-- I mean, even our farming communities are hurting. So there's so many people that have moved to the bigger communities we just don't have the population to pull from for the volunteerism. The second part is I strongly believe a lot of those, and I heard these stories, they had to stop volunteering and go to the next neighboring town where they could obtain benefits, which they could not obtain. Again, we're all kind of leaning towards living that two-income household. Little harder to give up your time when you're, you're being pulled, you know, family obligations and children going up. And you know, a big part of my-- big part of my nonprofit were benefits, offering benefits to those individuals to qualify and not have to go through any medical underwriting. There was mental health that was a big piece like Linda was just talking about. That was the biggest piece that I was trying to push. They had 24/7 on demand. If they came in from a call like Linda was talking about, they could just pick up the call and make a phone call. I mean, pick up the phone and make a phone call. They didn't have to wait for an appointment. A lot of times they talk themselves out of that appointment by the time, you know, two days, three days, and then get in, unless you're a big enough unit where you have a therapist there available. I was trying to find something that's going to help take them back to their families and get back to their families like they're giving to the community so.

WALZ: All right. Thank you.

HANSEN: All right. Any other questions from the committee? You know, Carl Rennerfeldt?

LESLIE VAUGHN: Yes. He is the one that called me when he was retiring. He said, if you want that position, I suggest you put your application in. And that was, oh, it was over a year ago.

HANSEN: OK. Yeah.

LESLIE VAUGHN: So, yeah, know Carl. They were my first client.

HANSEN: Really? Carl's a good guy.

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LESLIE VAUGHN: He is. That whole group is.

HANSEN: Good.

LESLIE VAUGHN: Yes.

HANSEN: OK. All right. Seeing no other questions from committee, before I-- before I stop this hearing-- I should've done this before and I didn't-- can you please spell your first and last name for me.

LESLIE VAUGHN: Leslie, L-e-s-l-i-e, last name Vaughn, V-a-u-g-h-n.

HANSEN: Thank you. That's just for the transcribers so they can get that right. All right. OK. Well, thank you very much. Appreciate it.

LESLIE VAUGHN: Yeah. Thank you.

HANSEN: And that will end the hearing for Leslie Vaughn, and we'll move on now to Brent Lottman. Welcome.

BRENT LOTTMAN: Good afternoon.

HANSEN: And actually, before you start, I'll have you spell your first and last name for me too.

BRENT LOTTMAN: Brent, B-r-e-n-t Lottman, L-o-t-t-m-a-n.

HANSEN: Thank you. And the floor is yours. Just kind of fill us in a little bit about your history and your background a little bit there and, and why you're running and see if there's questions.

BRENT LOTTMAN: Brent Lottman. I grew up down between Fairbury and Beatrice. And after graduating high school, actually my senior year of high school, I took an EMT class in Wymore and went to college at Peru, graduated there. And then a few years ago I went and got my master's through the University of Illinois. But for full time, I'm the sheriff at Nemaha County. So I run a 911 center for, for Nemaha County as well, which gives me kind of that perspective. And then from the licensing perspective, I say I became an EMT in '93, and then a couple of years ago, I decided to do the advanced EMT so that the position I'm looking to fill is the advanced EMT, which is kind of the strange in between the EMT and the paramedic, where we can do a little more but a lot less than a paramedic. So we kind of just do in between. So I've been with the volunteer fire and EMS service since-- it'll be 30 years this fall is when I-- when I started with that. And

