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Transcriber's Office

Health and Human Services Committee  
January 19, 2017

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[LB61 LB64 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, January 19, 2017, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB64, LB61, and gubernatorial appointments. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: (Recorder malfunction)...Committee. My name is Merv Riepe and I represent the Omaha/Millard/Ralston district which is Legislative District 12. And I serve as the Chairman of this committee. The committee will take up bills in the order posted. And our hearing today is for the public input and participation and this is your opportunity to express your positions on proposed legislation before us today. The committee members will come and go during the hearing as senators will have to introduce bills or testify on bills in other committees. It's not any indication of their interest, or lack thereof, of the bill that's being heard on your behalf. You also see our committee members, some of them, working with...or have laptops in front of them and we encourage this and what they are doing is they are following along with testimony and they're following along with other pieces of information and documentation that is important to your bill. To facilitate today's proceeding, we ask you to abide by several procedures. One is to make sure that your cell phones are silenced. If you will be testifying, and we ask you to move up close to the front as your time comes, we will be talking about the...following the introduction, we'll be talking about the proponents, then the opponents, then anyone that's neutral, and then we will read into the record anything. But we ask you to move forward so that we can move along. We'll also be...we'll ask the testifiers to sign in. We need to have that record. And hand your orange sheet to the committee clerk when you come up to testify. We'll ask you to please spell your name for the record before you testify. We'll ask you to be concise. And if the information that you're providing has already been presented, we will ask you to be at least considerate of that. We have with us our committee. First on my right is Kristen Stiffler who is our legal counsel. And to my far left is Tyler Mahood who is our committee counsel...or committee clerk. I'm going to ask the committee members, which all play a valuable part, to introduce themselves. And I would like to start off to the right, Doctor...I've worked in a hospital so. Senator Kolterman is across the hall; he'll be back shortly. But, Senator Howard.

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

SENATOR ERDMAN: I'm Steve Erdman, District 47, western Nebraska near Chimney Rock.

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SENATOR CRAWFORD: Good afternoon. Senator Sue Crawford, LD45 which is eastern Sarpy County, Bellevue, and Offutt.

SENATOR WILLIAMS: Matt Williams, Legislative District 36, right square in the middle of the state.

SENATOR LINEHAN: Lou Ann Linehan, western Douglas County, Elkhorn.

SENATOR RIEPE: Thank you. With that, our first piece on the agenda for this afternoon is the Governor's appointment of Dr. Thomas Williams. So, Dr. Williams, will you please join us. We do function under the five-minute rule, but that won't apply to you, Dr. Williams, because you're an appointee. [CONFIRMATION]

THOMAS WILLIAMS: I think I can do it in five minutes... [CONFIRMATION]

SENATOR RIEPE: Okay. [CONFIRMATION]

THOMAS WILLIAMS: (Exhibit 1)...if I read fast. And you have other business to take care of, so. Good afternoon, Senator Riepe and members of the HHS Committee. I'm Thomas Williams, T-h-o-m-a-s W-i-l-l-i-a-m-s. I'm chief medical officer and director of the Division of Public Health for the Department of Health and Human Services. I started serving in this position on November 1, 2016. It's an honor to join Courtney Phillips and the team at DHHS. I have found the culture to be warm and welcoming. Public health touches the life of every Nebraskan--clean air and water, less disease, healthy schools, communities and workplaces, quality care at safe healthcare facilities and preparing for natural disasters and public health emergencies. The department offers a way to help people live better lives that is diverse and broad--an opportunity to help whole populations as a whole versus a single patient. With my wide-ranging experience and heart for public service, I'm poised to move the Division of Public Health forward. I'd like to touch briefly on my background. My life has been in Nebraska. I grew up in Lincoln and worked in the shadow of the Capitol in high school and college at my father's auto store on South 11th Street. The science of medicine always fascinated me. I knew I wanted to do something in science at a very early age and by the time I got to high school, medicine became the clear choice. I received my undergraduate degree in chemistry from the University of Nebraska at Lincoln and my medical degree from the University of Nebraska College of Medicine. Professionally, I'm an anatomic and clinical pathologist with subspecialty expertise in chemical pathology, which is chemistry. Before coming to DHHS, I practiced at Methodist Hospital in Omaha for 38 years, serving as laboratory medical director and chair of the department of pathology for the last 22 years where I worked to ensure professional excellence in laboratory and medical practice and create a collaborative and friendly workplace culture. There is a great

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team at Methodist and we all are fortunate to have a great team here at DHHS. I'm also an assistant professor of pathology at UNMC. I'm a member of the Clinical and Laboratory Standards Institute Board of Directors and a member of the Omaha Metropolitan Medical Response system where I've cochaired committees responsible for emergency communications for metro Omaha healthcare facilities and laboratory infection control and surveillance. I've served also as laboratory director or consulting pathologist for several greater Nebraska hospitals and have been involved with working groups and advisory committees at the Centers for Disease Control and Prevention. I met my wife Sue at Lincoln Southeast High School. We've been married for 45 years. We have two great adult children adopted from Korea: Rachel who has her master's in public administration and works at an advertising agency in Omaha; and Nicholas who is on the (autism) spectrum and has worked for six years at Walmart in Omaha. Two bearded collies, Lexi and Ellie, are also part of the family. I'm energized by the transformation that's happening at DHHS and in my short time here I've seen the team's commitment to becoming a more effective, efficient, and customer-focused entity. We've prioritized a customer-friendly process for the approximately 176,000 healthcare professionals we license each year. Simplified applications, streamlined screening processes, and faster turnaround times are all improvements recently made to several licensing areas and there's more to come. Accreditation is another key driver for public health departments to continuously improve their performance and quality. DHHS achieved national public health accreditation in 2016, showing we have high-performing public health programs and services meeting the needs of Nebraska communities and citizens. Public health accreditation efforts are happening across the entire state public health system also, and our team at DHHS is providing support to local health departments that are pursuing national accreditation. Part of the work we do focuses on prevention and promoting good health. We're continuing our efforts to promote wellness across the state. A commitment to daily exercise for over 40 years has truly changed my life. My hope is for all Nebraskans to enjoy the benefits that come with embracing a healthy and active lifestyle including better health outcomes and quality of life. From Ebola to flooding and tornadoes, DHHS, the Nebraska Emergency Management Agency, local health departments and partners like UNMC/Nebraska Medicine play a critical role in preparing for and responding to public health emergencies and natural disasters. Through my work in Douglas County with the Omaha Metropolitan Medical Response System, I know that preparedness planning is a constant. There is always something on the horizon. We will maintain our strong relationships and continue to work together to further increase our level of preparedness and help protect the health and safety of Nebraskans. Any accomplishments are a team effort and a great team will do great things. Team DHHS is motivated, competent and caring and my goal is to nourish and support them as we move forward with public health and help Nebraskans live better and healthier lives. Finally, I appreciate being here before the committee today. I look forward to working with you. Thank you for your time and I'm happy to answer any questions you may have. [CONFIRMATION]

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SENATOR RIEPE: Thank you, Dr. Williams. Are there comments and questions? Senator Howard. [CONFIRMATION]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for coming to speak with us today. You've done a lot of really great work around prescription drug monitoring and I appreciate... [CONFIRMATION]

THOMAS WILLIAMS: Good. [CONFIRMATION]

SENATOR HOWARD: ...your work on the implementation process for that. I was hoping you could talk a little bit about the psychology regulations. You know, they haven't had an update since 2004. [CONFIRMATION]

THOMAS WILLIAMS: I know. [CONFIRMATION]

SENATOR HOWARD: And I know in 2010 they had some negotiations and now we don't have anything. And so I'm hoping you could give us some insight as to the direction there. [CONFIRMATION]

THOMAS WILLIAMS: You know, Senator Howard, I really don't have the history on that. I'm sorry. I'd be happy to talk with you privately when I do. I do understand it's been a complicated process with lots of starts and stops and issues, but I would really be happy to meet with you but I don't know enough right now to provide any input I don't think. [CONFIRMATION]

SENATOR HOWARD: So we don't have a time line for those regulations? It's been about 12 years. [CONFIRMATION]

THOMAS WILLIAMS: At this...I know. [CONFIRMATION]

SENATOR HOWARD: Yeah. [CONFIRMATION]

THOMAS WILLIAMS: At this time I do not know, but I'd be happy to talk with you about it and find out. [CONFIRMATION]

SENATOR HOWARD: Certainly. And may I ask one more? [CONFIRMATION]

SENATOR RIEPE: Absolutely. [CONFIRMATION]

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SENATOR HOWARD: Thank you. I appreciate that. Let's see, I have a little note here. Oh. Will you be staying to testify around for LB61, Senator Kolterman's interstate compact?  
[CONFIRMATION]

THOMAS WILLIAMS: We have been informed that we're simply submitting a document on that and not testifying. [CONFIRMATION]

