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Health and Human Services Committee
January 21, 2011

[LB222 LB225 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, January 21, 2011, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB222 and LB225, and gubernatorial appointments. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard; Bob Krist; and Norm Wallman. Senators absent: None. []

SENATOR CAMPBELL: Good afternoon and welcome to the hearings for the Health and Human Services Committee. I am Senator Kathy Campbell, District 25, from Lincoln, and I serve as the chair of the committee. We'll start with introductions by my colleagues, so we'll go to my far right. []

SENATOR BLOOMFIELD: Dave Bloomfield, District 17, the northeast part of the state. []

SENATOR COOK: I'm Tanya Cook. I represent Legislative District 13 in east, northeast Omaha, and Douglas County. []

SENATOR WALLMAN: Senator Norm Wallman, District 30 south of here. []

SENATOR GLOOR: Senator Mike Gloor, District 35, Grand Island. []

SENATOR CAMPBELL: And we have several senators who have yet to come. They may be introducing bills in other committees, but as they arrive, we will introduce them. Also would like you to meet the staff of the committee. To my left is Michelle Chaffee, who is the legal counsel for the committee. To my far left is Diane Johnson, who is the clerk. And our two...well, Crystal is the only one today. Crystal is from Lincoln and serves as one of the pages. So, now you know everyone. Just a few announcements before we start. Please turn off your cell phones. There are people...obviously, we do not want ringing cell phones and sometimes the noise from it can bother other people around you. Testifiers, we hope that you have brought 12 copies of what you would like. We do not make copies. If you need additional copies, we'll see that those are made for the senators afterwards or check with you, but please have 12 copies. If you are planning to testify, then you need to sign up, and there are sign-up sheets on both sides of the room. The clerk has asked you to please print, so that we're very clear. Each testifier has five minutes, and we do use the light system here. You'll start with the green, and it'll be green for a fairly long time--four minutes. And then we go to yellow, and that's only a minute, and that goes really fast. And then we go to a red light, and that's when you'll see me start, you know, kind of trying to get your attention. We ask that everyone start their testimony by stating their full name for the record and spelling their last name, or if you have an unusual spelling of your first name, so that the clerk

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ensures that it is correct. Joining us is Senator Gwen Howard from Omaha, and I expect Senator Krist later. With all of those housekeeping details taken care of, we will open this afternoon with appointments to the Nebraska Child Abuse Prevention Fund Board, and we'll first have Reverend Dr. Rebecca Brown. Dr. Brown. Good afternoon and welcome. [CONFIRMATION]

REV. DR. REBECCA BROWN: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: You might start off, Dr. Brown, this is a reappointment. [CONFIRMATION]

REV. DR. REBECCA BROWN: Right. [CONFIRMATION]

SENATOR CAMPBELL: So you have previously served on the Child Abuse Prevention Board, but tell us a little bit about your background and how you came to serve on this board. [CONFIRMATION]

REV. DR. REBECCA BROWN: (Exhibit 1) Thank you. I'm an Omaha native and was a Child Saving Institute baby, placed for adoption, saved from an abusive situation that my birth sister encountered. My birth mother placed me to save me from that same situation, and so I've had a lifelong interest in issues of child abuse prevention, and was away from Nebraska for a long 25-year sojourn in the wilderness in other parts of the world and the country. And seven years ago, was privileged to accept a call as pastor at East Lincoln Christian Church here in town and returned to Nebraska, and I've been the pastor at East Lincoln since my return to Nebraska, and have served a couple of terms on the Child Saving Institute Board, and am currently the development committee chair for CSI in Omaha. And I've learned an awful lot serving in my first term on the Child Abuse Prevention Fund Board. [CONFIRMATION]

SENATOR CAMPBELL: Dr. Brown, your credentials are outstanding, and as I was reading over them, I thought, we are just really very fortunate to have someone who's willing to serve. Questions from the senators that they would like to know about Dr. Brown? Questions? [CONFIRMATION]

SENATOR HOWARD: Thank you. Not so much a question, but thank you for being a proud adoptee graduate of the adoption world. And I see here you graduated from Benson High School. Yes, go Bunnies (laughter). [CONFIRMATION]

REV. DR. REBECCA BROWN: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: We have to get those plugs in where we can, Dr. Brown. [CONFIRMATION]

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REV. DR. REBECCA BROWN: Bunnies have to stick together. [CONFIRMATION]

SENATOR HOWARD: That's absolutely true. I mean, Wildcats are one thing, but Bunnies are another (laughter). [CONFIRMATION]

SENATOR CAMPBELL: Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Madam Chairman, and thank you for your willingness to volunteer. Let me ask you, Dr. Brown, or Rev. Brown...Rev. Dr. Brown, I should say, what have you found most frustrating and then most rewarding? I'll let you start at one end of the spectrum and go to the other. [CONFIRMATION]

REV. DR. REBECCA BROWN: Serving on the board. Two things that have been frustrating--One is the alphabet soup that I've had to learn, you know, just all of the different acronyms and plans that are a part of a more bureaucratic approach to things. That would be frustrating. The other thing that's frustrating is that we have so little to allocate, and the problem is so big. The problems of child abuse...it feels like we're just dealing...we have a drop to put in the bucket. But I'm convinced that what we are doing matters, and I have been pleased in my tenure on the board to see the board become much more focused on best practices and research-based decision making, so that the allocation of funds, the limited amount of money that we're able to allocate is really being used in ways that show the most potential of making a difference. It's frustrating because we don't know. One instance of child abuse is one too many in Nebraska, and we don't know the instances that we've prevented. We don't have any indication of what we've actually prevented. So that's frustrating. [CONFIRMATION]

SENATOR GLOOR: On the other hand, the fact that there is...I'm pleased to hear that you feel rewarded in that there's been a research-based approach towards some of those good researches based upon something other...knowing that, taking that approach will make a difference. So I can imagine not being able to see the end result as something that is as tangible as you might like is one thing, but a research-based approach should give you some comfort that you are making a difference, so thank you. [CONFIRMATION]

SENATOR CAMPBELL: Any other questions or comments for Dr. Brown? Dr. Brown, you'll have to suffer through just a personal privilege for me. In 1986, there were five of us, and we actually wrote this legislation. I told my colleagues when I ran for the chair of this, but this was the piece of legislation that we actually started on. And so, it took us two years to get it, and we had it as the Children's Trust Fund initially. And Senator Warner, who was certainly a very compassionate person, however, very committed to roads and the Highway Trust Fund informed me that there would only be one trust fund in the state (laughter). And so, that's how the name became the Child Abuse Prevention Fund. So it's just a pleasure to start out with this one. [CONFIRMATION]

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REV. DR. REBECCA BROWN: Well, I thank you for your wisdom and commitment in seeing that Nebraska has this fund, and I want you to know that the board takes very seriously our opportunities and responsibilities. And we're doing our very best to use the money well to benefit the children of this state. [CONFIRMATION]

