

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 22, 2022

ARCH: Well, good morning and welcome. Thanks for coming today to in this lovely weather. Welcome to the Health and Human Service Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County. I serve as Chair of the HHS Committee. We have a couple of members with us here today and I think a couple more will be arriving. But I'd like to invite the members here to introduce themselves starting on my left with Senator Williams.

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

B. HANSEN: Senator Ben Hansen. I represent District 16

ARCH: And also assisting the committee is one of our legal counsels, Paul Henderson, our committee clerk, Geri Williams, and today we don't have pages, so I'm going to give a very brief introduction. A few notes. First of all, if you do have a cell phone, please silence or turn off your cell phone. We're going to be hearing all gubernatorial appointments this morning taking on the order that they're posted outside. We'll give an opportunity, obviously for the-- for the appoint-- appointee to come up and talk, or on the phone. Give us a little bit of background of-- of your --your interest in being appointed and what qualifications you may have for that appointment. So we'll do that. Then if there's anybody that wants to speak in favor or in opposition or in a neutral capacity, we'll also give those an opportunity. So with that, we will begin today's gubernatorial appointments with Dr. Jeffrey Wallman, who's on the phone. Welcome, Dr. Wallman.

JEFFREY WALLMAN: Hi, yeah, thank you.

ARCH: Well, if you could tell us a little bit about your background and your interest in this new appointment to the Rural Health Advisory Commission.

JEFFREY WALLMAN: Sure. Yeah. So like you said, I'm Jeffrey Wallman. I grew up in southeast Nebraska, Filley, Nebraska, down by Beatrice and went to a small high school, went to college at UNL, Medical School at UNMC here in Omaha, and now I'm a current family medicine resident at UNMC. And my interest in the Rural Health Advisory Committee kind of stems from the kind of, you know, increased and the-- the increased need and the decreased availability of medical workforce in our rural communities. And that kind of, you know, I'm interested in kind of working on like maybe recruiting, you know, future doctors to practice primary care in rural Nebraska and kind of explore opportunities to

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help kind of stir interest in providing primary care to most needed locations throughout Nebraska. And so that's kind of my-- my interest in serving on this committee.

ARCH: That's great. That issue of recruitment to the rural areas is in front of our committee every year, obviously a large issue. I notice that you-- you had some elective rotations to rural Nebraska as part of your-- as part of your training. And I guess my question to you is what you're-- I'm assuming you're doing some continuity clinics in Omaha as well, but what's the difference that you see between rural health care and urban health-- health care, if any?

JEFFREY WALLMAN: Well, I think the biggest difference is, you know, there's just not as many resources available in those rural settings. You know, when I-- when I did that, rural rotations out to places like Tecumseh and Beatrice and Scottsbluff, you know, you'd get an X-ray and my-- my attending family medical doctor, at least in Tecumseh, would be the one to read that X-ray. It's not like you had, you know, a radiologist readily available to kind of overread and give an official read for you. And so whereas here in Omaha, you know, you get an X-ray and then you can call down to the radiology reading room and-- and have them look over it quick and kind of give an official read of it. And so, you know, definitely the kind of lack of special-- specialties in rural Nebra-- rural locations, the lack of kind of resources in general is a big-- big barrier to providing, you know, higher quality health care compared to urban settings.

ARCH: I'm sure that's-- I'm sure that's the case. Other questions from the committee? Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and thank you, Dr. Wallman, for your interest in this appointment. Do you bring any specific ideas to the table that you would like to propose to the committee to address the issue of the rural workforce shortage in the medical profession?

JEFFREY WALLMAN: Yeah, I mean, I just sat in on the first-- the first committee meeting on Friday, and there was a lot of conversation about, you know, loan-- loan assistance and kind of loan repayment. And I think, you know, at least for me, a big drive for recruiting providers to rural Nebraska is kind of, you know, showcasing how special rural primary health care is and kind of, you know, maybe developing some programs to kind of, you know, showcase and recruit, you know, medical students to come practice in rural locations and kind of just go into primary care in general and kind of, you know, maybe host some seminars that kind of explore the different--

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different opportunities that are available through family medicine and primary care programs at our various institutions here in Nebraska.

