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Health and Human Services Committee March 20, 2024
Rough Draft

HANSEN: OK. OK. All right. Well, good afternoon, everybody, and welcome to the Health and Human Services Committee. My name is Senator Ben Hansen. I represent the 16th Legislative District in Washington, Burt, Cuming, and parts of Stanton Counties, and I serve as Chair of the Health and Human Services Committee. I know, as we kind of move along here, senators might be shuffling in and out because we'll be starting session here and some people are working on different things. But, but for now, we do-- I'll invite other members of the committee to introduce themselves and-- with Senator Riepe.

RIEPE: Start and finish here.

HANSEN: Yes, that's right.

RIEPE: Merv Riepe, I represent District 12, which is Omaha and the little town of Ralston.

HANSEN: And Senator Ballard, he was in here. He stepped out for a second, but he might be coming back here too. Also assist-- assisting the committee is our legal counsel-- or, research analyst, Bryson Bartels; our committee clerk, Christina Campbell. And the committee page for today is Julie. So today, we will be hearing five gubernatorial appointment candidates. These candidates have been appointed by the Governor to positions around the state. Some are calling in by phone, but we do have two here in person that we will start off with today. And so we would invite J. Paul Cook with the State Board of Health to come up and introduce themselves, tell us about his-- the position he's running for, you know, a little bit more about yourself. And, and we can have a little time for questions and move forward after that.

J. PAUL COOK: Yep. Good afternoon. Thank you for the invitation.

HANSEN: Thank you.

J. PAUL COOK: Yeah. Paul Cook. I'm a private practice family physician. Office in west Omaha. And grew up mostly in Omaha. Graduated Burke High School. I was a little kid up in Wayne, Nebraska, Wayne and Laurel. Did a few years in Burt County. So I've sort of been around the state, the cities and the towns. I've been in private practice now as a family physician since 2000. And joined a small practice. The man who had started it brought me on. And then he and I were partners for the last 24 years. He has retired last summer, but-- got a wife and four kids and eight grandchildren.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

HANSEN: All right. OK. Well, are there any questions from the committee? Senator Hardin.

HARDIN: Have you had an opportunity to kind of look at the scope of potential challenges with what you're looking at-- educate us about what you think, oh, wow. This is going to need some help, in terms of-- what, what does that look like with the State Board of Health as far as you've been able to gather from your perspective?

J. PAUL COOK: Oh, that's an interesting thing. I think maybe the most profound issue that I've been aware of now, just recently came to my attention, is the potential to rework regulation and credentialing for various health professionals and para health professionals, who's allowed to be considered certified or credentialed to do certain procedures. And I think there's a fractionation of, of health care that used to be centered around MDs and hospitals, and, and it's just been split into lots of subservices. And so some of the areas of work and what's needed to be considered competent to-- needs some definition. And there's work on that apparently already. I've been to one board meeting, and that's what came up there that interested me the most. Yeah.

HARDIN: Do you sense that's because of the changing landscape of the need to kind of push various scopes of practice down the line? Is that what's going on?

J. PAUL COOK: That is going on, for sure. I think it's also just maybe market demand for other services that are kind of almost medical but not quite, or they're partly medical but also esthetic, for example. And now some treatment plans or treatment devices and some chemistry-- sometimes pharmaceuticals, sometimes just fluids and nutritional things. There's a very interesting overlap of that-- I think we used to largely consider that under the purview of medicine. And that probably overwhelms medicine. And we don't get trained in all of that in traditional medical school. And so others are starting to fill this gap. That's a demand that's created, I think, really from the grassroots. And yet that can end, you know-- a person somehow trained but not certified trained or at a certified school might have excellent skills but now, where are their boundaries? And so I think it's-- yes. It's a supply and demand problem in a sense, the demand for some interesting new services. But then how can we make sure that's delivered in a relatively safe way? There is a pushing down also-- like, doctors are too expensive, systems now have to think cost, so what privileges can be granted to the nurse practitioners or

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

the physician assistants. And, and that now is within traditional medicine but not traditionally fully medically trained. Yeah. Chiropractors also, you know. Yeah.

HARDIN: Thank you.

J. PAUL COOK: Yeah.

HANSEN: Senator Riepe.

