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Health and Human Services Committee January 24, 2024
Rough Draft

HANSEN: --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 like to invite the members of the committee to introduce themselves, starting on my right with Senator Day.

[RECORDER MALFUNCTION]

RIEPE: --the idea of midlevels or dental therapists. I know the state of Minnesota and I know Alaska have dental therapy as a discipline to try to get more access to see that more of the Medicaid recipients can get dental care of some level. I don't know whether that was in your-- maybe-- maybe that's a whole different bill.

WALZ: It might-- I'm not real familiar with that.

RIEPE: OK. That's fair.

WALZ: And maybe somebody else can answer that question for you.

RIEPE: OK. OK. Great. Thank you.

WALZ: Thanks.

RIEPE: Thanks for being here.

WALZ: Yep.

HANSEN: All right. And you're going to stick around for close, I'm assuming.

WALZ: Sure.

HANSEN: All right. Cool.

WALZ: Thank you.

HANSEN: How many people are testifying in favor? Can you raise your hand for me? OK. All right. And are there any opposed that are going to be-- just raise your hand. OK. Just trying to gauge how many we have here so we can figure out the time limit for each testifier, so. All right. So with that, we'll take our first testifier in support of LB1015. Welcome.

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JESSICA MEESKE: Thank you. Good afternoon. Members of the committee, my name is Jessica Meeske. It's spelled J-e-s-s-i-c-a M-e-e-s-k-e. And I'm a pediatric dentist in Hastings and I'm president of the Nebraska Dental Association. I'm speaking in favor of this bill. I own five dental practices in the state; and on average, 60% of our patients are Medicaid. So I know something about caring for kids with Medicaid. Each of our locations turns away 20 phone calls per day with parents-- [RECORDER MALFUNCTION].

JESSICA MEESKE: There may be a handful of dentists, like two or three a year, that if we invest in helping them pay off their debt, the amount of Medicaid patients that would get care not only during their loan repayment contract, which is five years-- and the payments would be graduated, thus incentivizing the young dentist to continue to stay for the five years that-- after that, they're not going to drop out of the program. Our hypothesis is is now that they've learned to navigate the Medicaid system, they'll receive mentorship, how to handle these patients with complex needs, that they will go on for a career of being inclusive of these patients in their practice. That's ultimately the goal. But the way it's written, if we go back and look at the data-- and you can use an independent source to do that, like UNMC College of Public Health-- we will then be able to follow these graduates and see if, in fact, did this loan repayment program get the return on investment that we're asking for. And there would obviously be a number of ways to measure that.

RIEPE: Mm-hmm. May [INAUDIBLE] follow-up question? My follow-up question would be-- I, I assume this problem is across the state, from Omaha all the way out.

JESSICA MEESKE: Oh, absolutely. And even though my primary practice locations are Hastings and Grand Island, there isn't a day that doesn't go by that I don't see a patient from North Platte, McCook, areas that are farther than three hours from my practice. And so it, it's not just a, a dental issue. It is an overall health issue because if you already have medical problems and now you have dental problems, one exacerbates the other. And the, the level of money that you all are spending in Medicaid to try to get these people help just becomes really expensive.

RIEPE: You're a hero.

JESSICA MEESKE: Thank you.

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RIEPE: In working with the managed care organizations, that is a reasonable working relationship or some challenges?

JESSICA MEESKE: I, I am just so grateful you asked me that question. So I got out ahead of this because of my role in the dental association and making contact with the leadership of all three of the managed care plans. And I am very pleased at the really positive working relationship that we have. We meet with them regularly. We are working through issues. You know, I-- and I have the same to say about the leadership of Medicaid and long-term care. It is a wonderful team of people there. I've been working in this space, both on the clinician side and the policy side, for all 25 years of my career in this state. It is never been better in my mind as far as our working relationship as it is right now. So I'm very pleased. And I was not optimistic going into it. Change is hard. And we were happy with our old dental contractor, but so far things are going very well.

RIEPE: OK. Good. Thank you for sharing. Thank you, Mr. Chairman.

JESSICA MEESKE: Thanks for the question.

HANSEN: Any other questions? Senator Hardin.

HARDIN: A couple really easy ones. The 25% you were talking about earlier.

JESSICA MEESKE: Mm-hmm.

HARDIN: Would that essentially-- you were saying that does not apply to dentists.

JESSICA MEESKE: Correct. That's a separate bill.

HARDIN: Given that--

JESSICA MEESKE: Oh, I'm sorry. It does-- applies to dentists, not this particular bill--

HARDIN: Not this particular piece.

JESSICA MEESKE: Right.

HARDIN: 3,500 is how many people-- that's how long the line is in Grand Island?

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JESSICA MEESKE: That is the waiting list to get in-- into the federally qualified health center in Grand Island.

HARDIN: So how many patients can someone see a day?

JESSICA MEESKE: Well, if you're a general dentist, you might see 10, maybe 12 a day. If you're a pediatric dentist, I might be seeing 50 to 60 a day because you can-- kids are moving through a lot faster. So it, it is just-- it is not-- it, it is so disheartening-- and I think later, when you have a chance to read these letters from people in my service area of Hastings and Grand Island and what it's like to live in a homeless shelter and be trying to do the right thing, raising your kids, getting them to their doctor appointments, only to find out that when you make a call, you can't get in to see anybody. It, it is just heartbreaking what they're going through.

HARDIN: So how many more dentists do we need under the current circumstances? And then here's the follow-up question. It's more of a-- just comment on it for me in general. If we were to increase rates to where they ought to be and other dentists were to jump on board because it's no longer a loss leader for them to do it, how do we fix the problem?

JESSICA MEESKE: So that, that had a lot of questions.

HARDIN: Sure did.

JESSICA MEESKE: And one question-- I'll, I'll try to go through them. So right now, the state of Nebraska, we put out enough graduates between University of Nebraska and Creighton. And as far as how do we retain those young people in our state, you're going to hear two more bills today that address exactly how we can do that. But right now, I believe we are down 2.5% dentists. So I think we're putting enough dentists out into the state, although disproportionately they choose to go to different areas-- maybe not your area where you live and represent as much as Omaha and Lincoln. And there are many rural incentive programs to try to, to get dentists out into these areas. But I, I think when it comes to Medicaid, knowing what that sweet spot is, we didn't pick something that was 100% of usual and customary fee. You know, average Nebraska dental fees are here, and we measure those every so often. Delta Dental's here. Blue Cross. Emeritus, what you all have, is really quite low. And then Medicaid isn't right here. It's so far down here that here's the breakeven of overhead being 75%. Here's the 40% that Medicaid pays. So another 25% gets us closer to

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breakeven, but it doesn't get us to the point where we get that small percent of profit. But at least you're not losing the amount of money. And it's not such a disincentive for dentists to see patients with Medicaid. Did I answer your question?

HARDIN: Gives me a flavor for it. Thank you. I appreciate it.

JESSICA MEESKE: OK. Wonderful.

HANSEN: Any other questions from the committee? Yes, Senator Riepe.

RIEPE: Thank you, Chairman Hansen. I have one further question. At one time, I've been around long enough that fluoride was an issue in Hastings. Is that, is it still an issue?

JESSICA MEESKE: It is still an issue. And so I see--

RIEPE: And I don't know where you stand on it, but.

JESSICA MEESKE: Well, where do you think I would stand on it as a pediatric dentist?

RIEPE: I don't assume anything.

JESSICA MEESKE: So we will be back, I believe, in front of your committee to testify on a bill that is looking to decrease the amount of fluoride in the water. But water fluoridation is considered one of the top ten greatest public health achievements of the century. So-- up there with the invention of penicillin, with seatbelt safety, et cetera. So I'm sorry to say I was not successful getting it into the water of Hastings. And, and as a result, I see so many children with so much unnecessary decay and a lot of missed hours from school. And that's the reality I live with every day. Alternatively, when I see children from Superior, Nebraska, the first community in the state that did fluoridate their water back in the '70s, very rarely do I see a child with decay in Superior. So think about how that actually contributes to what you're paying out for dental Medicaid expenditures. Something like a mineral in the water supply. We'll be back. It's-- it'll be another topic.

RIEPE: I have a great level of confidence in you [INAUDIBLE]. So--

JESSICA MEESKE: All right.

RIEPE: I look forward to hearing it. Thank you.

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JESSICA MEESKE: Thank you.

RIEPE: Thank you, Chairman.

HANSEN: Yep. I look forward to that hearing. That'll be a good one--

JESSICA MEESKE: It'll be a good hearing.

HANSEN: --since it's my bill. All right. Thank you. Take the next testifier in support. Welcome.

SOPHIA PANKRATZ: Hello. Good afternoon. My name is Sophia Pankratz, S-o-p-h-i-a P-a-n-k-r-a-t-z. I'm a fourth year dental student at University of Nebraska Medical Center here in Lincoln. And I am speaking in favor of this bill and on behalf of myself. As of fall 2022, approximately 378,000 Nebraska residents received insurance through the Medicaid or CHIP programs. However, the participation of dentists in the Medicaid program falls short of meeting the need. According to the American Dental Association Health Policy Institute, 23% of dentists in the U.S. are either disenrolling or considering disenrolling from the Medicaid program. To address this issue, we must focus on the future of dentistry, which lies in our dental students and early career dentists. In 2022, the average dental school-- dental, dental student graduated with a staggering \$293,900 in student debt. In 1996, the average graduating debt was \$84,247, equivalent to \$157,190 in today's currency. This fourfold increase highlights the urgent need to alleviate the alarming levels of educational debt faced by new dentists. Personally, I want to include Medicaid patients in my future practice, but I'm not sure if I can afford to and service my own educational debt. One effective solution to support young dentists and benefit the public is to implement a loan repayment program. This program would ensure that the most vulnerable populations have access to dental care while simultaneously offering financial aid to young dentists struggling with student loans. During my third year of dental school, I conducted a research project to further understand dental students' attitudes to-- towards the Medicaid system nationwide. This research also aimed to explore dental students' interests in treating Medicaid patients. 50% of students expressed their intention to provide dental care to Medicaid patients in their future practice. However, when asked about their willingness of-- if loan forgiveness was available, the number increased to 80% of students indicating they would treat Medicaid patients. Additional research revealed that new dentists burdened by student loan debt and the financial challenges of starting or buying into a dental practice felt ill-prepared to

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navigate the Medicaid system. They also found it less economically viable to do so. Therefore, the introduction of a student loan forgiveness program would empower young dentists like myself to choose to stay in Nebraska, establish small businesses, manage our student loans effectively, and ensure that all members of the community are included in our practices. Your support-- your support for this bill can make a significant impact, improving access to dental care for Nebraskans. Together, let's work towards enhancing the oral health of our community.