WILLIAMS: Thank you.

ARCH: Any other questions? Well, I, you know, my-- my understanding of rural health is, particularly for physicians is that it also presents a huge opportunity for a much broader set of skills for the primary care physician not having that specialist immediately at hand that-- that physician in the rural area would be called upon to do a lot of other things. Whereas, you may be quicker to refer within an urban setting, you are-- you are the doctor in that rural. So I mean, I can't-- I can't say thank you enough for your willingness to serve in the rural area and for your interest and your-- and your enthusiasm to recruit and build that up because we have-- we have populations obviously in our state that are in serious need of that kind of care. So thank you, and thank you for your willingness to be willing to serve on this commission as well. Any other questions from the committee? Seeing none, Dr. Wallman, thank you for your time, and we will consider your appointment and vote and move it out to the floor as quickly as we can here.

JEFFREY WALLMAN: OK, thank you so much.

ARCH: With that, I would ask, does anybody want to speak as a proponent, opponent or in a neutral capacity for the appointment? Seeing none, thank you very much, Dr. Wallman. I think he's gone. OK. All right, great. With that, we will close the hearing on Dr. Wallman and we will open the hearing on Douglas Bauer. And he's going to call in as well, correct? Dr. Bauer?

DOUGLAS BAUER: Yes, this is Dr. Bauer.

ARCH: Well, welcome. This is Senator Arch. I Chair the committee here. We have other committee members here, and we just want to chat with you for a little bit and thank you for your willingness to serve on the State Board of Health as a new appointment. And so we start out by just asking if you'd tell us a little bit about yourself and your interest in serving on the Board of Health?

DOUGLAS BAUER: Yeah, of course. First of all, thanks for taking the time. I know it's a busy morning. I'm originally from Malcolm. Went to Nebraska Wesleyan for undergrad and then Des Moines University for my medical school. I did my training in Lincoln and then trained in family medicine. I worked as a hospitalist for about five years at St. E's, and I currently work as a hospice physician for CHI, and I'm also

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a hospitalist for Methodist. So that's my background there. Over-- over the last couple of years, I've gotten more interested in policy kind of as being able to watch what's going on in medicine, particularly with COVID. And I had-- maybe I can be of some benefit being in the hospital for so long to the Board of Health. And seeing that there wasn't a DO member for a number of years, I thought I could maybe add some expertise to that. So that's really where my-- my interest came in.

ARCH: OK, thank you. Questions from the committee? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for your interest and willingness to serve, Dr. Bauer. My first-- well, first is a comment. You live in Gretna and you put that Matt Williams is your senator, so you at least did your due diligence on redistricting. (LAUGHTER)

DOUGLAS BAUER: Yeah. It was-- it was Jennifer Day and has recently changed, though, of course.

M. CAVANAUGH: Well, you're very lucky. You're in good hands with Senator Williams. My other question is, so as a hospitalist, I know the last couple of years have just been really challenging for everyone in our hospital situations. And have you-- how has that impacted-- how has COVID impacted your work and have you seen-- I see you're in Lincoln. Are you also in Omaha?

DOUGLAS BAUER: So, yeah, right now my-- the hospice work that I do is in Lincoln. And then actually the Methodist job will be in Council Bluffs. So I've talked-- I know that that was initially kind of a concern. I talked with Monica Gissler as well as some of the other people. And they said as long as I'm-- I'm still working in Lincoln, that shouldn't be a problem.

M. CAVANAUGH: I wasn't trying to trip you up on that question.

DOUGLAS BAUER: Yeah.

M. CAVANAUGH: I was asking--- going to ask about if you see in the different communities because there's different health standards that we've had in various communities, have you seen a difference in the hospital capacities, in the hospitals' ability to serve the patients in the various settings that you've been in?

