

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee April 3, 2024

HANSEN: Good afternoon and welcome to Health and Human Services Committee. My name is Senator Ben Hansen. I represent the 16th Legislative District in Washington, Burt, Cuming, and parts of Stanton Counties, and I serve as Chair of the Health and Human Services Committee. I would invite the other member of the committee to introduce themselves, starting on my right with Senator Ballard.

BALLARD: Beau Ballard, in District 21.

HANSEN: All right. Also assisting the committee is our research analyst-- or legal counsel, Benson Wallace, our committee clerk, Christina Campbell, and our committee pages-- today is Molly. So. Today, we will be hearing 4 gubernatorial appointment candidates. These candidates have been appointed by the Governor to positions around the state. Some are calling in by phone, but we do have 2 here in person today, as well. OK. All right. So, we will first start with the in-person candidates. And we'll start with Dr. Connie Petersen. Oh, wait. Is this Dr. Connie Petersen that I know? OK. So let's-- who, who are the in-state ones? Connie, we're gonna hold off on you for a little bit. We're gonna do the in-person ones here first. And then, we'll start with Brett. OK. Dr. Brett. Yep. Lindau, right? Yep.

BRETT LINDAU: Got it right.

HANSEN: And this is for the State Board of Health?

BRETT LINDAU: Yep.

HANSEN: All right. So basically, yeah. Just kind of sit down, give a little bit of your history, you know, I mean, some of your goals, anything else you want to discuss. And it gives us a chance to answer any quest-- ask any questions if we feel the need to, so.

BRETT LINDAU: Yeah. I'm a family physician out of Broken Bow, Nebraska. Grew up in Axtell, Nebraska. Born in Hastings. Went to undergrad in Kearney, Nebraska. Practiced for about 12 years. I went to osteopathic school, some-- on the osteopathic slot in Chicago, and then went to Greeley, Colorado for my family medicine residency. I practiced in small towns since. I was in McCook for 6 years. Did OB, ER, C-sections, hospitalist stuff in a small-town clinic. Then I went to Colorado for a little while. Liked Colorado. Then my dad's health went downhill, so we moved back. I'm in a small town again, doing ER, clinic, hospital. So I was a hospice medical, medical director in McCook for 6 years, and then that year in Grand Junction. So-- just-- Dr. Dodge, he had done, done some locums. He's on the board, you

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know. What is Jamie Dodge, the board of health. He was doing some locums in ER coverage in Broken Bow, and asked me if I wanted to consider being on it, so. I'm like, sure. I guess.

HANSEN: Sounds like you do everything.

BRETT LINDAU: Try. Yeah.

HANSEN: All right.

BRETT LINDAU: Jack, jack of all trades, master of none [INAUDIBLE].

HANSEN: Yeah. Well, I think a lot of places you've been to are lucky to have you there. So let's see here. So first-- well, let's see if there's any questions. Do you have any questions at all, Senator Ballard?

BALLARD: Just, just thank you. This is just to confirm. This is a new appointment, not a reappointment to the State Board?

BRETT LINDAU: New appointment.

BALLARD: A new appointment? OK. Thank you.

HANSEN: All right. So, more just kind of a philosophical question, maybe. So maybe-- why do you want to be on the Board of Health? Like, what's, what's the, what's the goal, or is there something you see on the Board of Health that you're maybe hoping to improve, or is there something you're do-- or is this just more kind of-- you're--

BRETT LINDAU: Feel, feel the world is pretty crazy right now. So, health, a lot of weird confusion going on. I would-- hopefully, I can help in any way to make that change.

HANSEN: OK.

BRETT LINDAU: It's a pretty broad term, but the world's pretty crazy right now. I see probably 20 or 30 patients a day and hear their frustrations with their government, you know, abusing-- I have-- might just be a small town thing, but majority people I hear don't want to vote anymore because they don't trust what's going on. And so, I'm just trying to-- I mean, I would prefer to-- that this is something I want to do. I don't know, I prefer to be at home with my kids. But, you know, this is something I think probably needs to be done.

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HANSEN: OK. Maybe hoping to bring a little common sense, maybe, to it?

BRETT LINDAU: Yeah.

