

are people not only are an RN level, but they're going to be above and beyond that sort of capability. And I think you who have dealt with RNs know that these are competent medical professionals. They do a good job. And these are nurses, out of the 16,000 nurses, these are a hundred that have this additional training. It's not just a little bit of additional training, it is a significant addition to their training and background. And the one handout goes through some of the courses, I don't know exactly how much pharmacology the doctors have, they probably have more, I don't know. But the question is, will what the nurses have be enough? And the answer is, in my view, yes, it will. And, again, we did put a limit on those Schedule II drugs that are more addicting as to what sort of powers they have in prescribing those drugs. We also talked about the rural nature of the nurse practitioners and again, 65 percent of the nurse practitioners that are practicing in the state are in rural areas. So when we talk about this being advantageous to rural Nebraska, it's not just rhetoric, it is in fact what's happened, at least so far. And even if they do serve in urban areas, we have a need for primary care in Lincoln and Omaha and elsewhere. So we can use good primary care whether it's a larger city or in our smaller cities in our rural areas. Also I think, from the other hand, that you'll see the cost of nurse practitioners are lower. And, and again, the outcomes, I think are very good. We have very few cases of malpractice. And I think allowing them this greater flexibility will, again, result in quality care. And finally, the other handout I passed out will show that right now we're in the group of states that have the most restrictive types of practice law for nurse practitioners. What we're proposing is bringing it up to the middle, not all the way to the point where they have among the least restrictive laws, but toward the middle. We're not...the original proposal would have taken us from more restrictive to one of the least restrictive. We're now talking about margins in the middle, frankly. We want to lean a little bit more toward the flexibility, the docs want us with the, objection to this amendment, a little more to the less, less flexibility. But in the end we've come a long way to just a couple of words and an understanding that, that the doctors have given a great deal of late, and the nurses have given a great deal, and they're, we're trying to reach a common ground and hopefully out of this be able to work together as we move forward on this issue. My point ultimately, again, is that we've worked long and hard on this, we spent three years trying