HANSEN: Thank you. Are there any questions from the committee? All right. Seeing none, thank you. We'll take our next testifier in support of LB1015. Anybody else wishing to testify in support? Welcome.

DANIEL ROSENQUIST: Good afternoon, Chair Hansen and members of the Health and Human Services Committee. My name is Dr. Daniel Rosenquist, D-a-n-i-e-l R-o-s-e-n-q-u-i-s-t. I'm a family physician in Columbus and the immediate past president of the Nebraska Medical Association. I'm testifying today on behalf of the NMA, which represents nearly 3,000 physicians, residents, and medical students from across Nebraska. Initially, the NMA was concerned that LB1015 did not include additional funding for a proposal that could significantly strain the Rural Loan Repayment Program. As introduced, the bill would have allowed-- allowed rural and nonrural dentists to receive up to \$300,000 from a limited amount of funding that has always been intended to recruit a variety of health care, care professionals to rural shortage areas. While we support increased access to dental care for patients covered by Medicaid, we had strong concerns that this would divert funding that is greatly needed to address all health care, care shortages in rural Nebraska. We appreciate the opportunity to work through our concerns with the Nebraska Dental Association and their willingness to pursue additional funding for this bill. The amendment will provide additional funding for the new category of eligible recipients and limit the number of rewards to that which can be sustained by this distinct funding. With these-- with this amendment, the NMA supports LB1015. As a family physician, I can tell you that good dental care is integral to, to, to good health. Oral disease is associated with out-- with worse outcomes across multiple health conditions and organ systems. Chronic inflammation associated with periodontal disease is associated with diminished glycemic control among our diabetics, increased risk of pre-- premature term, and other concerns. Like other areas of health care, when dental care is neglected or delayed due to lack of access, it leads to complications,

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additional expense, and worsening our outcomes. It's frustrating as a physician when, when I'm left trying to manage a dental abscess without the appropriate skills when the patient is unable to access dental care, which is more appropriate. When Medicaid rates fall far short of covering the cost to provide services, health care providers must make difficult decisions about how many Medicaid patients they can see and still sustain their business. We see this in primary care and across medical specialties. LB1015 is one tool to increase access to dental-- dental care for Medicaid patients by providing an incentive for dentists who agree to treat a significant percentage of Medicaid patients. The NMA appreciates the opportunity to work with Senator Walz and the Nebraska Dental-- Dental Association to ensure LB1015 does not jeopardize needed funding for Rural Loan Repayment Program, and we encourage your adoption of the amendment to address that concern. Thank you for your time. And I'm happy to answer any questions.

HANSEN: All right. Thank you. Are there any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman Hansen. Dr. Rosenquist, good to see you again.

DANIEL ROSENQUIST: Thank you.

RIEPE: And thank you for your dedication to a lot of testifying or a lot of information. My question is around, around both that and medic-- is the preventive side, the educational side. How far short of that are we? Are we failing to get education out there? And, and then the preventive side of it, whether it's fluoride or it's, you know, flossing or whatever goes along with that.

DANIEL ROSENQUIST: We try. And, you know, unfortunately, a lot of this is being done because of lack-- in-- inability to access appropriate mental care-- or, dental care. A lot of [INAUDIBLE] is being done through the health departments, where v-- which are very good at doing this. But the problem with it is their, their services are also limited. And they're, they're not always accessible to everyone. And so we can reach a lot of people, but we can't-- but we missed a huge number of other individuals. And it's not only youngsters, little kids, but it's adults, and, and across all age spectrums, in my-- at least in my practice.

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RIEPE: We always had a saying in the pediatric business: you learn what you live.

DANIEL ROSENQUIST: Yes. Unfortunate.

RIEPE: OK. Thank you, Mr. Chairman.

HANSEN: Yep. Any other questions? All right. Seeing none, thank you. Anybody else wishing to testify in support? All right. Seeing none, is there anybody wishing to testify in opposition to LB1015? OK. Anybody wishing to testify in the neutral capacity to LB1015? Are you sure? All right. With that, we will welcome back Senator Walz to close. And we did have, five letters, letters, for the record; five in support.

WALZ: All right. Thank you. I'll be brief. I first of all, just want to say thank you to the committee members for listening and to all those who testified here today. You are fierce advocates for Nebraskans, and it's very much appreciated. As this committee is well aware, this is an issue that we have been talking about and talking about and talking about for a long time, and it is an issue that I saw firsthand as an educator when I had kids in my class who were in pain and couldn't concentrate or missed school. So this is an issue that must be addressed for the citizens of our state. And I know that Chairman Hansen would also like to tackle this issue. I hope that our committee can get this bill going. And we can work with Senator Ibach in the Appropriations Committee on LB935 to also increase provider reimbursement rates. With that, I'd be happy to take any other questions.

HANSEN: All right. I might have one question.

WALZ: Yeah.

HANSEN: Why'd you come up with the number \$300,000 was the maximum? Is that because of a-- that's what typical dental-- the loan repayment total is typically?

WALZ: I don't really-- I don't want to have to--

HANSEN: Just curious. OK.

WALZ: Can I get back to you on that?

HANSEN: Yes, you can.

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WALZ: OK. Thanks.

HANSEN: All right.

WALZ: Thank you.

HANSEN: Well, seeing no other the questions, thank you very much. All right. And that'll close the hearing for LB1015. And then we will open it up next with LB824 and welcome Senator Blood. Welcome.

BLOOD: Thank you, Chair. Good afternoon to Chairman Hansen and the members of the committee. My name is Senator Carol Blood. That is spelled C-a-r-o-l B-l-o-o-d. And I represent District 3, which is the western half of Bellevue in eastern Papillion, Nebraska. Thank you for the opportunity to bring forward LB824, or the Dentist-- Dental Hygienist Interstate Compact. The Dental-- Dentist and Dental Hygienist Compact is one of the three interstate compacts currently in play this year involving the health care industry. The Council of State Governments, Department of Defense, the American Dental Association, and the American Dental Hygienists' Association all had a hand in developing this particular interstate compact. This compact applies to dentists and dental hygienists, enabling them to practice in all states participate-- participating in the compact rather than applying for an individual license in each state they have to practice in. Similar to the other interstate compacts-- and we have passed many in Nebraska-- each compact state mutually recognizes licenses issued by other compact-participating states. The compact would go into effect after seven states pass the legislation. The qualifications for any dentist or dental hygienist participating in the compact are unencumbered license in any state that is a member of the compact, pass a national board certification or other exam approved by the Compact Commission, and a clinical assessment. They will need to graduate from an education program accredited by the Commission on Dental Accreditation. Finally, a dentist or dental hygienist that wants a multistate lace-- license cannot have any disqualifying criminal history. It will be flagged with a shared database, like all compacts, for background checks, regulatory agencies, and compact states will have access too. Most importantly, scope of practice is not changed within the state of Nebraska, and we maintain our sovereignty over qualifications for this industry. We all know there is dental-- a dental health care worker shortage in our state. Rural parts of the state especially lack the workforce to receive dental care. 43 counties in Nebraska do not have a dentist to serve patients. With a statewide population of 1.96 million, we have only 1,237

licensed dentists and 1,280 employed dental hygienists. Many patients in the western part of the state that rely on Medicaid have to travel to Lincoln to access dental care at all. The Dentist-- Dental Hygienist Compact can be one of the avenues to mitigate the health care worker shortage and health care access crisis. The compact will encourage licensed dentists in surrounding states to be able to practice in Nebraska, especially those in more western counties. We want to ultimately ease the regulatory burdens of obtain-- obtaining a new license for the dental industry so we can have more labor entering Nebraska. It also allows these professionals from neighboring compact states to cross state lines and work here if needed. The Department of Defense Military Families Office is involved in developing this compact to ease transition of deployment for military families and their spouses. Between all the challenges of moving to a new state and other hurdles, military spouses also face a loss of income going through the burdensome process of obtaining a new state license for their profession. We have an opportunity with LB824 to scratch off another licensure hurdle for an industry military spouses are employed in, not to mention others who may move to our state in this profession. Our regulators will benefit from these interstate compacts, as it overall reduces administrative burdens. In public health emergencies, more medical professionals will be available to Nebraska with compact licenses. Dental licensure boards between member states will have enhanced cooperation on investigations and disputes, and public safety for consumers in Nebraska is improved with that shared database between member states. Again, Nebraska also maintains its sovereignty over regulating practicing dentists and hygienists in their state, regardless of their home license. These compacts will bring a dilution, a dilution of standards to Ne-- let me start that over. These compacts will not bring a dilution of standards to Nebraska's licensure process for dentists or dental hygienists. While the pool of available quality dentists and hygienists will increase, we will not see an influx of traveling hygienists to Nebraska that will increase staff costs for dental offices, as some might fear. And we base that on the many, many compacts that we have already passed. What LB824 simply trying to do is help address the health care workforce shortage in the state, ease relocation burdens, and help military families and others in the state maintain their previous careers and income and enhance public safety for Nebraska in the dental industry. I ask the committee to help me get LB824 to the floor, as the previous contacts have already gone forward. And I thank you for your time today. And I will say in closing that I believe we have some really qualified people to speak on this. When this compact

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became public information, even though we worked with dentists and dental hygienists across Nebraska, there was a small handful of individuals that were not interpreting the language correctly. And so we want to make sure that the smart people behind me help to soften those fears and hope-- hopefully help people understand what the compact actually does a little bit better.

HANSEN: All right. Thank you. Are there any questions from the committee? Senator Riepe.

RIEPE: I do. Thank you, Senator. Thank you for being here, Senator. You have quite a background and experience in terms of compacts.

BLOOD: Yes, sir.

RIEPE: My question would be is, how many other states have dental compacts?

BLOOD: You know--

RIEPE: Do you know?