DOUGLAS BAUER: You know I-- I haven't seen much of a difference. I think the biggest concern that we see is really getting people out of the hospital once they're well, but 20 days of quarantine or whatever

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it is, or getting a nursing home to take some of these patients, I think is our biggest-- is our biggest issue. We've always had the capacity, at least from what I could tell, ICU beds, other beds, we could always flex up if we needed to open up extra rooms, at least in Lincoln. But we had people that would literally be in a nursing home for-- for months because nobody would take them. And that's been our biggest issue with hospital capacity from what I could tell.

M. CAVANAUGH: Thank you.

ARCH: Thank you. Other questions? Dr. Bauer, you make a very strong statement in your application regarding treating everybody regardless. It sounds as though that you've come to some pretty strong convictions along those lines. Am I correct?

DOUGLAS BAUER: You are correct.

ARCH: What-- could you tell us a little bit about that? What-- it's a pretty strong statement.

DOUGLAS BAUER: You know, I was-- I was pretty frustrated during COVID because I-- I want to make a statement before I make my-- my next statement. My statement is, you know, when somebody comes in for alcoholism or for a COPD exacerbation because of their smoking or because of things that they've done to injure themselves, we-- we don't-- we don't say, no, don't come in. We don't say we're not going to treat you because you've decided not to listen to the medical community. We say, come on in, you're a human being. We're going to treat you. But over the last two years, I've seen pulmonologist and pulmonologist, physician after physician tell patients, you're not vaccinated, so why should I treat you? And I found that extremely disgusting, and just-- I did not know how to respond to that. That was usually the first question the pulmonologist would say to me, well, are they vaccinated? If not, why should I treat them? And I didn't know how to respond. And so that-- that makes me really sad because in medicine that-- that's not what we're here for. These are human beings that need our care. Whether we agree with their decisions or not, it doesn't matter.

ARCH: Well, thank you. That-- that-- that helps me understand that statement. Thank you very much. Any other questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Just a follow-up on that. What would-- what did happen in those situations?

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DOUGLAS BAUER: You know, usually-- so I knew most of these physicians for a number of years, and so I would-- so I would do one of-- one of two things. I would-- I would try to say-- I'd try to have a polite conversation with them and say, hey, look, you know, I have the same COPD talk that I just had with you guys. Let's say you treat these other people the same way, and-- and, you know, it's our job not to judge them and to give them our best care possible. And sometimes they would argue with that. And, you know, and sometimes they wouldn't. But sometimes I would just kind of say, hey, I'd really just appreciate you could take a-- take a look and-- because sometimes I couldn't prescribe some of the medications without their approval. And so I was kind of handcuffed and so I'd have to get them to say, yeah, to see them. You know, it would take a little finagling and there was certainly some kind words. You kind of have to-- have to do your best to try to get them to see where you're coming from. And usually they would-- they would come-- come and see them. But just-- it was frustrating that you have to kind of beg them to do that.

M. CAVANAUGH: Thank you.

ARCH: Thank you, Dr. Bauer. Any other questions? Seeing none, thank you for your willingness to serve. We'll consider your appointment, and we'll have a vote shortly, move it out to the floor. And again, appreciate your willingness. Is there anyone that would like to speak as in-- as a-- as a proponent or as an opponent or in a neutral capacity? Seeing no one, Dr. Bauer, thank you very much for your time, and we'll let you go back and take care of more patients.

DOUGLAS BAUER: All right, thank you very much. Have a good day.

ARCH: Thank you.

DOUGLAS BAUER: Bye.

ARCH: That will conclude the hearing for Dr. Bauer. We'll now open the hearing for Joshua Vest. Come on up to the-- come on up to the chair here and we'll get a chance to talk to you. Welcome.

JOSHUA VEST: Yeah, thank you.

ARCH: Tell us a bit about your background and why-- why you have the interest in the reappointment.

JOSHUA VEST: Well, I've been serving on the Board of Health since 2014. So I grew up in Wichita, Kansas. I went to medical school, Des Moines University, also like Dr. Bauer. Did a residency in

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reconstructive foot and ankle surgery in Detroit for three years before returning to Lincoln or coming to Lincoln and have been practicing in Lincoln for almost ten years now.

ARCH: OK, as a podiatrist.

JOSHUA VEST: As a podiatrist, yes.