HANSEN: OK.

BRETT LINDAU: Am I excited about it? I don't know what to expect.

HANSEN: I can sense the excitement right now.

BRETT LINDAU: Well, you know what I mean. It's like--

HANSEN: Yeah.

BRETT LINDAU: If I could work and be home with my kids all the time, I would.

HANSEN: Well, we're happy anytime any-- anybody is coming-- people willing to, you know, volunteer, take time of their lives to do stuff like this. It's tough, you know. And sometimes, it's a trial by fire. You get in there, you think you have a handle on things, you start finding out the Board of Health is all this kind of other stuff. And you learn as you kind of go. But the fact that you're there, willing to put the time and effort in is, is, is a pretty big thing, actually.

BRETT LINDAU: Yeah.

HANSEN: So we're happy that you're able to do that.

BRETT LINDAU: See how it goes.

HANSEN: Yep. All right. All of us said that when we first joined [INAUDIBLE]--

WALZ: Right.

HANSEN: --became senators, too. So. Any other questions, just to make sure? OK. All right. So basically, what we'll do here is we'll end up having an Executive Session, probably. And this is for all the appointees. We'll have an Executive Session probably sometime, you know, later this week or early next week. Go through-- we can discuss these as a committee. Then vote on them as a committee to move them through, and then they'll end up going on the floor for us to discuss, and for the floor then to vote on. And then you'll be officially appointed. So that's kind of how this process will work.

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So right now, it's just kind of more of the interview process, I guess. So. All right. Well, thank you for coming. And thank you for coming here in person, too. I appreciate it so.

BRETT LINDAU: And I can go?

HANSEN: Yep. You're good to go. All right.

WALZ: Go home with your kids.

HANSEN: Thank you. All right. So now, we will move on to-- let's see here, Matt. Matt is here? All right. Yep. All right.

MATTHEW AHERN: So good afternoon, Chairman Hansen, members of the Health and Human Services Committee. My name is Matthew Ahern, M-a-t-t-h-e-w A-h-e-r-n. And I'm-- I've been appointed by Governor Pilleen as the healthcare payer member for the Health Information Technology Board. I'm here today to begin the confirmation process. I currently serve as the interim director for the Division of Medicaid and Long-Term Care within the Department of Health and Human Services. It is in this official capacity that I am appointed to serve on HIT Board, as the statutory definition of healthcare payer specifically includes Medicaid. I look forward to bringing my experience to the benefit of the board. Before my current interim role, I served 2 years as the Deputy Director for Policy and Planning Management, overseeing all Medicaid policies and regulations, as well as the managed care contracts. I hold master's degrees in health care administration and business administration, both from the University of Utah's David Eccles School of Business. I received my bachelor's degree in science with dual majors in psychology and philosophy from Utah State University. Prior to my roles at Nebraska DHHS, I served as an assistant director in the Bureau of Managed Health Care within the Utah Division of Medicaid and long-- Medicaid and Health Finance, where I directed a wide range of programs and project-- projects, and worked with various teams. I oversaw the health information technology team that administered programs relating to the federal Health, Information Technology Economic and Clinical Health Act, or HITECH. This included evaluating the adoption of electronic health records by providers, and the degree to which they had built systems to meaningfully use and share the data with external registries and exchanges. In this role, I also oversaw the evaluation, approval, and payment for all HITECH projects, building new health data sharing capacity with other providers and other relevant entities. Often, this entailed engaging across various provider entities, state entities, and the state Health Information Exchange. In Utah, I

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oversaw the clinical quality efforts for our managed care organizations. This entailed working with each MCO to pull in clinical data, captured administratively and through records review. Our team went through a detailed process of integrating large amounts of data for these various sources and generating federal reports to meet regulatory requirements. I also have experience as a healthcare administrator for various health systems in Pennsylvania, Delaware, and Utah. My work included overseeing facilities, employees, service lines, as well as developing and implementing plans to ensure operational success. Health information was critical-- is a critical part of our daily operations. In my time working as a healthcare administrator, I developed processes to capture health data from internal and external sources to help drive forward population level and individual level interventions to improve the health outcomes of our patients. Thank you for your time. And I appreciate the opportunity to come before the committee today, and would be happy to answer any questions you have about my appointment to this role.

