

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee April 22, 2021

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ARCH: OK. We'll go ahead and get started. Good afternoon. Welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County. I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Murman.

MURMAN: Hello. I'm Senator Dave Murman from District 38, and that is Clay, Webster, Nuckolls, Franklin Kearney, Phelps, and southwest Buffalo County.

M. CAVANAUGH: Machaela Cavanaugh, District 6: west-central Omaha, Douglas County.

B. HANSEN: Senator Ben Hansen, District 16: Washington, Burt, and Cuming County.

ARCH: And I'm sure we'll have other senators join us as we go along here. Also assisting the committee is one of our legal counsels, Paul Henderson, our committee clerk, Geri Williams, and we have a-- we have two committee-- we have two pages today. Welcome very much. A few notes about our policies and procedures. This afternoon, we'll be having hearings on three gubernatorial appointments, taking them in the order listed on the-- on the agenda outside the room. The appointee will begin with an opening statement. After the opening statement, the committee members will have the opportunity to ask questions. Then we will hear from supporters of the appointment, opposition, and neutral, if any. If you plan on testifying, please fill out a green testifier sheet, located on the table near the entrance to the hearing room, and hand it to one of the pages when you come up to testify. When you begin, we would ask that you please begin by stating your name clearly into the microphone, and then please spell both your first and last name. And with that, we will begin today's gubernatorial appointments with Dr. Ostdiek. Welcome, Dr. Ostdiek.

DON OSTDIK: Thank you. Good afternoon, members of the Health and Human Services Committee. My name is Don Ostdiek, and I'm a physical therapist located in Midtown Omaha. I look forward to the appointment, and thank each of you for your hard work and dedication to the people of Nebraska. A little bit about myself-- I'm a lifelong resident of

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Nebraska, with the exception of a short time after college, when I moved to Chicago. I grew up the youngest of nine children, in Blue Hill, Nebraska. My mom and dad were both teachers when they met. And shortly after that, my dad purchased the weekly newspaper called "The Blue Hill Leader," and was the editor for over 55 years. My mom helped with the newspaper, but was also obviously very busy helping out with the children. As an early exposure to healthcare for me, and in particular, rural healthcare, I recall my mom volunteering at the Webster County Hospital for more than 20 years, addressing the difficulties of providing healthcare in small, rural communities in Nebraska. After high school, I attended the University of Nebraska in Lincoln for three years, taking prerequisite courses. Then I earned my doctorate in physical therapy from Creighton University in 1998. After graduation, I spent two-plus years in the Chicago area, working as a physical therapist. At that time, I experienced the pull to be closer to family and friends in the state that I love. I moved back to Nebraska, working as a therapist at the Fremont Hospital for a short time. I then worked at outpatient clinics in North Omaha, Bellevue, and downtown Omaha. I opened my own-- my own owner/operator clinic in Midtown Omaha over ten years ago. I specialize in treating patients with acute pain conditions, such as: back strain; muscle pulls; joint strains, as well as chronic conditions such as: headache; jaw and neck; back and hip pain. I have a passion for the hard working people of Nebraska, and love helping them individually as they come to my clinic. I hope to bring to the board a commonsense, critical thinking approach, based on science, in regards to policy, procedure, and legislation, so that I can help even more [INAUDIBLE]. Thanks again-- thanks once again for giving me the opportunity to introduce myself, and I welcome any questions that you all may have for me.

ARCH: Thank you. We'll-- we'll start with the obvious. You're-- you are applying for a gubernatorial appointment to the Board of Health, a new-- a new member. Why-- why-- why were-- why are you interested in doing this?

DON OSTDIEK: So as I said, I wanted to help the people of Nebraska. I had a previous experience. One of my-- one of the niche practices that I do is a technique called dry needling, and it was kind of controversial in the state of Nebraska about-- when it became-- when they allowed us to do it about ten years ago. And my predecessor, the physical therapist on the board, actually voted in favor of physical therapists not being able to provide dry needling, even though I felt

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that it was a very safe and-- and efficient way to help people of Nebraska. So I disagreed with him at that time. And-- and we've spoken since, but at that time it piqued my interest, and I wanted to be able to have a say in helping the health of that-- of my fellow Nebraskans. Since then, it has been determined that it is well within our scope of practice to do dry needling, and I've been able to help a lot of people. That's what initiated my thought in doing this and becoming a member of the Board of Health.