SENATOR CAMPBELL: I'm sure you are. Thank you very much. Just so that you know the process. We will stay for a few minutes this afternoon and review the application and your comments and have a motion, most likely, to send these to the floor, and then you will be notified after action is taken by the Legislature. So thank you very much for coming today and your service. [CONFIRMATION]

REV. DR. REBECCA BROWN: Thank you. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: We will proceed to the next person who is with us this afternoon, Mr. Brandon Verzal. Good afternoon. [CONFIRMATION]

BRANDON VERZAL: Hello. [CONFIRMATION]

SENATOR CAMPBELL: Mr. Verzal, you are a new appointment... [CONFIRMATION]

BRANDON VERZAL: Yes. [CONFIRMATION]

SENATOR CAMPBELL: ...would be a new appointment to the board. And as Reverend Brown, you come with very impressive credentials on why you would be a good member of the board. Would you like to tell us a little of your experience and...? [CONFIRMATION]

BRANDON VERZAL: (Exhibit 2) Yes, absolutely. I grew up in Omaha, attended the University of Nebraska at Lincoln, majoring in broadcasting and worked in major league baseball as a video producer for about seven years before me and my wife followed Bill Byrne when he left Nebraska and went to Texas A&M. We followed him down there to run their video department, so we were down in Texas in College Station for about four years. In 2008, my 14-month-old daughter, Alexis, was a victim of shaken baby syndrome while she was at day care. And so she was very, very badly hurt, and we were looking for the best place to go for rehabilitation, and we were sent to Madonna here in Lincoln. And we grew up here, but it was also the best place for Alexis to go, so we moved back here. She was getting such great care that we decided we were just going to pack up and move back here and stay here in Lincoln, so she could still go to Madonna. So she's been here now this March or this April, she'll have undergone rehab for three years since her injury, and she's still making good progress. But we obviously meet patients every day and parents that have kids that are victims of child abuse and are trying to rehabilitate from those injuries. And so we both myself and my wife just

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have such an interest in it, and when we found out about this board, it just seemed like the perfect thing to get involved here in Nebraska with that. [CONFIRMATION]

SENATOR CAMPBELL: Thank you. Questions or comments? Senator Gloor.
[CONFIRMATION]

SENATOR GLOOR: Thank you. Thank you for serving. I saw the film.
[CONFIRMATION]

BRANDON VERZAL: Oh, you did. Good. [CONFIRMATION]

SENATOR GLOOR: It's excellent. [CONFIRMATION]

BRANDON VERZAL: Thank you. [CONFIRMATION]

SENATOR GLOOR: It's really excellent. I was out at Madonna and they showed it. And I believe it's an award winner. [CONFIRMATION]

BRANDON VERZAL: Thank you. [CONFIRMATION]

SENATOR GLOOR: Obviously, your commitment to your daughter is one thing, but production of the film is something that will touch people like me and all over this country for a long period of time, so thank you for that. [CONFIRMATION]

BRANDON VERZAL: Thank you very much. [CONFIRMATION]

SENATOR CAMPBELL: Other comments or questions from the board members? Mr. Verzal, I was privileged to be at the lunch... [CONFIRMATION]

BRANDON VERZAL: Oh, great. [CONFIRMATION]

SENATOR CAMPBELL: ...that you inaugurated at least a part of the documentary and I see your family. It's just impressive to start out with two candidates who, obviously, care passionately for children. Any other comments? And I'm sure that you heard the process. The committee will vote on your application, and then it will go to the floor of the Legislature. [CONFIRMATION]

BRANDON VERZAL: That sounds good. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: So thank you very much for your willingness to come forward and serve the state. [CONFIRMATION]

BRANDON VERZAL: Thank you. Thank you. Thank you all. Thank you.

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[CONFIRMATION]

SENATOR CAMPBELL: Thank you. I want to inform my colleagues that Ms. Martha Parker cannot be with us today, and after the meeting we'll describe and provide some additional information for you. So you may want to take a look at those applications as we go on in the afternoon, but Ms. Parker had a health reason why she could not be with us today, so we'll go through that at the end of the afternoon. Is there anyone in the hearing room, however, who would like to provide testimony on any of the three candidates or provide information to the senators? Okay. With that, we'll close the hearing on the appointments to the Nebraska Child Abuse Prevention Fund Board and open the hearing today on LB222, Senator Gloor's bill, to change the scope of practice considerations under the Nebraska Regulation of Health Professions Act, better known as the 407 process. Good afternoon, Senator. (Laugh) [LB222]

SENATOR GLOOR: Oh, 407 process. [LB222]

SENATOR CAMPBELL: Should I have not said that, Senator Gloor? [LB222]

SENATOR GLOOR: Thank you, Chairman Campbell, fellow members of the Health and Human Services Committee. My name is Mike Gloor, G-I-o-o-r. LB222 is a very narrow revision of the Regulation of Health Professions Act. This act governs the 407 reviews of a health professions proposal for initial licensure or to expand their scope of practice before such proposals come to the Legislature. 407 is both optional and advisory and intended to assist the Legislature in their deliberations. And for the educational benefit of Senator Bloomfield, I would say any time you hear that a bill has 407 implications in debate, fill your coffee cup, because you're in for a long winter's debate (laughter). The original LB407 statute was enacted in 1985 and applied only to proposals by an unlicensed profession to be licensed. Three years later, in the 1988 session the Legislature expanded 407 reviews to include proposals by an already licensed profession to expand its scope of practice. Therein lies some of the challenge. Scope of practice changes are a different policy question than initial credentialing. The review criteria were not, however, revised to make them appropriate or specific to scope expansion reviews. Presently, both types of 407 proposals are subject to the application of four statutory criteria and are reviewed separately by a technical review committee, by the Board of Health, by the Director of Public Health. To receive a recommendation for approval from any of these entities, a proposal must satisfy all four of those criteria. LB222 would remove the application of one of the present 407 criteria to reviews for expanded scope of practice. That criterion requires the proposing profession to demonstrate that a present limitation on their scope of practice creates a situation of harm to the public. The application of this criterion to proposals for licensure of an unlicensed health profession is both logical and reasonable in my opinion. It is intended to prevent state regulatory authority from being extended to where it is not needed to protect the health and welfare of the public. However, I believe there is no logical

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reason for its being applied to a scope expansion proposal, and it does not well serve the 407 process. The criterion creates a kind of Catch-22 situation for the proposing profession and scope expansions frequently fail their reviews, because a proposing profession cannot conjure up some sort of harm that is occurring because of the present limitation on their ability to practice their profession. The appropriate and most important criteria of the present criteria for scope of expansion review is the criterion which requires a finding that the expansion would not create a new danger of harm to the public. In other words, does the proposing profession, already licensed, possess the education, skill, experience to expand their practice without posing a risk of harm to the public? That criterion and the others would be left in place by LB222. Although the statutory change which would be brought about by this bill is a small one, the benefit to the 407 process, healthcare, the Legislature, and the public, I believe, would be significant and important enough to make this change. I'd be happy to answer questions. I know there will be some other testifiers. [LB222]

