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Health and Human Services Committee  
February 21, 2014

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[LR422]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, February 21, 2014, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR422. Senators present: Kathy Campbell, Chairperson; Bob Krist, Vice Chairperson; Tanya Cook; Sue Crawford; Mike Gloor; Sara Howard; and Dan Watermeier. Senators absent: None.

SENATOR CAMPBELL: Welcome to the hearing of the Health and Human Services Committee. I'm Kathy Campbell, senator from District 25, east Lincoln and eastern Lancaster County. We are glad to have you today. We only have one hearing which is on a legislative resolution. How many people plan to testify today? One, two, three, four, five. Okay. If you're planning to testify, make sure that you have completed one of the orange sheets on either side of the room. Print legibly. As you come forward, you can give the orange sheet and if you have any handouts to Brennen who is the committee clerk. I think...Brennen's question earlier was on the lights, I think we will not use the lights today, but we would ask that you keep your remarks right around about five minutes as the usual time so that we hear all five of you in equal time slots. Today I would remind you to turn off your cell phone or your tablet. Make sure it's silent so that it's not disturbing anyone. And I think that's it for the instructions. We do self-introductions, so, Senator, start us off.

SENATOR WATERMEIER: Dan Watermeier, District 1 in Syracuse.

SENATOR COOK: I'm Tanya Cook, District 13 in Omaha.

SENATOR KRIST: Bob Krist, District 10 in Omaha and Bennington.

MICHELLE CHAFFEE: I'm Michelle Chaffee. I serve as legal counsel.

SENATOR GLOOR: Mike Gloor, District 35, Grand Island.

SENATOR CRAWFORD: Sue Crawford, District 45, eastern Sarpy County, Bellevue, and Offutt.

BRENNEN MILLER: I'm Brennen Miller, committee clerk.

SENATOR CAMPBELL: And our two pages today, Emily and...is Stuart here? I know he...I saw him in the hall.

EMILY SCHILTZ: Yeah, he went on errands.

SENATOR CAMPBELL: Okay. He's coming back. So if you need some assistance or

Health and Human Services Committee  
February 21, 2014

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help with anything, they will be glad to help you. Since this is a legislative resolution, Senator Gloor and I kind of decided that we'd just stay in place and make some opening comments on the resolution itself and then go to your testimony. I'm going to read a little of this and then Senator Gloor is going to make some comments. LR422 is introduced to provide for legislative leadership to facilitate cooperation between healthcare stakeholders and policymakers in Nebraska to work towards healthcare systems transformation. And Senator Gloor's remarks I'm going to let him cover the start up and the conference of this. But we have reintroduced this concept in LR422 to continue the work that we started. And we will bring stakeholders together to work towards the shared objectives of improving the health and healthcare of Nebraska, controlling healthcare costs, and improving healthcare quality. I want to mention some specific things that are included in LR422, which is a joint hearing, a joint effort I should say, between the HHS Committee and the Banking, Insurance and Commerce (sic) Committee. But we want to continue to provide a comprehensive review and really long term to define Nebraska's healthcare delivery cost and coverage demands, define opportunities to expand healthcare delivery to rural and medically underserved regions throughout...through telemedicine, electronic home care devices, and Internet-based care. Determine the role of the team-based care, including patient-centered medical homes and accountable care organizations. And I know he won't say this so I get to say it, but Senator Gloor was certainly a pioneer in the state in leading us into looking at patient-centered medical homes. We will assess the effectiveness of loan forgiveness programs. We are understanding that that is a critical, critical piece to have in place. And develop cooperative strategies and initiatives for design, implementation, and accountability of services that improve care quality and value-based care while advancing the overall health of all Nebraskans. And with that, I'll ask my colleague and partner in this effort to end up our opening comments. Senator Gloor. [LR422]

SENATOR GLOOR: Thank you, Senator Campbell. And it's been sort of a nice fit that not only is this a joint resolution between Health and Human Services and Banking, Commerce and Insurance, but we have a lot of the same members that serve on both committees, and that's certainly been unique in my experience. Last year we had four. This year we have three. Senator Howard, Senator Campbell, myself, and then last year Senator Crawford was also a member when we started LR42. And that's nice to have that degree of continuity and obviously the initiatives we're talking about here relate not only to the health of Nebraskans but also issues around insurance and coverability related to access issues. The process for us has tried...have been inclusive. We're starting out with, and I forget what we call our steering committee, we have a very nice name, our workgroup committee. We have the advantage with the university med center giving us Dr. Zetterman to use as a facilitator to keep us going. I've had numerous meetings with that group. And then of course there's the big stakeholders meeting that we had last fall taking a much broader level of input. All of this has been heading towards recommendations and something that will give us hopefully a 15 to 20 year look at where we want our healthcare system to be to help the Legislature when it comes to

