

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee May 27, 2020

DAREN GILLESPIE: This is the microphone I'm going to use.

HOWARD: So we're only waiting for Dr. Kramer now. OK. Good morning. All right, good morning. Can you guys hear us, Marty, April, Jessye?

MARTY FATTIG: Yes, I can.

HOWARD: Great.

MARTY FATTIG: Good morning.

HOWARD: April, can you hear us?

MARTY FATTIG: Is she muted?

HOWARD: Is she muted? April, can you hear us?

MARTY FATTIG: I don't see her talking.

_____ : Her audio should be connecting here.

HOWARD: OK.

MARTY FATTIG: Now she's connecting audio.

HOWARD: Jessye, can you hear us?

JESSYE GOERTZ: Yes. Yes, I can. Yeah.

HOWARD: Oh, fabulous. OK, that's great. Thank you. April, can you hear us?

APRIL DEXTER: Now I can. Sorry about that.

HOWARD: Perfect. No worries. OK, I think we'll get it started just because I want to be mindful of time. So-- and hopefully, Dr. Kramer will jump in when she's ready and Senator Hansen will join when he's able. So good morning and welcome to the Health and Human Services Committee. My name is Senator Sara Howard. I represent the 9th Legislative District in Omaha and I serve as Chair of this committee. This is our very first virtual hearing, so while we'll maintain much of the format and structure of a normal hearing, we'll be making some adjustments necessary to accommodate holding the hearing vulture-- virtually. Appearing with us today by videoconference and teleconference are the members of the, the Health and Human Services Committee and the nominees for the Rural Health Advisory Commission. Before we get started, I'd like to invite each member of the committee

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to introduce themselves. I'll just call you out and invite you to introduce yourself, so we'll start with Senator Arch.

ARCH: I'm John Arch. I'm-- I represent District 14: Papillion, La Vista in Sarpy County.

HOWARD: Senator Cavanaugh.

CAVANAUGH: Machaela Cavanagh, District 6, west-central Omaha in Douglas County.

HOWARD: Senator Hansen isn't with us yet. Senator Murman.

MURMAN: I'm Dave Murman from Glenvil. I represent District 38: Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

HOWARD: Senator Walz.

WALZ: I'm Lynn Walz. I represent District 15, Dodge County.

HOWARD: And Senator Williams.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36, that's Dawson, Custer, and the north portion of Buffalo Counties.

HOWARD: Also assisting the committee are our legal counsels Jennifer Carter, give us a wave, and T.J. O'Neill, give us a wave. And filling in as committee clerk today is my legislative aide, Timoree Klingler, give us a wave. Dr. Kramer, you've just joined us. Can you hear us OK?

LYNETTE KRAMER: Yes, thank you. Can you hear me?

HOWARD: Yes. We're just going over the process now, so that's wonderful. So a few notes about our policies and procedures. We would ask that everyone please keep themselves on mute to prevent interruptions and background noise. On Zoom, you can mute, mute yourself by clicking on the microphone on the lower left-hand side of the toolbar at the bottom of the Zoom screen. As we would in a traditional hearing, which we've been doing several briefings via Zoom, I'm going to be recognizing senators to speak. So just raise your hand or jump into the chat function and I'll see that there. We'll also be recognizing each nominee and turn to speak. Part of this is because we're not sure if transcribers will get the video and so we need to continue recognizing people by name so that the transcriber knows who is speaking. When recognized by the Chair, please unmute your line, but we would ask that when you're done to make sure your

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line goes back on mute. Since this hearing will be transcribed, we'll still be asking nominees to state your name clearly and spell both your first and last name. For this, it's very informal and you're all re-- reappointments, so you kind of know the drill a little bit. But we'll start-- we're going to go in order, so we'll start with Marty Fattig, Dr. Kramer, Jessye Goertz, and April Dexter. We'll go in that order. So we'll ask you to just tell us a little bit about why you're interested in continuing to serve on the board and then we'll have time for senators to ask questions. We're gonna do this in a little bit of a different way because you're all from the Rural Health Advisory Commission and you're all reappointments. And so what I'd like to do is do sort of your interview portion, one at a time, and then at the end, we can open it up for any broad questions about the work that you're doing and then all four of you can answer if the committee has any questions about how things are going. We continue to maintain our very strict no prop policy in this committee, regardless of Zoom. And I-- just note-- bear with us if, if there are any sort of technology snafus. This is the very first time that the Legislature has ever conducted a hearing virtually and so we may run into some challenges, but we appreciate any patience-- all of your patience as-- if we do. So with that, I would like to open the hearing for Marty Fattig for the Rural Health Advisory Commission. Marty, would you like to tell us a little bit about yourself and, and the Rural Health Advisory Commission?