SENATOR CAMPBELL: Questions for Senator Gloor? And we may have questions at the end, and I know you'll be here for closing so. [LB222]

SENATOR GLOOR: I'll be here. Yep. Thank you. [LB222]

SENATOR CAMPBELL: Okay. Thank you, Senator Gloor. Those wishing to testify as proponents for LB222. Good afternoon. [LB222]

DON WESELY: Madam Chairman, members of the Human Services Committee, for the record, I'm Don Wesely. That's W-e-s-e-l-y. I'm here representing the Nebraska Nurses Association, and myself, I guess, as the chair of the Health and Human Services Committee in 1985 when we passed this legislation. I'm here to give you a little bit of background and a reason, I suppose, why we should pass LB222. When I sat in the chair Senator Campbell is now in, I had served six years on the committee, and had experienced many scope of practice issues. And I know those of you who have been on the committee and in the Legislature have had that experience as well, and they were quite extensive and difficult issues. And I found that as we tried to wade through these issues, I didn't have the expertise to know the difference between an ophthalmologist and an optometrist and what the scope of practice would be most appropriate for the two, and the list went on and on. And I felt like we needed to bring in the medical issues of an expert panel which is the credentialing committee that we set up to take a look in a hopefully balanced way as to what would be in the best interest of the people of the state of Nebraska with any scope of practice or any effort to try to license any new profession. So we came forward with LB407. We also included the Board of Health and the Director of the Department of Health at that time to also provide opinions, and that's what they are. They are opinions to try to help you, frankly, to help the Human Services Committee evaluate, as objectively as possible, the choice you have before you and to go forward with the decision that serves the public. I think this process has worked well.

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I think there continues to be fights. You still have situations like last year. You had one, and it seems like almost every year there's something where there's a clash between health professionals, so it hasn't eliminated the fight, but it's made it elevated and that it's at a higher level. It's talking about good policy and not just the politics involved, and, frankly, when LB407 was passed, we had 11 proposals that went through the first year, because we were just stuck on them. We couldn't figure out what to do, and they came forward, we resolved them, and since that time, I think there's something like 56 issues that have been resolved through the process. Now, the issue before you, the language before you was not in the original legislation in '85. It was included in the amendment in 1988. And as you look at the language, it deals with scope of practice changes, and as Senator Gloor mentioned, and I want to thank him for introducing the bill and Senator Campbell for cosponsoring the bill, this seems archaic now. I look back, and I don't remember back to that day of why we included it and, frankly, looking at it now, it doesn't make a whole lot of sense in my point of view. You have an existing profession. They are regulated. They're looking for a scope of practice change, trying to prove that there's harm currently before you do that. It doesn't make sense. The question that we always looked at, and I think you would too, is if we expand, will there be harm? If we expand, will there be benefit? If we expand, will it be cost effective? And those are the remaining criteria, and that's what we usually looked at. The first one seems to me just an unnecessary barrier to say that currently there's harm because of the current situation. So looking back, the Hippocratic Oath talks about first do no harm, but in this case, first find harm (laugh) is what this law seems to be talking about. And today I think we should skip that part, pass this bill, and then get to what really most people would look at is if you expand the scope, will there be harm and will there be benefit and will it be cost effective? And that's what remains in the bill. So with that, that's my summary, and I'd be happy to answer any questions. [LB222]

SENATOR CAMPBELL: Questions from the senators on this issue? Former Senator Wesely, former mayor... [LB222]

DON WESELY: Sorry, yeah. [LB222]

SENATOR CAMPBELL: ...Mr. Wesely, you and I had a chance to visit a little bit upstairs, because I was getting a lot of questions this morning, and I was thinking, well, maybe we should hold this. And then we talked about the language, and I thought, no, I'm going to go back over my notes from the summer. And for those who are here in the audience, we had an interim study bill last summer to begin looking at the 407 process and examining it. And had an opportunity to meet on several occasions with members from the Board of Health, and we finally decided that it would take us a little bit longer, and we had a lot on our plate, so we kind of left that issue. So I expect today that part of the argument is going to be, should we wait and do all of it together or take this one component out? And so, any comments you want to make on that before we go to the next testifiers? [LB222]

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DON WESELY: Well, I think this is a first step. It's not the last step. I think this seems fairly obvious to me that we ought to do this, and then we can have a further discussion about other changes. But to me, you can do this and still look at it in a broader context. And by the way, coming in here representing the Nebraska Nurses Association, we don't have any plans for any legislation. It's not like we're planning to come in once this gets adopted, we're going to make a proposal. It's just from experience and our feeling is that this doesn't make sense anymore in light of the experiences we've had. [LB222]

SENATOR CAMPBELL: Okay. Any other questions? Thank you, Mr. Wesely,... [LB222]

DON WESELY: Thank you. [LB222]

SENATOR CAMPBELL: ...for clarifying that. Next proponent for the bill? Good afternoon. [LB222]

STEVE WOODEN: Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Steve Wooden, W-o-o-d-e-n. I'm a certified registered nurse anesthetist, and I have a private anesthesia practice in Albion, Nebraska. In my 29 years of practicing in Nebraska, I spent 22 of those years as a practitioner in Broken Bow, and our group covered 15 hospitals in central Nebraska from Holdrege to O'Neill, so I've been practicing all around the state for a number of years. I've served as the president of the Nebraska Association of Nurse Anesthetists, and I had the opportunity to be appointed and serve on the Nebraska State Board of Health, and was elected chairman of that board in 1999 and, again, until 2002 until my term was done. And in doing so, this gave me a wonderful, unique opportunity to serve on both sides of this issue. As a representative from the applicant group on this credentialing committee which we call the 407 committee, and as a representative from the Board of Health, and during all of those times, I felt strongly that this first criteria of the four statutory required criteria, that LB222 is attempting to remove, was so inappropriate that it actually interfered with meaningful discussion of these applications. Most of the Board of Health really wanted to get to the more important issues of whether this application and the applicant group was educated, skilled, and had the experience to provide their requested expanded scope of practice in a safe and effective way. But the problem was that this applicant group had to wrestle with this question of harm. It was a very strange and confusing question, because basically, what they had to do was to prove that if their application was rejected, the public would be harmed. It was confusing and counterintuitive to the extent that we spent so much time on the Board of Health discussing what it meant and how to apply it, that it really interfered with further discussion. The reason this criterion concerning harm makes no sense is that the healthcare system is constructed in such a way that we do what we have to do to prevent harm to patients. It may not be the most efficient way often, but we do what we have to do. And these applicants come in, and they want to often improve the system to