BLOOD: I haven't checked on this one because it's a new one, but it takes seven states for it to become a compact. And I'm guessing they will have the seven states in the next 12 months. I believe we have somebody from CSG here that would likely be able to answer that for you.

RIEPE: OK. Maybe they can share too if there are any that are contiguous to us. Because in addition to military, that might be a source for us to attract more talent.

BLOOD: Oh, there you go. I can tell you that usually Iowa, Colorado, and Kansas are some of the-- usually in the forefront. And so we almost always have one, two, three, four border states.

RIEPE: OK. Have there been any really bad outcomes from any of the compacts? OK. OK.

BLOOD: The only issue has been, been that there's a, a fingerprinting issue. And that's a State Patrol issue. But it doesn't really reflect on the compact itself.

RIEPE: OK.

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BLOOD: And that's also being addressed.

RIEPE: Thank you very much. Thank you, Mr. Chairman.

HANSEN: Yup. I think according to your-- the background provided, it looks-- it says, according to CSG, Iowa, Tennessee, and Washington have enacted the compact so far.

BLOOD: There you go.

HANSEN: I think there's--

BLOOD: It happens fast. These compacts are beneficial to the states. It's-- they put them out and people-- I, I don't know about other states, but I can tell you that as soon as I find out we have a compact that we can do, I jump on it. And I know other states do too, especially with those who have military bases because the universality is still more burdensome and-- than the compacts.

HANSEN: OK. All right. Seeing no other questions, I'm assuming you'll stay to close.

BLOOD: I will because I think I'm next on the agenda.

HANSEN: Yup. You are.

BLOOD: All right.

HANSEN: All right. And so we'll take our first testifier in support of LB824. Welcome.

JESSICA THOMAS: Hello. Thank you. Good afternoon. My name is Jessica Thomas, J-e-s-s-i-c-a T-h-o-m-a-s. I am a policy analyst at the Council of State Governments. My testimony is meant to provide information on LB824. And I'll go ahead and address the question about which states have enacted first. You're correct. Washington, Iowa, and Tennessee have enacted. There's also pending legislation in 12 other states, which include Colorado, Kansas, and Missouri. OK. So through this cooperative agreement with the Department of Defense, CSG developed the compact language with stakeholders from within the professions of dentistry and dental hygiene. The compact enables dentists and dental hygienists to get a compact privilege to practice in states that join the compact rather than getting an individual license in every state. It's similar in form and function to the nine occupational licensing compacts that Nebraska is already a part of. It

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is very similar to physical therapy and occupational therapy compacts, both of which Nebraska has joined. A dentist or dental hygienist must first hold an active, unencumbered license in a compact member state to be eligible to apply for a compact privilege. Practitioners must also pass a background check and meet other eligibility requirements related to education and examinations. They must pass the national board examinations as well as a clinical assessment. From a regulatory perspective, the compact preserves the authority of each member state to protect public health and safety through the existing state regulatory structure. So a licensee practicing under a compact privilege must abide by the laws, regulations, and rules that govern the practice of dentistry or dental hygiene in the state that they are located that they are practicing in. This scope of practice does not change. Nebraska has jurisdiction over anyone that is practicing in Nebraska under that privilege. Once in effect, an interstate licensure data system will be established that will contain licensure information and investigative and disciplinary information. This allows participating states to see information on those that are practicing within their state. Nebraska will be able to charge a fee for the compact privilege. This can be used to offset any potential fees. In our experience with other compacts, the fiscal impact on the state is very minimal or nonexistent. And I believe there's actually a fiscal note attached to this bill that estimates no fiscal impact. Like all other occupational licensing compacts, this compact will be governed by a commission that's made up of the member states. The delegate will be a representative from Nebraska's state licensing authority. The compact will come into effect once it is enacted by seven states. Like I said earlier, there are 3 states that have enacted it, and it has pending legislation in 12 others currently. Well, in 12 currently, including Nebraska. And I can take any questions.

HANSEN: Thank you. Are there any questions from the committee? Senator Walz?

WALZ: I don't really have a question, but I think it would help the audience. I don't-- and maybe I missed it, but I think it would help the audience and people listening online if you could explain what CSG stands for and what their role is or what they do.

JESSICA THOMAS: Sure. So we're the Council of State Governments. We're a nonprofit membership organization of all states-- so you all are members. And with compacts, we've been writing compacts for years with the help of people in the profession. There are 15 active licensure

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compacts, and we've had a role in writing them or some administrative role of part of them. So we know a lot about compacts, and that's why I'm here today.

WALZ: Thank you.

HANSEN: So you seem the right person to ask then about compacts.

JESSICA THOMAS: Sure.

HANSEN: So in-- just in general-- because, I mean, we've had these bills before us in the past-- do they work?

JESSICA THOMAS: So--

HANSEN: So, like-- so-- sorry. [INAUDIBLE].

JESSICA THOMAS: Go ahead.

HANSEN: So say we do pass this. Will this actually increase the amount of dentists coming to Nebraska or is it just more ease of transfer from state to state?

JESSICA THOMAS: So there is one study that we can point to. It's a relatively new policy area. But there is one study that the Medical Licensure Compact did. And it came out late last year. And they did see a positive impact in states that had joined that compact, which I can get you the study after this-- to the commission.

HANSEN: OK. Thank you. Appreciate that.

JESSICA THOMAS: Yup.

HANSEN: And seeing no other questions, thank you for coming.

JESSICA THOMAS: Thank you.

HANSEN: Appreciate it. All right. We'll take our next testifier in support.

WHITNEY CRIST: Hello.

HANSEN: Hello. Welcome.

WHITNEY CRIST: Good afternoon, Chairman Hansen and members of the Health and Service-- Human Services Committee. My name is Whitney

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Crist, W-h-i-t-n-e-y C-r-i-s-t. And I serve as the president of the Nebraska Dental Hygienists' Association. Today, I am here to testify in support of LB824. I would like to express my sincere appreciation to Senator Blood for introducing this bill and to the committee for your dedication, attention to, and consideration of the Dentist and Dental Hygienist Compact, DDH. The DDH Compact is a collaborative initiative involving the Department of Defense, the Council of State Governments, the American Dental Association, and the American Dental Hygienists' Association, and holds great promise for Nebraska. As we delve into the positive impact of the compact, it's noteworthy that three states-- Iowa, Tennessee, and Washington-- have already enacted the DDH Compact legislation. Additionally, Nebraska is among the 12 states with pending legislation indicrate-- indicating a growing nationwide recognition of the benefits and importance of this compact. This compact prevers-- preserves the regulatory authority of each participating state, reinforcing their ability to protect public health and safety through existing state regulatory structures. This is in contrast to national licensure initiatives that might override state regulatory authority, empowering participating states to main con-- maintain control over licensure requirements and uphold unique scopes of practice. Moreover, the Department of Defense notes that military families relocate every three years on average. The Dentist and Dental Hygienist Compact facilitates smoother transitions for military spouses, enabling them to begin working promptly without the usual delays associated with gaining authorization to practice in a new state. Nebraska's participation in the compact could make our state more attractive as a home for military families with dental professionals. The Nebraska Dental Hygienists' Association firmly believes that the Dentist and Dental Hygienist Compact will significantly enhance access to oral health care for Nebraskans, particularly in the face of workforce shortages. Research from the Health Policy Institute indicates a mobility trend among dentists with less than ten years since graduation. Between 2019 and 2022, 14% of this demographic moved to another state. Current restrictions on widely accepted clinical examinations in our state increase the likelihood that licensure candidates may choose to leave upon graduation. Joining the compact could offer these emerging professionals the flexibility to explore various opportunities while practicing in Nebraska where they were educated. The Dentist and Dental Hygienist Compact promises numerous benefits to Nebraska, including improved licensure portability for dentals-- dentists and dental hygienists, increased access to oral health care providers for residents, preservation of the existing state-based licensure system,

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enhanced communication between states regarding licensees through mandatory participacing-- participation in a licensing and disciplinary data system, ensuring comprehensive reporting of all sanctions, improved portability for military spouses. We believe that embracing this compact will strengthen our health, health course-- health care system and contribute to our community's overall well-being. Thank you for your thoughtful consideration. Do you have any questions?

HANSEN: Thank you. Are there any questions from the committee? I don't think I've seen a testifier with so many letters behind their name.

WHITNEY CRIST: Oh, gosh. I know. I love--

HANSEN: 1, 2, 3, 4-- you have five different acronyms--

WHITNEY CRIST: I know. I'm kind of-- I love lifelong learning and-- I just pick up certifications as I go, so.

HANSEN: Yeah. Well, that's why you are the president of the Nebraska Dental Hygienists' Association. Thank you for coming to testify.

WHITNEY CRIST: Yes.

HANSEN: I appreciate it.

WHITNEY CRIST: Yeah. No problem.

HANSEN: All right. Is there anybody else wishing to testify in support? Welcome.

CAROLYN TAGGART-BURNS: Thanks. Good afternoon, Senators. My name is Dr. Carolyn Taggart-Burns. C-a-r-o-l-y-n T-a-g-g-a-r-t-B-u-r-n-s. I want to thank you for allowing me to speak with you today. I'm a general practice dentist in southwest Omaha. I've been practicing for 22 years. I'm the current president of the Nebraska Dental Association and have served many roles in organized dentistry. I speak in favor of LB824. The Dentist and Dental Hygienist Compact is an important way to update our licensure for a more mobile society. This compact was originally addressed and created by the Department of Defense to help with the portability of service members and families. Since our state has a large amount of armed services, this helps spouses of professional service members and still continue their career through the many moves. Today, dual-income families are a common occurrence. With one spouse-- when one spouse has a more mobile career, having a

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compact can assist with the portability of dental professionals. In Nebraska, we have seen a 2.5% decrease in licensed dentists as well as a decrease in licensed hygienists. This is despite the fact that our state dental schools graduate over 150 dentists each year. Workforce recruitment is always a struggle for Nebraska. Opening opportunities for portability decreases yet another barrier that unnecessarily restricts movement of professionals. When our state is trying to recruit a large corporation, it would serve us well to be able to accept all the families with diverse professions. This is a benefit as well to our dental members who live on the borders and can practice in neighboring states. Many of our neighboring states already have passed legislation or have current legislation, as has been mentioned. Lastly, there are models of such a compact in nursing and other professions that works. The commission for the compact is doing its due diligence to address the concerns and questions about the cost. For instance, the costs associated with managing the compact in the state of Nebraska would be carried over to the participants. The concerns of reporting issues from other states are spelled out in the guidelines, which will help to protect our patients and our profession. A mass exodus or influx will not necessarily happen in the great state of Nebraska. This will simply remove an unnecessary barrier within our profession. Thank you for your time, Senators, and your consideration and support of LB824.