HANSEN: Thank you. Any questions from the committee? Senator Walz.

WALZ: Thank you, Chair Hansen. Was it like a hospital administrator position that you held before?

MATTHEW AHERN: So I, I worked mostly in medical group settings, so physician practices and things like that. So I worked in family medicine for that same health system. I ran the oncology side of the, of the medical group, so hematology, oncology, GYN-oncology, and then working through the hospital coverage there. And then we, we had partnered with the, the hospital side, in terms of facility administration. I worked as a regional administrator for a health system over various primary care and specialty practices, both inpatient and outpatient services. And I also did-- for that, for that health system, I also got up to speed, like with facilities for urgent care, imaging. I worked on a-- regionally, in Utah, over a perinatology, or high risk OB group, which include various sort of facility components and imaging, so kind of a, a broad spectrum of different things.

WALZ: Can I ask one more question? I'm always interested in what inspires people to go into the field that they're in.

MATTHEW AHERN: Yeah. So, you know, I-- I've always been interested in healthcare. So my, my, my dad is a psychologist, and so I had some exposure there. You know, with my undergraduate degree in psychology, I did a fair amount of volunteering and work at different types of

facilities. So I've worked in an adolescent sex offender facility, right, both for the school district and for the facility, as a psych tech after my undergrad-- or as I was finishing that up. I worked in acute inpatient psych facilities, for adult and pediatric. I also worked in day treatment stepdown programs after my undergrad. And, you know, I just had an interest in, in that, generally, and, and thought I might break off in my own direction when I looked at graduate school, and kind of enjoyed the operational components of it. Decided to be the black sheep, because both of my brothers and my sister are all therapists and psychologists. And I'm, I'm the one that went on to, to business school. But I, I, I always really enjoyed that, and, and felt like it would be a meaningful thing to kind of work in healthcare administration. And then I'd always had an interest in pub-- public health, when, when I eventually kind of turned towards working with the state, at Utah, in the Medicaid program.

WALZ: Well, thank you for your service.

MATTHEW AHERN: Yeah.

WALZ: Appreciate it.

BALLARD: Thank you, Chair. Thank you. Thank you. Yes, thank you. Thank you for your interest. And what challenges you see with the HIT Board?

MATTHEW AHERN: You know, I, I think I'll probably have to see, to a degree, what it, what it looks like. I have, I have been engaged with health information technology, but with the activities of the particular board, I have been on the periphery as far as my engagement here, in Nebraska. I have quite a bit of experience with, with this kind of activity. So I think, I think the, the challenges that we have are kind of transitioning as HITECH, which was a big federal funding, you know, [INAUDIBLE], that that we, that we took on for years and years. Right. And transitioning out of that, there is not quite as much money. It's, it's, a different sort of expectation, in terms of money that we have to, to build and develop, in terms of being able to pull down federal funding. So I think it's being thoughtful about what we can build, what we can reuse and leverage based on existing infrastructures, and develop. And then, just making sure that we're mindful of, the appropriateness of the use of this information, as people will request some of it for, for various purposes, that we're mindful of, of what the intent of that

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information is, and safeguard those, those private and, and secure information or data pieces, thoughtfully.

HANSEN: I think you land a unique perspective with your current position.

MATTHEW AHERN: Yeah.

HANSEN: And positions you've held in the past, I think not just with providers, but with administrators, and facilities, and the government-- and you know what I mean? Especially when it comes to the HIT Board, so I think it's-- I'm glad that you're gonna be on there.

MATTHEW AHERN: Yeah.

HANSEN: If you had to like, I don't know if there's anybody that sense of the HIT Board, but infrastructure is always kind of a common theme that we hear, not just from the administration, but even as senators. You know, saying we need to update this, we need to update that. We need to kind of move more into the 21st century with, you know, cloud-based software and infrastructure. Is there anything like any dire-- like you say, for you to pick 1, 1 area that you could see us, you know, spending money on, as a Legislature, saying this is something that need to be done within the next 5 years. Otherwise, we're way behind. It's actually causing more problems and we were being less efficient. Is there something you can-- top of your head at all?