RIEPE: Thank you, Chairman Hansen. Have you had an opportunity to sort of look at the Board of Health and try to see where its strengths and, and weaknesses or opportunities for improvement happen to be? Do you have any-- have you had a chance to reflect on that at all?

J. PAUL COOK: I've reflected, I guess, and I've asked some questions. I haven't come up with any answers that I can say are very intelligent or satisfactory in my own musings. I've asked people on the board, well, what are we supposed to do here? And it's rather perhaps ill-defined or poorly understood, I would say. And so it really depends who you ask. The answer you get about, what are we called to do? I guess, therefore, I'm in the process of finding that out. At a committee meeting, there are certain specific questions come up. Well, that defines the day, but I don't know if it defines the future, you know. And I don't really have a good answer to that question. Yeah. I only found out I was appointed-- I, I guess I was appointed on January 1. I didn't find that out until February 10. So then--

RIEPE: Communication is a little slow?

J. PAUL COOK: Yeah. It's, well-- government.

HANSEN: It is government.

J. PAUL COOK: So lots of layers and different compartments of people who need to trigger action and then make sure the communication gets out, and. It gets-- it's complicated. So anyway, I was kind of surprised to learn-- I got a text from someone who did know: congratulations, you've been appointed. And I said, oh, wow. If you're the first to know, I'm the second.

RIEPE: Maybe you should--

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

J. PAUL COOK: So anyway, that-- maybe that's my excuse for not having given that particular question very deep thought. I think all the time. I'm not sure how deep it ever gets, but yeah.

RIEPE: Do you have-- may I have another one?

HANSEN: Yeah. Yeah.

RIEPE: All right. Do you have any reflection on how we handled the-- COVID in the state of Nebraska? Because the Department of Health had to be involved in that.

J. PAUL COOK: Yeah.

RIEPE: Did we do great, fair, or fall short of the glory of God?

J. PAUL COOK: That's a good question. Not very well.

RIEPE: Yeah.

J. PAUL COOK: Yeah. I'd say poor.

RIEPE: OK.

J. PAUL COOK: Yeah.

RIEPE: I want to add: you look awfully young to be a grandfather, but good for you.

J. PAUL COOK: I started young.

HANSEN: And I was going to ask a, a similar question and just maybe clarify that the-- your-- this is a newly appointed position for you, right? You're not--

J. PAUL COOK: Yeah. I was-- to finish the term of my predecessor, yeah.

HANSEN: OK.

J. PAUL COOK: Yeah. So now, if you approve, I'm on till August, I think it is.

HANSEN: Yes. Any questions?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

J. PAUL COOK: That reflection on what does the board do-- I don't even know how long a term is, you know. I know I'm in till August, but I don't know anything else beyond that.

RIEPE: It's like a judge. It's a lifetime appointment.

J. PAUL COOK: Yeah.

HANSEN: Could you apply again at the, at the term? Have you thought about that much at all or, like, continue that--

J. PAUL COOK: Oh--

HANSEN: --appointment?

J. PAUL COOK: --yeah. I mean, when I was invited to put my name in, it was a bit of a dilemma because I'm not sure if I want to get very involved in controversy. I've had a little taste of that, and I don't really thrive on that. And also, my plate is full, so I wasn't sure I could do it justice. And then on the other hand, I thought, well, maybe I have something to contribute in some situation, so therefore I, I should. The process-- you know, this started for me about a year ago-- was that initial conversation and then me debating. And I said, well, I can think about it while I apply. So I got the application going. Again, I didn't hear anything till February 10. I assumed that, you know, they just passed me by. So I got all these congratulations. And, oh, no one's even told me yet. Anyway.

HANSEN: OK.

J. PAUL COOK: I'm not sure why I got rambling that way.

HANSEN: That's fine. Are there any questions from the committee, though? Just to make sure. All right. Good. So the process is-- obviously, we'll have an Executive Session with our committee--

J. PAUL COOK: Mm-hmm.

HANSEN: --vote these out of committee or keep them within committee. Kind of depends on what we decide. Typically, they kind of move forward.