ARCH: Thank you-- very interesting. Other questions? Senator Hansen.

B. HANSEN: Yeah, thanks for joining us. I've just got a quick question. So do you see anything on the horizon, potentially, with the Board of Health or have you-- has there been anything on your radar, as a physical therapist, coming down the road that maybe has piqued your interest at all a little bit? Or did-- had you noticed something you might be getting involved in when it comes to the Board of Health?

DON OSTDIEK: Well, currently there's some change in the scope of practice with the athletic training profession that I want to be involved with. And-- and I think that that has already moved through the Board of Health, but I don't believe that it's moved into the-- to be voted on by the Legislature-- by the Legislature yet. So obviously, I have an interest in that because it directly affects physical therapy as a profession. That's one thing.

ARCH: OK. Thank you. Other questions? Senator Murman.

MURMAN: Yes. I don't have a policy-related question, but I was just wondering if you ever considered coming back to the Blue Hill-Glenvil-Hastings area to practice.

DON OSTDIEK: I-- you know, initially out of school, working in a rural community was certainly something I was interested in. However, I kind of developed a niche practice at this time, and it doesn't-- it would require about eight counties to make it work out in that area. I-- I do miss Blue Hill and that area, and my parents still live there to this day, and will forever. And I-- and I love going back, but I don't think that I'll move out that way for a profession.

MURMAN: Well, thanks a lot. I hope you can maybe reconsider.

DON OSTDIEK: [INAUDIBLE].

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ARCH: Other questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you for your willingness to serve. You piqued my interest with the dry needling story. I just pulled up the credentialing review. I wonder, do you remember-- I wanted to just look more into it. Was that-- would that have been under the acupuncturist scope of change in 2013?

DON OSTDIEK: No, it was actually brought to the attention of the board by a chiropractor, I believe. And that would have been in-- even prior to that, probably in 2011.

M. CAVANAUGH: OK.

DON OSTDIEK: If my memory serves me right, I-- it was 2011, when the Nebraska PT decided that it was well within our practice to take part, to allow dry needling as it was being done in most states in the nation. And then it was shortly after that, I believe, when it was brought to the attention that maybe it's unsafe for Nebraska.

M. CAVANAUGH: OK, I just-- I've only learned about dry needling, as a practice, within the last year, so I was just intrigued--

DON OSTDIEK: [INAUDIBLE].

M. CAVANAUGH: --by your comments. Thank you.

DON OSTDIEK: You're welcome.

ARCH: Any other questions? I-- I have one final question. One of the-- one of the challenges that our state has is finding people willing, and with good backgrounds, to participate on literally thousands of appointments to various boards. How did you become aware of the opening? We're just kind of starting to take a poll whether we're-- whether or not we're doing a good job of recruiting to these positions or not and whether we can improve-- improve that. But how did you become aware of this opening?

DON OSTDIEK: Actually, my wife pointed it out to me, I think. You know, I come home with some of my complaints once in a while, and she said: Well, why don't you do something about it? So she directed me to the Web site where you could apply for this Board of Health position.

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And I saw that Dr. Stuberger had been a member, I think, for 10 years,
and-- and saw that the appointment was open. And so I applied for it.

ARCH: OK. All right, very good. Good to know. So the process is-- I
don't have anybody in the room here in-- to speak in favor or against
or in a neutral position. But we will consider your application here
for the appointment, and we will then take a formal vote, and we will
then send that to the floor for approval of that. So appreciate very
much your willingness to do this. I know that this is-- this is a
commitment on your part of quite a bit of time. And to do it well,
it's-- it's-- it's going to take some of that time. So very much
appreciate stepping up and applying for this. So any-- any further
comments you'd like to make to us?

DON OSTDIEK: I don't have anything further.

ARCH: OK. All right. Well, thank you very much for your time, and--
and have a good day.

DON OSTDIEK: Thank you all for your time.

ARCH: Thank you.

DON OSTDIEK: Bye now.