MATTHEW AHERN: In terms of infrastructure? You know, I would say that one of the things that's beneficial in Nebraska is that our Health Information Exchange has done quite a good job, to date, leveraging state and federal funding to be about as up-to-date as they can be, right? You know, I, I think, I think the consideration around infrastructure going forward is more, you know-- what's the appropriate step? Is it leveraging existing structures? It's take-- is it taking the new-- the next new thing to come along, to make sure that we're staying up to date with the very latest, which, maybe that's the case. Maybe it's not. It kind of depends, I would think, the utility that we derive from whatever that investment is. I think a lot of times there's a thought that if we can get, you know, a high match in terms of federal rate, then, like, maybe we're just throwing away money to not do some of those things, which I think can be the case. But I don't think it always is the case. Because even if we're bringing in 90/10, we still have to bring the 10, and it still needs

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to drive a, a commensurate value. So being thoughtful in those steps-- because a lot of the infrastructure is, is largely there. You know, where I think, there may be some of the gaps is, is in the sophistication of the infrastructure, to the feeding entities, right, and the, and the engaging entities. So Health Information Exchange has done a great job staying on top of that. But, has the state or has, you know-- have any of the major sort of health systems, done a commensurate job staying on top of what they can do to submit data and, and meaningfully extract data and utilize data? I think that's probably more of the question around infrastructure across the state, that I, that I think may be the bigger concern.

HANSEN: Yeah, I think it was because it seems like we kind of outsource some of this stuff to third parties, you know, the public-private partnership and-- as opposed to the state maybe taking on, when it comes to, you know, health information--

MATTHEW AHERN: Um-hum.

HANSEN: --specifically. Where we could do it, but we just don't have infra-- infrastructure in place, and software, or the ability to collect information. Whereas a third party might be able to, which is why we contract to them. And we might be able to do it ourselves, and actually be, you know, more efficient with taxpayer dollars.

MATTHEW AHERN: Yeah. Yeah, I, I, I think that a lot of times, it's-- obviously, those decisions get made on a case-by-case base-- basis. And people kind of evaluate the, the cost/benefit analysis for themselves. What is tricky is to be able to evaluate a cost/benefit analysis on a system level, where hardly anyone has an investment on a system level. So, you know, it's difficult for, for systems to, to make decisions that way, when they are separate components.

HANSEN: Sure.

MATTHEW AHERN: Um-hum. Truth.

HANSEN: OK. Any other questions from the committee? Seeing none, thank you very much, for actually coming and testifying.

MATTHEW AHERN: All right. Thank you very much.

HANSEN: All right. So we have 2 more here. One name I, I definitely recognize-- Dr. Petersen. Connie, are you there?

CONNIE PETERSEN: Yes, sir.

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HANSEN: Is this Connie from Hoskins?

CONNIE PETERSEN: I, I, I am. Yes. Yes, one in the same. Yes.

HANSEN: OK. All right, Connie. Connie is from the same area, District 16, that I am. And so--

WALZ: OK.

HANSEN: --it's nice to hear her voice again. So. All right. Dr. Petersen, if you just want to kind of maybe again, just fill us in a little bit about why you're running for the Board of Health, some of-- some history there, a little bit. And it will give us a chance to ask some questions.

CONNIE PETERSEN: OK. Perfect. So, yes, I'm Dr. Connie Petersen. I was appointed for the new mental health practitioner member position. I am a licensed clinical psychologist, have been for the past 15 years. Completed my masters degree and doctoral degree from Wichita State University, and then went on to complete a postdoctorate master's degree in clinical psychopharmacology, from New Mexico State, here a couple of years ago. I've been working in rural behavioral health and addiction services as a psychologist for the past 16 years, but actually started working in behavioral health back in 1995, in more of a residential rehab facility and in community support. So I've kind of traveled the northeast Nebraska area for a number of years. In a psychologist position, I was a lead for overseeing 3 outpatient programs, 2 different residential, short-term residential, a drug and alcohol treatment program, and the community support program for our area. I also was the lead person in training a number of master's and doctoral level interns. As we all are aware, we have a significant workforce shortage for behavioral health practitioners, so my collaboration with Wayne State and a number of other state colleges, to be able to lead and guide new practitioners has been something of my-- of interest for a number of years. And more recently, I've decided to kind of pull back from more of that supervisory role. And I took on a more full-time psychologist role, and get to see many more patients, and actually travel a little bit, even into some different facilities, to be able to meet some of the rural healthcare needs that we have in northeast Nebraska, and thoroughly love my role as a full-time psychologist for a Christian counseling organization in Norfolk. In 2018, I was appointed to the Board of Psychology. And up until this appointment by Governor Pillen, I was a, I was a secretary for the Board of Psychology. I also have been sitting on the board for the Northeast Nebraska Drug, Drug Court, our