ARCH: OK. So you serve in the podiatrist-- as a --as a podiatrist on the Board of Health in that--

JOSHUA VEST: That's correct.

ARCH: --as that appointment?

JOSHUA VEST: That's correct.

ARCH: OK. All right. Good. Questions from the committee? Senator Williams.

WILLIAMS: Thank you, Chairman Arch. And thank you, Doctor, for being here. One of the things that you get involved with, we get involved with is the 407 process. Would you walk us through how you feel that that process works, the-- what works well and if there are shortcomings in that process?

JOSHUA VEST: Certainly 407 process is one of the things I do enjoy about being on the Board of Health. So it can be a long, long process sometimes and there are obviously no shortage of opinions on both sides of most of the 407s that are brought before the Board of Health. I do think it functions well. I think that the key is the people involved and a willingness to make sure all voices of all parties involved are heard and that the 407 process is allowed to unfold and kind of run its course. As far as problems with the 407 process, I don't-- I don't think there are any glaring things that stick out to me as far as problems.

ARCH: Our committee relies heavily on the 407 process, you know, as you would understand. Issues of scope come before us all the time and we don't have a doctor sitting on the committee. We have a chiropractor is as close as we get. I'm a banker. We have different backgrounds. So thank you for doing that and recognize how important that process is to the state.

JOSHUA VEST: I appreciate that and I appreciate you saying that. You know, we put in the time in this process and hope that the work that we do is-- is a valuable resource and that it is-- take it for what

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it's worth. So I think in the 407 processes, sometimes there are-- you mentioned scope of practice and those issues come up commonly and sometimes there are parties on one side or the other that may not be thinking about what's best for the-- the public health interest. And we make these decisions and we try very hard to make sure when we do make decisions and make recommendations, or that sent off to you, that the best interest of the public health of Nebraskans is the number one priority.

ARCH: Well, thank you for doing that.

JOSHUA VEST: Um-hum.

ARCH: Thank you. Other questions? So you've served on the --you've served on the Board of Health, you said since 2014?

JOSHUA VEST: That's correct.

ARCH: OK, so you've been there quite a while. What-- what --how would you describe your contribution? I mean, you're a specialist. And so obviously, when any issues of podiatry come up, you can speak with authority on those issues, but you hear a lot of different issues through the Board of Health over that time. What-- how would you describe your contribution to the Board?

JOSHUA VEST: That's-- it's a great question. So while I-- my main, well, my focus is foot and ankle surgery primarily. It's-- that's the unique thing I think that's great about the Board of Health is it's almost entirely made up of physicians. We do have members, veterinarians, we have a chiropractic member. And I think we all are able to kind of look at the issues that come up through a different lens, I think. And I think that that is very beneficial too. And most of the issues we address, they aren't always related to our specific specialties, but it's clear of working on it for as long as I have been now that everyone there is looking at the issues that arise, what's best for public health in general, how we want-- kind of access do we want for our families, how would we want them treated? So I try to give an objective opinion as much as possible to think about what's best for Nebraskans.

ARCH: Good. Yeah-- yeah, you would you all would come with very different perspectives, and yet it's patient care.

JOSHUA VEST: Yes.

ARCH: It's public health patient care.

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JOSHUA VEST: Yeah.

ARCH: Yeah. Good. Well, thank you. Any other questions? Seeing none, thanks for coming very much this morning, and we'll consider your appointment and-- and move it to the floor then.

JOSHUA VEST: Great. All right. Thank you for your time.

ARCH: Anybody here that wants to speak as a proponent, opponent or in neutral capacity? Seeing none, this will close then the appointment hearing for Joshua Vest. Thanks again for coming. Now we will open for Frances Beaurivage and I don't see Frances. Happen to know Frances and don't see Frances. All right, we'll-- we'll move past that and we'll move to Michael, Dr. Greene.

MICHAEL GREENE: Morning, everybody.