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make it better, to make it more effective, to make it more efficient, and that's what they're there for. The only reason that I can see, and the only reason that I can see that this criteria would be of any use is if we treated healthcare licensing like it was some sort of franchise or it was some unique area that we didn't want anybody to invade. But, fortunately, we don't license healthcare providers in the state that way. We license them to take care of patients and to protect the public and not as monopolies. And I am so pleased that Senator Gloor has proposed and has been joined by Senator Campbell to remove this criteria from the 407 process. I feel strongly that this is the most important thing that we could do to improve the 407 process right now. And I know that the opposition may say, as you suggested, Senator Campbell, that maybe this should wait further review and overhaul of the system. But, quite frankly, this is one thing that has been a problem for so long that this one particular issue can be removed, and we can still move forward with the review without interfering with the review and overhaul. And I would encourage this committee to advance this to General File. [LB222]

SENATOR CAMPBELL: Questions that you would like to ask? Mr. Wooden, we have a letter today from the now chair of the State Board of Health wanting to hold this until we do all of them. (Exhibit 6) And I just want to double-check because your recommendation is clearly that from the Board of Health's perspective when you served, it caused...was confusing. Would that be the right term to use? [LB222]

STEVE WOODEN: Yes, it was confusing and it's very antiproduative. It really distracted from what we were really trying to get to. And as an applicant, representing an applicant group sitting on the technical review committee, I felt the same way from the other side. It just really didn't help the process. [LB222]

SENATOR CAMPBELL: Okay. Any other comments or questions? Thank you for coming to testify today. [LB222]

STEVE WOODEN: Thank you. [LB222]

SENATOR CAMPBELL: Next proponent for the bill? [LB222]

KATHY HOEBELHEINRICH: Good afternoon. [LB222]

SENATOR CAMPBELL: Good afternoon. [LB222]

KATHY HOEBELHEINRICH: (Exhibit 3) Senator Campbell, I'm Kathy Hoebelheinrich, K-a-t-h-y H-o-e-b-e-l-h-e-i-n-r-i-c-h. I'm an advanced practice registered nurse or a nurse practitioner. I have board certification in advanced diabetes management. Diabetes is my practice area. I'm here on behalf of Nebraska Nurse Practitioners to offer support for LB222. Senator Gloor, and I believe he's left, we do want to thank him for sponsoring this legislation and, Senator Campbell, I would like to thank you as well as

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cosponsor. Nebraska Nurse Practitioners, NNP, represents more than 450 advanced practice registered nurses from across the state. We advocate on behalf of issues that impact nurse practitioners and the people for whom we provide care. We see our professional roles as collaborative with other healthcare providers and disciplines, and you've heard Steve before me testify as a provider. Scope of practice issues have increasingly made their way into this committee for two reasons. One, scope of practice issues are complex. They demand compromise, and consideration for change from a number of entities, and that includes the providers themselves, the Board of Medicine, the Department of Public Health...there's a lot of players. And secondly, initial licensure and scope of practice expansion occur at different ends of the same spectrum, and I'm not going to belabor that, because I believe Senator Gloor did a very good job of that before me in explaining that. But essentially, the 407 review mechanism, as it's written today, is unnecessarily restrictive, presenting discussion for scope of practice expansion. Nurse practitioners provide a wide array of health services for patients and their families in Nebraska. The vast majority of us are primary care providers. The rest of us are distinct specialty care providers. We work in mental health, chronic disease management like myself, and surgical services, just to name a few. We work in cooperation with physicians and other health disciplines, provide access to care, both in rural and urban areas, and we do that regardless of pay or status. Nebraska, like all states, is facing a severe healthcare work force shortage, and that's projected to intensify. Three factors: The population is aging; we're living longer, and as we live longer, we're going to have more chronic disease. Likewise, disproportionate numbers of healthcare professionals are leaving the work force as they approach retirement age, and we're retiring faster than we can be replaced by younger workers. Additionally, with the passage of the Patient Protection and Affordable Care Act, and the yet to be identified sequelae in Congress, none of us know for sure how that's going to play out, but we are quite sure that healthcare, as we know it today, is going to change. Nurse practitioners, along with our colleagues in medicine and other disciplines, have an enormous opportunity to define how healthcare services are best delivered to the residents of this state. LB222 is an important first step in ensuring that that dialogue can begin, so that practitioners can practice to the full extent of their licensure. And of interest to all of us is that we keep the best interests of the public we care for front and center. I respectfully ask for your support for LB222 on behalf of Nebraska Nurse Practitioners. I'd also like to thank you for your service to the state. And that concludes my remarks, and I'm happy to respond to questions. [LB222]

SENATOR CAMPBELL: Any questions from the senators on the testimony? Thank you for a well-outlined testimony. [LB222]

KATHY HOEBELHEINRICH: Thank you. [LB222]

SENATOR CAMPBELL: Next proponent of the bill? Other proponents of LB222? Those who wish to testify in opposition to LB222? [LB222]

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DAVID BUNTAIN: (Exhibit 4) Senator Campbell, members of the committee, my name is David Buntain, B-u-n-t-a-i-n. I'm legal counsel and registered lobbyist for the Nebraska Medical Association, and we are here today in opposition to LB222. And I want to provide a little bit of background, and I think a lot of this has been touched on already. Senator Wesely was the chair of the committee 26 years ago now when we brought the 407 bill to the committee and encouraged the committee to report it out. At that time, as Senator Wesely said, there were 11 groups that had bills pending in front of the Health and Human Services Committee seeking licensure. And the committee was looking for some assistance from outside in order to sort out what made sense, and there were a number of the healthcare professions that worked for passage and the hospital association did as well. One of the interesting things about it is that these licensing and scope of practice issues really were much more prevalent then than they are now. If you look at the 56 "407" reviews that have been done, 38 of them were done in the first ten years, and there have been 18 in the last 15 years. So, I know that each one is problematic and can be difficult for the committee, but it's been interesting that really it's an issue that was more prevalent in prior years, or at least there were more of these kinds of proposals in front of this committee. What happened was that there then became a series of proposals to expand the scope of practice, and the Health and Human Services Committee said to the original sponsors of LB407, isn't there a way that we could apply 407 to those reviews as well? And that's why, three years later, we added the scope of practice reviews. Now it is true that what we did was add the same criteria that were there for us, the issue of whether a profession should be licensed or not. And I would be the first to concede that the first criteria has been problematic and probably should be revised. The reason we are opposed to the bill is really an issue of timing rather than the substance of the bill itself. There were a series of discussions toward the end of the NCR 2000 process about various changes that needed to be made to the 407 process. That discussion ended when the NCR 2000 process ended. Those conversations began again this last year as a result of the interim study resolution that was put in, and there were several meetings the Board of Health was involved in. There was one meeting that Senator Wesely and I and Ron Jensen was there on behalf of several of the other professions. My impression coming out of that meeting was that the Board of Health and the department both had some ideas of things they wanted to change. This issue certainly came up, and my impression was we were going to continue to talk about those issues. And, frankly, there were several other items that were discussed that I think everyone could agree to fairly easily. Based on my experience with the scope of practice and these criteria, I do think that we do need to rewrite, to some extent, the scope of practice criteria. But I'm not sure that just eliminating this one really solves itself. It seems to me that the better course for this committee would be to hold this bill and allow the parties to continue to discuss, rather than picking out one change to make now, and then having to come back and put another bill in next year to deal with the rest of it. And so that's the reason that, at this point, we are opposed to advancing LB222. I do have a handout that basically describes