SENATOR HOWARD: Sure. By way of background, do you think you could talk to us a little bit about how licensure functions for MDs, just to give us a preview of what's coming for LB61?  
[CONFIRMATION]

THOMAS WILLIAMS: I can speak to it from my own background. Basically licensure is requested through the department and processed. I'm more familiar with the renewal process because I haven't sought a license in like 40 years. [CONFIRMATION]

SENATOR HOWARD: (Laugh) It's been awhile. [CONFIRMATION]

THOMAS WILLIAMS: But it's much more complicated. Is that the compact bill?  
[CONFIRMATION]

SENATOR HOWARD: Yes. [CONFIRMATION]

THOMAS WILLIAMS: Okay. There are some technical issues with that bill that you will see in our submitted materials that are issues at the technical level only. The department is remaining neutral on that particular bill and they simply deal with the fact that there are many things in the compact that are highly structured in the bill itself and in the compact documentation. We can't change it. There are some concerns about the way fees are assessed. There are some concerns about how the governance would be managed because there is an executive committee that we may not actually be a party to. There is some concerns about whether the fees would be moderated by input from states like ours as the compact moves forward. Our understanding is that there are 18 states that have signed onto the compact but, as of yet, that no license has been issued through it. And so it would certainly simplify things for physicians seeking to license across state lines so the department is simply stating that they do have some concerns at a technical level but not at a philosophical level. [CONFIRMATION]

SENATOR HOWARD: And I apologize for taking you down the path for LB61.  
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THOMAS WILLIAMS: No, that's okay. [CONFIRMATION]

SENATOR HOWARD: More I was hoping you could tell us about the process for licensure. Is it an on-line process? What does it look like when you're a student and you're applying to become a physician? [CONFIRMATION]

THOMAS WILLIAMS: You know, I can tell you what it's like to renew. It's actually quite simple. [CONFIRMATION]

SENATOR HOWARD: Um-hum. [CONFIRMATION]

THOMAS WILLIAMS: And I did it myself in October and I'll tell you a story. I messed up. Here I am the chief medical officer, right? And I'm trying to renew and I had a problem with the computer. I couldn't get it to work. And so they had...I sent them an e-mail. I thought, well, this is probably going to take a week to fix. And I got an e-mail back in ten minutes and said, try this and see if it works. And I tried it and it worked. They said you probably took too long and it timed out. And so I e-mailed them back and I said, thanks, that was really helpful; by the way, I'm your new CMO. And I actually met the person that did it. And so it was...the thing I would like to emphasize about that part of the process is it was extremely easy to use and supportive and I think people have been pleased with the way it's gone. And you've probably seen the stats on nursing licensure which has dropped dramatically,... [CONFIRMATION]

SENATOR HOWARD: Right. [CONFIRMATION]

THOMAS WILLIAMS: ...something like from 98 days, 96 days, to 38 days, I think. So I can tell you that that division has done an enormous amount of very good work in lean processes. And lean processes are something that I was familiar with when I was at Methodist Hospital and I was absolutely stunned to come here and find the Governor talking about lean processes. I'm thinking, in government they're talking about lean processes? And they did a fabulous job in the areas of licensure that have been leaned. And so we're looking to find other areas in public health in my section and other areas of DHHS to do that. But I can't speak directly to the process itself. I'm afraid I'm a little bit too removed from it. I'm sorry. [CONFIRMATION]

SENATOR HOWARD: No, that's absolutely fine. Thank you for visiting with us today. [CONFIRMATION]

THOMAS WILLIAMS: Sure. [CONFIRMATION]

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SENATOR RIEPE: Thank you very much. Are there...yes, Senator Crawford.  
[CONFIRMATION]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you, Dr. Williams, for being here. Without going into the specific history of the psychology regulations, I guess I'd just like to back up with a more philosophical question on that front. An important role of the chief medical officer is to sign off on those regulations that are approved by Board of Health and the professionals in those medical fields. And so as I understand the situation, there were regulations that were approved and did not advance because of the lack of a signature of the chief medical officer. So I wondered if you have any philosophy or considerations that you will bring to bear when you are presented with any set of regulations that have been approved by the Board of Health and the health profession? It's your job now to look at that and decide whether to sign on the line. [CONFIRMATION]

THOMAS WILLIAMS: Um-hum. [CONFIRMATION]

SENATOR CRAWFORD: What is important to you in making that decision?  
[CONFIRMATION]

THOMAS WILLIAMS: Well, I think I'd always like to do the right thing. [CONFIRMATION]

SENATOR CRAWFORD: Right. [CONFIRMATION]

THOMAS WILLIAMS: That's probably overly simplified. I think there's a lot to weigh. In what I have done so far in my interactions with the Board of Health, more on the area of individual licensure issues, is I've found them to be very thoughtful, and as is the hearing officer that I work with in those situations. I have found that they have engaged in a lot of interaction with all parties and, in some instances, with other boards and that they have tried to carefully think through the issues as best they can. And I have not found them objectionable to date. I think one has to think on all sides of the issue and weigh all sides of the issue and make the best decision that you can. I don't know if that's sufficient for what you're looking for but...  
[CONFIRMATION]

SENATOR CRAWFORD: So you have... [CONFIRMATION]

THOMAS WILLIAMS: Are you...is there something in particular? [CONFIRMATION]

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SENATOR CRAWFORD: Well, I was just wondering, you know, what you saw as your approach in getting something from the Board of Health, if there are, yeah, particular issues that you would be concerned about or basically, yeah, your philosophy in terms of deference to the decisions of the Board of Health. [CONFIRMATION]

THOMAS WILLIAMS: Well, I have...I would lend a lot of weight to the Board of Health opinions. I mean I've heard from some of my predecessors certain biases about that. I would...I'm learning as I go and I'm...one of the things that I would seek to do in any position is to maintain the trajectory of what I would consider to be reasonable decision making which I think, by and large, that we've had. I'm very much a consensus player. And there's certain limitations when we talk about these things of who you can talk to and can't talk to and often you want more information but you can't get it, it's not available, it's a legal document, and you have to make certain assumptions and make decisions the best that you can. But I would rely quite heavily on input from the boards. [CONFIRMATION]

SENATOR CRAWFORD: Right. [CONFIRMATION]

THOMAS WILLIAMS: And I don't know, in reference to the situation that Senator Howard mentioned, I understand, what little I know about it, that there have been some disagreements between the boards involved. I think perhaps there are three boards involved, which was part of the issue as well. But again, what I do understand is it was a complex and lengthy process. And I am aware that you all have appealed to Courtney and, in fact, I believe she said you get to talk to me if you want to--appreciated that. But I would be more than happy to discuss this further if you like and I'd be better prepared to do that. [CONFIRMATION]

SENATOR RIEPE: Okay. Yes, continue on. [CONFIRMATION]

SENATOR CRAWFORD: Okay. So switching to another topic, another way that we rely on your expertise for our work here is through the 407 process as we consider the 407 process an important process for us as we consider changes in the scope of practice. So I wondered if you would comment on your perspective of the 407 process and your sense of your role in that process. [CONFIRMATION]

THOMAS WILLIAMS: Well, the 407 process, I understand there's a bill out on that now, I believe, which I have not read. The 407 process I've had limited exposure to at this point. I've primarily been involved with the dialysis side of things and certification at that level. So my knowledge of the process is, to date, is relatively limited by involvement alone. As I understand it, the process probably could be simplified. I think that's being considered now as whether the technical advisory committee is always necessary and at times I understand that that committee



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can have a decision made before it's rendered an opinion. By innuendo to some extent some have alleged that the 407 process in Nebraska is, by comparison with other states, perhaps a little on the loose side and perhaps that's why we have a plethora of credentialed professionals. And I might add, on that side of things, that we are looking, in addition to bills that have already been pursued here, in the department at other licenses that can be either merged or perhaps are unnecessary. But again, I'm relatively new. My experience with the 407 process is limited at this point and so those are my impressions to date. [CONFIRMATION]

SENATOR CRAWFORD: Great. Thank you. Do you have any particular philosophy or approach that you would see yourself taking when asked to consider changes in scope of practice for health professions? [CONFIRMATION]

THOMAS WILLIAMS: Well, I'd like to know why. I think very often the changes in scope of practice deal with real-world needs. And some changes that have been implemented have been I think appropriate for that. I think the needs in greater Nebraska probably are often a very real driving force for these issues. One of the things that we're dealing with right now is the concerns in greater Nebraska over EMS certifications and EMS volunteers which have hugely declined, like volunteers every place. So I think those needs need to be considered. Again, there are professional...there are needs on the professional side. There are needs on the service side. And topping them all is the need to protect the public. And I think that's an individual decision based on what the challenges, what the issues are at the time and what the scope of practice change entails. Again, I think it's a case-by-case basis. But all those aspects need to be weighed. [CONFIRMATION]

SENATOR CRAWFORD: Great. Thank you. [CONFIRMATION]

SENATOR RIEPE: Okay. Any...Senator Howard. [CONFIRMATION]

SENATOR HOWARD: Thank you, Senator Riepe. Just a step back: Because we do have new members and the 407 process may not be as familiar to them, could you walk us through that process? You could even start with the history with Senator Wesely if you wanted to. [CONFIRMATION]

THOMAS WILLIAMS: Actually I probably couldn't. I don't know the history with Senator Wesely. I mean my understanding of the 407, I'll tell you what I...is that a particular type of practice that wishes to change its scope is allowed to apply with a fee--and if you know the 407 process better than I, please correct me--and to submit to...a document for technical advisory committee deliberation which then offers an opinion about the issues involved back to the board in question which then deliberates on it and makes a recommendation. That's my understanding.