ARCH: And our other-- second candidate will call in at 12:30. Good
afternoon. Is this Dr. Bessmer?

JOEL BESSMER: Yes, it is. Good afternoon.

ARCH: Thank you for calling in. So--

JOEL BESSMER: Yeah.

ARCH: --what we'll-- what we'll do is follow-- as far as procedure
goes, you can begin with an opening statement. We'll have time for
questions from the senators. And-- and then, I don't see anybody in
the room speaking for or against or in a neutral position, but
somebody may arrive. But at any rate, I will just ask you to begin
with an opening statement, and tell us a little bit about yourself.

JOEL BESSMER: Fantastic. Well, thanks, everybody, for your time today.
So my name is Dr. Joel Bessmer, B-e-s-s-m-e-r, and I've been asked for

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reappointment to the Board of Health. I was appointed by the Governor and went through a hearing, I think, approximately four years ago. And so I have been serving on the Board of Health for about four years. My background is a lifelong Nebraskan, I grew up in Plainview, Nebraska, a small town in the northeast. I did my undergrad at Kearney State College from 1984 to '88. I started medical school at UNMC in 1989, and graduated from UNMC 1993, with my MD degree. I then did the Primary Care Residency program at UNMC, where you skip your fourth year of medical school, basically, and start residency a year early, where you're doing both internal medicine and family medicine training. After those two years, then you complete one of the two required programs, and I finished my internal medicine training then, in 1996. I was chief resident at UNMC, in Internal Medicine from '96 to '97. And then I was on faculty at UNMC, running our Internal Medicine Residency program and functioning as a teacher and a general internist, from 1997 until 2010. I remain an adjunct faculty at UNMC. I am presently part owner, and I run a concierge healthcare company, Members.MD, in Omaha, Nebraska. I also started direct primary care, and helped lead that bill through the Legislature to allow direct primary care to be available to the citizens of Nebraska. And so I own Strada Healthcare, which is a direct primary care company in the state of Nebraska, and actually has the contract with the state of Nebraska to provide direct primary care to state employees. During my time on the board, I have been serving that entire time on the Public Health Committee, as well as the Rules and Regs Committee. I find my time inside the committees to be valuable and informative. I think I've learned as much doing this as probably I've been able to offer, and I'm open for any questions any of you may have.

ARCH: Thank you. Thank you very much. I'm sure there's going to be questions, particularly with your experience with concierge medicine and direct primary care. So questions?

JOEL BESSMER: Fantastic.

ARCH: Questions from the committee? Senator Hansen.

B. HANSEN: Yeah, thank you. And I appreciate you actually mentioning that. It's always kind of an interest of mine when it comes to direct primary care. I know Dr. Amber Beckenhauer quite well, in Blair. And I know she's expanded her clinic quite a bit when it comes to direct primary care. Where do you foresee, like, that type of care and

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treatment for patients, like, going in the state of Nebraska? Do you see it expanding? 'Cause I know she's expanded kind of extensively in the last few years. And it seems like quite a-- a need and a want of it from-- from patients, especially with rising insurance costs. Where-- you know, where do you foresee that in the state of Nebraska? Just kind of curious to get your opinion.

JOEL BESSMER: I-- I do expect it to continue to grow. So direct primary care I see as a solution for some of our problems in primary care. I don't think it's the only solution out there, but it's absolutely one of the solutions to help fix many of our problems in primary care. And for anybody who isn't familiar with direct primary care, it basically is simplistically taking insurance out of primary care, coming to an agreement for a patient and directly contracting with a patient, for X amount of dollars a month, all the care inside the office is covered. And what I love about that is what I've learned in concierge medicine. And it allows you to align the goal of the physician provider or physician extender provider along with the patient-- and quite honestly, very often for us at Strada, along with the employer. And so everybody is trying to row the boat in the same direction, which means we really want to get this patient healthier and try to cut down their healthcare costs. And as much as you might say, well, isn't that what we're already doing in medicine, I don't see it that way. I see us today, in primary care, having a very sick healthcare system. And what I mean by that is, today we, as physicians and other extended providers, really only benefit when you, the patient, are sick. And that's not aligning our values. So then that allows-- that makes us do things that we might not normally do, i.e., bring a patient into the office to see them 'cause the only way I'm going to be financially rewarded in that system is if we're practicing ask and seek medicine. If you're sitting across from me and I'm sitting in front of you or, since COVID, if we're on a video screen together-- you can actually bill for that. The beautiful thing in direct primary care, when COVID came around, it was just another day. Right? Those were things we were already doing every day inside of our practice. So it's really a different way to think about delivering the primary care model. And it's absolutely a different way to think about the pricing of our primary care model.