J. PAUL COOK: OK.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

HANSEN: And then they'll go on the floor usually as, like, as a package of State Board of Health, as stem research-- so we kind of move them together as a group for the-- all the members on the floor to vote, vote on. And then it'll move forward from there on, so.

J. PAUL COOK: OK.

HANSEN: Just to kind of let you know the process [INAUDIBLE]. And it should all--

J. PAUL COOK: Yeah.

HANSEN: --happen this year by the time--

J. PAUL COOK: Yeah.

HANSEN: --we're done.

J. PAUL COOK: Floor vote, if everything goes smoothly, would be approximately--

HANSEN: Well, we'll be done-- it'd sometime between now and whenever-- whenever we adjourn on-- it's the 60th day, which is about the second week in April.

J. PAUL COOK: Yeah. OK.

HANSEN: So hopefully we can get them up sooner rather than later.

J. PAUL COOK: Yeah. You know, I was invited to this first meeting, first for me, the BoH. And I said, well, I'm not sure I should even be there. I hadn't been approved yet. So they say, no, you can come to these meetings and-- pending approval, so. The, the timing doesn't matter that much, I guess.

HANSEN: OK. Well, we appreciate you coming here, so.

J. PAUL COOK: Yes.

HANSEN: All right.

J. PAUL COOK: Thank you very much.

HANSEN: Yeah. Thank you very much.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

J. PAUL COOK: And thanks for your service, all of you. Appreciate it very much.

HANSEN: Thank you. All right. So we'll move on to the next appointment, and that'll be Daniel Rosenthal, State Board of Health. You're the next contestant.

DANIEL ROSENTHAL: Daniel Rosenthal, R-o-s-e-n-t-h-a-l. Live here in Lincoln. Originally from the Columbus area. This is my second term. I was appointed during COVID, which is a challenge. I'm a civil engineer, one of the nondoctors or medical people on, on the committee-- or, the Board of Health, which I feel brings a different perspective for a lot of different things. I ask a lot of questions and sometimes don't vote with majority just because, you know, not sure if it's because they're medical doctors and I see it from a different slant or something. But I know you're asking some challenges on the Board of Health. I am the committee chair for the credentialing committee, committee, and I've had-- I've chaired two hearings, one for optometry and one for, right now, currently hearing impaired or hearing specialist. And the big challenge for us is-- and I think it's probably a challenge for you guys too just by the committee today-- people want to Zoom in. They don't want to be here on-site. So as we go around the state and asking for volunteers from whether it's a nursing home or another medical facility, for them to come to Lincoln's a real challenge. So we have-- I'm usually the only person from the committee site at the meeting and everybody else is on Zoom. And they-- typically, you don't see their face or get questions from it. So that, that's really a challenge. And I don't know how we ask somebody to volunteer their time and force them to come to Lincoln for a meeting unless we'd have meetings maybe in other parts of the state or something. You know, this is a volunteer thing for me, so not sure I want to, you know, take two days to run out to Kearney or something like that. But those are some challenges that we have. And then through that process, we are looking at-- and I'm on the subcommittee looking at the 407 process, and that's a real challenge. You know, people-- applicants are asking us questions. And the 407 says one thing over here and says something different over there. And so I think we agreed in our last meeting that we're probably going to come back for state statute changes. And people want to stay away from that, but we're-- we have to look at it long term. We can't look at it short, just put a Band-Aid on it and have an executive-- you know, have the director make some changes. We need to do statute changes. So hopefully in 2025, maybe one of you senators might be the person who

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

carries the bill forward, but stay tuned for that. I guess, you know, I just spoke too much, but maybe you guys have questions for me, but--

HANSEN: You know, I, I, I think-- and I'm kind of glad you brought that up because that was going to be a question I was going to propose to you as well, was the 407 process. And us as a committee, we're actually planning on doing a committee interim study on the 407 process. So that might be a perfect time for yourself or others to come share your concerns about how we can improve upon the 407, what kind of statute changes we can make to, you know, make the process easier-- not easier, but maybe more specific if we need to or--

DANIEL ROSENTHAL: Yeah. I guess I don't know your guys' process. Could it be more baby steps? Does it have to go right to the hearing process or the committee process? Or could it be kind of a just a, a lunch and learn type thing? Let's just sit down and talk about the things and then see where we go from there.