MARTY FATTIG: Yes, thank you very much, Senator Howard. I have been on the Rural Health Advisory Commission since 2004, actually, and really enjoy my work with the commission, a group of really dedicated individuals that are all about making sure rural gets a fair say for the people that we represent. And, you know, we, we are-- by statute, we are appointed to represent and, and, and, you know, work with any, any-- all groups: the Legislature, the Department of Health and Human Services, the Governor's Office, universities, and the public to keep them up to date on all things dealing with rural health and healthcare. I certainly-- currently serve as the chair of the Rural Health Advisory Commission and have done that for a number of years as well.

HOWARD: And Marty, could you spell your name for the record?

MARTY FATTIG: I'm sorry, sure. My first name, M-a-r-t-y, last name, Fattig, F-a-t-t-i-g.

HOWARD: That's great. And do you want to tell us a little bit about your background and some of your work in Auburn?

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MARTY FATTIG: Certainly. I started out in healthcare in 1976, actually '75, in the laboratory profession and worked my way up 'till-- I've been a hospital CEO in Auburn, Nebraska, now for-- next month will be 18 years. And so I've worked around the state from Grant, Nebraska, to Scottsbluff, Nebraska, to McCook, Nebraska, to Auburn, Nebraska. So I've pretty well covered the state. I just can't hold a job, I guess. So you know, I just really enjoy our work here in Auburn. We've been able to do some pretty remarkable things and we keep-- have a great staff that challenges me every day to work very hard to-- so that I appear to be their leader because they're so motivated and, and keep me moving forward all the time.

HOWARD: That's great. And, and your critical access hospital has really grown over the past couple of years, do you want to tell us about that?

MARTY FATTIG: Well, we, we've actually-- you know, our inpatient services have, have not grown that much. You know, rural-- inpatient services in rural hospitals are kind of declining everywhere. There is so many things that we can do as outpatients anymore that we don't need to, to admit the patients, but the services themselves grow considerably. And then we really try to focus on providing the best quality of care possible in the safest manner possible and those have been our touch points for a number of years. We work with a number of, of rural hospitals across the state. We have actually had a number of rural hospitals that get together every Friday for a Zoom conference such as this just to discuss what's going in-- on in our facilities and make sure that we're all practicing-- doing things the best way we can in this pandemic. You know, it's something we-- none of us have ever experienced before, so we want to make-- learn from each other. And, you know, Dr. Kramer is CEO up there. Tanya Sharp participates in those calls as well, so-- we've, we've had a, we've had a good run here in Auburn.

HOWARD: That's great. All right. Are there questions? Senator Arch.

ARCH: I see that, that's good. This is all new. Marty, thanks for your work and for all the, all, all the years you've, you've provided to the commission. I, I know you, you've been very involved in the American Hospital Association as well, particularly with IT on a national level. Can you talk a little bit about what you've done with that?

MARTY FATTIG: Certainly. Back in 2009, I got an opportunity to testify before the HIT Policy Committee in Washington and, and I kind of challenged them at that time. They had no rural rep-- rural

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representation on that committee. And so, you know, when you open your mouth and complain a bit, sometimes you get duties and so they appointed me to the HIT Policy Committee meaningful use work group. And I worked with that group for about five years until they essentially went off on a different path. In 2013, I had the opportunity to testify before the Senate Finance Committee on how stage one of meaningful use was working for rural hospitals and I really enjoyed that opportunity. They were kind to me, not like some Senate Finance Committee hearings. They did not tear me apart. I appreciated that and, and really enjoyed the experience.

HOWARD: That's great. Other questions? Senator Williams.

WILLIAMS: Thank you, Chairwoman Howard. And thank you, Marty, for, again, being willing to step up. You've done it for a long time in many roles that we've had an opportunity to see. As one of the leaders with critical access hospitals and recognizing that I have five critical access hospitals in my legislative district, COVID has thrown a curveball. But even before that, there were challenges for providing the right level of rural health across this state. How do you see us and how do you see your role as meeting those challenges going forward?