B. HANSEN: Yeah, I think you hit the nail on the head. I think it has a lot to do with sick care versus healthcare. Right? You know, and the idea of giving somebody medication so their numbers come down, so they

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think they're healthy, as opposed to actually having a relationship
with that patient, discussing with them some personal responsibility,
as well, and trying to actually--

JOEL BESSMER: You got it.

B. HANSEN: --get them in the right place without-- without
overmedicating them. And so I appreciate what you're doing. And I'm
hoping more physicians will kind of see the light in the state of
Nebraska, because it helps out a lot of people with these
high-deductible insurance rates and HSAs-- HSAs that they can get from
their employers. So thanks a lot; appreciate it.

JOEL BESSMER: Appreciate it.

ARCH: Other-- other questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you so much for your willingness to serve. I just
wanted to comment that you do reside in what I think is the best
district in the state of Nebraska. I very much appreciate that you're
willing to take this on for a second go-around. And I, too, am
intrigued by the-- this primary care model. And I'm wondering if you
could maybe speak a little bit to how you've seen your role today on
the Board of Health, how you've been able to elevate that-- that as an
option.

JOEL BESSMER: Well, I would say, you know, in all honesty, Senator
Cavanaugh, I wouldn't say that being on the Board of Health has
elevated my involvement in direct primary care in any way.

M. CAVANAUGH: OK.

JOEL BESSMER: I was already leading the direct primary care bill
through the Legislature, which I'm proud to say passed 50 to 0 when we
initially passed. I was serving on the board of Health when we came
back before the Legislature the next year, with Senator Merv Riepe,
and we introduced the Direct Primary Care Enhancement bill, which
Strada Healthcare, then, is the company that's delivering that for our
state employees. I-- I think the-- the part I truly bring to the State
Board of Health is different. Number one, I'm an MD representative on
the board, and my background is very different than a lot of other
physicians that might be practicing in the state, in that I've been at
that academic medical center and worked inside that tower in many

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different roles, and on many different committees, and many of those kinds of things. So I really understand that academic role. But I'm also out here as, now today, a private practice physician, trying to figure out how I can do that. It's amazing to me, and I would think astounding to you, to hear that really in primary care today in our cities-- in Omaha, and I think Lincoln would be very similar-- very few of our primary care physicians are actually in private practice. In Omaha, the number is less than 10 percent. The rest of them are owned by the system. And it's one of the things I hope to reinvigorate, because it's very difficult when you're owned by the system, I think, to always do what's best for your patients' interests.

M. CAVANAUGH: Thank you.

ARCH: Other questions? I have-- I have a follow-up question on direct primary care-- well, a couple of them, actually. I know you've been involved in concierge medicine and direct primary care. Help us understand the difference between those two concepts.

JOEL BESSMER: Yeah, I think it's simple to understand. Others who speak on it, I think make it too complex. So simplistically, in concierge medicine, patients are paying an annual fee to be in my practice. That annual fee does not cover any healthcare costs. I explain it as thinking of it as a membership to a golf course, but you still have to pay to go golf. Direct primary-- and when you say: Well, gosh, why did you set your business model up that way, Joel? Because when I started doing concierge medicine at UNMC-- back in 2007, is when I opened that program at UNMC-- it was illegal to do direct primary care in the state of Nebraska. That's why we had to pass the Primary Care Enhancement Bill. And so the difference between that and Strada Healthcare direct primary care is, you pay \$99 dollars a month and all your care is covered, including your annual blood work and those kinds of things. So a simple difference would be, I see a patient inside the office and draw some blood work and do an EKG inside my concierge medicine practice, well then I have to bill the insurance company for the EKG, bill the insurance company for the blood work or I'm in violation of insurance contracts. And so then those go to the insurance company. The insurance company sends me maybe back a pittance of money and then-- then I have to send a bill to the patient for anything else that the insurance company decided they didn't cover but was billable to the patient. And if I don't do