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It may not be exactly correct, I'm sorry to say. Again, I've only been here a little over two months. [CONFIRMATION]

SENATOR HOWARD: I think the reason why Senator Crawford and I ask questions about the 407 is because it functions as a three-legged stool, right, with the technical assistance committee and the Board of Health, and then you are the third leg. [CONFIRMATION]

THOMAS WILLIAMS: Um-hum. [CONFIRMATION]

SENATOR HOWARD: And so we want to make sure that, you know you're well versed in the significance of that role. [CONFIRMATION]

THOMAS WILLIAMS: Well, what I'm presented with to make a decision is...in the one instance I have been, which is the dialysis technologists' certification, I read very thoroughly. It was a multipage document. It was well thought through. I was really impressed with the analysis and thought that went into it. And I found it to be very thoughtful and very helpful and balanced. And so that's the end of the process, what I see as the output, as I understand it, of the 407 process which comes to me to make a decision. So that's the document that I worked from. I'm not sure at this point in my experience in this position that I am privileged or allowed to have further discussions with those that are upstream. In fact, I'm not sure that I am. [CONFIRMATION]

SENATOR HOWARD: No, you wait (inaudible). [CONFIRMATION]

THOMAS WILLIAMS: And so I've never done that and I consult with legal counsel any time I do anything, especially now because I obviously don't want to compromise the process. But I was very impressed with what I was presented with and made a recommendation that you probably are aware of. So that's an example of at least how I see the process working. Is that helpful? [CONFIRMATION]

SENATOR HOWARD: Thank you. That's great. [CONFIRMATION]

THOMAS WILLIAMS: Okay. [CONFIRMATION]

SENATOR HOWARD: Thank you. [CONFIRMATION]

SENATOR RIEPE: Are there other questions? Senator Williams. [CONFIRMATION]

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SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Dr. Williams, for being here and bringing us up to date on your history. You brought up the issue of emergency medical services. And coming from the area of the state that I'm in and have some very remote areas in my district,... [CONFIRMATION]

THOMAS WILLIAMS: Right. [CONFIRMATION]

SENATOR WILLIAMS: ...continue to hear issues concerning the hours required for training... [CONFIRMATION]

THOMAS WILLIAMS: Yes. [CONFIRMATION]

SENATOR WILLIAMS: ...compared with people that are volunteering to do these jobs and have a real job that feeds the kids at home. Last year we did manage to pass a piece of legislation that offered a small grant to help these people with the cost of some of that education. But in your thinking about that issue, what solutions would you offer recognizing that one size may not fit all in this particular area where we've got population bases and then many rural areas? So what would you propose to help solve this issue? [CONFIRMATION]

THOMAS WILLIAMS: Well, we've actually been meeting. We met with the Governor's Chief of Staff within the last several days, "we" being myself and Tim Wilson who is in our EMS area, over that, because that's an area that their office is very interested in as well. And it's interesting. I actually met a senator from District 43 at a New Year's Eve party fairly recently, Senator Al Davis, who is no longer serving in this body, who is a super-nice guy, and that was the top thing on his agenda. What's happening nation... [CONFIRMATION]

SENATOR WILLIAMS: He sponsored the legislation I was just talking about. [CONFIRMATION]

THOMAS WILLIAMS: Is that correct? Yeah, well, we had a very cordial discussion about it. That's a problem nationwide and it was a problem in the Omaha Metropolitan Medical Response System. We call it OMMRS, so if I use the term "OMMRS," that's what I mean. In Omaha, you know, I'm an amateur radio operator. It's hard to get hams to volunteer now for some of the emergency services work that we need. And I've heard emergency managers talk about their volunteer base just attriting horribly. And so it's a nationwide issue. I would guess in Nebraska it's probably worse because the distances are greater for us in many areas and we're rather remotely populated. The categories that people can serve under, there are four: emergency medical responder; EMT; EMT advanced; and paramedic. And the classroom requirements

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require from dozens of hours up to over maybe 2,000 hours. Paramedic is just under an RN as I understand it. One of the things that Tim said is that there aren't very many applicants in Nebraska for emergency medical responders, which is the lowest category and does permit people to transport. And he's a little unsure why that is because it's much easier to be certified. The exam is a national exam and it's administered by a national agency. It's a well-vetted exam. It's a well-controlled exam and it properly controls for the security of the questions, which has been a problem in some states. So I think if one decides to, like, lower the standards to make it easier, there are issues with certification with that, unless the state were to take it over, with which there would be problems. And some states actually do certify their own. But there again, there are risks with that; there are liability risks. If the security of the exam is compromised or other indiscretions are happening that can be considered favoritism and so on, the state can be held liable. So probably that is not a solution. There is a working group in progress right now which Tim is involved in which is meeting. We're having another meeting with the Governor I believe January 31 with several physicians. I'm attending and others that have an interest in this. There are some on-line courses available out of Southeast Community College in Panhandle which might be useful because now people have to go to a training center to be trained and it would be much easier for them to be able to perhaps do it on-line or perhaps even take an exam on-line. And in some cases counties or entities that want them to do this will pay for much of that. I think a lot of it is time and people are busy. But so I think some of those things are solutions that are being looked into and we can certainly keep you apprised as it goes on. It's a very common problem. We share your concern. [CONFIRMATION]

SENATOR WILLIAMS: Thank you for your thoughtfulness on the issue. [CONFIRMATION]

THOMAS WILLIAMS: Sure. [CONFIRMATION]

SENATOR RIEPE: Are there other questions? Senator Crawford. [CONFIRMATION]

SENATOR CRAWFORD: Thank you. And thank you, Dr. Williams, for your willingness to step up and serve in this role. Now we've talked some about the chief medical officer role. I wondered...but the role is also director of the Division of Public Health. So I wondered if you would care to share with us your vision for the future of public health in Nebraska or what you'd like to see in your role as Director of Division of Public Health. [CONFIRMATION]

THOMAS WILLIAMS: Sure, I'd be happy to. The first thing I'd like to say is that I'm very impressed by the Division of Public Health, and I mean that sincerely. I was expecting an organization that had much more of a natural government feel to it. And what I found is it felt like Methodist Hospital. The culture at DHHS is very warm and welcoming and very energetic. And as you can tell, if you know Courtney Phillips, she's an energetic individual and she leads in

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a very energetic and engaging fashion. And the things that have been happening I've had people tell me that it's just been wonderful changes. So usually change is hard. There are things about the change that are hard. But I would like to compliment the organization and the leadership. I think what I'd like to do at least initially is to build on what I see. I think there's a wonderful trajectory. We just finished a strategic plan internally for the Division of Public Health which was a very iterative process, very inclusive, very open. I think that culture is everything in an organization and I would like to continue to pursue what Courtney and the Governor and her staff have initiated. I think it's important that we have good relationships with our local health departments. We had a meeting in Omaha with the Nebraska Association of Local Health Department Directors (sic: Nebraska Association of Local Health Directors) last week I think it was. And we had probably 14 people around the table talking about their issues. And I like to build relationships and intend to visit all the local health departments in the next two years and to see if we can continue to help them in whatever their issues are, including national accreditation, which is neat that we got that, by the way. Areas of interest for me include certain things in emergency preparedness. That's an area I've been interested in for decades and have done things nationally and locally. There's a laboratory document by the Clinical and Laboratory Standards Institute on laboratory disaster preparedness which I chaired the committee that did the document. It was published last year. It's actually a broader document than that. But I think there are things in Nebraska in preparedness that I would...probably shouldn't talk about right now but I would really like to consider. I would want to talk to NEMA leadership first before we went there. I'm interested in wellness because it was a big thing for me, turned my life around, and I literally work out every day and have done so for 40 years. It's the highlight of my day some days. It's the highlight of my days lots of days because it's a lot of fun. And so wellness is an issue and I think basically building relationships is the key to lots of things that can happen that you don't even see now. And so that's one of the things that I would like to do is continue to have us be an open, ongoing, progressive, and relationship-based organization. [CONFIRMATION]

SENATOR CRAWFORD: Great. Thank you. [CONFIRMATION]