MARTY FATTIG: Thank you for the question, Senator Williams, and we have all-- critical access hospitals have appreciated your support from the Legislature. We are challenged-- around 45 percent of rural-- of critical access hospitals in Nebraska operate at a zero or negative margin annually, so things are really tight. To say that they-- that margins are narrow would be an understatement. They are very, very tight. You have to really mind your P's and Q's to make sure that you still have a positive bottom line or that you keep things going in the best manner possible. Philanthropy and investments sometimes make the bottom line. But one of the things that is probably the most critical that you can help us with and that is recruitment of, of staff and professionals, especially medical staff and, and the master's and doctorate-level people, which are, you know, supported by the rural-- by the loan repayment program that the Rural Health Advisory Commission administers. We, we were so hopeful that LB778 would pass and, and give us some extra funding this year, but it-- you know, it looks like that's not gonna happen. We hope that will come around next year. We have about 26 people on our waiting list the last I heard. I have not heard from the commission secretary recently to know how, how that number has changed. And the earliest we can fund any of those applicants who have already qualified, and many of them are content-- are already working in rural hospitals, the earliest we can fund them

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is, is July of 2021 because we've exhausted the funds-- the limited funds that we get from the, from the General Fund allocation. So we would really appreciate support for that-- for additional funding.

WILLIAMS: Thank you.

HOWARD: Other questions? All right, seeing none, thank you, Marty, for visiting with us today. This will close the hearing for Marty Fattig to the Rural Health Advisory Commission and open the hearing for Dr. Lynette Kramer to the Rural Health Advisory Commission. Dr. Kramer, could you state and spell your name for the record and then tell us just a little bit about your-- yourself and your interest in continuing to serve on the Rural Health Advisory Commission?

LYNETTE KRAMER: Thank you, Senator Howard. Can everybody hear me OK?

HOWARD: Yes.

LYNETTE KRAMER: All right. Lynette Kramer, L-y-n-e-t-t-e, Kramer, K-r-a-m-e-r. I, I have been practicing family medicine at Boone County Health Center in Albion for 22 years, full-scope family practice. And then about-- within the last ten years, I've moved myself-- kind of we moved us into a administrative, part-time-- clinical, part-time administrative as chief medical officer. I am passionate about rural health. I grew up in the Panhandle, out in Bridgeport, Nebraska, Morrill County. I, I was also a lab tech, lab tech by trade before I applied to medical school and so I have experience with that as well. My interest in the Rural Health Advisory Commission is just based on whatever we can do to advise and promote better policy, better awareness, and better care for the struggles that we have in rural health, but also advocating for the patients out here who may or may not have as much access to services. Twenty percent of our U.S. population is served in rural communities and so it's important that we have up-to-date policy, up-to-date funds. We, we can't have critical access hospitals closing. We need to serve these people, so-- anyway, that's kind of my, my interest and my background.

HOWARD: That's wonderful. Thank you. Are there questions for Dr. Kramer? Senator Arch.

ARCH: Thank you, Senator Howard. Dr. Kramer, as you've-- you're a family practice physician, I understand, in the, in the rural communities. Any, any unique issues that you see with pediatric care in, in the rural communities?

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LYNETTE KRAMER: Yes, thanks for the question. You know, we-- they, they always taught us that pediatrics are not like many adults, you know, miniature adults. We have to treat them a little bit differently. I feel like, though, we have a very good handle on pediatrics here. We might be unique, but when I say that we do full-scope family medicine here, we are doing obstetrics as well and obstetrics then leads you to be the pediatrician for that baby. And, you know, so we're doing wellness visits. We're able to keep immunizations up to date. And so I, I feel like, at least in our area, we are, we're pretty well versed in pediatric care, especially in the early years of life. It seems like after kids turn three or so, you just maybe don't see them as often as you should. You know, they don't come into their one-year checkups until they're in kindergarten again and there's usually a gap until their seventh grade physical. And it-- but I don't know that that's unique to family practice. I think that's pediatrics everywhere, but-- so what I would worry about, what I would worry about across the state is that-- is more of the OB desert, where honestly, OB feeds into pediatrics. And, you know, west of us, you have to go a long ways to get OB services. Maybe Broken Bow has kind of picked them up again. St. Paul is a little south, but then maybe Alliance and, and so that, that's the, that's the gap. I, I feel like OB leads into pediatrics and family medicine is perfectly capable of, of taking care of pediatrics, but that-- I guess I would kind of correlate those two together.

ARCH: So are, are the family practice doctors then-- are they, are they delivering babies, most of the babies or--

LYNETTE KRAMER: We are here.

ARCH: Is that FP?

LYNETTE KRAMER: Um-hum. We are here and-- but that-- I guess when I talk about an OB desert, the, the family medicine doctors west of here, like you said, Broken Bow is delivering, maybe Alliance is next. And that's, that's, what, four hours from here? And north, maybe Valentine, maybe O'Neill. And so there's a huge gap in-- through the Sandhills of no obstetrics, which means no pediatric or-- well, child, especially early formative years, access to care.