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some of the background of the 407. One of the interesting things we did was we went through the 56 reviews that have been completed and kind of categorized them as far as what the outcome was in the 407 review process and then what the Legislature did with that. And I think it's kind of helpful background to see how the 407 process has helped this committee and the Legislature sort out these issues. [LB222]

SENATOR CAMPBELL: Are there questions for Mr. Buntain? Senator Krist. [LB222]

SENATOR KRIST: Thank you for coming before us. Thank you, Madam Chair. Specifically, if this issue is changed with the future legislation that you are suggesting, do you have an issue with what we're changing here? [LB222]

DAVID BUNTAIN: My issue is that I'm not sure that that fixes the issues under the scope of practice. I mean, I think that a group...that there are a lot of groups that are affected by this, and I think they should all be...participate in the discussion as far as, you know, what these criteria should be. It may be when you get done, that everyone will agree that that criteria should come out. But at this point, I don't think there's unanimity on that point. [LB222]

SENATOR KRIST: Thank you. [LB222]

SENATOR CAMPBELL: Other questions? I'm sorry, did you have a follow-up, Senator Krist? [LB222]

SENATOR KRIST: No ma'am. Thank you. [LB222]

SENATOR CAMPBELL: Mr. Buntain, and I have to say to all of you sitting out there, I'm sure on the last day, I have seemed somewhat like a Heckel and Jekyll here because one group would say, well, are you keeping it or are you going to hold it? What are you going to do? And I'm giving conflicting answers, and that's why I went back to my notes and said, what really did we write down? And I know that we were very clear that this first criteria has caused confusion, and how do you interpret it, and it seems to be out-of-date. My notes are probably less clear as to whether we said, all right, if we're going to have everybody on board about getting rid of this or holding it all, and I have to apologize if I have seemed Heckel and Jekyll. And I should have gone back and read my notes first, learned a valuable lesson today. But, in any case, my question is somewhat like Senator Krist's, and that is, your feeling is that there may be some salvageable parts of the first criteria? [LB222]

DAVID BUNTAIN: Well, what I'm saying is, there are other possible criteria that could be used with scope of practice that might be more appropriate that would address...I mean, that would, in effect, substitute for the current criteria. Or there may be another way to say the first criteria. I mean, the problem is, I don't think there...this is...you have some

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proponents coming in and saying, this will fix it. And I can only speak for the medical association, but in talking with other professions, I know that there is concern that just taking that out without having something else in there in its place would be a mistake. So, I mean... [LB222]

SENATOR CAMPBELL: I see. So you want the substitute...want to see what the substitute would be. [LB222]

DAVID BUNTAIN: Correct. And I think it should be discussed in the whole context of, are these the right criteria for scope of practice reviews at this stage? And I think the Board of Health should be in the discussion. I think the department which has been a good steward of this program for 25 years should participate in the discussion. [LB222]

SENATOR CAMPBELL: And in all reality, I just think certainly for...I can only speak personally, but I think a lot of what I've been hearing is that this was very damaging, and that we needed...not damaging, but confusing, so we needed to rewrite it. But I appreciate your clarification on that comment. [LB222]

DAVID BUNTAIN: Just one other comment and that is, we've had these criteria for 22 years, and we've been able to do scope of practice reviews. And I'm not aware of any pending scope of practice applications now, so I'm not sure if you were to wait a year and address all of whatever, and, frankly, I don't think we'll end up with massive changes of the 407 process. I mean, I think we have some tweaking to do including with these criteria. But I think if you do it all at once, as a practical matter, I can't say for certain that there aren't any pending, but I'm not aware of any scope of practice applications that are in the hopper right now. [LB222]

SENATOR CAMPBELL: Thank you, Mr. Buntain. Next opponent to the bill. Good afternoon. [LB222]

DAVID O'DOHERTY: Good afternoon, Senators. My name is David O'Doherty, O-'D-o-h-e-r-t-y. I'm the executive director of the Nebraska Dental Association, and I've had the privilege of being involved in two 407 applications in the last six years. In addressing the present legislation, LB222, I would agree with Mr. Buntain and the NMA that the wiser course would be to hold this bill and look at it in its entirety, but getting to the specific sentence at issue, granted, it's not the best written sentence in the world, but it's not that unclear if you just go slowly. Basically, the way I read it and the way it was explained to us when we were going through these 407 applications is that, is there something that's not working? Because with the two scopes of practices or three, whatever is involved, is there something that's not working? And because it's not working, it's creating a harm. And so if you take that part out of it, and then it was also explained in the second sentence which is not subject to this legislation...the second step was, okay, if you've identified harm, we want to make sure that the fix isn't worse

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than the current situation. So they really went in to, as I understood it in the two applications, work together. So I don't think you can strike one and then leave two by itself, because it's my understanding they work together. And so I would agree that the better course is to wait, get all the parties together, and look at the history behind this also as what really is the concern? There probably is some better language, maybe not the word, harm, but there's probably some better language and better written language that we can use and recraft to make this work the way it was intended to work if it's still too confusing. [LB222]

SENATOR CAMPBELL: Questions for Mr. O'Doherty? [LB222]

SENATOR KRIST: Question for you, Madam Chair. [LB222]

SENATOR CAMPBELL: Senator Krist. Yes. [LB222]

SENATOR KRIST: When you did the interim study, because I'm new on the committee, didn't you include all the scope of practice in the study or did you just focus on that one sentence? [LB222]

SENATOR CAMPBELL: No, we just barely scratched the surface, Senator Krist. We did some preliminary, but we turned our attention to the interim study on national healthcare and to the whole child welfare reform. And, basically, we just sort of left parts of it, knowing that all the people would have to be gathered at some point. But to answer your question, no, we did not. We barely scratched the surface. [LB222]

SENATOR KRIST: Thank you. [LB222]

SENATOR CAMPBELL: Any other comments or questions? Thank you, Mr. O'Doherty. [LB222]

DAVID O'DOHERTY: Thank you. [LB222]

SENATOR CAMPBELL: Other opponents to the bill? Anyone wishing to testify in a neutral position to LB222? Seeing none, Senator Gloor, do you wish to close? As Senator Gloor is coming forward, we need to note for the record, that we have a letter from the Nebraska State Board of Health chairman, asking the committee to hold LB222; a letter from the Nebraska Physical Therapy Association opposing; and a letter from the Nebraska Hospital Association supporting LB222. Senator Gloor. [LB222]