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problem-solving court team, since 2012, and have been involved in the Probation Services Advisory Committee for numerous years, probably close to 10 at this point. Kind of why I want to be able to sit on the board, as Senator Hansen-- you, you know this about me. I am very passionate about rural behavioral health and the needs of the individuals who live in rural Nebraska. And while I understand it-- it's not intended, it tends to be-- in the boards that I've sat in at both the state level and sometimes even locally, that there's a little bit of a misunderstanding or maybe not a consideration of how innovative we have to be in rural Nebraska, to be able to still get folks' needs met. And so, I really love being a lead on that. I love offering new ideas on what may be some options for making sure that folks are seen. I know when I was speaking with Christina-- thank you for helping me set this up by phone-- I really had kind of a dilemma. Of course, I would love to be there in person, and I had to wrestle with the fact that I would have had to have canceled close to 10 clients today, that otherwise won't be seen for another month. And I really, again, would love to have been there in person and talked with you guys face to face. And yet, I feel that pull to also make sure I'm, I'm meeting the needs of the clients in this area. I feel like my, my understanding of rural Nebraska, both from a psychologist standpoint, from a supervisory standpoint, and from a person standpoint, I believe that that is a perspective that, that would be greatly served to be part of the Board of Health. And I hope to bring that rural perspective to every one of our meetings.

HANSEN: All right. All right. Well, are there any questions from the committee? All right. There are none, but I can, I can--

CONNIE PETERSEN: Oh? Ah.

HANSEN: Well, you did-- you had-- you did such a great opening. And so-- and I, and I, I can personally vouch for Dr. Petersen. She is a staunch advocate for-- especially of rural behavioral health, but behavioral health in general, having, having known her personally, and, you know, and her fervor for helping people in this, in this aspect. And your credentials, I think, lends, lends very well for your appointment here. And so, I'm, I'm glad to see you put your name in the hat there for it. I think it's, it's-- the Board of Health is going to be lucky to have you.

CONNIE PETERSEN: I, I appreciate that. Thank you very much.

HANSEN: Yep. And, and so, what we'll, what we'll end up doing here, like I mentioned before, we'll kind of probably vote on this as a

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committee, later this week or next week. And then, we'll kind of get on the floor for the, for the Legislature to vote on, and get you, get you moved through. So I appreciate you, I appreciate you--

CONNIE PETERSEN: Wonderful.

HANSEN: --calling in and, and filling us all in, and, and, and your time and effort and volunteer on this. So.

CONNIE PETERSEN: Yeah. Thank you.

HANSEN: Thanks, Connie.

CONNIE PETERSEN: Yeah.

HANSEN: All right. And we got 1 more, Dr. Jeffrey-- is it, is it Wienke?

JEFF WIENKE: Yes, Wienke.

HANSEN: All right. OK. Well, you are up. You're our last one for today. So, again, just fill us in a little bit about your history, and why you're running, and, and we'll kind of go from there.