ARCH: Thank you.

LYNETTE KRAMER: Thank you.

HOWARD: Other questions? Senator Williams.

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WILLIAMS: Thank you, Chairwoman Howard, and thank you, Dr. Kramer, again, for deciding to re-up on this. We've talked a lot about telemedicine. I see you're involved with one of the MCOs that has also preached telemedicine. Senator Arch and Senator Howard and I have all talked at some length about the COVID experience and what that has done. From, from your role as-- in, in Boone County and being a physician, where do you see us being able to go with, with telemedicine to correct some of these issues?

LYNETTE KRAMER: Yeah. Thank you very much for the question. Telemedicine has, through COVID, which I'm amazed at how we've been fighting for telemedicine reimbursement to be equivalent and through COVID, we were able to accomplish that. COVID has absolutely allowed us to expand that service and that service to me is, in my opinion, is going to continue to be necessary. We, we have to find a way to reach patients where they're at. And so, you know, I'm, I'm hoping-- I want to be optimistic that telemedicine is going to continue to take-- play a huge role in medicine as we go forward. Things like COVID, even, even a bad influenza season, you know, we don't need to bring the most vulnerable people into our clinics and expose them. And if we have the means to, to get telemedicine to them or-- and, and really, Medicare has been pretty fair, it's even telephonic. It doesn't even have to be audio visual. But the, the, the question is-- I mean, your, your question is very fair. I, I just-- this is, this is just going to continue to expand. We are going to also have to figure out-- I don't, I don't know who it's going to be through, but again, let's go over to the Sandhills. I mean, there are, there are dead areas where people can't be reached, you know, and we need the bandwidth and, and the, the Internet, and a wire-- wireless and a cellular signal to, to reach those people. I know not everybody's tech savvy, especially if we talk about our Medicare people who are our most vulnerable, but I definitely think going forward, the younger generation is looking for this and they will be expecting it in the future.

WILLIAMS: I think you will find a lot of allies in the Legislature. The, the issue of payment parity will be the, the elephant in the room, I think--

LYNETTE KRAMER: Yeah.

WILLIAMS: --going-- thank you.

LYNETTE KRAMER: Yeah and, you know, we been-- yes, we've been very appreciative of-- I mean, BlueCross really stepped up. Really, most of the payers stepped up to this time. It would, it would be really sad

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to see us go backwards, to, to go backwards in that. So I, I hope that they will-- they will, they will maintain that, that parity.

HOWARD: Are there any other questions? Senator Murman.

MURMAN: Thank you for appearing in-- before this committee and I do have a question, Dr. Kramer, about-- you talked about distances in your part of the state to obtain obstetrics and pediatrics and so forth and especially to the west and north of you, the limited number of critical hospitals. Do you see the state or the communities being able to maintain the hospitals that they do have in those-- in this part of the state, despite the, you know, leveling off of the population or, or possibly even declining population in, in that part of the state?

LYNETTE KRAMER: Yeah, great question, and thank you for that. I, you know, I think-- I do think that there will be struggles, as Marty mentioned, with so many of the critical access hospitals functioning in these negative margins. One of the-- there are a lot of really-- there's a lot of unique proposals out there for sustaining healthcare, at least emergency type of healthcare. And, and I apologize that I don't recall what the names of some of these hospitals are, but, you know, there are these proposals for these kind of emergency, outpatient-only facilities where you can at least get-- at least offer a service to a patient and get them seen and stabilized and then transferred if, if they are going to be above your level of care. I, I just can't remember what, what the proposed name of those, those types of facilities are, but I-- as I read and learned about them, I, I feel like that is a, a solution. You know, you don't have the inpatient capacity necessarily, but you absolutely have that ability to take care of people in a, in a critical situation, a place for them to go without having to travel two hours or, or three hours to get care. And again, I'm sorry that I can't think of the name. I don't know, Marty, if you know that model that I'm talking about, but--

MARTY FATTIG: Yeah, Senator Grassley is, is actually working on some-- a proposal. The REACH Act is probably the most popular one where they would get a, a percentage of above cost to have an emergency room available.