SENATOR RIEPE: Yeah. Thank you. Other comments? Senator Howard. [CONFIRMATION]

SENATOR HOWARD: Just one more. I apologize. [CONFIRMATION]

SENATOR RIEPE: Sure, that's fine. [CONFIRMATION]

SENATOR HOWARD: The Division of Public Health manages a lot of our federal grants and I know there will be some significant changes over the next few months and few years. Are there any of those grants that you're concerned about or you're sort of planning for changes to them now? [CONFIRMATION]

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THOMAS WILLIAMS: Concerned about because of budget issues? [CONFIRMATION]

SENATOR HOWARD: I'm thinking about things like (inaudible) or even the CDC grants that we receive, some of the emergency preparedness. [CONFIRMATION]

THOMAS WILLIAMS: I...there is some concern at the national level about changes involving the ACA repeal. The Prevention and Public Health Fund is, in ways that are not clear to me, loosely associated with that, although not perfectly associated with it. But there's concern at the American Society of Territorial and Health Laboratory Officers (sic: Association of State and Territorial Public Health Laboratory Directors) that some of those funds may be at risk unwittingly by people who are attempting to repeal the ACA, so there is concern; nationally there's enormous concern. And here I don't know if it's as concerning, but we are concerned. And there are lobbying efforts that are happening now that are probably rather intense at the national level to be sure that people understand that those are critical public health funds. I think California gets \$500 million and...but I think out of that fund we're in the \$7 million to \$9 million range. So that's probably the most immediate concern. And the immediate concern is that it might be repealed immediately, which is what had stunned national leadership. So they're attempting to respond to that. [CONFIRMATION]

SENATOR HOWARD: Thank you. [CONFIRMATION]

THOMAS WILLIAMS: Beyond...okay. [CONFIRMATION]

SENATOR HOWARD: You can keep going if you want to. [CONFIRMATION]

THOMAS WILLIAMS: No, no. [CONFIRMATION]

SENATOR LINEHAN: I probably should just remain quiet. [CONFIRMATION]

SENATOR RIEPE: Senator Linehan, please. [CONFIRMATION]

SENATOR LINEHAN: But even if they repeal the law, monies have already been appropriated so...I'm...I should probably talk to Senator Howard off-line. [CONFIRMATION]

THOMAS WILLIAMS: That is my... [CONFIRMATION]

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SENATOR LINEHAN: But appropriations and authorizing are different than...  
[CONFIRMATION]

THOMAS WILLIAMS: Yes. Yes. And again,... [CONFIRMATION]

SENATOR LINEHAN: Yes. [CONFIRMATION]

THOMAS WILLIAMS: ...I would ask your patience... [CONFIRMATION]

SENATOR LINEHAN: (Inaudible.) [CONFIRMATION]

THOMAS WILLIAMS: ...in that I'm not a grant person. I came from the world of private practice. But what I understand is that Nebraska is partially less at risk because if it was...because of the way the grant monies are dispensed to us, it would not impact us immediately but it would impact us eventually. [CONFIRMATION]

SENATOR LINEHAN: Right. [CONFIRMATION]

SENATOR RIEPE: Okay. Are there other questions, concerns? I'd like to say that we bring a new meaning to the definition of full-time job. And I also was very impressed that not once did you say "I'll have to put this under a microscope" given your pathology background and training. But we appreciate very much your being here. [CONFIRMATION]

THOMAS WILLIAMS: Thank you. [CONFIRMATION]

SENATOR RIEPE: We are going to now ask if there are any supporters or proponents for Dr. Williams' appointment. Seeing none, are there any opponents? Is there anyone neutral? Looks like you're getting a clean bill of health from the audience there. Thank you very much.  
[CONFIRMATION]

THOMAS WILLIAMS: Thank you. [CONFIRMATION]

SENATOR RIEPE: And we'll go forward. Before we go to our next, I do want to introduce or bring to your attention that we have two pages working with us today: Jordan Snader who is from Oakland, Nebraska; and Brianne Hellstrom who is the California young lady. And so we appreciate very much all of their support. Next on our agenda we have LB64 which is Senator

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Hansen and it's on the adoption of the adrenal insufficient diagnosis. I think that's also Addison's Disease. Is that correct? [LB64]

SENATOR HANSEN: Yes, it will. [LB64]

SENATOR RIEPE: So we will turn that over to you, Senator Hansen; thank you for being here. [LB64]

SENATOR HANSEN: Great, thank you. Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Senator Matt Hansen, M-a-t-t H-a-n-s-e-n, and I represent District 26 in northeast Lincoln. Today I'm here to introduce LB64, which would create the Adrenal Insufficiency Diagnosis Information and Support Act. The idea for this bill comes from a set of concerns that a constituent shared with me last spring concerning her child that had been diagnosed with adrenal insufficiency. Unfortunately, that constituent cannot be with us at the hearing today to share her side of the story, but those concerns are, again, what inspired me to present and prepare this bill. Fundamentally, adrenal insufficiency is a condition where a person's adrenal glands do not produce sufficient hormones. Persons who have this disease may also experience a situation called adrenal crisis, which is a potentially life-threatening period following an injury or trauma where treatment with injectable hydrocortisone is required. LB64 would require that there be an up-to-date publication of information on adrenal insufficiency available to patients, their families, and healthcare providers in the state. I believe that LB64 can be very helpful here in Nebraska. I'm going to give you this situation, which is similar to what my constituent was concerned with me and does happen in our state. So a child at an elementary school, diagnosed with some form of adrenal insufficiency or related disease, like Addison's Disease, trips or otherwise suffers a small trauma at school. What would be a situation resulting in a bruise and an icepack for many other students is actually a severe medical emergency for this student. The student and their parents then likely have to convince, in order: school officials, paramedics, and the emergency room physicians of the severity of the situation, the accuracy of the prior diagnosis, and the necessity for treatment, potentially relying on their own word or maybe a letter from the specialist in another hospital, another city. This would clearly be a frightening and heartbreaking situation for any parent. I believe that, by continuing to provide and remind us of information on both healthcare providers, patients, and parents, with accurate information on adrenal insufficiency, we'll help alleviate and address those situations. Renewed familiarity with the condition and how to best handle it could possibly help provide quicker treatment to people in need of help. With that I would simply close by thanking the committee's time and asking you to advance LB64. It's a situation that many Nebraskans have where they suffer from a unique medical situation. I will note that I have already had some preliminary conversations or contact with the Department of HHS on reducing or eliminating the fiscal note. And if this is a bill that is positively received by the committee, I'd be more than



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happy to work with them and bring that down. With that I'll close and be happy to take any questions. [LB64]

SENATOR RIEPE: Thank you, Senator Hansen. Are there questions? And welcome, Senator Kolterman. [LB64]

SENATOR KOLTERMAN: Thank you. [LB64]

SENATOR RIEPE: Are there...Senator Linehan. [LB64]

SENATOR LINEHAN: Senator, can you just, in layman's terms, tell me how it would work? What would this give us that they don't have now? [LB64]

SENATOR HANSEN: It would not--so my genesis of this idea--I'll walk you through my thought process a little further. So my constituent had shown me a copy of an Oregon...piece of Oregon legislation which was to, kind of, promote reminders and curriculum of the idea. And we were looking for a way of incorporating that in Nebraska. Now last session, which I believe we passed...Senator Brasch brought a bill to deal with a Down Syndrome Diagnosis and Information Support Act (sic: Down Syndrome Diagnosis Information and Support Act). We've modeled this legislation off of hers in kind of a similar situation. Fundamentally, it would be a document created by DHHS that could be easily accessible, depending on how we want to amend it, on-line or printed versions in offices. I'd like to see an opportunity for it just to, kind of, be a reminder or refresher, and as well as families who, when it's a pretty intense diagnosis, when you first get this, because this is going to be a lifetime problem that, you know as I said, you know, any minor injury, a fall, you know, bump your, you know, head on the ground, which would be a bruise for somebody else is, you know, a trip to the emergency room. So just making sure that there's support and information available to families. [LB64]

SENATOR LINEHAN: Okay. [LB64]

SENATOR RIEPE: Thank you. Senator Crawford. [LB64]

SENATOR CRAWFORD: Thank you, Chairmain Riepe, and thank you, Senator Hansen. If I recall correctly, the information is not just medical information, but does it also include information about Nebraska's supports or Nebraska's support groups? So... [LB64]

SENATOR HANSEN: Yes, they...oh, I'll let you finish, but... [LB64]

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SENATOR CRAWFORD: Go ahead. [LB64]

SENATOR HANSEN: Okay, thank you. That is an important clarification; thank you for prompting that. That would be the other goal, kind of relating to Senator Linehan's question, is to make it aware of potential advocacy organizations or maybe, you know, where parents come together and talk about things for their children, making sure that information is kind of aggregated and easily accessible, yes. [LB64]

SENATOR RIEPE: Okay, any follow-up questions? Yes, Senator. [LB64]

