

recruiting top medical school graduates. This year's class, in fact, contains six of the foundation's top eight choices. The program also emphasizes in-state practice to its residents. Though unlike the funding in this bill, LMEF's funding does not depend upon the placements of its graduates. Creighton University also has a contract with UNMC but is choosing to participate in this program instead. In making this choice, I think that Creighton is recognizing the value of training primary care physicians for Nebraska and is making a commitment to do so. The other institution qualifying for funding under LB 152 is Clarkson Hospital. Clarkson began its family practice residency program two years ago under the direction of Dr. Richard Raymond. Dr. Raymond has built a very successful program and was able to land his top four choices for this year's class. Like LMEF, the Clarkson program is community based rather than university based. Community-based programs are preferred by most top medical school graduates who choose family practice as their area of study. These programs offer more hands-on practical experience, more interaction with patients in an atmosphere in which primary care does not have to compete with more glamorous specialties for resources and attention. For many years, LMEF offered the only community-based family practice residency positions available in Nebraska. Once the six LMEF positions were filled, medical school graduates seeking community-based residency training programs had to go elsewhere to get them, out of state. Many of these graduates went to cities such as Wichita, Spokane, Washington, Cedar Rapids, and Sioux City for training. Once they have left Nebraska, it is extremely difficult to get them back here. Creation of the Clarkson program has allowed more of our graduates to remain in Nebraska for training, and has allowed us to import some top graduates from other states, but the demand for community-based physicians is still very high, and will be even greater when they begin to turn out medical school graduates who are products of the Rural Health Education Network, and the Rural Health Opportunities Program called RHEN and RHOP, but I enthusiastically supported the legislation creating them, and we cannot reap the benefits of these programs if we have no place to provide final training for these physicians. Funding the Clarkson and Creighton residency physicians will help ensure the future of these programs, and, in fact, may allow them to expand their number of physicians if enough top graduates are available. With this bill, we will provide 50 percent of the cost of residents stipends and benefits, which amounts to \$21,500 per resident. Once a funded