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those things, I'm violating insurance contracts. Well, once again, when we're outside of insurance, if we're in the direct primary care world, and you're in that monthly membership fee, you come in and you need an EKG and blood work and it's outside your annual time, we cash price those things. The EKG is covered for zero dollars as a part of your membership. And an example might be, if you needed a blood count and a TSH and maybe a chemistry panel, I can do all three of those blood work for probably less than \$10 to \$12 total for all three, versus if I have to submit those, in my concierge practice, to insurance, most of them will cost \$40 to \$60 dollars each. We find in cash pricing and directly contracting to get things done in healthcare, we can do them for roughly 10 percent of the cost. And it's not by using fly-by-night things; that's at the exact same company that's doing both blood work [INAUDIBLE].

ARCH: Thank you. One other question. If a patient comes to you for direct primary care, do they generally have health insurance, as well, for major medical?

JOEL BESSMER: Yeah. Well, I mean, there certainly are some patients who don't. But that is by far the lowest. I mean, I would say 95 percent of our patients are insured.

ARCH: For [INAUDIBLE]?

JOEL BESSMER: Now some of those insurances are not all [INAUDIBLE] plans or high-deductible health plans or those kinds of things. Some of them are partnering with healthcare ministries and those kinds of things. But very few of those that are coming in for direct primary care are uninsured. We certainly find that because it is a economic-- economical way to get healthcare other-- but one of the things we strongly encourage at Strada is for them to get health insurance if they don't, and we try to help hook them up with the appropriate avenues to do that.

ARCH: I-- I apologize for more questions on this, but then that-- that health insurance product that they're carrying is not-- is not a high-deductible product. In other words, the cost of direct primary care doesn't go against that-- go against that deductible of-- of the patient's insurance provider.

JOEL BESSMER: No.

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ARCH: Is that right?

JOEL BESSMER: That's the-- that is-- that's-- don't-- don't apologize for questions. That-- that-- I'm a teacher. That's a great question. And so you're right, it's one of the diff-- it's one of the, you know, as patients might see it, it's one of the difficulties in direct primary care. So those things that we cash price in medicine and we do outside of insurance are simply that, they're outside of insurance. And so one of the reasons we can do that at a much lower cost is, we're not paying all those people to process the claim, but I'm not paying all the people to submit the claims and then rejudi-- readjudicate the claims and go back and rebuild upon that. None of that happens. And so you're right, none of that counts toward your deductible. They are you can use healthcare savings accounts to pay for those things, but we're in the process of trying to work through some IRS rules. Presently, you cannot use a healthcare savings account to pay for your monthly membership and direct primary care. At least businesses cannot use healthcare savings monies to pay for employees to be in direct primary care.

ARCH: Very interesting. That's a very different, very different model, obviously,--

JOEL BESSMER: It is a very different model.

ARCH: --from traditional medicine.

JOEL BESSMER: And it-- I do not believe for one second the traditional needs to go away. It has its values. There are reasons why we would want that model. But I do think direct primary care is a model that can truly help fix our healthcare system.

ARCH: Very good. Other questions? Senator Walz.

WALZ: I just have a quick question. Thanks for being here today. I think that we have a direct primary care physician in Fremont. I was wondering, is there an initial membership fee?

JOEL BESSMER: The initial membership fee is exactly the same as the monthly fee.

WALZ: OK.

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JOEL BESSMER: So there isn't-- now some-- I think I have seen-- you know, nationally, I go to a number of national meetings. And I see, nationally, where some direct primary care companies charge more that first month or for the first three months because, you know, you as a-- as a-- as a direct primary care provider, it-- it's a lot of time for us to get to know a patients and those kinds of things. So it can be difficult when somebody joins one month and you go through all that work and then, all of a sudden, they're not paying the next month. Our company, Strada Healthcare, does not do that. There's no other upfront charges. It's \$99 a month for the first member, \$79 for the second member. Family maximal charge-- I can't remember-- \$249 or \$299 a month.

WALZ: All right. Thank you.