SENATOR GLOOR: Thank you, Senator Campbell. I'm going to kind of deviate from the comments I was going to make, because there's a piece of common sense here that I want to bring in to the discussion as part of my closing. I know that there is some concern out there, and that in some way that we can't quite figure out...we, including

myself, that this paves the way for somebody to expand their scope of practice a little easier. When I was approached with this several months ago or longer, it was a far more extensive bill that had far more extensive components of the change, and knowing that there was a dialogue about this, the only thing that I agreed to introduce was this piece, because as you've heard even the opponents say, it's confusing, and it's got its own set of problems. And I agree, based upon my current readings plus my past professional interaction with that particular component. This has sort of been a day of history up on the floor and debate, talking about a lot of historical aspects of the Legislature and some of the former senators and so on and so forth. Remember the other day...let me take this in a historical discussion way. We talked about a barber pole, and as I've been thinking about this, I've thought, think of it this way if you would. Back in the old days, a lot of people cut hair and shaved men's beards, and it got to the point where because there were enough folks using combs that had cooties in it and rusty razors being used, somebody came to this body and said, you know, we really ought to license barbers, because this is the harm that's being caused to the general public as a result of unlicensed barbers. And that's the criteria we're talking about right now. That's the harm that's being caused; and the agreement was, yes, we should license those barbers. Now, how are we going to define the scope of what barbers can do? And they can cut hair, and they can shave beards, and they have to prove that they've been someplace that allows them to cut hair, and that's the other end of the...now what are you going to do on the other end to make sure you don't harm people? Maybe they ask to let blood like they used to do in the old days, and somebody said, no, only surgeons should do that, and we're not going to have barbers loosing blood. But there's the harm on the front end. There's a harm to the public. That's why we need licensure. Now, what are we going to let you do that's the harm on the other end? Now they're licensed, and they come back to us years later, and say, we'd like to also work on feet--trim nails, shave calluses, put hot rocks on them, you know, we're going to take care of feet. And what we're saying to them right now is, where's the harm? Do we really need to ask that question? Wasn't the price of admission in to being licensed answering the question that we needed barbers within certain limits? What they're asking to do is, expand their scope of what they can do, and our concern, and any time we talk about the 407 process, really what we're interested in is, are they going to hurt somebody if we allow them to trim nails and shave calluses? And that's what we talk about, and that really is what we talk about. We're talking about not needing to ask that first question, you know, where is the public being harmed by this not being done? Because we answered that question when we set up the category for licensure of barbers. And that is my argument, and the counterargument we seem to be saying is, because no one argues that this is something that needs to be looked at, that it's confusing, that it's caused problems, at least not from what I've heard today. We're being told, let's look at this as a larger body of the issues that are out there in the 407 process. When is that going to be done? When is that going to be done? Maybe this year, maybe next year, maybe the...? In the meantime, this component that people seem to think should be changed gets hung up in this broader issue of, well, we've got

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all these things we've got to do. I mean, if this is a fruit tree, people are saying, yeah, we need to prune the fruit tree, and that branch in particular really needs to be pruned, and we're saying, why don't we take care of it right now? And we're being told, no, no, no. The aesthetics of this, we need to prune this fruit tree altogether. Don't prune that branch that we all agree needs to be pruned. Well, this is our process. This is our tree. We're the master gardeners. I mean, we're the ones who are ultimately accountable for this, and I'm saying, let's prune this branch now...a branch that everybody seems to think needs to be pruned. And for those proponents and opponents alike, if you don't like the example that I've given, please tell me where I'm in error on this, because it's how I see this issue plain and simple, plain and simple. Thank you, and I'd be glad to answer any questions. [LB222]

SENATOR CAMPBELL: Any other questions? Thank you, Senator Gloor. [LB222]

SENATOR GLOOR: Thank you. [LB222]

SENATOR CAMPBELL: With that, we will close the hearing on LB222, (See also Exhibits 5, 6, 7, 8, and 9) and we'll just have a small break to let our guests leave who may be leaving, and I'll ask Senator Gloor if he would take over, so I can introduce the next bill. [LB222]

BREAK

SENATOR GLOOR: Welcome, Senator Campbell. [LB222]

SENATOR CAMPBELL: Thank you. [LB222]

SENATOR GLOOR: The podium and the floor is yours. [LB222]

SENATOR CAMPBELL: Thank you. Vice Chair Gloor and members of the committee and colleagues, I'm Kathy Campbell. Campbell, C-a-m-p-b-e-l-l, and today I'm here to introduce LB225, the nurse credentialing issue. And I want to provide a background to you and try to synthesize what the issue is for you. The Department of Health and Human Services has discontinued issuing RN licenses to international students who have earned their associate degrees in nursing and wish to pursue their BSN degrees at Nebraska colleges. The Uniform Credentialing Act provides that health profession credentials can only be issued to nonimmigrants holding visas which are related to "such employment in the United States." Since the nursing students hold student visas rather than work-related visas, the department cannot issue RN licenses allowing the nursing students to continue in the BS programs as they have done in the past. And there are probably several people who are going to follow to give you more history on this. The issue first came forward actually from a comment and a recommendation e-mailed to Senator Gloor and myself from the Speaker who had a constituent who had

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come on a work visa and had taken those classes and was ready, and then had a student visa and could not get credentialed. So it was a Catch...we have created the end law, a Catch-22 situation for the nurses. Growth in the conferring of health professional degrees in Nebraska, and I thought it would be helpful just so that you kind of know the growth that's out there. Between 1999 and 2009, health profession degrees increased by 45.7 percent in Nebraska. Of degrees awarded by public and private institutions in business, education, and health professions, the greatest percentage of increase was in health professions. Less than four-year and bachelor degrees in the health professions increased by 65, almost 66 percent. Health profession education is growing significantly in Nebraska. LB225 will allow health...legally-present foreign students to become credentialed in Nebraska after completing education at Nebraska institutions while studying on student visas. And we did do some checking this summer. Senator Gloor's question when we met with some of the folks was, would this preclude some Nebraska students? Would we be taking spots away from our own students? And the answer came back, no, we would not, because there's just a great number of spots that are available. And in most cases, the international student here is coming to get a more advanced degree in the nursing field than just the beginning and opening designations. So, in order to clarify the law, we brought forward LB225, so, hopefully, the people who follow me can also give additional clarification. [LB225]

SENATOR GLOOR: Thank you, Senator Campbell. Are there any questions for Senator Campbell? Thank you. [LB225]

SENATOR CAMPBELL: Thank you. [LB225]

JUDY MUYSKENS: (Exhibit 10) Good afternoon. Members of the Health and Human Services Committee, I'm Judy Muyskens, M-u-y-s-k-e-n-s, and I'm provost at Nebraska Wesleyan University. And I'm here today representing Nebraska Wesleyan in support of LB225. I'm the chief academic officer at Nebraska Wesleyan, and in addition to our well-regarded residential college for traditional students, which is located in our campus in northeast Lincoln, we have what we call a university college where we administer adult and graduate programs and also our concurrent enrollment program for high school students. One of our adult learner programs, located both in Lincoln and in Omaha, is our degree completion program in which we accept registered nurses, RNs, and prepare them for the Bachelor of Science in Nursing, the BSN. We normally have around 22 students in this two-year program...we are a small program, but excellent. We have usually 11 to 12 students who enter each year into this two-year program, 50 percent of whom have been international students in Omaha or Lincoln, who possess a student visa. Our accreditation with the National League for Nursing stipulates that our students have the RN licensure, because we are accredited as a degree completion program only. The recent change in the interpretation of Nebraska law that restricts international students on student visas from sitting for the licensure exam has caused problems for our program, and more importantly, has impacted our students both