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then in 2005 I got my EMS instructor license. And so I've taught various EMS classes, mostly in the southeast area, along like Southeast Community College, but just small agencies, different, different parts, one-time classes versus and some [INAUDIBLE] classes. So that's kind of my, my background. I grew up around it. My, my dad had gone through the EMT class shortly after it started and so I kind of grew up around-- well, we lived in the country so he kind of did it when he was in town. And at night he really didn't get bothered with it because in those days you were kind of too far out, so to speak. And so my interest in this and wanting to serve on this committee is to try to advance things so that everybody statewide has access to EMS care, keep it there. The, the waning numbers of volunteers is a problem that I wish I had an answer to but would like to try to help find a way and at the same time make it so that it's easy to volunteer, but yet that the volunteers are competent to, to go out and provide that care that they're licensed to provide. So it's kind of a-- it's kind of a tough thing. Lincoln, Omaha, the metro areas, I don't want to say they have it easy, but with the paid fire and EMS, you know, fiscally it, it works to do. In the rural areas, you don't want to wait half an hour, 45 minutes for EMS to show up because by then if it's major, not going to do a lot of good. But you have to make it economically doable for the rural fire boards and the cities and villages so they can afford to have that service. And manpower is the majority of your cost. So the volunteer world seems to be what makes that work. And, and so like I say, I'm interested in trying to make sure that we can keep that as a viable thing in Nebraska to provide the maximum amount of care without going to huge monstrosities that have huge waiting times that just don't, don't work for those in rural areas.

HANSEN: All right. Thank you very much for that. Are there any questions from the committee? Seeing none, that's great.

BRENT LOTTMAN: Thank you for your consideration, Senators.

HANSEN: Thank you, Sheriff, appreciate it. And so, yeah, like I said, we'll, we'll visit with this again in Executive Session and move on to the floor and kind of go from there.

BRENT LOTTMAN: Thank you.

HANSEN: All right. Thank you.

WALZ: Thank you.

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HANSEN: All right. Last but not least, Karen Bowlin, we'll bring you up here. We'll open the hearing, hearing for Karen Bowlin for Board of EMS.

KAREN BOWLIN: And that's K-a-r-e-n B-o-w-l-i-n. This is for a reappointment. I have been on the committee already for two terms. So this would be the going of that's ten years. I started in EMS in a small community, Clarkson, clear up in the northern part of the state. I took my first class in '86 when it was like 81 hours. And if you hear any talk of education in the state, they want us to go back to that. You don't want to go back to 81 hours because there's a lot of things missing that we are capable of doing that we weren't trained to do that we are trained now. I fulfill the position on the board right now as training agency. I ran the Mid-Plains Community College training agency in North Platte for 14 years, and so I have a good background with knowing how to blend the college's rules and regs and the stipulations of where they can teach and where they can't teach, along with the education that the board wants to put out. I am an active instructor. In fact, I'm involved in an EMR class right now in Merna, Nebraska. And education always seems to come up as one of our problems. And so when we did our strategic planning, there is a section on training and education and we work hard to try to level it out so it's not as a complicated issue on getting our certifications and our license. So in the state of Nebraska, you have to have national registry to get your first license and then you don't have to maintain it. All you have to do is continue and continuing ed. So I'm trying to always do that gap between getting that national registry and how difficult it is in everybody's opinion. But I always tell them we have over 8,000 EMTs in the state of Nebraska that probably three-fourths of them took that test. So I know you can do this, too. That's my line to students when they tell me how hard that test is going to be. I love the teaching aspect of what I do. I am not on a department. I live in an area where it takes me too long to get to any one of the communities. I live on the Keith-Perkins County line and I can't get to a service quick enough, so I do more on the education line than anything else. I have worked paid, I've worked volunteer. I've done this for a good many years and I absolutely love it. Still, I'm on that retirement cusp. I just did my national registry I told my children for the very last time because they want me to totally retire. I don't know that that will ever happen but anyway. I've been on national education. I just-- education is a big piece of what we do with this, and we have to figure out how to make that compatible for Cody, Nebraska, that has-- they're not even close to a school. How do