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

---

policymaking. With term limits, I'm being pretty blunt here, with term limits, we have no institutional memory and we have a lack of focus I think on the long term and what we need and have in the Legislature right now is a strategic planning initiative with different components, one of which is health, to focus on. But clearly given the times we're in, the changes we're in, and the complexity of the topic, having LR422 is an important...is going to be important for us to then feed into the legislative planning process. And Senator Campbell and I and committee members never envisioned this to be one year. We envisioned this to be a two-year project, and as we've talked listening to people who present to us bills and whatnot, we find more and more people that we would like to bring into the fold which also speaks to why having this as a two-year initiative makes sense. Certainly worthwhile, something worth continuing, and LR4...42...422--thank goodness I'm not dyslexic or it would have been even worse--is an important thing for us, so. We're certainly supportive and this is an important hearing for us. [LR422]

SENATOR CAMPBELL: Thank you, Senator Gloor. To start off our hearing this afternoon, we'll start with Dr. Zetterman. Dr. Zetterman has been facilitating this effort with the workgroup and also with the conference and has testified before the committee before after the conference and bringing them up to date. So welcome. [LR422]

ROWEN ZETTERMAN: (Exhibit 1) Thank you, Madam Chair. I'm Rowen, R-o-w-e-n, Zetterman, Z-e-t-t-e-r-m-a-n, and I'm pleased to speak today in support of LR422. As you've heard, I've been serving as the workgroup coordinator for LR22, which is the forerunner of this legislative resolution. I also have a longstanding personal interest in healthcare delivery for Nebraska, and I've worked with both state and national organizations on healthcare reform. As you've heard, we have an opportunity to actually transform I think healthcare delivery within Nebraska. Access to healthcare is a very important social good for our citizens. It contributes to the well-being of the state and all of its residents. All Nebraskans deserve to have access to healthcare that emphasizes good health habits, wellness, and prevention. And I believe our state government is in the best position to actually transform Nebraska's healthcare. Improving population health and healthcare processes while utilizing risk-based, payment models that promote coordinated, high-quality care through accountable care organizations or patient-centered medical homes can improve the health outcomes of Nebraska. Why do we need to transform healthcare delivery in Nebraska? Well, the life expectancy has actually increased somewhat over the last 20 years. In Nebraska, it's fallen short. It's particularly disturbing to me to find that the mortality of Nebraska men has actually increased, not fallen, in seven of Nebraska's counties since the 1990s. Perhaps even more disturbing than that is that the mortality of women has increased in 51 of the 93 counties of Nebraska over the last 20 years. Our citizens are less healthy and are making lifestyle choices that account for about 50 percent of Nebraska's nonelderly adults as having some sort of chronic disorder due to obesity, diabetes mellitus, heart disease, hypertension, and those sort of factors account for about 70 percent of our disease-related deaths. The delivery of healthcare in Nebraska unfortunately is also