SENATOR ERDMAN: Thank you, Mr. Chairman. Senator Hansen, on the last page--3, line 4, it says the department shall distribute printed copies of the information support sheet to healthcare practitioners, hospitals, and health clinics and make the information sheet, support sheet available to persons requesting it. [LB64]

SENATOR HANSEN: Um-hum. [LB64]

SENATOR ERDMAN: So they're going to have to print this; the department is going to have to print this and distribute it to the hospitals so they can distribute it to the patients. How does that work? Whose responsibility is that? [LB64]

SENATOR HANSEN: And that's part of the reason with the fiscal note. I'd be happy to work with HHS and the committee on addressing that. I think it's fair to interpret it as written as that there would have to be a publication from HHS and I know the word "shall" is in there, and so that...we could clarify whether or not that's on request, they shall make them available on a request, or whatnot, from there. [LB64]

SENATOR ERDMAN: So then I noticed the appropriations bill was like \$29,000. Is that correct? [LB64]

SENATOR HANSEN: Yes. I have it here but, off the top of my head, that sounds correct. [LB64]

SENATOR ERDMAN: Anyway, so going forward, it looked like...was, I read in the bill, was a one-time charge for setting up the Web site and putting the information on there and getting it set up. But it doesn't say anything about the ongoing cost, going forward, to do this printing and the other things that they'll have to do. So where does that go? Who pays for that? [LB64]

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SENATOR HANSEN: Oh I...if they did not say there were ongoing costs, I don't necessarily think there would be ongoing costs, in terms of a Web site. You know, DHHS already maintains a Web site, and I think a lot of that one-time cost is actually, physically, postage. So some of our preliminary was making this primarily digital...would eliminate or reduce most of that. [LB64]

SENATOR ERDMAN: Do you have an opinion about how many people this affects? Is it a large number people that have this disease? [LB64]

SENATOR HANSEN: I don't have accurate statistics, no. No, I don't. [LB64]

SENATOR ERDMAN: Okay, thank you. [LB64]

SENATOR RIEPE: I think in the legal report, it said one in 100,000. [LB64]

SENATOR HANSEN: Yeah. [LB64]

SENATOR ERDMAN: One in 100,000? [LB64]

SENATOR RIEPE: Yeah, I think so. [LB64]

SENATOR HANSEN: Yeah, thank you for sharing that, Riepe. I knew it was a small and rare disease which kind of has the difficulty, then, of...you might be the only instance in 100,000 people or significant swath of Nebraska that's actually experiencing it. [LB64]

SENATOR RIEPE: Um-hum, okay. Are there other questions? Thank you very much. [LB64]

SENATOR HANSEN: Thank you. [LB64]

SENATOR RIEPE: And will you be here for to close? [LB64]

SENATOR HANSEN: I'd like to, yes. [LB64]

SENATOR RIEPE: Okay. Are there any proponents that want to speak in behalf? Okay, any opponents? Any neutral? Do we have any letters, Tyler? [LB64]

TYLER MAHOOD: I do not have any letters for the record. [LB64]

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SENATOR RIEPE: Okay. Well, we come quickly to the close. Would you like to close? [LB64]

SENATOR HANSEN: I will close by only asking if there's been any new questions in the last 30 seconds. [LB64]

SENATOR RIEPE: Okay. Any questions? Hearing none, thank you very much. [LB64]

SENATOR HANSEN: Thank you, and I look forward to have...to talk to you more, if the committee or anybody has any questions or concerns. [LB64]

SENATOR RIEPE: Yes, sir. Thank you. Okay, and our next and final piece is LB61, which is Senator Kolterman. And that's the adoption of the Interstate Medical Licensure Compact. Senator? You're on. [LB61]

SENATOR KOLTERMAN: (Exhibit 1) Good afternoon, Chairman Riepe, fellow members of the Health and Human Services Committee. I'm Senator Mark Kolterman, M-a-r-k K-o-l-t-e-r-m-a-n, and I represent the 24th District of the Nebraska Legislature. I'm here today to introduce LB61, a bill that will enable Nebraska to join the Interstate Medical Licensure Compact and streamline medical licensure in our state. The compact was designed to implement a speedier, more efficient medical licensure process with fewer administrative burdens for physicians who are seeking licensure in multiple states. The compact was developed by the Federation of State Medical Boards. LB61 is based on several key principles which include: developing a comprehensive process that compliments the existing licensing and regulatory authority of state medical boards; creating another pathway for licensure that does not otherwise change a state's existing medical and surgery practice act; adopting the prevailing standard for licensure, affirming that the practice of medicine occurs where the patient is located at the time of the patient-physician encounter and require the physician to be under the jurisdiction of the state medical board where the patient is located; ensuring that state medical boards that participate in the compact retain the jurisdiction; and creating the Interstate Medical Licensure Compact Commission. We were one of, first, 10 states to introduce this compact, and there have now been 18 states that have passed the legislation, including every neighboring state except for Missouri. The first licensure under the compact began processing this month. These Midwestern states see this as an opportunity to expand our healthcare workforce by streamlining licensure, but still maintaining our Medical Licensure Practice Act, maintaining our ability to ensure that physicians practicing in the state are doing so appropriately, but making it easier for them to get a license in multiple states, largely for purposes of telemedicine. Telemedicine and technology are changing healthcare, but our licensure process is falling behind. For many Nebraskans, especially in rural areas, this committee knows, better than anybody, that access to in-person clinical services due to transportation limitations and lack of available physicians is often a

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challenge which results in poor health outcomes. This compact, as I said, will make it easier for physicians to obtain licenses in multiple states, while ensuring that patients are not only provided safe, quality, in-person or telehealth services, but that they have increased access to those services. The Interstate Medical Licensure Compact represents a nationwide solution built upon and reinforcing a system of state-based regulation, proven to extend healthcare to the underserved, protect patients, and help facilitate telemedicine in the United States. Because this bill involves a compact, the Unicameral cannot make changes to the provisions in LB61 that have already been enacted into law by every other member state. It is the intent of the Unicameral, however, that Section 9 of the bill, requiring joint investigations, page 8, line 18 to page 9, line 6, shall only apply to physicians who choose to obtain a medical license through the procedures required under the compact. It is also the intent of the Unicameral that any rules of the Interstate Commission will only apply to those physicians who choose to obtain a medical license through the procedures required under the compact. Thank you, and I will be happy to try and answer any of the questions you might have. Also, Nebraska Hospital Association will be here to answer them, probably more thoroughly than I will, as well as, I believe, the Nebraska Medical Association will be here to testify on those and others. [LB61]

SENATOR RIEPE: Thank you, Senator Kolterman. [LB61]

SENATOR KOLTERMAN: Questions. [LB61]

SENATOR RIEPE: Are there questions? Let me start off with Senator Howard, there at the end, if we could. [LB61]

SENATOR HOWARD: Well incidentally, I was looking at Senator Williams, because he's another attorney. I was hoping you could talk a little bit about the immunity clause on page 15. [LB61]

SENATOR KOLTERMAN: You know, I'm going to let them address that because we've talked about that at some length and they'll have an answer for you. [LB61]

SENATOR HOWARD: They'll have a better answer? Okay, you can come back around to me. [LB61]

SENATOR KOLTERMAN: And we did address it, Senator Howard, but I'm going to let them, the legal beagles, address that. [LB61]

SENATOR HOWARD: The legal folks, okay. [LB61]

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SENATOR RIEPE: Senator Erdman. [LB61]

SENATOR ERDMAN: Thank you, Senator Riepe. Senator Kolterman, I see that on page...line 13 on page 11, it talks about the executive director, the executive secretary, or similar executive on the board. Who makes the decision who the executive board is and who the executive director is going to be? [LB61]

SENATOR KOLTERMAN: The compact. [LB61]

SENATOR ERDMAN: The compact does? [LB61]

SENATOR KOLTERMAN: Yes. [LB61]

SENATOR ERDMAN: Do you know some of the states that are in there? You already said there are several. Some of the states that are included... [LB61]

SENATOR KOLTERMAN: That are in it now? [LB61]

SENATOR ERDMAN: Yeah. [LB61]

SENATOR KOLTERMAN: On that handout that I passed out, it shows all the states that are in it. All the states that are surrounding us, except Missouri, are in it. I know that it's been proposed in Texas; I don't know if that's been passed yet. But it's growing. [LB61]

SENATOR ERDMAN: Okay. [LB61]

SENATOR KOLTERMAN: I introduced this primarily for the sake of expediting the process. I know that there's going to be some legal questions that you all have; I understand that. I'm going to let those people following me address those. [LB61]

SENATOR ERDMAN: Okay. [LB61]

SENATOR RIEPE: Senator Howard. [LB61]

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SENATOR HOWARD: Thank you, Senator Riepe. I wanted to ask you, as well, about some of the privacy concerns that could come up with this, and you mentioned that this would only apply to individuals who decide to apply through the interstate compact. [LB61]