LYNETTE KRAMER: Um-hum. And, you know, even if, even if that kind of a, a program or model of care to be available in some of these more desolate areas, at least we know we could-- it would be a stepping stone and, and just maybe a little more timely to get patients to, to the tertiary cares. The other, the other part of that then is the EMF, the EMF model out there. And I think one of, one of our frustrations

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that we've talked about with Rural Health Advisory Commission is the cost of air ambulance. And-- but when you're out in-- you know, when you're out in Mullen, Nebraska, and you have a critical patient, need to get them somewhere timely, the air ambulance is-- as a provider is your saving grace and you just, you just got to get these patients out there. We don't want our, we don't want our death rates to be higher because of lack of access to care, and so air ambulance, to me, is, is one issue when we talk about payments and reimbursements and cost, high cost. It's necessary, but it's, you know, it's expensive and payers are not playing fair with that.

MURMAN: Well, thank you very much. I, I think maintaining the great emergency services in some parts of the state combined with telemedicine will go a long way toward good healthcare in, in some parts of the state. Thank you.

LYNETTE KRAMER: Yep, thank you.

HOWARD: Great. Any other questions for Dr. Kramer? All right, seeing none, thank you, Dr. Kramer. This will close the hearing for Dr. Lynette Kramer to the Rural Health Advisory Commission and it will open the hearing for Jessye Goertz to the Rural Health Advisory Commission, Commission. Jessye, could you state and spell your name for the record and then just tell us a little bit about yourself?

JESSYE GOERTZ: Sure. I'm Jessye Goertz. And my-- it's-- the spelling is J-e-s-s-y-e G-o-e-r-t-z. And do you want me to just go ahead and tell a little bit about--

HOWARD: Yeah, tell us a little bit about yourself and your experience serving on the board and why you-- why you're willing to continue serving us. Thank you.

JESSYE GOERTZ: All right. OK. Well, I'm, I'm the rural consumer of the Rural Advisory Commission, which means I don't have any medical background, really, but I am a registered dietitian and I worked for the University of Nebraska Cooperative Extension for the last probably 30 years, close to 30 years. And so I do have sort of a connection between the medical profession and, and, you know, regular people. And so I first worked in the western part of Nebraska in Morrill County and then we moved to Custer County, where I was an Extension educator. And then-- now then, I work in-- I don't-- I'm, I'm retired, so I don't work at all, but I-- we recently moved to Brock or rural Brock County-- or Nemaha County, which is-- our address is Brock. And so I've lived in parts-- almost all parts of the state of Nebraska, so I am familiar with the medical issue. And just like Lynette said, it's

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a-- the medical profession is a, a big deal in western Nebraska. And I feel like it's my responsibility or opportunity to see that some of these things are at least acknowledged and-- you know, because I feel like a lot of times that people in eastern Nebraska, where most of the people are, they just lose the connection between what it's like in rural Nebraska, you know, the hours or the lack of people that are there to service the people, the people that live there. But then on the other hand, you have to realize that the people have decided to-- more or less, many people have decided to live out there and they know that that is one of the consequences of living in rural Nebraska. Along with all of the wonderful things about living in rural Nebraska, you do have the shortages of living in the-- in an area where these things are not available. Many things are not available, but one of them is healthcare. And so, you know, it's kind of a way off of the issue of whether-- you know, if a person wants to live where they-- the access is the greatest, then they could live in Omaha or even in one of the larger other cities in, in the state. But anyway, just a little bit about myself. I worked, first of all, like I said, in Morrill County and then we-- I-- then I lived in Custer County and now I live in Nemaha County, which is all the way across the state. My husband and I are owners of the Double Heart Diamond Cattle Company and we have seed stock of registered Herefords. And I've served on several boards regarding the Hereford business, including I-- serving as state president and on the national Hereford Association board. So that kind of gives me some background of what, what it's like or what people's concerns are across the United States. Previous to serving on the Rural Health Advisory Commission, I sat on Governor Heineman's council for health promotion and physical activity and the Loup Basin Public Health Department when the health departments were becoming a thing where they-- every county had a health department, which, as all of you probably know, was not the way that it was in Nebraska. There were only a few health departments across the state and now every county has some relationship to some health department. And I was on the health department in Custer County when that health department was formed, so I was in on all of the beginnings and the-- all that to get that formed. I have served on the Nebraska dietetic association board and the Action for Healthy Kids team and I really do enjoy being on the Rural Health Advisory Commission because not only is there a connection between what I've done in the past and-- not so much what I'm doing right now because since I'm retired, but I do still have a burning desire to get these services available to everybody, but I do not know what the answer is. I mean, I, I just, you know, I just don't, I don't know what the answer is, so that's about it.

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HOWARD: Well, thank you and thanks for talking about the public health departments. I, I am constantly reminding people that we have a very young public health department system, but it's very helpful for you to remind us of that, especially now because they've become so critical in terms of our healthcare infrastructure, which is wonderful.

JESSYE GOERTZ: Yes.