JOEL BESSMER: Thank you.

ARCH: Thank you. One of the-- one of the questions that we're asking applicants here is how you first heard about the opening. You'll have to go back to your initial appointment, I guess, to-- to help us understand. But we're just trying to determine whether we could do a better job. There's thousands of appointments that are done every year for-- for various boards and commissions and so forth. But we're just trying to see if there's a better job of recruitment, and-- and how we do that. So how-- do you recall how you first learned of an-- of an opportunity to serve on the Board of Health?

JOEL BESSMER: Well, I wouldn't say necessarily it was the first time I learned of an opportunity to serve. So having been at UNMC and involved in a number of different programs there and on some national committees, and running a Board Review Course in Chicago and things like that. I-- I'm-- I was very familiar with the State Board of Health and those kinds of things. Now that being said, I wasn't necessarily sure about how you go about applying, when that happens, and all of that. So my first application came because I received a letter from the Governor, asking me to apply.

ARCH: OK, OK. All right. Very good, thank you. Well, the process, as you know, is we'll consider your appointment, we'll-- we'll vote on that. And-- and if-- assuming it's positive, we will send that to the floor for confirmation. And-- but thank you very much for, not only your willingness to serve in this way and-- and devote your time

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voluntarily to this, but also for educating us today on-- on direct
primary care and the benefits of all that. So thank you very much,
and-- and have a good day.

JOEL BESSMER: Thank you. And thank you all for your time and service.

ARCH: All right. Thank you.

JOEL BESSMER: Bye bye.

ARCH: And seeing no one to testify in-- as a proponent or opponent or
neutral, we will close the hearing for Dr. Bessmer's appointment, and
we will open the hearing for David Reese, who is with us today, also a
new appointment. Go ahead and hand the page the green sheet.

DAVID REESE: OK, thank you.

ARCH: Have a seat. And the process is, if you would spell your name
for the record, and then give us a little background as to who you are
and what brought you here.

DAVID REESE: All right. Thanks, Senator. My name is David Reese,
D-a-v-i-d R-e-e-s-e. A little bit of background about myself, as you
asked. Born and raised here in Nebraska, born and raised here, right
here in Lincoln, Nebraska. Spent almost my entire life here, other
than-- I think you have my C-- CV-- for a period of time I was in
Kansas for the-- at the University of Kansas for school. I have four
kids all in-- all through school here. My wife's from here, as well.
We're Nebraskans true and true. Grew-- basically, my work background
has been-- most of my work life has been right here in Lincoln at
Bryan Memorial Hos-- or I should say Bryan Health now-- Bryan Health.
Actually, in my background also, I have a brother who's a physician
here in town, a nephew who's a physician here in town, four nieces and
nephews that are nurses. And my dad was a cardiac surgeon here in town
for years, here in Lincoln, Nebraska, and helped with NHI. So grew up
in-- in medicine. So thought about being a doc at one time, but saw my
brother in med school and I thought, I'm not doing that, and realized
at that point, I've got to do something else and realized that it is
kind of interesting, the administrative side of it. So that's where,
kind of in a nutshell, my background, so--

ARCH: OK. Very good.

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DAVID REESE: Yeah.

ARCH: And why are you interested in serving on the Board of Health?

DAVID REESE: You know, it's interesting. I-- I'm very interested in serving. And part of the reason why is, number one, being from Nebraska, I want to continue to help out and make Nebraska the great state it is; that's number one. A lot of family, a lot of friends there in Nebraska that we've got to continue to do what we need to do to make it a great state and provide good healthcare. But also, I've always had an interest in the legislative side, but never had the opportunity to really dip my toes into it and-- and get into that side of it. And have found it always interesting, and so thought this would be a good way to get into it and lend my talent and my time to be able to help out in any way I can, related to the Board of Health, and kind of get into it that way. So--

ARCH: OK, very good. Well, we want to give the other senators opportunity to ask any questions that they might have. Does anybody want to ask a question? Senator Hansen.

B. HANSEN: Thank you for coming, too, by the way.

DAVID REESE: Oh, you're welcome.