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domestic and international in academic and personal ways. Because of the change in this interpretation, some international students felt forced to leave our program or felt precluded from enrolling in the program. At the beginning of this academic year, the incoming RN-to-BSN class fell to around six students without those international students. The mission and values of Nebraska Wesleyan include personal attention to students, diversity, excellence, and community. And we want to develop students with a sense of individual worth, so that they become useful and serving members of the human community. We believe that educating these international students contributes to the mission and values of our institution. And we are proud to prepare nurses who return to their home countries and serve their own populations. We take very seriously our goal to educate BSN-level nurses for the world. We also realize how important the presence of the international nurses is to the Nebraska Wesleyan classroom and to our university community. The international nurses represent, for the most part, underrepresented or minority populations in our program. They bring a different perspective which benefits our domestic students. They study alongside our domestic students and prepare them for a work world that is becoming more and more diverse and globally focused. For example, in a class on global health issues, the international students add to what the faculty member is teaching by providing real world examples from their own experiences. In addition, many of the international nurses are on their second or third careers and thus, they bring diversity in terms of their experiences and expertise to our classrooms as well. I would also like to express concern about the wellbeing of some of our international students. Many families make great sacrifices to send their students or to bring their families to the United States to study nursing. We know of one Korean student whose family sold many of their belongings to send her to our program. We know of an African family which left everything behind to come here, so that the father could study nursing. This same family moved to Iowa in order to participate in our degree completion program. And we've had, in fact, several students who have moved to Iowa to become licensed, so that they could be in our program. And other students have moved to Iowa and then not returned to our excellent Nebraska programs. We believe that passage of LB225 will allow Nebraska Wesleyan to continue to recruit outstanding international students to its nursing program. These students enhance, as I said, the academic and personal experiences of our students, both domestic and international, which, in turn, benefits the citizens of Nebraska. In conclusion, as a representative for Nebraska Wesleyan, I would ask you as a committee to advance LB225 to General File. And I would, of course, be happy to answer any questions. Thank you very much. [LB225]

SENATOR GLOOR: Thank you, Dr. Muyskens. Are there questions? Senator Wallman. [LB225]

SENATOR WALLMAN: Thank you, Chairman. Yes, welcome, Doctor. And is Jan Duensing still working for Wesleyan? Do you know, in admissions? [LB225]

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JUDY MUYSKENS: Yes, absolutely. She does lots in financial aid and student work hours. Yes, um-hum. [LB225]

SENATOR WALLMAN: Thank you for coming. [LB225]

JUDY MUYSKENS: Of course, I'm happy to be here. Thank you. [LB225]

SENATOR GLOOR: Senator Howard. [LB225]

SENATOR HOWARD: Thank you, Senator Gloor. Is your program generally full? Do you have individuals waiting to get into your program? [LB225]

JUDY MUYSKENS: We are not generally full in that program. [LB225]

SENATOR HOWARD: Okay. [LB225]

JUDY MUYSKENS: So we have spots and, as you can tell, our class size is dwindling, because of the lack of international students. [LB225]

SENATOR HOWARD: So what would you say would be an average size group that you would admit? [LB225]

JUDY MUYSKENS: We normally admit each year around 12 students... [LB225]

SENATOR HOWARD: Okay. [LB225]

JUDY MUYSKENS: ...and that's the funding model that we have set up. [LB225]

SENATOR HOWARD: I see. So it's not a vast number... [LB225]

JUDY MUYSKENS: No, but we did fall to six...excuse me. I'm sorry. [LB225]

SENATOR HOWARD: ...It's pretty individual. No, no, no, that's... [LB225]

JUDY MUYSKENS: We fell to six this fall because we didn't have the international students. [LB225]

SENATOR HOWARD: Can you sustain a program with only six students? [LB225]

JUDY MUYSKENS: That is difficult, but we are able to manage it. (Inaudible) um-hum. [LB225]

SENATOR HOWARD: Okay, thank you. [LB225]

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SENATOR GLOOR: Other questions? Might I ask, Dr. Muyskens, what...is there any one particular foreign country that you're more likely to see your enrollees, your students from? [LB225]

JUDY MUYSKENS: No, I asked for a list because I was curious myself to learn. And there's not one particular country. The students range from China, Japan, Nigeria, Korea, Cameroon, Sudan...I think they're from southern Sudan now, Kenya, Ethiopia, Ghana, so they're from a wide range of countries. [LB225]

SENATOR GLOOR: Well, given our need for health professionals in this state, it's nice to know that there's a potential market for bringing some of those health professionals in from internationally... [LB225]

JUDY MUYSKENS: Exactly. [LB225]

SENATOR GLOOR: ...reverse a brain drain for us out of this state. But having said that, what kind of success rate do you have for these students to stay in the state of Nebraska and benefit Nebraskans with their care? [LB225]

JUDY MUYSKENS: You know, I do not know the answer to that. I could send you that. I think we focus more on our goal is to prepare them to go back to their home countries. I do know in speaking to the director in Omaha, that there are some who have been able to stay, but I do not know the number. [LB225]

SENATOR GLOOR: Okay. Thank you. [LB225]

JUDY MUYSKENS: Um-hum. [LB225]

SENATOR GLOOR: Any other questions? Senator Howard. [LB225]

SENATOR HOWARD: Thank you, Senator Gloor. Well, I guess I was confused with Senator Gloor's question. It was my understanding that these individuals come for their education. [LB225]

JUDY MUYSKENS: Correct. [LB225]

SENATOR HOWARD: They're not residents or they haven't tried to obtain residency or citizenship. They're here simply to be educated, so it has nothing to do with Nebraska's brain drain or luring students here to become Nebraska residents and tend to us as we grow older. I think it's a separate situation. [LB225]

JUDY MUYSKENS: Um-hum, um-hum. Yeah, as I said... [LB225]

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SENATOR HOWARD: Good. Thank you. [LB225]

JUDY MUYSKENS: ...yes, our goal is really to send them back to their home countries. [LB225]

SENATOR GLOOR: Senator Bloomfield. [LB225]

SENATOR BLOOMFIELD: Thank you. When they come here, do they totally pay their own way, or do we end up funding them a little bit or do we actually make a dollar or two off of them? [LB225]

JUDY MUYSKENS: These students pay their own way. Um-hum. [LB225]

SENATOR BLOOMFIELD: Any left over? [LB225]

JUDY MUYSKENS: Some, um-hum. Yes, actually some, um-hum. [LB225]

SENATOR BLOOMFIELD: That's good. Thank you. [LB225]

SENATOR GLOOR: Other questions? [LB225]

JUDY MUYSKENS: Thank you very much. [LB225]

SENATOR GLOOR: Thank you very much. [LB225]