HOWARD: Are there any questions? Senator Williams.

WILLIAMS: Well, I have to ask the question because you, you recognize that Jessye lived a long time in my legislative district and I don't really-- I'm not really happy about the fact that she moved out now, but-- Jessye, you spent a lot, a lot of years with Nebraska Extension as an Extension educator. And of course, a lot of the responsibility there is, is being sure that you're, you're bringing education in the, in the medical and the health area too. Do you see that as a nice partnership, with what we're doing with rural health, as to what Extension is also bringing to the table?

JESSYE GOERTZ: Well, I absolutely do, because most or I should say all Extension educators are educated in the, in the medical-- not necessarily medical, but in the-- they're, they're educated people. And so they can take the information from the medical profession to the people. And that's what we do in Extension or what I used to do in Extension. I used to take it from the University of Nebraska all the way out to the people and so I, I do see that as a very valuable asset.

WILLIAMS: Thank you.

HOWARD: Senator Murman.

MURMAN: Yes. Thanks for your, your service, Jessye. You've lived in several parts of the state. Could you give us maybe an idea that might be useful across the state of, of an advantage you had in a certain part of the state that would be applicable? I know being close to a critical hospital would be a big deal, but something maybe a little different than that, that, that-- one area may be-- did that, that could be useful that we could apply to the whole state?

JESSYE GOERTZ: Not really. I'm sorry, but, you know, all the things that Lynette said about the distancing and, you know, [INAUDIBLE] like, for instance, she is a, a, you know, a physician in a, in a rural area, so that area is covered. But having lived in Bridge-- or

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in-- well, in Bridgeport, yes, but also in, in Custer County where it's such a distance to-- I mean, we, we did-- we do have good hospitals in these areas, both in Bridgeport and also in Custer County, great hospitals. But there's a big distance between Custer County and Bridgeport and so I don't know what the answer is. I mean, we talk about this at every meeting that we have and I don't-- I mean, maybe somebody else sees a, a particular thing that draws these groups together or can make a difference, but I just don't know what they are. No, I don't.

MURMAN: Thank you very much. That, that's a tough question. Telemedicine will be big, but thank you very much.

JESSYE GOERTZ: Yes. Yes, telemedicine, I think, probably is the answer. And, you know, the other issue that I have and I don't know if it's an issue or not, but personally, I have never had an emergency that I haven't had covered. You know, so I don't have a lot of experience personally with, you know, being, being someplace and needing a physician and not being able to get to one. And I know that there are many, many, many, many people who have had that situation and I don't know what the answer is.

HOWARD: All right. Are there other questions? Seeing none, Jessye, I had to laugh when Matt William-- when Senator Williams asked his question because we've had a running gag in our committee asking people who-- which district is the best district, but now that you've left his district, he obviously couldn't ask that question of you. So it looks like District 9 maintains its superiority. With that, we will close the hearing for Jessye Goertz to the Rural Health Advisory Commission and open the hearing for April Dexter to the Rural Health Advisory Commission. April, could you state and spell your name for the record and then just tell us a little bit about yourself and your, and your interest in continuing to serve on the commission?

APRIL DEXTER: Thank you, Senator Howard. My name is April Dexter, A-p-r-i-l D-e-x-t-e-r, and I am a family nurse practitioner. I live in Amelia, Nebraska, and I work in Atkinson, Nebraska, for West Holt Medical Services. I have been a registered nurse for 19 years and 11 of those years, I have been a family nurse practitioner. And I guess, I guess the main reason that I am interested in continuing to serve on the board is just the opportunity to continue to be a voice for the consumers in rural Nebraska, as well as nurses and, and healthcare providers. I've worked my entire adult career in rural health. I have always lived in the O'Neill-Atkinson-Chambers area, so I was born and raised here and then returned here after college. I agree with Jessye,

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too, that there are many, many positive things about raising a family in rural Nebraska and there are obviously some challenges as well.

HOWARD: Are there questions for, for April Dexter? Senator Cavanaugh.

CAVANAUGH: Thank you. Thank you, April. I see that you also work in Grand Island, is that correct?

APRIL DEXTER: Yes, I did some PRN work for Twin Rivers Urgent Care in Grand Island. I haven't been traveling down there since COVID, but just, just to fill in down there, I have worked there. And they also have an urgent care clinic in North Platte that I would travel to periodically to help out on the weekends.

CAVANAUGH: But you're not, you're not doing that currently.

APRIL DEXTER: No, not with COVID. My, my current employer won't let us travel, so--

CAVANAUGH: Understandable, thank you very much for your willingness to continue serving on this board.