ARCH: Good morning. Tell us a little bit about your background and your interest in being reappointed,

MICHAEL GREENE: So I'm the program director for Creighton and there's a spot for-- for Creighton on the Board for the Creighton Family Medicine training program. Background, I trained at UNMC Family Medicine, served in the military. I served in a lot of rural locations in my time in the military, Afghanistan and Japan, and was often a solo practice doctor in various different locations. Practicing rural is near and dear to my heart. I trained in a rural training program in medical school specifically. And as program director at Creighton, one of my jobs is to help place family medicine doctors throughout the state of Nebraska with our clinical partner, CHI. So a lot of professional overlap there with things that I do anyway, so glad to serve on the committee.

ARCH: I think our previous gubernatorial appointment was the family practice director for UNMC.

MICHAEL GREENE: Yep, it's Jeff Harrison who trained me, yeah.

ARCH: Is that right?

MICHAEL GREENE: Exactly.

ARCH: All right. Good. Good. All right. Questions for Dr. Greene? Senator Walz.

WALZ: Thank you for coming today.

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MICHAEL GREENE: Sure, thank you.

WALZ: This is a reappointment?

ARCH: Reappointment.

MICHAEL GREENE: That's correct. Yep.

WALZ: OK, all right. I was just curious. What kind of-- are there any special issues that you're most compassionate about when you serve in this capacity?

MICHAEL GREENE: Placing family medicine doctors throughout the state is what I do anyway. So-- so it's challenging sometimes. We get outcompeted with some of the states around us with-- with people that I'm looking at placing, depending on packages that-- that the state has in comparison from year to year with-- with other states. So-- so that's one of the things that I'm passionate about is-- is trying to get people trained here and staying here as well as opposed to losing some-- some really fine family practice doctors to other rural locations.

WALZ: OK, I was going to ask that question is that other rural locations in other states?

MICHAEL GREENE: That's correct, yeah.

WALZ: So you're comparing rural to rural, OK.

MICHAEL GREENE: Yeah. As is previously brought up, practicing rural allows family practice doctors and multiple other doctors to practice in a broad capacity, which is often what drives people into family medicine, certainly what drove me into family medicine. And I did train med school in New York, and I would never practice in New York with this or either of the coasts as a matter of fact, because of the severe limitations on practice that I would have there. I would really just be a clinic doctor, whereas here I'm a clinic doctor, hospitalist doctor, and until I got married and my wife said, time to stay home, I delivered babies. So it's kind of-- kind of everything. And that's really what is-- drives a lot of people into family medicine. So-- so yeah, I'm thinking just rural to rural. Most of the people talking to me are really interested in practicing rural for the most part.

WALZ: Can I ask one more question?

ARCH: Yeah, sure.

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WALZ: If I may ask, what kinds of things are we losing out on when it comes to being competitive? Like, what are we not---

MICHAEL GREENE: I practice at Creighton and that health partner is CHI, and I may be not exactly right on this number, but I think the average Creighton debt from a student is about \$325,000, so they have an enormous loan burden. And one of the things anybody going out to look rural is looking for is what is my loan repayment package going to be? And that's the thing that is driving a lot of the decisions. And the trainees who are talking back to me, that's what they're comparing is if I go here, they're offering to pay back this much of my student loan. If I go there, they're offering to pay back that much of my student loan. This is pretty high in the priorities of most of the brand new residents that are going out to practice.

WALZ: Very good. Thank you so much.

ARCH: We heard that bill in committee. That was an ARPA bill.

MICHAEL GREENE: Yeah.

ARCH: That-- and at the present time, it's not on the list, but we're working on that.

MICHAEL GREENE: Thank you very much, yes.

ARCH: Other questions? Senator Murman.

MURMAN: Yes. I think you probably pretty much partial-- at least partially answered this question, but how can we help you as a Legislature or as a committee to encourage medical providers to relocate or to locate in rural areas?

MICHAEL GREENE: As we work through the Rural Health Advisory Committee and kind of have some requests coming up, some of the things that we're talking about is some-- some appropriations of some of the money, maybe even some of the COVID funds we had talked about. As those requests come out from the committee, I think it'll come out to you guys. So we'll try to make the requests sensible and worthwhile, but that's kind of what we're looking at is recruitment when we're requesting it.