SENATOR KOLTERMAN: Correct. [LB61]

SENATOR HOWARD: So any sort of licensure issues or an instance where, maybe, you practice inappropriately in Nebraska, that would automatically be shared with another state? [LB61]

SENATOR KOLTERMAN: Not necessarily. From my understanding...well, first of all, if a doctor...let's say there's a doctor in Kansas decides that they want to apply for licensure through the normal process and not utilize the compact... [LB61]

SENATOR HOWARD: Um-hum. [LB61]

SENATOR KOLTERMAN: ...then that can be done, as well, and they wouldn't be subject to the compact rules. [LB61]

SENATOR HOWARD: But they would be able to release that information... [LB61]

SENATOR KOLTERMAN: Correct. [LB61]

SENATOR HOWARD: ...with their knowledge. [LB61]

SENATOR KOLTERMAN: Correct. And one of challenges that will addressed is how does professional liability play into this from state to state? [LB61]

SENATOR HOWARD: Um-hum. [LB61]

SENATOR KOLTERMAN: And again, that will come as we get closer, when we get some other testimony up here. [LB61]

SENATOR HOWARD: Now are practice acts uniform across the country? [LB61]

SENATOR KOLTERMAN: I don't believe they are. [LB61]

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SENATOR HOWARD: And so potentially you could practice inappropriately in Iowa but be practicing appropriately in Nebraska? [LB61]

SENATOR KOLTERMAN: I believe that's the case; I'm not positive of that. But I...each state sets their own licensing, but I think there is a national that you can subscribe to. [LB61]

SENATOR HOWARD: Okay, thank you. [LB61]

SENATOR RIEPE: Okay. I think those are good questions and we may want to bring them up with some of the testifiers, as well. [LB61]

SENATOR KOLTERMAN: They are; they're great questions. [LB61]

SENATOR RIEPE: Any other questions of Senator Kolterman? [LB61]

SENATOR HOWARD: Oh, I had one more. [LB61]

SENATOR RIEPE: Okay, okay. Go ahead and then we'll go to Senator Crawford. [LB61]

SENATOR HOWARD: On page 14, there's an assessment, an annual assessment, for each member state. Do we know how much that is? [LB61]

SENATOR KOLTERMAN: At the present time, the fees are all being taken care of by the compact internally. [LB61]

SENATOR HOWARD: Okay. [LB61]

SENATOR KOLTERMAN: And so there are no fees at all, at this time. That could change, as well, and I don't have an answer to that. [LB61]

SENATOR HOWARD: Okay, thank you. [LB61]

SENATOR RIEPE: Senator Crawford. [LB61]

SENATOR CRAWFORD: So I just want to clarify...what I think I heard you say is that the information sharing provisions and liability provisions that are in this language only apply to



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physicians who choose to be in the Interstate Medical Licensure Compact, in terms of the way the law is structured. [LB61]

SENATOR KOLTERMAN: That's my understanding. [LB61]

SENATOR CRAWFORD: Right, right. And so you only are subject to any of those provisions if you choose to enter the compact agreement and get an expedited license in another state through the compact. [LB61]

SENATOR KOLTERMAN: That's my understanding, but again, I'll let... [LB61]

SENATOR CRAWFORD: All right, okay. Sure, we'll try to get that confirmed. [LB61]

SENATOR KOLTERMAN: That's a good question for the attorneys. [LB61]

SENATOR CRAWFORD: Right, right. So one other follow-up question. [LB61]

SENATOR RIEPE: Sure. [LB61]

SENATOR CRAWFORD: Just don't know if, in your conversations about the compact and how the compact is going to work, if you have any information about why there aren't people who are...have gone through the license process yet. Like what are some of the obstacles or challenges to making this compact work, in terms of making sure we have more providers available? [LB61]

SENATOR KOLTERMAN: Well, my...and the reason I agreed to bring this bill to the attention of the committee is, it's very similar to what's going on in the insurance industry. If you have a securities license, as an example, each state runs their own securities exams, and so you...if you want to get a license in another state, you have to go directly to that state. Now we've got a clearinghouse set up that we can apply to other states and we can get that cleared and have one license. I think this is the same intent, but this is just getting started and, again, I think they're just starting to license people through this, this year. So that, again, that will be addressed, I'm sure. [LB61]

SENATOR CRAWFORD: All right, thank you. Sure, thank you. [LB61]

SENATOR RIEPE: Okay. Senator Linehan. [LB61]

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SENATOR LINEHAN: This isn't really a question, but I just want to bring it up, and maybe the guys behind you...people behind you will know. But it is my understanding that we have this for nurses, right? [LB61]

SENATOR KOLTERMAN: Yes we do. [LB61]

SENATOR LINEHAN: Isn't there a state compact, 24 states? [LB61]

SENATOR KOLTERMAN: Yes we do. [LB61]

SENATOR LINEHAN: So if you're a nurse in Virginia you can come to Nebraska? [LB61]

SENATOR KOLTERMAN: Very similar, correct. [LB61]

SENATOR LINEHAN: Thank you. Mr. Chairman. [LB61]

SENATOR RIEPE: Okay, thank you. Other questions? If not, thank you very much. We'll now move to proponents and, with that, the light system. [LB61]

ELISABETH HURST: Good afternoon. [LB61]

SENATOR RIEPE: And we've seen you here before, so you will know to spell your name. [LB61]

ELISABETH HURST: (Exhibit 2) Sure. Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Elisabeth Hurst; that's E-l-i-s-a-b-e-t-h H-u-r-s-t, and I'm testifying here today on behalf of the Nebraska Hospital Association, which represents Nebraska hospitals and the over 40,000 individuals that they employ across the state. I brought with me also, which is being handed out currently, a letter in support from Nebraska Medicine, and I'll read just a few excerpts from that. But I wanted to give you just a little background on how we got to this point today. As you know, Senator Nordquist introduced the bill several years ago and, before it was able to move forward to General File or forward out from committee, he did resign his post. So we met with a group of telehealth experts from across the state, large hospitals and small hospitals alike, last summer and talked about how do we start to reduce barriers to telehealth in the state. And there were two recommendations that came out of that group. And one of them was participation in the Interstate Medical Licensure Compact, and so that's one reason that we're bringing here, as a priority for the Hospital Association today.

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So just again read a couple of excerpts here from this particular letter, that: Nebraska Medicine is happy to share our support for LB61; While this is not identified specifically as a telehealth issue, this compact will certainly positively impact Nebraska Medicine's ability to more effectively provide telehealth services to our patients; Currently, few physicians maintain multiple state licenses because of the complexity of time and expense required to do so. This bill, being supported by the Federation of State Medicine Boards and in cooperation with the various state medical boards, will serve as an expedited--more of a streamlined process really--for physicians to obtain a full license in another compact state; Passage of the bill will also help Nebraska-based providers who periodically have patients move to locations outside of the state of Nebraska, either temporarily or permanently; it supports the ability for Nebraska-based patients to access the right care by the right provider and at the right time, either virtually or in person, and allows for Nebraska-based providers to provide more care efficiently to those living near the Nebraska borders and further. And what we really heard from our members, especially outstate, as well as from larger providers in Omaha and Lincoln, as well, as they're seeing specialists that are coming in to the state to provide care, maybe on one day a month, to have a clinic available. And they would be able to offer those services more frequently if they were able to do so through telehealth, with the idea that there's a more streamlined process for licensure. So with that, I'd be happy to answer the questions that you have. I know Senator Howard, you specifically had asked if I can address some of those now. [LB61]

SENATOR HOWARD: That would be great. [LB61]

ELISABETH HURST: All right. And please forgive me; I'm referring to some of my notes which I have on my cell phone. But the compact commission is actually made up of members of the compact, so it's the member states that are making the decision on behalf of how the process is going, the implementation, what the rules are that are being put into place as far as administration actually goes. So they're the ones who would determine if fees would be assessed. And currently there aren't fees being assessed; there's a grant that came from the federal level that is providing the funds for implementation. And the commission does have the freedom to seek outside support financially, whether it be through grants or private funds or more federal funds, to continue with operations. They also have the ability to assess a fee on the provider who is, you know, essentially benefiting from this streamlined process. So that ability is there, to keep the compact funded as it's moving forward. [LB61]

SENATOR HOWARD: I apologize. The compact itself gets to assess the fee on the provider? [LB61]

ELISABETH HURST: It can. [LB61]

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SENATOR HOWARD: Okay. [LB61]

ELISABETH HURST: It has that ability, yep. [LB61]

SENATOR HOWARD: All right. Thank you. [LB61]

ELISABETH HURST: The commission. And again, the commission is made up of those members. And with that... [LB61]

SENATOR WILLIAMS: Before you... [LB61]

ELISABETH HURST: Specific questions? Go ahead. [LB61]