APRIL DEXTER: Thank you.

HOWARD: Senator Arch.

ARCH: Thank you. So tell me a little bit about the role-- your particular role as APRN and what, what, what role do APRNs play in the, in the rural community?

APRIL DEXTER: Well, thank you for your question, Senator Arch. Right now, so I work-- West Holt Medical Services is a critical access hospital and we have a rural health clinic that is attached to it. So we work very, very closely on a daily basis. We currently do not have a physician that is employed at our clinic or hospital full time. We have a locum physician who comes twice a month to our facility. So right now, as a family nurse practitioner, I, I cover the emergency room during the daytime. I see patients in our rural health clinic full time. I also round at our-- two of our local nursing homes, one here in Atkinson and one in Stuart. We admit patient-- I admit patients to hospice. I think that's about it.

ARCH: Do they call you doc when they see you?

APRIL DEXTER: No, no, I'm not a doctor. No, I do think that, that nurse practitioners and physician assistants, you know, out here where I live, do a really good job at filling the gap in the, the lack of

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healthcare access and that kind of thing, but by no means do we replace physicians.

ARCH: Right, I was, I was joking, but I mean--

APRIL DEXTER: Yeah.

ARCH: --you really are a primary provider in, in, in the role that you play. And, and I know the, the APRNs play absolutely essential provider roles in, in the rural areas. And I'm sure that the, the role of an APRN in Omaha versus the role of an APRN where you are is, is quite different.

APRIL DEXTER: Yes. Yes, Senator Arch, it is much different. Even when I go to conferences and such, you know, visiting with some of my colleagues that work in specialty, we, we definitely live two very different professional lives.

ARCH: Yeah, thank you.

APRIL DEXTER: You're welcome.

HOWARD: Other questions? Do you want to tell us about the numerous caught in the act recognitions that are on your resume?

APRIL DEXTER: Sure, I'd be happy to. That's one of the, the positive-- one of the positive things that West Holt Medical Clinic has is when employees are caught doing something that is above and beyond that of their job description. Our, our senior leadership team recognizes employees across the board for anything that has been above and beyond. And on a monthly basis, then they-- you get a little something for that and they acknowledge you in the monthly newsletter.

HOWARD: That's wonderful. I think that's great that you have numerous ones. We're, we're so lucky and fortunate that you're willing to continue serving on this board.

APRIL DEXTER: Thank you.

HOWARD: OK, so are there any final questions for April Dexter? OK, this will close the hearing for April Dexter to the Rural Health Advisory Commission. And just, just in closing-- well, not in closing-- I'd like to ask all of you if you can tell us a little bit about how your work has changed or what you've seen change in light of COVID in our last few minutes together. Marty, do you want to start us off?

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MARTY FATTIG: Sure. Thank you for the question, Senator Howard. I told people the other day that I, I really don't know what I must have done prior to COVID because it totally consumes my day anymore. You know, with things changing as quickly as they do, you have to constantly be updating your your-- yourself and your team on how to react and what to do, depending on if you have a surge in your community or if you're just sitting quietly by watching all of your revenues go out the window because you don't-- you're not doing elective surgeries and you're not providing specialty clinics and, and your staff really has very little to do. We are thankful that they-- our staff has very little to do, that means we have no COVID patients, but it's still a, a huge adjustment and it's a huge shock to our bottom line as well. But, you know, we've learned a lot.

HOWARD: Yeah. Dr. Kramer, how has your work changed in light of COVID?

LYNETTE KRAMER: Agreeable that the volumes have dropped significantly. I do think we're starting to slowly see a ramp up, once the Governor kind of lifted some restrictions, of people coming in. I-- telemedicine has become a huge thing for us. Mask wearing is-- well, we know it's polarized, but it's tough. I-- one of the-- one of my experiences is telemedicine visits with nursing home patients who are vulnerable and lonely and isolated. And a lot of them are demented and I've taken care of them for years and they have no idea who I am. But when they see my face smile at them, even on an iPad screen, they just light up. And those, those are the kind of happy, bittersweet, sad type of moments that this has brought to us. I am highly concerned about suicide rates going up and I think our mental health, potentially, is going to have a surge, if you want to call it that. Mental health, we need to be proactive and not reactive. I, I saw an article in northern California, affluent Silicon Valley, where in one month, they had more deaths and as many suicides-- more deaths from COVID and more suicides than they had in a year alone. And I think that we, you know, fortunately, haven't been hit as hard by COVID, but you take the flood last year, you take-- I think the potential is, is significant. You know, we've-- hopefully, we've given our community some peace of mind. We screen patient-- we, we screen everybody who walks into our facility from any door. We've kind of removed-- created a respiratory or a sick clinic for the COVID type of people and the well clinic for hopefully, just other people in for their checkups and physicals. We've ramped up telemedicine, as we talked about a lot, and have just kind of started to gently open up procedures. We're checking our PPE burn rates. I mean, we're, we're, we're-- like Marty said, we're talking about things that, that it-- we-- it just consumes our days. And, you know, so again, yes, we'll learn a lot from it, be

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better prepared for the next time, and just continue to hope for the best.