Health and Human Services Committee  
February 21, 2014

---

often poorly coordinated. Current payment models don't encourage patients to consider healthcare costs, can result in fragmented care, and carry high administrative costs. As a simple example for a physician practice, as much as 30 percent of that office income can actually be spent on simply billing and collecting the various things from insurance companies, Medicare, Medicaid, etcetera, for the care that that office delivers. We need to change the health of our Nebraskans and the processes of care that they need. We can ensure that the system promotes consumer choice with price and quality information of its health plans. We can invest in public health initiatives that improve population health. We can improve health literacy, a really crucial component. And as you've all heard, only about a third of Americans understand anything about their healthcare, and that's been a real problem in signing people up for the new healthcare plans that are available throughout this country. And of course we need transparency of those health plans and of their data. Transforming the healthcare system will require the involvement of all of Nebraska's health stakeholders. In an effort to assure that all stakeholders are being heard, 167 of those stakeholders participated in a daylong meeting in October of 2013 where they addressed what they thought the ideal healthcare system should look like for Nebraska and what challenges will be faced by doing so. Stakeholders identified the need for a statewide vision for population health and preventive care. They saw a rational need for use of healthcare resources, the availability of patient-centered and value-based care. They wanted reasonable access to healthcare by rural patients, improved health literacy of Nebraskans, a greater focus on health education in our primary school education. They wanted a culture of innovation regarding healthcare delivery, and the integrated care of chronic health disorders throughout our state. These stakeholders also drew attention to the need for community involvement in their environment, for community activities that ensure personal health, and for loan forgiveness and reimbursement programs that draw healthcare workers to job opportunities in rural towns and counties to practice. This stakeholder information has been further evaluated by 13 workgroup members of LR22 and have organized it into five areas for future consideration, including: patient access, quality and wellness, value-driven care, population health, and the use of electronic data and tools to accumulate health data, provide telemedicine, and electronic health marketing...monitoring. With the approval of LR422, the workgroup can continue to refine the stakeholder recommendations, secure additional data on Nebraska's healthcare and its processes, and develop a health proposal for the state that ensures high-quality, patient-safe care of all Nebraskans, making sure that the equivalency of patient access to care occurs throughout the state, that costs of healthcare and insurance products are transparent, that recommendations for payment models include things that are risk-based care, patient-centered, highly coordinated, high-quality, and value-based care. And of course ensure that we collect statewide data so that we know about the health of Nebraskans and we know the areas and the types of problems that we need to deal with while we improve healthcare literacy and assure lifestyles for healthy Nebraskans. We'll need to use telehealth, as you've heard earlier in Senator Campbell's remarks, and we'll need patient-controlled, direct-access clinical monitoring

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

---

devices, things that are already readily available throughout the country, and we need to make use of them so that we can cover areas of the state where we have fewer physicians, nurse practitioners, and physician assistants providing direct care. Following development of this unified proposal, we'll go back to the stakeholders once again. We'll again prepare that information and let them feed back to us what they see as the things that we've suggested as ways that we might make the healthcare system better. And then following that additional input from the stakeholders, we hope to have a transformative set of principles that we can deliver to the Health and Human Services and the Banking, Commerce and Insurance Committees by the fall of this year. Thank you, Madam Chair, for letting me speak. [LR422]

SENATOR CAMPBELL: Thank you, Dr. Zetterman. We'll take comments. Senator Krist. [LR422]

SENATOR KRIST: Doctor, before this hearing started, I had mentioned to you that I just want to make it public record. I've had several meetings with Alegent, Creighton, and the Catholic systems in terms of the future of Creighton University's healthcare facility and the services that would be or would not be available in that part of the city of Omaha and the metropolitan area. And during those discussions when I mentioned LR22, to some extent I got the deer-in-the-headlight look. They weren't completely read into the process. I expressed my wish that they would become involved with it because there's a faction of our healthcare community that's there maybe with a different perspective, maybe not. But so I would hope that in the LR422 area that we do include, and I know Senator Gloor made mention of bringing more people to the table and talking about it, but that is important to me and I know to Senator Howard, Senator Cook, and Senator Crawford being on the periphery of that area. Healthcare vacuums are not what we need in the state. So I appreciate your help in that effort. [LR422]

ROWEN ZETTERMAN: My pleasure. As you probably are aware, we do have two members from each of the two health science schools that are there, and that's been the representation from both of those organizations. But of course there are larger healthcare organizations, hospital organizations in the city of Omaha as well, as well as outstate. And we do have at least one rural hospital director on our workgroup, so that's very helpful. [LR422]

SENATOR KRIST: Thank you, Doctor, for all your work. [LR422]

SENATOR CAMPBELL: And we had a question posed to the office and we forwarded it to the Creighton and Alegent, question the two people who serve on the workgroup so that they could make contact with them. But we certainly will reach out again to them. Any other questions? Thank you, Dr. Zetterman. [LR422]

ROWEN ZETTERMAN: Thank you very much. [LR422]

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

---

SENATOR CAMPBELL: Our next testifier I think is Dr. Bleicher, and then after that we'll take the general testimony. Dr. Bleicher is a member of the workgroup. [LR422]