HANSEN: Thank you.

CAROLYN TAGGART-BURNS: Thanks.

HANSEN: Are there any questions from the committee? Yes, Senator Riepe.

RIEPE: Thank you, Chairman Hansen. I have in your notes here, it says, I-- I quote-- I speak in favor of LB824. And yet in my notebook of information dated January 23-- yesterday, I guess-- the Board of Dentistry is opposed to LB824. Can you reconcile that for me?

CAROLYN TAGGART-BURNS: So I'm part of the Nebraska Dental Association and I, I serve there. I do not serve on the Board of Dentistry. The Board of Dentistry has given some written testimony that is opposing it, mainly addressing the concerns that I talked about at the end, talking about the cost and the reporting issues. Those were the main issues that-- that when we met with the Board of Dentistry as the Dental Association that we were talking about, and those were the concerns that were voiced.

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RIEPE: OK. OK. Just wanted clarification.

CAROLYN TAGGART-BURNS: Yes.

RIEPE: Thank you very much. Thank you, Mr. Chairman.

HANSEN: Yes. Any other questions? Senator Ballard.

BALLARD: Thank you, Chairman. Thank you for being here, Doctor. You may not know the answer to this question, but I'm going to ask anyway. Do you know what percentage of Nebraskan dentists own their own practice or have an ownership stake in a pract-- I guess what I'm getting at is, is their ability to pick up and move to a-- I know there, I know there is--

CAROLYN TAGGART-BURNS: Yes.

BALLARD: --but it's, it's probably [INAUDIBLE].

CAROLYN TAGGART-BURNS: OK. So-- and I don't know-- I can't probably give you exact numbers, but I will say that in-- the numbers of dentists and dental hygienists that are working for corporations and bigger corporations-- like, Dr. Meeske owns five practices. So then she has employee dentists working for her. I own my own practice, and I have two employee dentists. So their portability-- one of my associates has actually looked at moving to Chicago because her husband found a better job in Chicago. So therefore, that's, that's the portability that, that is, is necessary to go back and forth. I practice in Omaha, where we try to-- obviously try to recruit a lot of large corporations. And to bring in other professions to try to get them to come in even when they can practice in Fremont and-- you know, in the outskirts and stuff-- that's, that's where it is very beneficial for us to have it but then, you know, still, still do it. The buying and selling of practices nowadays is more common to go to more corporate dental places where it's owned by an overarching corporation.

BALLARD: OK. That's helpful. Thank you.

CAROLYN TAGGART-BURNS: Thank you.

HANSEN: Any other questions? I got one kind of quick question. You said that Nebraska has seen a 2.5% decrease in licensed dentists. Do you know what the nationwide trend is?

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CAROLYN TAGGART-BURNS: I-- good question. I don't. I can get the information for you, though.

HANSEN: That's fine. I'm just kind of-- [INAUDIBLE] google it probably later if I want to.

CAROLYN TAGGART-BURNS: Yep. We also looked at-- and I can't recall the number for hygiene in our state. We are-- I think we-- we have several new dental schools in the United States. We are producing more dentists. It's just that where are, where are we going?

HANSEN: OK. All right. Thank you. And seeing no other questions, thank you for coming.

CAROLYN TAGGART-BURNS: Thank you.

HANSEN: We'll take our next testifier in support of LB824.

SOPHIA PANKRATZ: I apologize. I got my papers mixed up. This is the first testimony. Good afternoon. My name is Sophia Pankratz, S-o-p-h-i-a P-a-n-k-r-a-t-z. And I am speaking today in support of this bill and on behalf of myself. As a fourth year dental student, one of the significant aspects is planning where to practice, live, and build a future. This period is pivotal. You're on the brink of earning your first meaningful paycheck and embarking on a new chapter in life. Navigating the current state of initial licensure can be overwhelming for fourth year dental students. Obtaining a license, license involves meeting three core requirements, which, though varying between states, generally include earning a DDS, DDS or DMD degree from an accredited school, passing a written board's examination, and completing a clinical examination. The challenge arises when different states have different clinical examination requirements, especially for early career dentists who don't qualify for licensing by credentialing. For example, to obtain an initial license in Nebraska, I must take the CRDTS clinical examination. However, if I plan to practice in states such as Oklahoma, California, Michigan, or North Carolina, to name a few, I need to take a different clinical examination, each with its own set of requirements. These exams are not only time-consuming, but also come with a hefty cost, averaging around \$300-- \$3,000 each. For a dental student without a steady income, committing \$6,000 for separate examinations is a significant financial burden. Personally, I am planning on attending residency in North Carolina. When I initially signed up for the CRDTS exam, I intended to stay in Nebraska where CRDTS is required. Now, if

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I wish to remain in North Carolina after completing my residency, I face the prospect of dedicating two days and additional funds to up-- to undertake an additional licensure exam. Furthermore, the lack of portability in dental licenses exacerbates an access-to-care issue in Nebraska. There are currently 26 counties qualifying as whole county dental shortage areas, and an additional 2 as part county shortage areas. To compound this issue, CRDTS is only administered in seven states. If a dental student from a nonhosting state wishes to practice in Nebraska, they must take time off school, travel to the nearest state offering the examination, and undergo the testing process. This unnecessary hurdle is a deterrent for many dental students considering practicing in Nebraska. Given the increasingly complex landscape of obtaining licensure, Nebraska needs reform. Today, I've outlined the barriers to obtaining initial licensure, but additional obstacles arise concerning licensure by credentialing. I urge you to consider the Interstate Compact as a solution to break down these barriers, providing dentists with the freedom to move across state lines. Thank you.

HANSEN: Thank you. Any questions from the committee? All right. Seeing none, thank you. Anybody else wishing to testify in support? All right. Seeing none, is there anybody wishing to testify in opposition to LB824? Welcome.

RICHAEL COBLER: My apol-- good-- thank you. My apologies in advance. I was not aware that I should provide copies to all of you, so I just brought the one extra copy. My name is Richael Cobler. It is R-i-c-h-a-e-l. Last name is Cobler, C-o-b-l-e-r. I am here to speak on behalf of CRDTS in opposition of bill LB824. Thank you, Chairman Hansen and honorable members of the Nebraska House Health and Human Services Committee. We appreciate the opportunity to provide information regarding LB824: Dentist and Dental Hygienist Compact. I'm the executive director for CRDTS, a national dental testing service entity. Through our work with state dental boards, CRDTS develops and administers dental and dental hygiene examinations in Nebraska and across the country, which serve as an essential pathway towards licensure for dental candidates. We are accepted in 39 of the 48 states that accept clinical licensure examinations as a pathway toward licensure. CRDTS' governing board consists of 23 state Dental Board representatives-- that's half of the United States-- representing their states from across-- including the Nebraska Dental Board. CRDTS has been providing excellence in dental and dental hygiene testing since the late 1960s, working with state dental boards to ensure the highest standards, validity, and relevance in clinical examinations as

a pathway toward licensure. For more than 50 years, clinical testing has been determined to be a matter of public safety in the U.S. for assessing the readiness of graduating dental and dental hygiene students to begin practicing. As an agency whose mission is to assist the state dental boards in protecting the health, safety, and welfare of the public through the development and administration of examinations that assess clinical competency, we understand the importance of competency assessment in dentistry. Having also worked with dental schools, dental hygiene programs, and graduating students for more than 50 years, CRDTS also understands the importance of portability. However, each state in the U.S. except one has laws in place for licensure through credentialing, which enable the state dental boards to retain authority over licensees while at the same time allowing portability of licensure. The compact currently being introduced through passage of LB824 would hamper Nebraska's ability to establish and enforce minimum standards of competency through licensure. While there are a number of concerns with the current compact as introduced, we would like to leave you with three main takeaways: public safety, loss of state control, and the cost to states and licensees. The vast majority of states in the U.S. have required some form of a psychomotor hand skills component as part of an acceptable licensure examination for nearly half a century. Approximately four years ago, the Dental Licensure Objective Structured Clinical Examination, better known as the DLOSCE, was introduced as a standalone, written examination that does not require a hand skills or psychomotor assessment as part of that exam. Today, only six states accept the handwritten DLOSCE as a pathway toward licensure, and some of those six states still require a hand skills assessment in addition. Passage of LB824 in its current form could result in licensing being-- licensees being able to practice in Nebraska without having first demonstrated the essential hand skills or psychomotor skills needed to competently practice dentistry or dental hygiene even though Nebraska law currently requires such a hand skills or psychomotor skills component. Nearly every state in the U.S., including Nebraska, has identified Nebraska-- has identified psychomotor hand skills assessment as a necessary and critical component in clinical licensure. If the current form of the LB824 is passed without modification, the Nebraska public is at risk of receiving dental services from licensees that have only passed a written-only-- hand-- examination with no hand skills component. This would be a substantial and significant change in Nebraska's dental licensing laws, and it poses a safety to Nebraska citizens. Said another way, CRDTS and its governing board is concerned that the bill

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could open the door to licensee, licensees being licensed to practice in Nebraska without having first passed a clinical examination with a psychomotor skills component. Failure to continue to require such a clinical examination for Nebraska dental and dental hygiene applicants as a essential element of a pathway to licensure puts the public health at risk. As far as loss of local state control, Nebraska understands that all health care is local. Consequently, the Nebraska Legislature has taken great care to pass legislation in the best interests of its citizens and preserves the state's right to passed laws that are in the best interest of the Nebraska public. LB824 poses a threat to Nebraska's rights to continue to protect, protect the interests of citizens and would abdicate Nebraska's control over dental and dental hygiene examination and licensure to a national commission. The compact states the rules of the commission shall have the force of law in each participating state as held. And then it, it goes on to say that if there is a conflict, it will be established-- they-- I'm sorry. I'm trying to hurry here because I see you my time is--

HANSEN: Yeah. You about done?

RICHAEL COBLER: I'm, I'm very close.

HANSEN: All right.