MURMAN: And you mentioned Nebraska maybe isn't as competitive as surrounding other states in the, you know, competition for rural providers. What-- what-- how-- in what ways are we not competitive or how can we improve on that?

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MICHAEL GREENE: It varies from practice to practice, of course, and it's pretty specific but-- with each individual practitioner. I think anything that would allow greater loan repayment again, specifically, it's really it's loan repayment. Some federal loans, but then the matching loans that we provide through the [INAUDIBLE] committee would be good.

MURMAN: OK. Thank you.

ARCH: Thank you. Other questions? Seeing none, thank you very much. Thanks for your willingness to serve and your passion for rural-- rural health.

MICHAEL GREENE: Thank you very much. Have a nice day.

ARCH: Thank you. Anyone want to speak as a proponent, opponent or in neutral capacity? All right. Seeing none, that closes the hearing for Dr. Greene. Next, we will ask Dr. Vander Broek to come. This is also a reappointment for you--

DOUGLAS VANDER BROEK: Yes, sir.

ARCH: --to the Board of Health?

DOUGLAS VANDER BROEK: Yes.

ARCH: As the chiropractic member on the Board.

DOUGLAS VANDER BROEK: That's correct.

ARCH: Very good. Well, tell us a little bit about your background and your interest in continuing to serve.

DOUGLAS VANDER BROEK: OK. I've been in practice in Lincoln since 1983. And one of the interests that I've always had is in the-- in the interaction and cooperation between the various professions. And that's kind of reflected in both my personal and business life. Personally, my-- my brother and his wife are osteopathic physicians. Our daughter is a veterinarian. I have nieces who are physical therapists, occupational therapists and at different times in my practice in Lincoln, I've had a medical physician in practice with us, physical therapists, RNs. And that's one of the things that I enjoy most about Board of Health is the interaction between the various professions because I feel like we all have a role that we play in keeping Nebraskans healthy.

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ARCH: Good. Great. Questions from the committee? Oh, Doctor, do you have a question?

B. HANSEN: Yeah. Actually, I just want to play off some of the questions that people had earlier about what kind of challenges do you see the Board kind of maybe having to deal with in the future when it comes to the health of Nebraska? Do you see any things you guys would, you know, expect to be coming up at all?

DOUGLAS VANDER BROEK: I think one of the main things is-- is the ongoing thing with the 407 on the credentialing review process. The Board of Health is really not a policymaking body at this point in time. Some of that may be evolving because of some changes within DHHS. But I think one of-- one of the biggest resources that Board of Health can serve other than the 407 is as an advisory committee. For example, about three years ago or so, there was a document prepared by DHHS, and Dr. John Massey was the Chair on that. He's a pain specialist in Lincoln. And it was a guideline for physicians on dealing with opioids with patients, and that was-- that was put together by DHHS first and Dr. Massey's committee. Then it came to the Board of Health and we-- we all contributed to that. And personally, I said, you know, we also need to think about people with chronic pain using physical medicine like physical therapy, chiropractic, massage, acupuncture, and that; and those types of things were added and edited into that document before it was finalized and released. So I think that's one of the biggest things that Board of Health can provide as a resource because we have all these what I think very talented, very experienced people on Board of Health, in every health profession that operates in the state. And I don't think we draw upon their expertise often enough, probably just in an advisory capacity, not necessarily policymaking. Because as you know, if you want to slow down policy, refer it to a committee. No offense.

B. HANSEN: Thank you.

ARCH: Other questions? Oh, Senator Cavanaugh.

M. CAVANAUGH: You have some very impressive volunteer experience. So you went to Haiti?

DOUGLAS VANDER BROEK: I did. About 10 years ago or so, I went to Haiti with a medical team. There was 37 of us. I was the chiropractor. There were four family physicians. We had pharmacists and so on. And interestingly enough, as it became apparent last fall that I needed-- needed some heart surgery, I connected with a cardiologist at Bryan in town here who went to Haiti with us. But I went to Haiti. I also

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served as a CASA volunteer for a young man who was a Sudanese young man when he got released from Clen-- Clarinda, Iowa, facility back into. Unfortunately, my four-year relationship with him did not have a happy ending. Maybe it's still evolving, but I visited him in Kearney and the various facilities that he was in, in the boys' home in Omaha and so on. That was-- that was a good experience.