STACIE R. BLEICHER: Thank you, Senator Campbell. My name is Stacie, S-t-a-c-i-e, last name is Bleicher, B-l-e-i-c-h-e-r. I am a 31-year veteran of general pediatrics here in Lincoln, but in addition to my general practice have been involved in a variety of governors' task forces. I worked some in the area of child abuse here in this portion of the state and have worked extensively with our public health people here in Lincoln. So I have a pretty broad perspective about things, as well as being a consumer of healthcare and a provider. And our work with LR22 has been extremely interesting because it has broadened out the definition of what good health means, and I think we need to take that broad look to really understand how we make changes, where we can make improvement instead of strictly looking at traditional healthcare systems as they exist today. As a workgroup, I think we have been amazed at the various areas that we realized are components of health. Some mental health, some how do we reach underserved areas, both rural and inner city areas of our larger communities. You know, access to insurance but not just access to payment. We need access to providers and how do we look outside the box a little bit to find, you know, whether it be working with some community health workers who are extenders of primary medical care homes that can free up medical providers a little bit but offer follow up and support in improving the concepts of health within a community as teachers and proponents for the people living in their own communities. So there is just a fairly vast area that we're trying to investigate and trying to cover what are our priorities, what are the most important areas that we can put some things into place and perhaps some goals for the future. Definitely not something we're done with at this point. So I certainly speak in support of extending our ability to continue this work and try to come out with a really functional plan for how we move in the future to a healthier Nebraska, including personal responsibility, community health, moving away from treating disease to creating wellness. And those are certainly many of the goals that are part of that workgroup that we hope we can make some helpful suggestions if we can continue the process. So I would certainly encourage you to consider putting this out to the general body to have approval for the work to continue. [LR422]

SENATOR CAMPBELL: Thank you, Dr. Bleicher. Any questions or concerns? Thank you very much. Oh, sorry. I thought Senator Crawford raised her hand. Thank you, Dr. Bleicher. [LR422]

STACIE R. BLEICHER: You're welcome. [LR422]

SENATOR CAMPBELL: Another member of the workgroup that's with us, and she came in late so I missed it, Jennifer Carter is also a member of the workgroup and I noticed that she has orange sheets there. (Laughter) She's a multiple person today.

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

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Good afternoon. [LR422]

JENNIFER CARTER: (Exhibit 2) Good afternoon, Chairman Campbell and members of the HHS Committee. On behalf of Nebraska Appleseed and as a member of the LR22 working group, I am pleased to testify in support of LR422. I wanted to thank Senator Campbell and Senator Gloor not only for their leadership on this but for having the foresight to put this group together, because with the implementation of the ACA I think we have a unique opportunity and in some ways an obligation to really take a look at our healthcare delivery system and see what we can do to make it better. So I would echo a lot of what Dr. Bleicher said. I have been really impressed and pleased to work on the workgroup. I think it's been a very thoughtful and deliberate process and that we've all learned from each other in our shared perspectives, and talked about a lot of exciting ideas, although I have not kept up with all the reading that Dr. Zetterman sends us. (Laughter) But there's a lot of information, so...and really good information that is happening out there. So...and I do think that the stakeholder meeting that Dr. Zetterman mentioned really showed that not only was there consensus on a lot of the key areas which has informed the areas that Dr. Zetterman mentioned that the workgroup is focusing on, but that there was clearly a lot of interest in an investment in looking at our delivery system from a broad perspective. So that was also exciting to see. But as Dr. Bleicher mentioned, there is a lot more work to be done. We've just broken into subgroups to try to really dig down deeper into the details of these areas, and so I think it was smart to plan for this to be a really long process and I think that's what the people in the workgroup have committed to doing. But we do need a little bit more time. There are really exciting pilots happening across the country and we have to figure out what menu of options is going to be right for Nebraska, and then how we can think about implementing that. And we're not quite there yet. So we would really appreciate the opportunity to continue this work. And I'd like to thank Dr. Zetterman for his really excellent leadership and being a driving force behind this and helping us focus. And as Appleseed, we really appreciate that there's a low-income perspective in this group. So for that, we would also ask that LR22 be advanced. I'm happy to take any questions. [LR422]

SENATOR CAMPBELL: (Exhibit 7) Any questions from the senators? Thank you very much. And with that, we'll open the testimony to those who want to testify. So we'll take our next testifier. We should mention as the gentleman is making his way forward that we received a letter of support for LR422 from the Nebraska Medical Association, and they attached--and, Senators, I hope you'll take time to look at it--the Nebraska Medical Association in November 28 of 2007 provided a very excellent report and recommendations. And I'm sure they feel that they now have an opportunity to see some of those recommendations come forward. We received a letter of support from the ARC of Nebraska. I believe that's your testimony. Correct? [LR422]

MICHAEL CHITTENDEN: Probably from last year. [LR422]

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

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SENATOR CAMPBELL: (Exhibit 8) And there was another...oh, and Ann Frohman who is a member of the workgroup also provided a letter to the committee. Good afternoon. Go right ahead. [LR422]