RICHAEL COBLER: We want to make sure that the law, as written, that it is understood that it has to be decided by a court of law. Consequently, if the state believed the rules of the Compact Commission conflicted with Nebraska's scope of practice laws, Nebraska would be forced to seek remedy through the court system. Finally, the compact touts cost savings and increased workforced-- workforce. CRDTS is not aware of any reliable evidence that compacts increased the number of practitioners in a particular state. In fact, Nebraska already has portability through a relatively low-cost option of dentist repish-- repis-- reciprocity and requirements.

HANSEN: All right. But-- if we can, let's just see if we have any questions on the committee here [INAUDIBLE] please. Are there any questions from the committee? Senator Walz.

WALZ: Thank you. Thanks for being here. I was trying to just listen. When did the-- and I'm sorry-- psychomotor hand skills test requirement go into effect?

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RICHAEL COBLER: There has always been a, a, a hand skills component required in testing for dental and dental hygiene licensure, as far as I'm aware, since the inception of testing, which was in the 1960s, early '70s.

WALZ: OK. All right.

RICHAEL COBLER: And the DLOSCE would remove that requirement.

WALZ: Thank you.

HANSEN: Senator Hardin.

HARDIN: What would be the difference between the reciprocity you're describing and the compact?

RICHAEL COBLER: There is none, as far as we understand it. The compact would allow potentially a quicker avenue to practice in another state. But from a testing standpoint and from our state boards-- mind you, we, we serve 23 state dental boards. That's not dental associations. They're two different things. The dental boards are appointed by the Governor. And it's concerning that they are not the ones being consulted about this bill as far as enforcing the laws. Rep-- reciprocity is available-- or, licensure through credentialing is available in every state except for one right now. So while it may be a faster avenue through the compact, it may also create other issues.

HARDIN: And help me understand. When you say a faster avenue, what does reciprocity look like now? Does it-- are we talking months and months or eons and eons?

RICHAEL COBLER: It depends on every-- every state is different. In Missouri, for example, if you've been practicing for one year with an unencumbered license, then you will be licensed in the state of Missouri. Some states, it's three years. So I think a much better avenue would be to tighten or to enhance the laws of, of credentialing and reciprocity rather than entering another layer of bureaucracy that is going to complicate things for, for the states.

HARDIN: Thank you.

HANSEN: Any other questions? All right. Seeing none, thank you for coming.

RICHAEL COBLER: Thank you.

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HANSEN: All right. Anybody else wishing to testify in opposition? All right. Is there anybody wishing to testify in neutral capacity to LB824? All right. Seeing none, we welcome back up Senator Blood to close. And before she does, we did have some letters for the record. We had nine letters in support of LB824 and three in opposition.

BLOOD: Thank you, Chair Hansen. I'm going to start by saying I'm going to try and tread lightly because we have a harder lift bill after this in reference to dentistry and I don't want to offend anybody. But I do want to set the record straight. So as was mentioned, reciprocity is definitely slower. And not all states have reciprocity. And granted, not all states have compacts, but you see how quickly they move because they are more efficient than reciprocity. It does not create a level of bureaucracy. It creates a more efficient process. And reciprocity does not share a database like the compacts do. So if there's a ne'er-do-well, somebody who is not of good quality and has committed crimes, it is much easier and quicker to find out that that person maybe doesn't belong in our state through that, that database. Reciprocity does not offer that database. We heard them talk about consumer protection. That's the ultimate answer for consumer protection, is that shared database. We heard about credentialing and privileging. I want to remind all of you that almost all of our compacts, with very few exceptions, are medical: doctors, nurses, physical therapists, occupational therapists. Many of those professions require as, Senator Riepe knows, credentialing. So the issue that we've had with this compact compared to other compacts isn't that it wasn't created in the exact same way. You heard the national dental organizations. You hear the Nebraska dentists and dental hygienists telling you they want this. But we have our own layer of government, which is the dental board, who is appointed by the Governor. And I'm not saying that they're not qualified, and I'm not saying that they've done anything by writing a letter of opposition. I respect that. But the kinds of questions we had, it was clear that the bill was misunderstood. One of the first concerns that we heard about is that they thought people would come in from foreign countries to practice in the-- in, in our state, which, by the way, we do at the Med Center all the time. But that doesn't pertain to compacts. Because a country doesn't belong to the compact. It's not going to happen. When we have people that don't clearly understand certain types of state statute, it brings up opposition. And the thing that always puzzles me is why they believe this compact is so different than any other compact that we've ever done and had no problems with. And we have a seat at the table once we pass this

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compact. And as far as being pricey and the fees going up, that has not happened in any single compact. Why will this one be differently? Do they have inside information that we don't have? I usually don't talk about opposition, except to answer questions, but I have to be very frank. The level of disinformation has been very strong on this compact. And reciprocity, again, does not pertain to all states. Our compact states pertain to reciprocity. And when we talk about credentialing and we talk about testing, it is not the doct-- the, the dental hygienists and the doctors that come in and talk to you about it. It's the company who makes money off the credentialing. We've seen that in other compacts where they wanted to make sure that they weren't going to lose students or lose money. And I respect that. I don't want to take money away from people. But we have to consider that when people come in in opposition. And again, I am not trying to offend anybody, but I feel-- you've heard me talk about it for seven years, going onto eight. These work. The Pentagon, the Military Families Office of the Pentagon, the DOD, CSG would not spend all this time and money if it didn't work. They're not just doing bills to put forward to try and press upon people that they're trying to help the workforce. It does help the workforce. And now as we've been moving forward, we're starting to get some data. And as you just heard, we've only have one report, and it shows that it works. But I can tell you, I live next to Offutt Air Force Base. I know Senator Day has talked to people in her district as well. This benefits our military spouses. Imagine if you were a professional and you had to move every two years. You know what happens is that they give up if they are a nurse, doctor, a dental hygienist, a physical therapist because of the cost and the time. And so they're underemployed or unemployed. And I don't know about you, but I'd rather have them making more money and putting money into our, into our economy. And so I, I usually don't close like this because it's a rather terse way to close-- and again, we have a heavy lift on our next bill. But please put things in perspective. Help us get this out. Interstate compacts work. We need every tool in our toolbox to make sure that we can get good people into our state and give the people in our rural areas that can't find jobs the ability to cross the state line and work in that state but still live in Nebraska, which we have seen a lot with the psychology [INAUDIBLE] state compact, by the way.

HANSEN: All right. Thank you. Are there any questions from the committee?

BLOOD: Did I scare everybody?

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HANSEN: Well, that was a, a terse closing, as you said, right?

BLOOD: It was a terse closing. I don't like that.

HANSEN: I haven't heard that one yet--

BLOOD: You know, I'm pretty chill. So when I do that, it's kind of, like, out of character. But I just-- disinformation perturbs me.

HANSEN: All right. So with that, we will close the hearing for LB824. And we will open it up now again for LB830-- LB834. Welcome back.

BLOOD: Thanks. I was-- I felt like I was just here. It's kind of deja vu. So again, good afternoon to Chairman Hansen and the members of the HHS Committee. My name is Senator Carol Blood, spelled C-a-r-o-l B-l-o-o-d. And I represent District 3, which is the western half of Bellevue and eastern Papillion, Nebraska. Thank you again for the opportunity to bring forward LB834, or establishing the dental residence license in Nebraska. First, I want to highlight that this bill does not change the licensure requirements for dental residents from how it stands today. It merely streamlines the process for obtaining such a license. Nebraska requires dental residents to be licensed. Medicaid also requires dental residents to be Medicaid credentialed so that claims to be filed under individual residents rather than the faculty. I share that fact because the UNMC Dental Residency Program is the primary workforce providing treatment for Medicaid patients and special need patients in Nebraska. Historically, the process to obtain a license as a dental residence was tied statutorily to Nebraska's general dentist license requirements-- literally each statute reference-- referencing the other. So over the course of the last six months-- and it's been a long six months-- there has been mutual recognition by stakeholders and the dental community about the need to separate these two statutes to accommodate accepting multiple clinical licensure exams when it comes to licensing dental residents. This process strengthens the pool of dental residents training in Nebraska, grows the pipeline for the dental workforce, and ensures that we can continue to provide excellent dental care to our Nebraska residents. A few other highlights I will mention is the ability for a dental resident licensed to establish clinical examination competency for purposes of general licensure. In conversations among dental stakeholders, this was seen as a positive addition to encourage more resi-- dental residents to remain and practice in Nebraska after their service in a residency program. Finally, the bill encourages continued dialogue between the Colleges

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of Dentistry in Nebraska at UNMC and Creighton and with the Nebraska Board of Dentistry by formalizing the expectation that the colleges will provide input to the board annually. In Nebraska, I believe we should look to remove barriers to bring in potential additions to our struggling workforce. This is a simple and technical way to reduce licensure barriers for some potential future dentists in our state. We continue to discuss health care workforce shortages in Nebraska, especially in our rural counties, and we need to do everything we can do to combat this. I want to thank the committee today for their time, and encourage you to save your questions for the expert testifiers that will come behind me.

HARDIN: We will. Thank you very much.

BLOOD: Thank you. And I will stay for my closing.

HARDIN: Wonderful.

BLOOD: And it should be a lot more calmer.

HARDIN: Wonderful. We'll hope that it shall be less terse.

BLOOD: Yes.

HARDIN: Can we have the first person in support of the LB834? Welcome.

SUMIT YADAV: Thank you. Good afternoon, Chairman Hansen and members of the Health and Human Services Committee.

HARDIN: I'm sorry, could you spell your name for the record?

SUMIT YADAV: My name is Dr. Sumit Yadav, S-u-m-i-t Y-a-d-a-v.

HARDIN: Thank you.