JEFF WIENKE: Yeah. Yeah. So, again, Dr. Jeff Wienke. I am a podiatrist or a foot and ankle surgeon at Capital Foot and Ankle, part of Bryan Physician Network, here in Lincoln. I do apologize. I wasn't able to be there in person today, but I thank you for your time. I've been with Bryan now for the last 3 years. They acquired our practice 3 years ago. Prior to that, we were in practice-- private practice for 7 years here in Lincoln. I did my residency in Fort Dodge, Iowa, and my medical school training in Des Moines, in Des Moines, Iowa. Right now, the majority of my practice is amputation prevention, or limb salvage. I'm the director of the amputation prevention center here at Capital Foot and Ankle, so I spend most of my time trying to help folks with diabetes and those underserved to, to maintain their limbs, and not-- you know, help deal with diabetic foot wounds and infections and those kind of things. In my free time-- well, this might sound cliché. I mean, I really do enjoy giving back. I spend a lot of time at People's City Mission and Clinic with a Heart, here in Lincoln. And then I'm a EMT/volunteer firefighter with Raymond Volunteer Fire Department, and serve as their medical captain, overseeing all the, the-- all the medical issues, medical training, all that kind of stuff, all of the medical care that, that the fire department provides. Why want to be on the board, or why I asked or why I volunteered to serve for this,

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I can actually-- it's a couple of reasons. One, I do really enjoy giving back. I was the-- formerly on the board of the Nebraska Podiatric Medical Association. I've also got a little bit of a, a bug for politics. I ran a very, very unsuccessful campaign for the Lincoln City Council, at one point, and admired Dr. Hilkemann for what he has done, serving there with you guys. And then, I like taking opportunities to step into leadership roles. I recently graduated from the Bryan Position Leadership Academy in conjunction with the University of Nebraska-Lincoln here. And I really want to be an advocate for the profession. There's still some, some issues with podiatry, as far as the-- I guess, maybe a level of respect or the, the-- how we compare with MDs or DOs or whatever. And Dr. Joshua Vest was in this position part of that time, and, and has told me [INAUDIBLE] good work that, that he has done and that the board has done, and suggested that I throw my name in there to, to help keep that going. And I'm, I'm very excited for the appointment, and hope to be confirmed.

HANSEN: Good. And you got 4 young kids at home, don't you?

JEFF WIENKE: Yes, sir. I do.

HANSEN: Yeah. You got your hands full there. They're all probably teenagers, but are getting close to it, aren't they?

JEFF WIENKE: Yeah. They're-- they range between 11 and 17. And so, yeah. They're all, they're all running different directions. And that's a, a good chunk of my free time, is chasing them around, also.

HANSEN: Yeah. Geez. Well, more power to you-- some-- for-- actually, for, for putting your name in for this role, too. So are there, are there, are there any questions from the committee?

JEFF WIENKE: Thank you.

HANSEN: All right. There are no questions from the committee. And so, you know, again, I, I just appreciate you putting your name in. You, you definitely look like you're-- you, you fit the position very well. So, I did, I did have-- I have 1 question. What, what, what was going on in New York with CarboFix? What is that?

JEFF WIENKE: So CarboFix was a company, that-- they were-- they found a different way-- a proprietary way to engineer the internal fixation-- the screws that we use, and-- inside of the foot and ankle, you know, for fixity fractures of that kind of thing. Instead of taking a titanium block and cutting it down until you had a screw,

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they were able to inject mold and develop titanium screws, so they were making screws at about an 8th of the cost or a 10th of the cost of what other companies were. So the-- they rolled out a bunch of hardware in order to show off their product with the, the goal eventually, to sell the company for the manufacturing component of it, which, which they ended up doing. So I was helping develop some, some hardware, in order to show off their, their manufacturing methods. And, and then we did that, and very quickly, they ended up selling. And so, my, my, my, role there was, was terminated or was finished then, at that point.

HANSEN: Yeah, I figured it was something kind of along those lines. It was kind of more, more curiosity than anything else. So.

JEFF WIENKE: Yeah.

HANSEN: OK. All right. Well, like I said, we'll, we'll be voting on it here, pretty soon. And we'll, we'll get things moving through here. And so you should be able to-- probably know within the next couple weeks here, about what's going on. So we should hopefully get on the floor very soon. So. But--

JEFF WIENKE: Excellent. Well, thank you for your time.

HANSEN: [INAUDIBLE] next step. And so, I, again, appreciate you calling in. So.

JEFF WIENKE: Right. Thank you.

HANSEN: All right. Thank you. All right. Good. That will conclude our gubernatorial appointments for today.