MICHAEL CHITTENDEN: (Exhibit 3) Good afternoon, Senators. My name is Michael Chittenden, M-i-c-h-a-e-l C-h-i-t-t-e-n-d-e-n. I am the executive director for the ARC of Nebraska. Appreciate your time on a Friday afternoon and I'll try to be brief because I know we all have plans. So we support and commend LR422. We only ask that as you bandy around words like consumer, patient, all other interested parties, stakeholders, that you take a long, hard look at making sure that people with disabilities and developmental disabilities are also part of those workgroups and stakeholder meetings. Far too often there is no representation for those folks. So we again commend and support this. We stand ready to help out in any way we can. But ask that you include language that is inclusive of people with disabilities and developmental disabilities. [LR422]

SENATOR CAMPBELL: And I'm sure that we could elicit your help to identify some folks who might be a part of those conversations. [LR422]

MICHAEL CHITTENDEN: We would love to help out there. [LR422]

SENATOR CAMPBELL: Great. Thanks for the offer. [LR422]

MICHAEL CHITTENDEN: No problem. [LR422]

SENATOR CAMPBELL: Any others? Thank you very much for coming. [LR422]

MICHAEL CHITTENDEN: Thank you very much. Have a great day. [LR422]

SENATOR CAMPBELL: Our next testifier. Good afternoon. [LR422]

NICK FAUSTMAN: (Exhibit 4) Good afternoon. I'm Nick Faustman, N-i-c-k F-a-u-s-t-m-a-n. I'm with the Nebraska Health Care Association, which is the parent association to a family of entities including the Nebraska Nursing Facility Association, the Nebraska Assisted Living Association, and the Licensed Practical Nurse Association of Nebraska. NNFA, NALA, and LPNAN support LR422. LR422 continues the strategic planning process for Nebraska's healthcare system that began last legislative session with LR22. As you might recall, the committee invited LPNAN to be part of that discussion last year and I had asked that the committee also consider end of life and long-term care industry and the challenges that those industries will be facing in the years to come, particularly with the creation and implementation of managed care for long-term services and supports. The associations would be happy to assist in any way

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

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that we can. And coincidentally, we have taken on projects that fit nicely with the intent of LR422. For example, we've established a Future of Assisted Living Task Force, which currently consists of stakeholders including nurses, providers, representatives of the Department of Health and Human Services, and consumer groups. The purpose of the task force is to proactively address the changing landscape and the modernization of the industry. Specifically, they plan to address issues regarding licensure, regulation, the role of nursing in assisted living, how consumers perceive assisted living, and what we aspire assisted living to be. Obviously, the Future of Assisted Living Task Force is just one example of how the NHCA family of associations could provide input and make recommendations to the committee. And collectively, we represent over 400 facilities and nearly 400 LPNs who are eager to assist in this process. Thank you for this proposal, and we look forward to working with you. [LR422]

SENATOR CAMPBELL: Questions? Thanks, Nick, and we appreciate you coming to see us... [LR422]

NICK FAUSTMAN: Thank you very much. [LR422]

SENATOR CAMPBELL: ...several times since the conference and giving good ideas. We appreciate that. Our next testifier. [LR422]

BRUCE RIEKER: (Exhibit 5) Good afternoon, Chairman Campbell, members of the Health and Human Services Committee as well as those from the Banking, Commerce and Insurance. My name is Bruce Rieker, it's B-r-u-c-e R-i-e-k-e-r, vice president of advocacy for the Nebraska Hospital Association here testifying in support of LR422. As the previous testifiers have said that we all commend you for taking on this gigantic challenge, and we offer our resources to work with you throughout all this. A couple of things that we as a hospital association see as must do's are on page 2: developing an integrated information system; aligning providers. And we've talked about that a little bit the last time I was before you when we talked about LB1054, the continuum of care and discussing those particular issues. Also, as many of you are already aware, lower on that second page, achieving these strategies will...implementing these strategies will achieve competency in many areas. Implementation of patient-centered integrated care. One of the things that I'd like to say that I hope that it's conveyed throughout all of this testimony that the patient comes first, that it's a patient-centered model that we need to be looking at. On page 3 is...I probably...I wrestled with which area of all the things we're trying to wrap our arms around. Maybe I should focus on it in my testimony. So I figured I'd take the liberty of continuing our conversation about the continuum of care. And on page 3 I did quite a bit of research since the hearing on LB1054 looking at various models that exist out there, what the joint commission has developed, and many other entities that...well respected around the country. But looking at why there were breakdowns in transitions of care and what we...some of the guidelines that we could be looking at in that specific area, improving on the area where communications break