SUMIT YADAV: I'm the chair of the Department of Growth and Development at UNMC College of Dentistry. And I'm here today in support of LB834 on behalf of the University of Nebraska system. One of my many roles at the UNMC College of Dentistry is to oversee our residency programs. UNMC College of Dentistry offers a robu-- robust dental residency program for dentists wanting to pursue additional education training in complex cases and dental specialties. UNMC currently has six dental residency programs, which generally admit 26 to 28 dental residents per year. UNMC dental residents come to Nebraska from across the country, representing different states. While some residents leave

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Nebraska after completing residency, some may also enter Nebraska workforce, providing general dentistry care or specialty care in our health care system. If I can steal some words from our interim president, Nebraskans expect and deserve a world-class university, a university that competes in the Big Ten and beyond-- not just on the volleyball court, but in the classroom and research labs. This very much includes residency programs as well, and the competition for top-notch dental residents [INAUDIBLE]. Dental residents have been required to be licensed in Nebraska since at least 1988. And because our program recruits nationally for these residency slots, it is important that licensure provision also reflect these national landscape. One aspect of this competitiveness is the ability to accept multiple clinical examination for licensure purposes. Students in different areas of the country may come to us having taken different clinical examinations, and we do not want to be in a position to turn exceptional candidates down. As Senator Blood mentioned, a stronger dental residency pool means more trained dentists in the workforce pipeline in Nebraska and a stronger pool of dental residents providing care to some of the Nebraska's most vulnerable population since UNMC Dental Residency Program is the predominant workforce providing treatment for Medicaid patients and special need patients. In addition, the provision in LB834 would allow completion of a residency program to establish clinical competency for general licensure in Nebraska, which is a positive enhancement that will certainly-- certainly only encourage more of our dental residents to stay and work in Nebraska after completing their residencies. We are very supportive of that enhancement as well. Our goal at the UNMC College of Dentistry is to assist every student in becoming the best dentist and version of themselves they can be and to lead in reversing Nebraska's brain drain-- brain drain when it comes to this critical health care workforce pipeline. We would encourage the committee to support LB834. And I would be happy to answer any questions you have.

HANSEN: Thank you. Are there any questions from the committee? Senator Hardin.

HARDIN: Thanks for being here.

SUMIT YADAV: Thank you, sir.

HARDIN: And I don't mean to be glib when I ask this, but what's the worst thing that could happen?

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SUMIT YADAV: The worst thing could happen is, you know, like, we cannot provide the access to the care. Like, are you-- like, there's a huge waiting list and we cannot provide the dental treatment to the people in a timely manner. And what they, what they will do is they will go to the emergency--

HARDIN: Yeah.

SUMIT YADAV: --and emergency rooms will be filled up with the dental treatments rather than the other treatments.

HARDIN: I see. Very good. Thank you.

SUMIT YADAV: Thank you.

HANSEN: Any other questions from the committee? In your expert opinion, why do you think we have brain drain when it comes to, like, dentistry in particular in Nebraska? Are they leaving because of better weather, better laws or rules or--

SUMIT YADAV: You know, like, the brain drain is due to varied purposes and varied reasons, I would say. And one of the reasons is-- you know, like-- you know, like, this is just my personal opinion and not the University of Nebraska system-- is in, like, our reciprocity too.

HANSEN: OK.

SUMIT YADAV: Like, easy loss of reciprocity. But that's just my personal opinion.

HANSEN: OK. All right. Any other questions? Senator Hardin.

HARDIN: My, my lovely associate here has asked me to clarify my question that I asked a moment ago. And another dimension of that question is, is kind of what's the worst thing that can happen if this passes? Would these residents go out and do something terrible?

SUMIT YADAV: So they can--

HARDIN: Would someone leave with better teeth? What might happen?

SUMIT YADAV: So, you know, like if this passes-- first of all, this is just a temporary resident license.

HARDIN: Right.

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SUMIT YADAV: They have to work under a faculty who has a license. So nothing bad will happen, but people will get timely care. That's the good thing will happen. If this passes, people-- I can assure you people will get timely care at UNMC facility.

HARDIN: So the residency is two years?

SUMIT YADAV: Totally depending on which residency are you entering. If you are entering ortho, it is 30 months. If you are entering pediatric dentistry, it's two years. If you are entering oral surgery, it's six-- four to six years. And if you are entering general dentistry, it's one to two years.

HARDIN: So we're generally talking about 50 residents or so at a time?

SUMIT YADAV: Yeah. Each year, 26 to 28. But some residencies are two years. So, yeah. 70. Approximately 60 to 70.

HARDIN: Thank you.

SUMIT YADAV: Thank you, sir.

HANSEN: Any other questions? I might have one more. Is, is this unique to dentistry? Are there other-- like, is it-- is medicine-- is physical therapy, do they still-- they have kind of similar temporary-- or, licenses or residential licenses? Do you know?

SUMIT YADAV: So as you like, I will steal the words from Dr. Blood-- Senator Carol Blood-- you like-- medical-- you're like-- and I'm just speaking because my wife is a physician-- and their license procedure is very simple. You enter the residency program, you get the license. That's it. You're, like-- you-- once you clear your bo-- USMLE, you enter the residency program, UNMC, apply for the educational license, and you get the license. Their program, their license procedure is very streamlined.

HANSEN: OK.

SUMIT YADAV: And that's what we want for our license too.

HARDIN: You're smarter than I thought because you preface your sentence with "I better be careful because my wife is--" That's good. All right.

SUMIT YADAV: Yes, sir.

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HANSEN: Senator Hardin.

HARDIN: And I would just say we'll probably ask questions of others too. But anytime someone brings a scope of practice oriented bill to us, we all begin to twitch up here because we don't know. We don't know at what level should someone be practicing. So we're, we're trusting you to say this is the appropriate list of things these residents can do adequately. There are other things that they haven't-- and we don't know what should be on that list. And so we all sit here and say, well, sounds good to us. So we really do need your help in these processes.

SUMIT YADAV: You are trusting the right person, I can say.

HARDIN: Wonderful.

HANSEN: All right. Seeing no other questions, thank you for coming to testify.

SUMIT YADAV: Thank you. Thank you.

HARDIN: All right. We'll take our next testifier in support of LB834. Welcome back.

CAROLYN TAGGART-BURNS: Good afternoon again. My name is Carolyn-- Dr. Carolyn Taggart-Burns, C-a-r-o-l-y-n T-a-g-g-a-r-t-B-u-r-n-s. I want to thank you again for allowing me to speak today to you. I'm a general practice dentist in southwest Omaha. I've been practicing for 22 years. And I'm the current president of Nebraska Dental Association and have served many roles in organized dentistry. I speak in favor of LB834. The residents licensure redefinition is obviously a benefit to the university for recruitment of the best talented residents to our state. The Dent-- Nebraska Dental Association stands with the UNMC College of Dentistry on assuring we attract the best talent to our state and do everything we can to keep them. With research and talent resident-- with research and talent residents bring, we can rely on more specialists in the residency programs to help treat our patients and provide outstanding treatment. Residencies in Omaha take a large portion of our adult Medicaid and our special needs patients who cannot be treated in a traditional dental office, like mine. If we cannot recruit worthy individuals due to the restrictions on licensure, then we are losing the capabilities to help the ones who need our help the most. Another aspect of recruiting top-notch residents is retaining them. This is a phenomenal way for the state of

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Nebraska to retain such talent. The teaching hospital system and universities are outstanding and will benefit to keep many good clinicians and researchers from this definition change. As part of the Nebraska Dental Association, I thank you for your time and positive vote for LB834.

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

BALLARD: Thank you, Chairman. Thank you for being here again. I have a question about recruitment. How does the association go about recruiting-- we'll say high-- potential predentist-- pre dental students. And, and to dovetail, how do you walk alongside? As a former predentist student myself--

CAROLYN TAGGART-BURNS: OK.

BALLARD: --how do you, how do you say that there is light at the end of a-- the organic chemistry tunnel?

CAROLYN TAGGART-BURNS: Yeah. Making it through the first semester of organic chemistry is hard.

BALLARD: It's not-- it's not great.

CAROLYN TAGGART-BURNS: It's not for everyone.

BALLARD: No. No.

CAROLYN TAGGART-BURNS: I think-- so-- there are-- through our association, there are-- we have several mentoring programs for that. And that's where we are trying to help our own and keep our own. We talk at our board meetings all the time about how we can keep the local Husker football talent here, that we can keep the dental talent here. And we talk with the universities. So the president-elect and I meet with the-- have met with the deans and meet with the deans and the directors of the residency programs to see how can we help them recruit the best talent and keep them here and find positions for them or find different areas. We're talking about where there are areas in need-- of need and things as trying to help our members and our students find areas where they can practice and be successful in the state of Nebraska.

BALLARD: Yeah. Thank you.

HANSEN: Any other questions? All right. Seeing none, thank you.

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CAROLYN TAGGART-BURNS: Thank you.

HANSEN: All right. Anybody else wishing to testify in support? All right. Seeing none, is there anybody who wishes to testify in opposition to LB834? Anybody wishing to testify in the neutral capacity? All right. Seeing none, we'll welcome back Senator Blood to close. And we did have three letters in support of LB834.

BLOOD: Thank you, Chair Hansen. I wish Senator Hardin were here because this is in response to what he had to say. Is that Senator Hardin? No. Darn it. This doesn't change the scope of practice. We need to clarify that. They still have to keep the same qualifications they would had had we not discussed this bill. And I want you to know that this bill didn't come about because we thought we needed another bill about dentistry. It came about because one of the professors brought it to my attention, that it was an issue that we were having trouble keeping talent here because the process was so drawn out that they would just leave. Or-- I mean, why would you, why would you want to practice dentistry and not have any hands-on experience? What would be the benefit of staying in Nebraska? There is no benefit except losing time and maybe money. And so I, I will tell you that this was a, a bill that a lot of hands were involved in. And we worked very, very, very hard to try to get everybody on board and make them happy. And I don't hear any opposition today. And I know that we want to keep talent in Nebraska and give them the same benefit that our physicians have by removing these hurdles that make it easier for them to potentially stay in Nebraska. At the very least, they'll be living here while they're doing their residencies-- I don't know if that's what they call them in the dental. Do they call them residencies? All right-- while they're doing their residency here in Nebraska. And we know what they'll be spending their dollars when the eat and playing and, and do other fun things, hopefully. And maybe they'll like us so much they'll actually stay, Senator Hansen, because we do have a lot of warm days. You know, we have more sunny days in Nebraska in, in the Omaha metro area than Houston, Nebraska-- or, Houston, Texas? It's been a long day. Houston, Texas.

HANSEN: Yeah. I'll take it.

BLOOD: OK. Let's put that on a billboard. More restaurants per capita and more car dealerships.

HANSEN: [INAUDIBLE] your next bill coming up is a, like, tourism bill or something?