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we get an instructor out there at a reasonable rate and get them the education they need? And how can we do this? It cannot totally be online. It is too much a hands-on profession. I mean, how do you have somebody teach you how to do a blood pressure or a glucometer check when it's all online? It's just impossible. So you have to figure out how can we combine these so that we can help with the outlying areas for education? Because that's-- we hear that a lot. The board hears it a lot. Education is one of those big strategic planning pieces on our board. So we're working on that. We have a project coming up that there was a research project done that shows the differences and the gaps between the service and the education. And we're going to pick a couple of those topics because I think there's like 14 of them. That's too big of a project to bite off with one time. So we're just going to pick a couple and try to figure out how to meet those gaps in the state of Nebraska and put some plans forth to training agencies and different, different training pieces in the state. I would like to be considered to the committee again to continue with that process. It's, it's a big one. Education is a big piece of the EMS [INAUDIBLE] because I think the retention and getting people to do this comes back to that education piece. If we can't get the education where everybody can do it and get that test passed and do what they need to do for licensing, we're not going to have them on a squad. So that's what we're trying to work with.

HANSEN: All right. Thank you. I might have a question for you.

KAREN BOWLIN: Yes.

HANSEN: So you've just mentioned the educational piece of this--

KAREN BOWLIN: Yes.

HANSEN: --and the instructor in particular. So there's online learning and hands-on learning, right?

KAREN BOWLIN: Yes.

HANSEN: And so you're talking about those rural areas. The instructor has to travel to these areas?

KAREN BOWLIN: Yes.

HANSEN: And they come from a school, a community college or college nearby or?

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KAREN BOWLIN: So I drive from Ogallala, south of Ogallala to Merna once a week and teach for three and a half hours and turn around and go back home.

HANSEN: OK. If I-- if I can ask, how do you get compensated for that?

KAREN BOWLIN: I get-- I get nothing from my house to the school. But once I get to the school, I can use their car and I get paid as an adjunct faculty.

HANSEN: OK.

KAREN BOWLIN: So I am being like an English professor or a math instructor. I get paid that same wage. Each community college has their own set of rules as to how they compensate. Some of them do it that way. Some pay for the hour. It's not a-- I don't-- I don't consider a bad wage for teaching. We'd have to ask someone else that teaches what he thinks on that. But I don't think the wage that we make as instructors is too bad. The problem is, is the commitment of time. I mean, I have six students and I was hearing from one at 9:30 last night that was getting ready to take an exam and needed some advice on what to study. So it's that constant availability for an instructor. And the instructors, they get no assistance for taking the instructor class. That's out of their own pocket. And all of their continuing ed, most of that is out of their own pocket. If they keep their national registry and they're not on a service, that's out of their own pocket. So the instructors many times are putting a lot of money back into what they're doing. Equipment, it's a lot of them will have their own equipment so.

HANSEN: I was kind of wondering because it seems like a component, obviously, if we're trying to increase the amount of--

KAREN BOWLIN: We need more.

HANSEN: --involved in EMS and, you know, emergency services and I know we've discussed this with firefighters, too. The training aspect is a big part of it. And I think the more you have trained, the more available it is, the easier it is to--

KAREN BOWLIN: [INAUDIBLE]

HANSEN: [INAUDIBLE] go. And I know the state is always looking to incentivize certain things sometimes and help in that aspect instead of just throwing money at something. Sometimes the more specific we

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can be with, you know, incentivizing some of that to encourage more people to get involved in EMS, sometimes that might be a [INAUDIBLE].

KAREN BOWLIN: The instructors would be a good spot to think about that. They have started doing some online education for us where we can go in and we can take those at no cost.

HANSEN: OK.

KAREN BOWLIN: The state EMS office has kind of put that together, which has helped a bunch because we have to have continuing ed like everybody else does to keep our certificates and our licenses.

HANSEN: Sure.

KAREN BOWLIN: So.

HANSEN: I think when you're educating, you're also promoting in a way too.

KAREN BOWLIN: Yes, definitely. Definitely.

HANSEN: OK.

KAREN BOWLIN: I think we lost 40 instructors out of the state this last licensing period. So a lot of them are retiring and choosing not to teach.

HANSEN: OK.

KAREN BOWLIN: So it's, it's a spot.

HANSEN: Well, thank you for your testimony.

KAREN BOWLIN: Yeah.