M. CAVANAUGH: Thank you, for you clearly have a service heart.

DOUGLAS VANDER BROEK: Thanks.

ARCH: Thank you. Any other questions? Seeing none, thank you very much for coming today and for your service and your continuing service.

DOUGLAS VANDER BROEK: Thanks for your time and I appreciate all the time that all of you give away from your personal and your business lives also because I know that's heavily involved, so I appreciate it.

ARCH: Thank you.

DOUGLAS VANDER BROEK: Thank you.

ARCH: Thank you. And anyone want to speak as a proponent, opponent or neutral capacity? Seeing none, that will close our appointment hearing for Dr. Vander Broek. Moving to Sandra Shaw. Welcome.

SANDRA SHAW: Thank you.

ARCH: You also are a reappointment.

SANDRA SHAW: I am.

ARCH: So tell us a little bit about your background and why you want to continue to serve.

SANDRA SHAW: OK. My name is Sandy Shaw and I'm from Seward, and I am currently on the Board for the Commission for Deaf and Hard of Hearing. And I have gained great knowledge of the deaf community and it's been wonderful. I would like to continue on the Board to have a little bit of an emphasis on the hard of hearing. My husband wears cochlear implants and I have a deaf daughter-in-law, so. I also work for Seward County Aging Services. And so I work with the aging population and have been able to help them a little bit, find resources and do things in that capacity.

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ARCH: What brought you to the commission to begin with? What was-- what was your original interest in serving on the commission? Was it-- was it family related?

SANDRA SHAW: Yes. You know, my husband went deaf. He has an autoimmune disease and he, one day, couldn't hear in twenty-- 2005. And it was a long process and he was able to get cochlears in 2015, and we were just engulfed in the deaf world. And, you know, it's a-- it's an eye-opener. And until you like experience something like that, it's like my brother-in-law was wheelchair bound; and as you go into stores and you try to push a wheelchair and you can't get around aisles and things like that, you don't-- you don't think about that. And I just wanted to find the resources to be able to make a difference. I currently met a gal that's an activist for looping, and I would like to get more involved with that where you loop the rooms with the Bluetooth capacity for people with the hearing aids that are Bluetooth compa-- you know, compatible now. I think churches, just businesses, I think that's-- that's a huge, huge thing that would be a positive impact for the hard of hearing.

ARCH: Well, having experienced cochlear implants, you fully appreciate the impact that technology has had on the deaf and hard of hearing--

SANDRA SHAW: Yeah, it's amazing.

ARCH: --and the opportunities now.

SANDRA SHAW: Yeah, it's amazing what they can do. I mean, it affected our life. You know, we were like, well, are you going to be able to continue to work? You know, of course you have email and you've got, you know, now the video with [INAUDIBLE] and closed captioning and things like that. But technology can be good and bad, and right now with the cochlear implants, it's a really-- it's-- it's just amazing.

ARCH: Great. Questions from the committee? Do you serve as a-- as a community appointment then--

SANDRA SHAW: I do.

ARCH: --to the-- to the commission?

SANDRA SHAW: Um-hum.

ARCH: So you-- you obviously are-- you also have other members on-- on the commission that-- that have experienced deaf or deafness personally. You have not. What-- what kind of perspective do you bring

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as a community member versus someone who is actually experiencing deafness?

SANDRA SHAW: Well, that's a good question, because I, you know, and I was intimidated. There's a lot of signing that's going on and interpreting, and I have just learned an incredible amount. It's just been amazing. And I just see that other side to what they're experiencing. And you know, it's-- it's just been an eye-opener for me. It's been very interesting. And I just want to be able to serve the community, serve the hard of hearing where, like I say, I work with the aging population and I have been able to help with resources or find a way for someone to help them. Different-- different aspects, telephones, you know where they can have the closed captioning and hit and learn about the hearing aid banks. I mean, there's so much out there, so.