HOWARD: Thank you. Jessye, I know you're retired, but have you seen any changes in light of COVID in your community?

JESSYE GOERTZ: Not really in my personal community other than-- I have had to stay home a lot and there's not much to do. You know, as a retired person, you look forward to taking the grandkids to the zoo and all those kinds of things and there hasn't been anything to do. So I'm all for getting back into the groove and getting-- moving on, but it's, it's not really-- doesn't have anything to do with the-- with this commission.

HOWARD: Thank you. April, how has your work changed in light of COVID?

APRIL DEXTER: Very similar to what Dr. Kramer mentioned, you know, I'm-- feel very fortunate that I haven't been furloughed or-- and that I still have a job and continue-- and can continue to serve our patients. I also have used telehealth a lot, particularly with nursing home patients and limiting the access, you know, to the vulnerable patients. We use a lot of telehealth in primary care and have also been using telehealth for specialty as well. We have a number of outreach providers that come out here to Atkinson and we instead have been able to still-- our patients have still continued to see their cardiologist and that type of thing through telemedicine, which has been really nice. I think we've all been forced to think outside of the box on a daily basis in trying to find inventive ways to continue to take care of our patients. We also have divided our clinic into a sick clinic and a well clinic to avoid any potential exposure. I also think, you know, this probably isn't going to entirely go away, so we need to continue to learn and grow.

HOWARD: Thank you. All right, being mindful of time, we have one final question. Senator Cavanaugh.

CAVANAUGH: Yes. Marty, you were talking about that you're not doing elective surgery and I actually have two questions. I'll ask them together. One, your, your work on IT and, and technology in your community, do you feel like that really has prepared you better for doing the telehealth delivery that you're doing now? And two, you mentioned not doing the elective surgeries, could you speak to why-- what obstacles you're having with the elective surgeries?

MARTY FATTIG: Thank you, Senator Cavanaugh. And I really probably was not very clear. We, we stopped doing elective-- or elective surgery or

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elective surgeries for a couple of months. We are back, as of May 4, after the Governor loosened things up a bit, and we are now ramping up elective surgeries. We tried to do a slow start, rather-- so that we wouldn't be inundated. We kind of wanted to see how it went right before we went full speed ahead. And as far as the IT work, yes, it is-- it has really helped me in my career. I have-- in a former life, I actually ran a laboratory computer system for a regional reference lab out in Scottsbluff, so-- but that was long enough ago that I'm-- know just enough to be dangerous anymore and-- but it really did pay me-- it really was a, a, a great advantage to have that background as, as we work through installing and, and utilizing telehealth and other IT services in our hospital and clinics.

CAVANAUGH: Thank you. I, I also serve on the telecommunications committee, so broadband is something that I'm very interested in telehealth. Thank you.

MARTY FATTIG: Thank you.

HOWARD: OK. All right, well, I'm going to close this out, then. So we did have one letter for the record and that was from the Nebraska Hospital Association in support of Mr. Fattig's reappointment to the Rural Health Advisory Commission. Just to be really clear, when we reconvene in person in July, we'll hold a public hearing in person and your names will be on the list for that hearing and we'll invite public comment at that time, but you won't need to attend because we've already conducted this hearing. But we do want to make sure that we try to garner meaningful public comment on your appointments if there is public comment to be had. And then a reminder for the rest of the committee, we-- our next gubernatorial appointment hearings are on Friday starting at 2:00 p.m and so Timoree has already sent out the link to you. We're actually going to do two. So we'll do one at 2:00 and one at 2:30 and so-- and we'll just stay on the same Zoom link for the entire time. But with that, this was very exciting. It was the first of-- the Legislature's first to tele, tele-- teleconference, virtual hearing and I really appreciate your time today. And Marty, April, Jessye, and Dr. Kramer and Lynette, we're very grateful for your willingness to serve on the Rural Health Advisory Commission and for everything you're doing for greater Nebraska. So thanks, everybody, for your time today and this will conclude our hearing.

_____ : Thank you.

_____ : Thank you very much.