SENATOR RIEPE: Go ahead, Senator Williams. [LB61]

SENATOR WILLIAMS: Specifically about that, Ms. Hurst, would Nebraska, if they join this, have a representative on that commission? [LB61]

ELISABETH HURST: It's my understanding that that's the way that it's put together. My guess is, as it gets larger--currently there are 18 states that participate which, I think, in 2015 there were as few as seven. So it's really growing, you know, very quickly, that it might be that the commission is kept to a certain size. But my understanding right now is that all 18 members are members of the commission. [LB61]

SENATOR WILLIAMS: Okay. [LB61]

SENATOR RIEPE: Other questions? Senator Howard. [LB61]

SENATOR HOWARD: Can you speak to the immunity question, as well? [LB61]

ELISABETH HURST: I can talk a little bit about that; I glanced over it just quickly. And keep in mind that the compact itself, the compact and the compact commission, is strictly an administrative avenue for attaining the licensure. So it's really up to the state medical boards and the entity that's issuing the license to deal with liability issues. I think the immunity clause is put in there specifically to protect those members of the commission from liability, should anything happen, for example, a malpractice type case, because they're simply the administrative board that's overseeing the licensure. [LB61]

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SENATOR HOWARD: So would they still be immune from liability, say, if they shared private information about the applicants? [LB61]

ELISABETH HURST: Well, because this is a clearinghouse, they will be sharing private information of the applicants to each state that they're applying to. And I think that's why you see the privacy laws outlined in the bill. [LB61]

SENATOR HOWARD: More I'm asking, in the instance of malicious intent. All right, they share it inappropriately; are they still immune? [LB61]

ELISABETH HURST: I don't know the answer to that, but I can look into it for you. [LB61]

SENATOR HOWARD: All right. Thank you. [LB61]

SENATOR RIEPE: Do you have any follow-up questions, Senator Howard? [LB61]

SENATOR HOWARD: No, thank you. [LB61]

SENATOR RIEPE: Okay. Others with questions? Okay, thank you very much. [LB61]

ELISABETH HURST: Thank you very much. [LB61]

SENATOR RIEPE: Any other additional proponents? Please proceed. [LB61]

JEANNE McCLURE: (Exhibit 3) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Jeanne McClure, and you spell that J-e-a-n-n-e M-c-C-l-u-r-e. I am the government affairs administrator at CHI Health and, on behalf of our more than 12,000 employees serving patients from Kearney, Nebraska, to Corning, Iowa, I would like to thank you, Senator Kolterman, for introducing this bill. CHI is proud to support LB61, to adopt the Interstate Medical Licensure Compact. Now while I am delighted to be in front of all of you today, I am not our expert on this topic. I wish we were able to hear from one of those today; we have several at CHI. Alas, they are all attending a regional telehealth conference in Kearney, Nebraska. And they are learning from experts across the nation there today; they have special speakers that came in. And so they were unable to be here. But they have been in conference with people developing this bill and have sat on them, NHA's special work groups. Since 1995 CHI Health has been providing telehealth services to rural populations. That tradition continues today and, as the largest healthcare entity in Nebraska providing telehealth services, it

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is an important tool that we are able to use to increase access to education for healthcare workers, administrative meetings, but most importantly, providing greater access to specialty providers not available locally to patients we serve across Nebraska, western Iowa, and northern Kansas. Telehealth allows healthcare workers to stay in their communities, receive continuing education, certifications, and recertifications. Telehealth's biggest benefit, however, is when a patient in one location can see a specialist in another without either one having to travel. Next to having more specialists and primary care providers in each community, this is the best way to increase access to care, which leads to prevention and reduced healthcare problems. This, in turn, reduces healthcare costs. Today's telehealth technology is such that we can provide all these benefits almost anywhere. In 1995 a telehealth camera would cost about \$75,000, but today we have software and cameras installed on PCs, laptops, and tablets, using Internet and still maintaining the strictest healthcare security standards, all for under about \$100. Telehealth is only limited by bandwidth that is available and, of course, by laws and regulations. LB61 will allow states to continue to oversee the licensure of providers but, in cooperation with other states, it more importantly reduces barriers to better care and increases access for millions of patients. If a provider has a license in good standing, it make sense for them to be licensed in multiple states. As you are undoubtedly aware, there is a shortage of specialists and primary care providers in Nebraska. But being a member of the telehealth licensure compact providers will be able...in other compact states will be able to help us provide access to patients needing care. We greatly appreciate the committee's work on all healthcare issues and urge that you vote LB61 to the floor for consideration. And I can give you a brief personal example of how my family would benefit from this. My dad was diagnosed with Parkinson's Disease almost six years ago. And while he has consulted with doctors locally when he lived in Waco, Nebraska, and was a constituent of Senator Kolterman's, we saw doctors in Omaha for him. But as his disease has progressed and he has needed a specialist, we've been unable to find one fitting that need in Omaha. And I know...why can't I at CHI find a doctor for him? And that's because we are currently looking for a neurologist specializing in movement disorder. So when you go to our little "help wanted" ads, there's one that specifically says that. So when my dad sees his doctor every two months, both of my parents and I, or one of my siblings, go to Kansas City to meet with a doctor at the University of Kansas. And so that's a great deal for Kansas City, because we go there the afternoon before, we get a hotel, we get two rooms, we eat dinner, we shop. Then we go see the doctor the next morning at his first appointment at 9:00 a.m., and then we drive home. Now since his first appointment, which was his evaluation where the doctor did all kinds of tests and laid hands on him at the time, he hasn't once in the next six appointments laid hands on him. It's been a great conversation; it's been a great exchange. We talk about meds; we talk about his complaints. The doctor looks all these things up but never once has there been a physical interaction. So this is a perfect opportunity for a telehealth situation. So with that, I'd answer questions that I could, or I would make sure that I had you in contact with experts from CHI. [LB61]

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SENATOR RIEPE: Thank you very much. Questions from the members? One of the questions that...oh, I'm sorry. Senator Williams, go ahead. [LB61]

SENATOR WILLIAMS: Thank you, Chairman Riepe. One question that I will have, but I'm asking this to anybody that can answer it. Senator Nordquist, as Ms. Hurst mentioned, brought this bill and then, late that session, resigned from the Legislature. Was there any other reason than nobody else picked it up that this bill was held in committee, especially for those of you that served on the committee at that time? [LB61]

JEANNE McCLURE: Not that I am aware of. I just, you know, pretty much updated my letter from 2015 to come here today to testify for you. We have considered it really important. We have a couple of priorities this session and this is one of our top three, is telehealth, and this licensure compact in particular. [LB61]

SENATOR RIEPE: It's my understanding that this is... [LB61]

SENATOR WILLIAMS: I'll ask that again in Executive session (laughter). [LB61]

SENATOR RIEPE: It's my understanding that this is currently a voluntary participation in the compact. [LB61]

JEANNE McCLURE: Um-hum. [LB61]

SENATOR RIEPE: Is there, in your knowledge, some projection that at some point in the future, it will become a mandatory participation? [LB61]

JEANNE McCLURE: I can't imagine that they would make it mandatory or that it would be beneficial to make it mandatory. [LB61]

SENATOR RIEPE: Okay, are there other questions of the committee? Hearing none, thank you very much for being with us. Additional proponents? [LB61]

KIM ROBAK: I'm back. [LB61]

SENATOR RIEPE: Lieutenant Governor. [LB61]

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KIM ROBAK: Good afternoon, Senator Riepe and members of the committee. My name is Kim Robak, K-i-m R-o-b-a-k. I'm here today in support of LB61, on behalf of the Nebraska Medical Association, and I want to thank Senator Kolterman for introducing the legislation. On behalf of the Nebraska Medical Association, we think it's important to take whatever steps that we can to ensure that we remove the barriers to access, to telemedicine particularly, across state borders. And we want to encourage and facilitate telehealth by allowing licensure in multiple states. So with that said, there are two caveats, and I want to express them to the committee. First of all, Senator Kolterman responded to a concern that we have that the bill, as drafted, appears broader than I think was intended. The bill, as drafted, could apply to any licensed physician, not just those who are members of the compact. And so we wanted to make it clear that that was not the intent of the Legislature, that it would apply to those physicians who felt it was important to become a member of the compact, whether they're members licensed in Nebraska or in another state. Again, that language is just not clear in the bill and I don't think that's what they intend, but if some other state could reach into Nebraska and enforce another state's laws or take, as Senator Howard mentioned, take a complaint against a physician and then take that information to another state, even when you're not member of the compact. We don't think that's appropriate. So I think that the language that Senator Kolterman read at the end of his opening statement would address that on behalf of the Medical Association. The second concern we have is simply something to raise for your information, and that is the Nebraska Hospital Medical Liability Act. Nebraska has tort reform and have had it in place for a number of years, for over several decades. That law allows for physicians to become part of a fund. So there is a fund that they pay into and then they get insurance for anything up to that amount and then the fund will pay a certain amount if there is a malpractice claim. I'm not explaining it very well, but the point is there is a fund. It allows for very reasonably-priced malpractice insurance. So Nebraska is a model for many places around the country because of our Hospital-Medical Liability Act. The concern that we would have is just how that act comes into play when multiple states are involved. We just want to raise this; we don't have an answer. We've talked to the Department of Insurance who, in the past, has expressed concerns about any multiple-state licensure and how it would affect the act, so we're visiting with them to make sure that we protect the act. We just want to raise it for your information and so, if at some point down the line we would need to come back and introduce legislation to protect the act, we would be here to do so. So with that, we support the bill with those two caveats, and I'd be happy to answer any questions. [LB61]