LOUISE LaFRAMBOISE: Good afternoon. I'm Dr. Louise LaFramboise. I am from the University of Nebraska Medical Center College of Nursing where I am director of the baccalaureate program. I'm here this afternoon... [LB225]

SENATOR GLOOR: Doctor, I need to interrupt for a second. Could you spell your name, please? [LB225]

LOUISE LaFRAMBOISE: (Exhibit 11) I apologize. I should just know to do that. L-a-F-r-a-m-b-o-i-s-e, and I'm here in support of LB225. I would like to outline just a few of the issues our students face...our international students under the current Uniform Credentialing Act. The international students who come here to the University of Nebraska are not commonly coming to stay. They're coming for an education, and intend to return home, but our students at every level run into some difficulties because of the current act. So at the undergraduate level, we have very few international students, and mostly those students who are here are here for some other reason. For example, a spouse has been brought by their company for employment, and the husband or wife comes along and enrolls in the program. And an example of the

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difficulties for those students, we have a student currently who graduated...I guess she would be a graduate now...graduated in December who was offered a job in October by the unit manager where she was having clinical. The student then called the HR department to find out how she might go about doing that, because she was here as a student with a student visa. In order to be licensed, she would have to apply for permanent residence, and to do that, she would have to have a sponsor. And the HR department told her they were not interested in sponsoring international employees because of the time and expense involved. So, four months later, that student has no job opportunities available to her. In our graduate programs, the situation is a little different. Again, most of those students are returning home, but while here seeking to be licensed and be employed, for some of them, but even in our program if they didn't seek employment at our master's degree, a license is required to complete the nurse practitioner clinicals to achieve the degree, but they cannot be licensed. At our doctoral program, a license is required for data collection for the research project required for the degree. But, again, they cannot be licensed and so cannot do their data collection. In addition to the program requirements, our students seek to work for some personal reasons. First of all, exposure to western medicine gives them an expanded view of practice when they return home, so better able to practice. There's also some prestige associated with having been a nurse in the United States, so an elevated stature when they return home to their country. And lastly, while students who come to the University of Nebraska Medical Center must demonstrate an ability to pay, they have all of the financial resources needed to meet their expenses while they're here. We all know as budgeting things arise, and you have unexpected expenses and things become very tight for them, so in order to ease their economic burden, working while they're here is also a benefit. For international students, because they're on pretty tight budgets they tend to live close to campus where they can walk back and forth to the university and then use public transportation in Omaha to get to clinical facilities. But they can't be licensed, and so they move to Iowa, as already mentioned. To do that, now they have to purchase a car that wasn't in their budget to begin with, so they're purchasing inexpensive cars which are not reliable, and then, again, not consistently meeting expectations, because they haven't arrived at their clinical or data collection site. So, overall, their inability to be licensed is a personal imposition, but a bigger consideration for us is that it's an academic imposition. They cannot meet the outcomes of their program. I would ask that this committee support LB225, and I would be happy to answer any questions. [LB225]

SENATOR GLOOR: Thank you, Dr. LaFramboise. How close did I come...? [LB225]

LOUISE LaFRAMBOISE: Perfect. [LB225]

SENATOR GLOOR: Yeah (laughter), a shot in the dark. It's a beautiful name. [LB225]

LOUISE LaFRAMBOISE: Thank you. [LB225]

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SENATOR GLOOR: Are there any questions? I guess I would ask the same question I asked Dr. Muyskens, and that is, and I think you referenced it, that most, if not all, of the students you're talking about here probably will return to their own country of origin to practice there. Is that correct? [LB225]

LOUISE LaFRAMBOISE: Most of them do. I wouldn't say all of them do. I think a majority come with that intent. Sometimes they will meet someone and be married and then choose to stay. That's not common. Or they're so enamored of the opportunities they've had here, might choose to stay, but the majority of our students return to their country of origin. [LB225]

SENATOR GLOOR: Okay. Thank you very much. [LB225]

LOUISE LaFRAMBOISE: You're welcome. Thank you. [LB225]

LINDA STONES: (Exhibit 12) Hi. Good afternoon. My name is Linda Stones, L-i-n-d-a S-t-o-n-e-s, and I am a registered nurse, who resides in District 30, Senator Wallman's district, and I am here today representing not only myself, but the Nebraska Nurses Association. And the Nebraska Nurses Association is a voice of approximately 30,000 nurses here in the state of Nebraska. We are here asking for your support for LB225. I'm not going to reiterate a lot of the things that have been discussed before, but there are a couple of points that I would like to bring up. And one is, is that, again, we are not talking about individuals who are illegally in the United States. We are talking about people who are here legally with visas. And these individuals do add a significant amount to our academic programs when they're involved in them. Our state is very diverse. I live in Crete or right outside of Crete, and we have a very diverse community of people from Sudan, from Mexico, from a lot of different areas. And as a nurse, I run into these individuals in hospital settings, so being able to interact, and I think one of the speakers before talked about that with people from those different cultures, while I'm in the academic environment, I really learn about the different cultures and the cultural diversity that we are faced with in the clinical environment, and that is a very enriching aspect. I did provide you with some statistics that I was able to find for the National Center for Educational Statistics, and there are approximately 690,000 foreign individuals in the country, in the United States, enrolled in academic programs, and healthcare or health professions is the sixth of those...the largest groups. Statistics specific to Nebraska were very difficult to try to find. I did touch base with the Nebraska Board of Nursing, and they were able to share with me that in 1913 was the first foreign nurse that was licensed in the state of Nebraska, so we've been licensing foreign nurses for quite some time. And between 2000 and 2009, there were 267 foreign nurses licensed in the state of Nebraska, and this comprises less than 1 percent of the nursing work force here in Nebraska, but it is still a percent of our work force. Our neighboring states do not provide these kind of barriers to foreign nurses from entering into

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academic programs. And Nebraska is a pretty hospitable state, and I really don't see that's really what the intent of what we were trying to accomplish when we passed this...the initial act that created this problem. While this bill will not have a tremendous impact on a lot of people, it will have a tremendous impact on a few people. And so we ask that you support our academic nursing programs and support LB225. So I'll take any questions. [LB225]

SENATOR GLOOR: Thank you, Ms. Stones. Questions? Senator Wallman. [LB225]

SENATOR WALLMAN: Thank you, Senator. Thank you for coming and appreciate what you do, so keep up the good stuff. [LB225]

LINDA STONES: All right. Thank you, Senator Wallman. [LB225]

SENATOR GLOOR: Other questions? Thank you very much. Other proponents? Are there any people who would like to speak in opposition to LB225? Anyone who would like to speak in a neutral capacity? Senator Campbell, would you like to close? Senator Campbell waives closing. That will conclude the hearing on LB225. (See also Exhibits 13, 14, and 15) Thank you all for attending. If you're driving, be sure and drive carefully. If you're walking, be sure and walk carefully. And I think, committee members, Senator Campbell wants us to remain here for some discussions on... [LB225]