HANSEN: Are there any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. I have a question. It's kind of a general question and that is what kind of guard-- guardrails exist for HIPAA to avoid HIPAA violations? You know, small communities with volunteers, a lot of people know, you know, the Hansens from here and the Hansens from there. And, and how do you maintain that confidentiality?

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KAREN BOWLIN: So there are required education pieces for each EMS service. And one of those components that they have to educate their providers is HIPAA and they have to sign and other groups that I've seen, they have to sign the documents. And if they work with the fire department, the fire departments are also signing the HIPAAs so that they all are educated pretty heavily on that. It is also a piece of national education. What we teach in the state of Nebraska comes to us from the federal level.

RIEPE: Yeah.

KAREN BOWLIN: They kind of show us what we have to teach and then we go from there. Inside that is a big portion of HIPAA also so they're getting it two or three different ways.

RIEPE: Do you also have like quarterly or annual self-evaluations?

KAREN BOWLIN: Yes, the colleges, because a licensing class has to be taught in the state through a community college. And because of the college's evaluation process, they have to do halfway through a class and at the end of a class has to have evaluations on it. And then they-- when the college is inspected by the state office for the EMS portion, they're looking at those evals.

RIEPE: But four years in when they thin out of the program, they're still working, and some do, for four years. Do they get any evaluation itself at that time?

KAREN BOWLIN: It depends on what college you're at, sir.

RIEPE: No, I was just thinking through the-- through the rescue squad.

KAREN BOWLIN: Oh, through the squad? That becomes-- comes back to your medical director.

RIEPE: For peer review.

KAREN BOWLIN: They do peer review for squads and the medical directors also come in and do competencies. So as far as the education piece, other than continuing ed, there really is nothing, no evaluation on didactic or on your basic information. The didactic piece is checked up by your medical director, skillswise.

RIEPE: Having standards, maintaining standards, and then--

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KAREN BOWLIN: And yes.

RIEPE: --making sure people perform to those standards. OK. Thanks.

KAREN BOWLIN: Sometimes it slips through because the medical directors are not involved enough but.

RIEPE: Of course, it's human nature.

KAREN BOWLIN: Yes, very much so.

RIEPE: Thank you, Chairman.

HANSEN: Any other questions from the committee? Senator Ballard.

BALLARD: Thank you, Mr. Chairman. Thank you for being here. I know you mentioned online, but how has education and training changed over the years for EMS?

KAREN BOWLIN: So like I said, I started at 81. The most common EMT class now is 150 hours. And in the state of Nebraska, we have put in skills that are not available in other states. They can do like glucometer checks and they can do injections of epi. A lot of-- Nebraska's a leader where they-- I don't know if this committee knows that. Nebraska is a leader for EMS. They look at what we're doing here. So we have all these advanced skills that are now taught inside that, that scope of length of class, and it wasn't before. So each time we add a new skill, it goes into that class. So it just kind of grows sometimes to be-- some of it's kind of you have to figure out how to control it.

BALLARD: Thank you.

HANSEN: Any other questions? Not only with the EMS, but also local librarian, right?

KAREN BOWLIN: Yes, I am.

HANSEN: Yeah.

KAREN BOWLIN: That's my retirement job.

HANSEN: OK.

KAREN BOWLIN: Yes.

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HANSEN: One is like full of excitement and the other one is almost the exact opposite.

KAREN BOWLIN: No, we have a very vocal library. It's very loud.

HANSEN: OK. All right, well, good. OK. Well, seeing no other questions from the committee, thank you.

KAREN BOWLIN: Thank you. Thanks for your consideration.

HANSEN: Yes, thank you. All right. And just like previously mentioned, we will have an Executive Session over all these gubernatorial appointments in the near future. We will discuss each one of them, and then we will vote on each one of them or as a group to move them forward to get onto the floor for debate. And then from there on out, they will go to get approved and we'll be good to go. So we'll do our best to kind of keep everyone updated or if they have any questions, they can contact my office or my staff to see how things are going. And so with that, that will end our hearing for today with the gubernatorial appointments.

RIEPE: Thank you.

KAREN BOWLIN: Thank you for your service.