ARCH: Good. Well, thank you.

SANDRA SHAW: Um-hum.

ARCH: Any other questions from the committee? Seeing none, thank you very much for coming.

SANDRA SHAW: Thank you.

ARCH: Thank you for your willingness to serve and your passion for helping this community.

SANDRA SHAW: Yeah, thank you. Thank you for your time.

ARCH: Anyone want to speak as a proponent, opponent or in neutral capacity? Seeing none, this will close the hearing for Sandy Shaw, and we will open the hearing for Brooke Fitzpatrick.

BROOKE FITZPATRICK: Good morning.

ARCH: Good morning. And you also are a new appointment, this new appointment, but to the Commission for the Deaf and Hard of Hearing.

BROOKE FITZPATRICK: Yes.

ARCH: So tell us a little bit about your interest in this particular commission and your background.

BROOKE FITZPATRICK: Yeah. So my name is Brooke Fitzpatrick and I grew up in Lyons, Nebraska, grew up on a small farm and I went to Lyons-Decatur Northeast, went to Creighton University for my

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undergraduate, and ended up getting my master's in public health at Creighton. And I have a son who is hard of hearing, Quinn. He is nine years old, so I'm obviously very interested in health issues around deaf and hard of hearing children and citizens of Nebraska in general. So that's my interest.

ARCH: OK. What-- what challenges has your son had in school?

BROOKE FITZPATRICK: Well, in light of COVID, the COVID-19 pandemic, one challenge that he has really experienced is masks, having to wear the masks. You know, he's a lip reader.

ARCH: Oh.

BROOKE FITZPATRICK: So that's been a challenge for us. He's not getting that access that he normally gets, but thankfully he had a great speech pathologist that works with him at school that can kind of help him, you know, focus a little bit more intensely. But that-- that has been something that's been a challenge that I don't know if the general population necessarily thinks of that in terms of, you know, the masks hiding his-- hiding his teacher's face-- facial expressions, all of those sorts of things.

ARCH: We've experienced that in-- those of us with normal hearing have experienced that in a small way because sometimes in stores when you're trying to talk to somebody in the checkout line it's--

BROOKE FITZPATRICK: Yes, it's so true.

ARCH: --you really do depend on facial expressions. And while we're not lip readers, we do depend on that for part of our communication.

BROOKE FITZPATRICK: Yes, definitely.

ARCH: So that would be a challenge. Thank you. Other questions from the committee? Well, seeing none, thank you very much for your-- for your interest. You have a-- you have a pretty deep research background, IRB, compliance, all of that.

BROOKE FITZPATRICK: Yep.

ARCH: Do you think that that'll play any part in-- in your role on the commission?

BROOKE FITZPATRICK: Yes. I mean, I love regulations.

ARCH: Oh, wow, you are in the right building for that. (LAUGHTER)

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BROOKE FITZPATRICK: So, yeah, I worked a number of years in clinical research at Creighton in the regulatory environment, and then I transitioned into compliance and dealt with regulations on the research side of things. So I could really see how research benefited the general population in terms of access to healthcare and participating in research studies. But I've also seen on the other side how legislation can benefit people such as like my son, Quinn, with LB15, and passing legislation for hearing aids for children in Nebraska, which is very important. So both in my professional experience and personal, so I do like regulations.

ARCH: Good. Well, we have a lot of them and some of them are good and some of them are bad. So in your role here on the commission, if you like to read regulations, there will be an opportunity for that.

BROOKE FITZPATRICK: Great.

ARCH: And if you have suggestions for let's not do this anymore, be sure and come back and talk to us.

BROOKE FITZPATRICK: Will do, thank you.

ARCH: We're wide open to that input, so. Well, thanks-- thanks very much for coming today and appreciate it.

BROOKE FITZPATRICK: Thank you very much.

ARCH: And I don't see anybody that wants to speak. Sir, do you want to speak in opposition to this appointment?

_____: [INAUDIBLE]

ARCH: All right. OK, with that we will close the hearing for Brooke Fitzpatrick and our gubernatorial appointment hearings for the day.