B. HANSEN: Anything in particular of interest, you know, when you look at the Board of Health, like what they-- decisions they've made in the past, maybe some things coming up in the future, that you-- that-- that have kind of garnered your attention at all, that you know of?

DAVID REESE: You know, not really. I think the biggest thing, I think, is just continue to provide the ability for, especially in greater Nebraska, access to healthcare.

B. HANSEN: Um-hum.

DAVID REESE: I mean, that's a-- that's a concern, especially as you look at how the aging population-- and then, also, the workers that are out there-- shortage of nursing, shortage of providers that you see coming forward. How are we going to continue to provide care in greater Nebraska-- just not in greater, it'd be Lincoln-- you name it. There's a-- you know, there is-- access to care is going to continue

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to be an issue, so with shortages in nursing and the like. So to me,
that's a particular one.

B. HANSEN: Sure. What's your opinion of telemedicine?

DAVID REESE: What's that?

B. HANSEN: What's your opinion of telemedicine?

DAVID REESE: I think telemedicine has a lot of opportunities.

B. HANSEN: OK.

DAVID REESE: I think we're scratching the surface, actually, on it--
give it a chance to work with a number of physicians that are doing it
and doing it well. But I think it's just at its infancy of what it can
do. There are a lot of interesting things out there nationally in
telemedicine. I don't know if you-- you know, Amazon. Have you seen
what Amazon is doing lately? Very interesting. There are some other
ones that out there that are doing some of this telemed-type stuff. So
yeah, a lot of opportunity there.

B. HANSEN: Yeah. Thanks.

ARCH: Other questions? So one of the-- one of the questions that I
have, and I've been asking others that are-- are in this appointment
process, is how you heard about an opportunity to serve. We're-- we're
exploring whether we're doing a good job with recruitment because we,
literally-- the state literally has thousands of appointments on
various committees and commissions. So how did-- how did you-- how did
you hear and become aware, and then actually make the application?

DAVID REESE: So how I became aware was kind of just an "aha" moment,
actually. There was a gentleman, a physician in Omaha by the name of
Dave Hilger, Dr. Hilger, who is a radiologist up there in Omaha. And
he called me out of the blue one day-- who I got to know when he was
here in Lincoln-- and said there was an opening on the Board of
Health. Whoever was on the administrative side either termed out or--
I don't know, on that process, what happened there. So anyway, there
was an opening and he goes: When I saw that or knew of it, I thought
of you. Would you be interested in it? So I thought about it,
reflected on it for a while, and thought, yeah, you know what? I
talked to my spouse, too, to make sure that was good and said: Yeah. I

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thought, I'll put my hat in the ring and see what happens. So that's
how I found out. So that was that-- as simple as that.

ARCH: All right.

DAVID REESE: I don't know how Dr. Hilger found out, but he knew
somehow.

ARCH: Yeah, OK. Very good. Very good.

DAVID REESE: Yeah.

ARCH: Well, you have a-- you have a very broad background in hospital
administration. You've done a lot of-- a lot of different things,
and-- and I'm sure that the Board of Health could benefit from-- from
that experience. So--

DAVID REESE: Thanks, Senator.

ARCH: --any-- any final statements for us, anything you want to make
sure we understand about you?

DAVID REESE: No, I just appreciate the opportunity. That-- that's--
that's the main thing. Just want to be able to use my time and talent
and be able to help out and--

ARCH: Yeah. OK, all right. Very good. Assuming no other questions, the
process will be that we'll consider your appointment,--

DAVID REESE: OK.

ARCH: --and we'll vote on it. And-- and if-- assuming it's positive,
we'll take it to the floor for confirmation from the floor. And then
we'll be notifying you in the whole process.

DAVID REESE: OK.

ARCH: So--

DAVID REESE: Great.

ARCH: --thanks very much for coming over here--

DAVID REESE: All right.

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ARCH: --and meeting with us today.

DAVID REESE: Yeah.

ARCH: And very nice to meet you. And again, thank you for your
willingness to serve.

DAVID REESE: Yeah, thank you guys; I appreciate it. Have a good day.
Thanks.

ARCH: Thank you. Seeing no proponents, opponents or neutral wishing to
testify, this will close the hearing for David Reese. It will also
close our hearings for the day for gubernatorial appointments.