SENATOR RIEPE: Okay, thank you very much. Senator Crawford. [LB61]

SENATOR CRAWFORD: Thank you, Chairman Riepe, and thank you, Ms. Robak. Do you think that adding...I think we heard that we're not allowed to really change the language itself, in terms of making it fit the compact. Do you feel that adding, just adding intent language at the beginning or just having intent language on the floor is sufficient to address your concern about intent? [LB61]



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KIM ROBAK: I think that at least having it on the floor would be sufficient. If you can add it into the bill, that would be an even better alternative. I don't want, in any way, to harm the bill by doing that. But if intent language...either place would be appropriate and we would appreciate that. [LB61]

SENATOR CRAWFORD: Thank you. [LB61]

SENATOR RIEPE: Other questions? Thank you very much. [LB61]

KIM ROBAK: Thank you. [LB61]

SENATOR RIEPE: Any additional proponents? [LB61]

MATT LITT: Good afternoon, Chairman Riepe and members of the committee. My name is Matt Litt, M-a-t-t L-i-t-t, and I'm the Nebraska director of Americans for Prosperity. I have abbreviated my testimony; it's, in some ways, repetitive. But I'm here on behalf of our activists across the state and urge you to support the proposed bill. Our organization has long been proponents of free market healthcare reforms and reducing unnecessary licensing burdens, and we believe this bill would work towards accomplishing both. LB61 would work to help Nebraskans struggling to access healthcare by instituting this free market reform, something that Nebraska and states across the country sorely need. The medical licensing process takes at least two months, according to the American Medical Association, but can extend much longer when states face significant backlogs. For example, in 2013 Illinois faced a 12- to 18-month wait time to do this. By creating this expedited...or joining, excuse me, this expedited and streamlined approval process, Nebraskans could get more doctors to work faster, increasing patient access across our state. And to continue to protect the interests of public health and safety, the bill not only requires that applicants meet strict eligibility requirements, but also requires that the approved physicians practice medicine in accordance with current existing law of the patient's state. For these reasons, our organization strongly supports the passage of this bill, and I look forward to working with everyone to advance it. And I'll just attempt to answer any questions that you all have. [LB61]

SENATOR RIEPE: Are there questions for Mr. Litt? Senator Williams. [LB61]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Mr. Litt, for being here. [LB61]

MATT LITT: Yeah. [LB61]

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SENATOR WILLIAMS: Can you tell me a little bit about Americans for Prosperity? [LB61]

MATT LITT: Yeah. So Americans for Prosperity...we believe that everybody has--should have--the opportunity to attempt to achieve their version of the American dream. We believe the best way to do that is by advancing a free society, so through free speech and free markets we educate and activate and advocate...oh, excuse me...educate and activate citizens and act on some policy issues, and we advocate for policies that advance a free society. [LB61]

SENATOR WILLIAMS: Under the terms that we might understand, would you be considered a super PAC? [LB61]

MATT LITT: No, we are a 501(c)(4), a nonprofit under the IRS code. [LB61]

SENATOR WILLIAMS: Which means that 51 percent of your money has to be spent on education? [LB61]

MATT LITT: So a 501(c)(4) is a social welfare organization, excuse me, so it's used for educating on issues or issue advocacy. [LB61]

SENATOR WILLIAMS: Can you tell me where your money comes from then, that funds the activities that you have, such as this? [LB61]

MATT LITT: Sure, donors in Nebraska and across the country. [LB61]

SENATOR WILLIAMS: Are those donor lists public or private? [LB61]

MATT LITT: They are private. [LB61]

SENATOR WILLIAMS: Thank you. [LB61]

MATT LITT: Yep. [LB61]

SENATOR RIEPE: Other questions? Seeing none... [LB61]

MATT LITT: Okay, thank you very much for your time. [LB61]

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SENATOR RIEPE: Other proponents? Seeing none, are there opponents or with those with concerns? Or neutral? Oh, I didn't know that we were done with it. [LB61]

TOM VENZOR: Chairman Riepe and members of the Health and Human Services Committee, my name is Tom Venzor, T-o-m V-e-n-z-o-r, and I'm the executive director of the Nebraska Catholic Conference. The Nebraska Catholic Conference represents mutual public policy interests of the three Catholic bishops of Nebraska. And just wanted to raise...I just want to clarify that I've come in neutral just because, again, the intention of what Senator Kolterman is trying to do here and some of the other comments that have been made about, you know, expanding the licensing and ability for people to, you know, gain access to medical care. I'm not here, you know, to be neutral on that issue or anything, but as we read through the bill, we just had some concerns about, I guess, the breadth of the bill and how it could be interpreted or read or understood. And then with regard to that, I guess one of our main issues, in terms of that we wanted to raise some concerns about, is that this compact would create a committee, and this compact committee would then have rule-making authority, which states that the rule-making authority, you know, has the weight of statutory law. And so, and then later on in the bill itself it also states that any conflict that there is between state law and the compact rule making is superseded by the compact. And so one of the, again, one of the issues we had is regarding what that really means and what the rule-making authority is of this compact committee. And I know a lot of this conversation is about licensing, but one of our concerns is, and I think it's a reasonable one and I think other organizations and entities have raised this in other states, is that this would affect the scope of practice of medicine. And so, in that regard, you could have this compact committee making adjustments to the scope of medical practice that would be binding or could be in conflict with Nebraska law. And so to that extent, you know, and on behalf of the Catholic Conference in that respect, you know, that we would have issues if that could be a problem with things related to pro-life legislation, for example. A lot of the talk here is about telemedicine, and so in Nebraska, you know, we have laws against telemed abortions. And so that's one issue that, you know, if this somehow, this interstate compact committee could come into conflict on telemedicine issues on that regard. And it could be a general provision, not even one that started at the specific issue, you know, I think that would, you know, that obviously would be very problematic because it would supersede the work that we're doing here in Nebraska. And so I guess that was just our, really, our general concern is what the scope of the rule making authority of this committee could be and whether it can have an adverse effect on the scope of the practice of medicine here in Nebraska and supersede some of the laws that we already have in place, with that respect. So I just wanted to raise that so that we're just aware of it. And I know that that would not be the intention of Senator Kolterman in trying to propose this legislation, so I want to make that clear, too, so just trying to work through some of these issues, so. That's all I have. [LB61]

SENATOR RIEPE: Okay, and thank you; thank you very much. [LB61]

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TOM VENZOR: Yep. [LB61]

SENATOR RIEPE: Questions from the committee? Okay. Seeing none, thanks very much. [LB61]

TOM VENZOR: Thank you. [LB61]

SENATOR RIEPE: Are there any other neutral witnesses? Senator Kolterman, would you like to close? [LB61]

SENATOR KOLTERMAN: Love to. [LB61]

SENATOR RIEPE: Okay. [LB61]

SENATOR KOLTERMAN: Thank you for this wonderful hearing. [LB61]

SENATOR RIEPE: Thank you. [LB61]

SENATOR KOLTERMAN: Several issues have been brought to light in the last 24 hours to me. I was aware of the two that came in--the last two testifiers. I would like some time to work with them; find out, get some answers, get back to the committee. But my intent is solely to expedite the processing, not give somebody else regulations over our state laws. And so we'll continue to look at that. I appreciate all the questions and we'll try and get some answers for the committee and bring them back to you. With that, I'd answer any other questions. [LB61]

SENATOR RIEPE: Any questions for Senator Kolterman? Your last chance for a while. [LB61]

SENATOR KOLTERMAN: Until tomorrow. [LB61]

SENATOR RIEPE: Until tomorrow (laughter). Thank you, Senator Kolterman. [LB61]

SENATOR KOLTERMAN: Thank you. [LB61]

SENATOR RIEPE: And do we have any to read in? Please read those. [LB61]

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TYLER MAHOOD: (Exhibits 4-6) Yes, we have a letter of support from Dr. James Madara of the American Medical Association, and a letter with a neutral position from Dr. Thomas Williams, who represents the Nebraska Department of Health and Human Services, Division of Public Health. And that is it. [LB61]

SENATOR RIEPE: Okay, thank you. With that, this closes the hearing on LB61. Thank you very much for your attendance. [LB61]