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BLOOD: No. I'm just trying to end on a happy note after I was a little crabby on my last one.

HANSEN: All right. Are there any questions from the committee? Seeing none, thank you very much.

BLOOD: Thank you for your time.

HANSEN: That'll close the hearing on LB834. And we will open it up for our last bill, LB1062. And welcome up Senator Ibach.

IBACH: Well, let's pivot from dentists to veterinarians. You can hear everything here. Ready?

HANSEN: Yep.

IBACH: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Senator Teresa Ibach, I-b-a-c-h. And today, I'm here to present to you LB1062, a bill that would change provisions of the Rural Health Systems and Professional Incentives Act to include certain veterinarians. LB1062 would allow veterinarians to qualify for the already established loan repayment program to provide up to \$30,000 annually, with a cap of \$90,000 total in financial assistance for veterinarians who provide at least 50% of their services to livestock in rural areas across the state. As you may know, the University of Nebraska does not currently have a veterinarian school. Instead, the university has partnered with Iowa State University, in which UNL now provides two-year cla-- two years of classes in the preveterinarian program. And the student receives their doctorate of veterinarian medicine in-- at ISU. Since 2015, there have been 171 participants in this program, and approximately 70% return to Nebraska following graduation. Just because these graduates returned to Nebraska after receiving their DMV-- DVM does not mean that they offer services to large animal livestock producers. As I alluded to earlier, not every veterinarian will be able to qualify for this expansion of this program. Only those veterinarians who provide 50% or more of their services in rural areas to large animal services will be able to qualify. Surrounding states, such as, such as Iowa, Kansas, and Missouri all offer different types of programs to assist in loan repayment for large animal vets, and it is important that Nebraska add this tool to our toolbox in order to attract or-- and/or retain these large animal veterinarians. LB1062 also provides that a veterinarian be appointed to the Rural Health Advisory Commission, as the commission oversees this program. In the

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days leading up to this hearing, I've heard from a number of representatives from professions currently served by this loan repayment program. I will ask you to hold the bill in committee as we determine the need for any potential additional funding for this overall program. I'm committed that if additional funding is needed to keep the program solvent, I will be more than happy to champion this cause, as rural Nebraska needs additional health care providers across every profession. And I don't want the lack of funding for this critical program to be a barrier to placing needed health care providers in critical areas across rural Nebraska. Thank you for your time. I'm open to any questions that you may have.

HANSEN: Thank you. Are there any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman Hansen. Thank you for being here. And my question is, is this limited to new graduates out of school, new vets, or if you had someone [INAUDIBLE] practice.

IBACH: Currently, this program, we wouldn't grandfather in. But this would be for new graduates that, that decide to--

RIEPE: [INAUDIBLE].

IBACH: --locate here-- yeah.

RIEPE: OK. Thank you. Thank you, Chairman.

IBACH: Following their internships or their-- yeah.

HANSEN: Any other questions? All right.

IBACH: Thank you.

HANSEN: Are you going to stay to close?

IBACH: Yes, I'll stay to close.

HANSEN: All right. OK. So with that, we'll take our first testifier in support of LB1062.

BREANNA GILL: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Breanna Gill, spelled B-r-e-a-n-n-a G-i-l-l. I'm a first year veterinary student at the University of Nebraska-Lincoln. The University of Nebraska-Lincoln has

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a 2+2 program with Iowa State University College of Veterinary Medicine. This means I will spend my first year-- two academic years in Lincoln and complete my final two years of veterinary school and clinical training at Iowa State University. I am originally from Jackson, Nebraska. And a lot of you might not know where that is, and that's why Sioux City, Iowa. I hope to be a livestock veterinarian in rural Nebraska because I come from a rural area and a lot of the livestock producers in my area are experiencing a shortage in veterinarian medicine. This is due to a low number of veterinarians, and a majority of the veterinarians in my area are close to retirement age. I want to fill this void and provide these livestock producers with the health care they need to keep a healthy herd. The cost of tuition for University of Nebraska, Iowa State Veterinary School is \$28,000 per year, not including fees and books. Just the tuition alone is \$112,000. The full-time nature of this program precludes most students from working to earn any income while in, in vet school, so most students are taking out extensive loans to cover tuition as well as living expenses. According to the American Veterinary Medical Association, AVMA, the medical education debt was \$154,451 for all 31 U.S. and two Caribbean veterinarian colleges graduates in 2023. I pre-- appreciate Senator Ibach bringing LB1062 to aid in repayment of student loans for veterinarians caring for livestock in rural Nebraska due to the circumstances that I just previously mentioned. Livestock medicine is of critical importance to Nebraska. Timely veterinary care is key to detecting and preventing highly contagious animal diseases, like foot and mouth disease and avian influenza. It's also critical to maintaining a healthy, safe food supply. While the role of livestock veterinarian is important, it's unfortunately is among the lowest-earning career paths for veterinarians. The hours, the physicality of the work, and the pay are notoriously brutal. Even for those with strength and passion and grit to make a career in livestock medicine, the career pay and difficulty in repaying student loans deters new veterinarians from choosing that career path. Rural communities have suffered from inadequate access to the veterinarian needs to care for livestock for many years, and LB1062 is a key policy solution that will help address the challenge. Meaningful loan repayment programs are a key factor in influencing job placement and career decisions. I appreciate your consideration. And I would be happy to take any questions.

HANSEN: All right. Thank you. And you kept it under five minutes. That was good.

BREANNA GILL: Yep. My pleasure.

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HANSEN: Senator Riepe.

RIEPE: Thank you, Chairman Hansen. My question is this-- and thank you for being here. Thank you for your interest in veterinarian medicine because I, I know and understand it is-- I understand it's harder to get into medical school than it is to dental-- or, veterinarian school.

BREANNA GILL: Yep.

RIEPE: And it pays less when you get out, so--

BREANNA GILL: Yep.

RIEPE: Good for you.

BREANNA GILL: Thank you.

RIEPE: Are you guaranteed a slot at, at Iowa State?

BREANNA GILL: Yes. Through the 2+2 program, you're guaranteed a slot. You just join. We about-- have about 29 students at UNL currently, and my class will automatically join the 160, I believe [INAUDIBLE].

RIEPE: As long as you maintain a certain--

BREANNA GILL: Yep. As long as you get the required GPA and all the courses met, you'll just move over there after the two years.

RIEPE: OK. That's great. My second one is-- just a curious question is, do veterinarian-- once you graduate, do you have a residency program?

BREANNA GILL: It depends. You can. But majority don't unless they're going to be board-certified. With that, you would do residency programs, but not a lot do.

RIEPE: OK. Will you have an opportunity to move, say, over-- or, work over summer with one of your vets back-- close to home?

BREANNA GILL: Yep. So in between the first and second year and the second and third year, you still have your summers off, so you still have time to go and do internships. Some choose to go back home and work their-- with their veterinarians, but some also choose to leave the state and go experience different things.

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RIEPE: I would assume you're going to work with-- if your interest is in big animals, you don't want to work with poodles.

BREANNA GILL: No. Preferably not, no.

RIEPE: OK. Thank you.

HANSEN: All right. Any other questions?

WALZ: I--

HANSEN: Senator Walz.

WALZ: This is really interesting to me. Thank you for coming today.

BREANNA GILL: Mm-hmm.

WALZ: I am just wondering, how come you have to go to Iowa State? We don't have a, a program here-- can you explain that a little bit?

BREANNA GILL: No, we do not have a program. We don't have a specific college of veterinary medicine. We have the facilities and the teachers to supply you with the first two years, which are basically your in-class learning about just anatomy, physiology, and just the basics of what you're going to be doing. But we don't have the facility to supply the last two years, which is more clinicals, surgery, hands-on kind of stuff.

WALZ: OK. That's interesting. And no residency.

BREANNA GILL: No. Not necessarily.

WALZ: OK. Thank you. Thanks for coming.

BREANNA GILL: Yeah.

HANSEN: Sounds like a bill for next year. Any other questions? All right. Seeing none, thank you for coming and testifying. Appreciate it. We'll take our next testifier in support.

RICK COCKERILL: Good afternoon.

HANSEN: Welcome.

RICK COCKERILL: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Rick Cockerill,

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C-o-c-k-e-r-i-l-l. And I'm here to testify in support of Senator Ibach's LB1062. I am testifying on behalf of the Nebraska Veterinary Medical Association. First of all, thank you to Senator Ibach for her efforts to solve what has become a pressing problem in Nebraska. And thanks to your committee for the opportunity to address you today. To underscore the issue facing rural communities, I want to first note that the United States Department of Agriculture has created a map of-- designating veterinary shortage situations. Nebraska has seven of these designations covering 17 counties, and all of them are in the area of titled rural food animal medicine. What's more, these shortage areas are designated as type two areas, where the USDA estimates that a pract-- practitioner can only afford to commit 30% of their practice time to large animal medicine in order to operate profitably. Thus, if we want practitioners to practice in rural areas and commit to this type of hard work while repaying loans, programs like this have to exist. I was a rural veterinary practitioner in Nebraska for 35 years. If producers do not have a local veterinarian to rely on for their operation in emergency situations, this can be costly and a lot of times unfavorable outcomes. Ensuring more veterinarians are given the opportunity to practice in rural Nebraska while having a tool to repay their student loans, Nebraska has a chance to increase the care availability to livestock and poultry, but also address food safety and public health concerns in these communities. Thank you for your support of this legislation. With agriculture being the largest industry in the state of Nebraska, this will help ensure rural Nebraska is able to remain a global provider of animal products and a leader in meat production. Thank you.

HANSEN: Thank you for coming to testify. Are there any questions from the committee? All right. Seeing none, thank you very much.

RICK COCKERILL: Thank you.

HANSEN: Take our next testifier in support.

Used where there's a shortage. All these.

Interesting. So much.

HANSEN: Welcome.