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

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down and patient education...putting more accountability in the transition of putting names and particular providers in those places as to being more accountable. And then you can walk through many of these other areas: more clinician involvement and shared accountability, comprehensive planning and risk assessment. But as the walls of the silos, the healthcare silos that we talked about previously, come down and we build more of a continuum of care, I think that this is one area or hopefully we've given you some information in this testimony of looking at how we make smoother transitions of care from one organization or one provider to another. And with that, we offer our support. [LR422]

SENATOR CAMPBELL: Excellent. Any questions for Mr. Rieker? Thank you for bringing it forward to us very much. [LR422]

BRUCE RIEKER: You're welcome. [LR422]

SENATOR CAMPBELL: Other testifiers? Okay. I would like to note for the record we have appreciated the Nebraska Hospital Association and the Medical Association for hosting the workgroups, at least finding us a place, and it has been helpful because not all members of the workgroup are in close vicinity to Lincoln or Omaha. So we've been able to do some call ins and that type of thing. Dr. Zetterman, it might be helpful to the committee if we provided to them a list of who is on the workgroup that might be able to respond to Senator Krist's comment. And it's a great question to have so that they know...you know and if someone calls you, you can say please contact those folks. So if you wouldn't mind sending us... [LR422]

ROWEN ZETTERMAN: Absolutely. We'll forward that to your office today. [LR422]

SENATOR CAMPBELL: That would be great, that would be great. Anything else? Senator Krist. [LR422]

SENATOR KRIST: Just a quick question. I'm not criticizing the membership but I think sometimes when leadership has...in this particular case I think there's a medical school community was involved representing and leadership. So within the organization I don't fault who was there. I just want to be clear that those folks had...didn't have an idea, and I think that's something that we should works towards. So please don't take it as a criticism. [LR422]

ROWEN ZETTERMAN: Sure. No, I think that's a great idea. We...you know, as you're aware, we've included...there's a size of which if it gets too large, it's too large. The stakeholders group, on the other hand, needs to be as large as it can possibly be. [LR422]

SENATOR CAMPBELL: Yeah. [LR422]

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

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SENATOR KRIST: Yes, sir. [LR422]

ROWEN ZETTERMAN: And your suggestion about making sure we have everyone come to the table in a variety of ways is well placed. So as I said, we set out with two people from each of the two health science schools and I happen to be the third. But I've been in both of those health science schools so I can easily argue that I can represent them both. But I'm actually there as the coordinator. Hospital administrator, we have some physicians, we have entities that have vital interest in healthcare of children and adults, we have businesspeople on the committee. And one of the interesting things is to hear back from our business person as he responds to me and tells me how they're beginning to change their health plan and do more things on wellness for their employees, which has come from his thoughts and readings that he's been doing in preparation for the committee. So it's been a lot of fun for me. And we have just one hospital administrator from one of our critical access hospitals which are probably the group that I think many of us worry about the most, particularly in these changing times because they serve such a vital need where they are in those regions and the loss of any one of them could be potentially disastrous for those communities and otherwise. But there's no question that we need to reach out and hear from as many people as we can (inaudible). And I will forward to...if you don't mind, I'll forward it to your office and let you distribute it. [LR422]

SENATOR CAMPBELL: Sure, absolutely. [LR422]

ROWEN ZETTERMAN: And I'll get you the list of all the people and what they...who they represent in addition to being on the workgroup. [LR422]

SENATOR KRIST: Thank you. [LR422]

SENATOR CAMPBELL: We would really like to see double the number at the next conference. So the more that you can talk at this, we keep a list of all interested people in our office of what we call sort of the mailing list, a group. So if you have people that you think would be good candidates for attending that conference. We need a name and an e-mail address because we're communicating mostly electronically, and just get them to our office and we'll get them on the mailing list. And Dr. Zetterman will be doing some e-mails out to that group as we proceed into the spring. So any names and all names, because it would be great if we could double that number at the next conference. Thank you, Dr. Zetterman. [LR422]

ROWEN ZETTERMAN: Thank you. [LR422]

SENATOR CAMPBELL: (See also Exhibits 6 and 9) With that, it concludes our hearing for the afternoon. Please drive safely and have a great weekend. And, committee

Transcript Prepared By the Clerk of the Legislature  
Transcriber's Office

Health and Human Services Committee  
February 21, 2014

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members, you do the same. [LR422]