JARED WALAHOSKI: Good afternoon, Chairman Hansen and members of the Human Services Committee. My name is Jared Walahoski, J-a-r-e-d W-a-l-a-h-o-s-k-i. I'm a doctor of veterinarian medicine currently

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working in, in a practice in Overton, Nebraska. I'm also the chairman of the animal health committee for Nebraska Cattlemen. And I'm testifying today on behalf of the membership of this organization and the Agricultural Leaders Working Group, which consists of elected leaders from the Nebraska Farm Bureau, Nebraska State Dairy Association, Nebraska Cattlemen, Nebraska Corn Growers Association, Nebraska Pork Producers, Nebraska Soybean Association, Nebraska Wheat Growers Association, and Renewable Fuels Nebraska. We thank Senator Ibach for bringing this legislation. Our members have had concerns for quite some time that there are not enough large animal veterinarians around the state. While some areas are well-served, we hear from members every day about the challenges of finding a veterinarian in some of our less served areas. There are many factors that affect large animal vets who serve the livestock industry in our state. Students in vet schools currently are predominantly tracking in small animal or companion animal medicine. Working on large animals can be more physically demanding and a higher physical risk in day-to-day operations. There are times when large animal vets in rural areas are also the primary emergency care providers for any and all animals, including companion animals. And some of those calls have to happen on-site on weekends, nights, holidays, et cetera. Profit margins for large animal veterinarians can be smaller as well. Any legislation that incentivizes more large animal vets is appreciated. We are falling behind every year in having adequate new vets serving in the largest segment of our economy in Nebraska, which is putting more burden on the existing vets in practice. The members of Nebraska Cattlemen and the Ag Leaders Working Group encourage you to support this legislation. Thank you for your time. And I'm happy to answer any questions.

HANSEN: All right. Thank you. Senator Riepe.

RIEPE: Thank you, Chairman Hansen. Thank you for being here. My-- first question-- I have two-- would be, are you a graduate of the Nebraska-Iowa State?

JARED WALAHOSKI: So I'm old enough now that I am from the Nebraska-Kansas State--

RIEPE: [INAUDIBLE].

JARED WALAHOSKI: --agreement. So I did my four years of undergrad in Lincoln, and then the full years-- full four years at K State.

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RIEPE: The other one's a little bit more interesting, and that is because I have heard this has happened. Have you ever delivered a baby? And, being a veterinarian, that you were the most qualified person around in a emergency?

JARED WALAHOSKI: Not yet.

RIEPE: Not yet. OK. Just--

JARED WALAHOSKI: Five, five of my own, so I, I'm-- I could be close.

RIEPE: You didn't deliver those five?

JARED WALAHOSKI: No, no. But I was present.

RIEPE: OK. You, you know the source.

JARED WALAHOSKI: Yeah.

RIEPE: OK. Thank you.

HANSEN: Here at HHS, we have-- we are very investigative. Hard-hitting questions [INAUDIBLE].

RIEPE: Curious. Curious.

HANSEN: All right. Any other questions? Senator Ballard.

BALLARD: Thank you, Mr. Chairman. Thank you for being here, Doctor. So Overto-- so what's your radius that you cover from-- to treat large animals?

JARED WALAHOSKI: So our practice radius, we overlap several other clinics, but it's probably 80 miles, roughly, from one end to the other. So on any given weekend, I might be in Eustis in the morning and end up north of Pleasanton in the afternoon. And then we have multiple clients who have pasture locations one to three hours from our local site. And it's much easier to send me to the cows than bring the cows to me, so.

BALLARD: And that's pretty common, that 80 to 100 mile?

JARED WALAHOSKI: In our area, yeah. Some some are smaller, some are not. But if you go west, that distance increases significantly.

BALLARD: OK. Thank you.

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HANSEN: Senator Walz.

WALZ: I'm just curious. Do you have any idea, any idea how many veterinarians-- how many more veterinarians could be utilized or are needed?

JARED WALAHOSKI: I was at a meeting not very long ago. There were approximately a dozen of us representing different practices. And if you just walked in and said, I want to be a food animal vet, I can start tomorrow, there would've been 10 to 12 hands in the air. Most of the clinics that we are near are either looking, you know, at retirement-- or, in our case-- looking to expand. You know, we're, we're a five-man practice now. At one point, we were seven. We're trying to get back to that. But recruitment is hard. As I said, the student allocation is predominantly small animal or companion animal in vet schools. Mo-- we would-- we do a lot of work with interns. You know, they, they don't have a specific residency, but during their senior year, students are encouraged to do internships with clinics in the area that they want to go to. And we see students from all over the country. Most of them, their reports are anywhere from 5% to 10% that actually have an interest in food animal and, and, and anything other than companion animal medicine. So it's a pretty small pool that we're trying to pull from. And some of them, you know, from many states away. We actually have a recent grad from Georgia who we, quote unquote, outlast the cold.

WALZ: Can I just ask one more quick question? And then I'm curious, are there any that you know of-- and maybe you don't-- are there any high-- opportunities for high school kids to start-- I don't know if you call it internships or-- like, work with veterinarians while they're in high school?

JARED WALAHOSKI: I would say most of the practices, if somebody came in from high school and said, I'm interested in being a vet. I want to ride with you. You know, there, there would be very little opposition to that. Our clinic, we have multiple high school kids. We have kids that are looking at going into the 2+2 program that are currently freshman and sophomores at UNL. We're going to have three or four of those this summer, you know. So trying to get them that work experience so they can see kind of what they're in for and hopefully highlight some of the positive things that'll draw them in that direction.

WALZ: Yeah. Thanks.

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HANSEN: Any other questions? All right. Seeing none, thank you very much.

JARED WALAHOSKI: Thank you very much.

HANSEN: Is anybody else wishing to testify in support of LB1062? Anybody else in support? All right. Is there anybody that wishes to testify in opposition to LB1062? Anybody who wishes to testify in a neutral capacity? Welcome back.

DANIEL ROSENQUIST: Good afternoon, Chair Hansen and members of the Health and Human Services Committee. My name is Dr. Daniel Rosenquist, D-a-n-i-e-l R-o-s-e-n-q-u-i-s-t. I'm a family medicine physician in Columbus and the immediate past president of the Nebraska Medical Association. I'm testifying today on, on behalf of the NMA. In its current form, LB1062 would expand eligibility for the Rural Loan Repayment Program to veterinarians, but the bill does not appropriate additional funding to the program. This is a very strong concern to the NMA. The need for health care providers in rural Nebraska is only growing, and the loan repayment program is an important tool for recruiting physicians, nurse practitioners, physician assistants, dentists, and other practitioners. The program works well. It has been very successful. The Rural Health Advisory Commission, which makes the awards, reports a 92% success rate. In rural areas, approximately 40% of family medicine providers have participated in these incentives. In recent years, the Rural Health Advisory Commission has been able to make progress in finding a substantial waiting list that existed prior to 2021. In 2021, the Legislature increased funding to the pro-- loan progr-- repayment program by \$1.5 million. This allowed all providers on an existing waiting list to be funded and the number of current participates-- and the, the number of current participants in fiscal year 2022 was more than doubled, with an increase from 71 to 153 active participants. Available funding was temporarily increased again in fiscal year 2023 with the addition of \$5 million in ARPA funds. These ARPA funds were obligated almost immediately by October of 2022. With my testimony, I've handed out an excerpt from the Rural Health Advisory Commission's 2023 annual report. As you can see from Chart 1, the demand for a loan repayment program remains very high. The curr-- program currently has 192 active participants under obligation in Nebraska. While the temporary infusion of ARPA funds has allowed the Rural Health Advisory to fund additional awards and to carry over some cash reserves that were expected to run out, that ARPA funding was a temporary infusion. Chart 2 gives you a picture of the program's budget after those ARPA funds are spent. While we want to be good

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partners with our colleagues across the rural health care community, the NMA is concerned that expanding funding eligibility to veterinarians without additional funding will divert funding from other practitioners that are greatly needed in rural areas. The NMA is neutral on LB1062 with-- due to Senator Ibach's commitment to working through concerns about ensuring adequate funding through the loan repayment program. From the standpoint of the NMA, it would make sense to limit this proposal to s-- to a pilot, something like Senator Walz has proposed with the amendment to LB1015, which was discussed earlier today. We appreciate Senator Ibach's willingness to have that conversation. We also appreciate her request that you hold the bill in committee until these concerns are addressed, and we ask that you do the same. Thank you for your time. And I'm happy to answer questions.

HANSEN: All right. Thank you for that. Are there any questions?
Senator Riepe.

RIEPE: Yes. Thank you, Chairman Hansen. Thank you again for being here. Well, the ARPA funding is another area that I lack any expertise and some limited knowledge. But my question would be this: were they immediately dispensed out of fear that the deadline for-- so the, the ARPA funds went to the top of the pile, if you [INAUDIBLE]--

DANIEL ROSENQUIST: I think we--

RIEPE: --spent--

DANIEL ROSENQUIST: I think we were probably able to expand the breadth of number of pat-- of participants by, by allowing that. And I think that knowing that there was an infusion, I think-- I don't know. I can't tell you what-- if there was an increased num-- number of applicants or not.

RIEPE: So it was kind of a temporary boom, maybe. OK. Thank you. Thank you, Chairman.

HANSEN: Any other questions? Seeing none, thank you for coming. Anybody else wish to testify in a neutral capacity? All right. Seeing none, we'll welcome back Senator Ibach to close. And we did not receive-- we received no letters in opposition or support.

IBACH: Good. Well thank you, committee. Thank you, Mr. Chairman. I would also like to thank Ms. Gill for giving us her testimony. And Mr. Cockerill. They're very valuable. And I would also thank Dr. Walahoski because he is one of our operations veterinarians, so I appreciate his

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testimony and not telling too many stories of it about us. I would also just add that, with regard to numbers, which you were mentioning in a different context, but, Colorado currently, if you want to know in, in perspective how many vets we are, are in need of in Nebraska. Colorado has 2,340 currently. Iowa has almost 3,000. And Nebraska has 780. So that kind of demonstrates the immediacy and the, and the, the need for our rural veterinarian population. I would also thank Dr. Rosenquist because, as I mentioned above, every profession is important in rural health. And I would, I would not want to compromise the amount of money in the fund, but I would also draw your attention to how important and necessary it would be to diversify some of those funds and maybe meet more needs than just rural health. So anyway, thank you again. I appreciate the opportunity to, to visit with you about veterinarians. And appreciate your consideration for this bill. Thank you.

HANSEN: All right. Thank you. Any questions? Seeing none, thank you very much.

IBACH: Thank you.

HANSEN: All right. That will close our hearing on LB1062 and close our hearings for today. Thank you.