HANSEN: It kind of depends, and I think that's some of the questions we're hoping to flesh out with the interim study. It's like, what kind of steps do we need to take? Do we need to take more larger steps such as statute changes? Or do we need to take more specific, smaller changes among the Board of Health or among the Technical Review Board or the chief medical officer? You know, those kind of things, right? So I think we need to find out-- we need to find out just holistically, kind of, you know, if there are issues and where they're at. So then not just us as a committee feel comfortable with the 407 process and have confidence in it, but then you as well do.

DANIEL ROSENTHAL: Right. So one of, one of my-- and it's public record. I spoke about this in our meeting a couple weeks ago-- is, is, in my mind, we go through this whole process to put me on the board, if it's me, so that I'm your eyes and ears on what's happening. So then we go through all these 407 review processes. We go through all these public hearings. We get all this public input. We-- I take it to the board. The board asks questions. The board approves it or disapproves it. Goes to the next level. Then somebody else who's not involved says no. It's like, what the heck was that? Why, why did we go through all this work, all this time and effort, for one person to say no? I think that person should be up-front in these hearings and giving their input during a public process so everybody knows what's being said. And then yay or nay. Then we take it to the board. The board approves it. The-- comes to the Legislature to approve it.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

That's, that's my proc-- that's my thought. And I think that's kind of what we've agreed to.

HANSEN: I think that's what we're looking for as well, maybe a little more interaction between the 407-- the people who are making [INAUDIBLE] 407 and our ability to maybe ask questions or why people came up to that decision.

DANIEL ROSENTHAL: Exactly.

HANSEN: So it's not like, well, they just passed it. Well, who? And then, why? And then, why did some people vote for it and why did some people not vote for it, right?

DANIEL ROSENTHAL: Right.

HANSEN: And then I think that's our job as a committee then is to establish what we feel confident in. And so then the Legislature as a whole feels confident in what we're-- decisions we're making on some of these scope of practice changes, which maybe only one or two people in the whole body might know anything about.

DANIEL ROSENTHAL: Right.

HANSEN: So-- and I think that's what we're trying to hopefully kind of clarify with the interim study, so.

DANIEL ROSENTHAL: I think we're all on the same page. And I think the board is on-- what we're all discussing here is let's make this work and let's get it-- flesh out all the, you know, things that just seem like it's back and forth, back and forth, and nobody-- just like the, the one committee I'm on for the hearing impaired-- or, the hearing specialist. It's like-- it seems like they are out of their means, so to speak, because there's opponents are telling them things. They keep changing their mind. And so our next meeting is, I think, on April 2. We got to cut to the chase. Either we're going to vote to move this forward to a public hearing or it's going to die.

HANSEN: Yeah.

DANIEL ROSENTHAL: Because it's been almost a year and--

HANSEN: And there may need-- there may need be-- may need to be time lines put in place so it's a little more structured maybe. So it's not taking a year--

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

DANIEL ROSENTHAL: Exactly.

HANSEN: --year and a half or longer and say, OK. Once a 407 is initiated, it's going to be three months or six months before a final decision is made. So maybe some-- maybe more guardrails in place.

DANIEL ROSENTHAL: Right.

HANSEN: But again, that's some more stuff we'll discuss probably in the interim, so.

DANIEL ROSENTHAL: Right.

HANSEN: I'd be happy to have your opinion in there on the interim--

DANIEL ROSENTHAL: Yeah. I know one applicant, potential applicant, spoke at our last meeting and they said they're going to wait. They don't want to go through this current--

HANSEN: Yes.

DANIEL ROSENTHAL: --process. They want to wait until after it is all fleshed out--

HANSEN: Yeah.

DANIEL ROSENTHAL: --so that they know what's going on, so.

HANSEN: We want people to be confident in the process, so. Any other questions from the committee? Senator Walz.

WALZ: Thank you, Chair Hansen. You said-- you were talking about the one person who might come up and say no. What-- like, where did the--- where does that person come from? Are you talking--

DANIEL ROSENTHAL: Well, it's e-- either the chief medical offic-- officer or the head of-- that, that's kind of the, are we on the same page as far we're-- who you're asking?

WALZ: So you're talking about throughout that 407 process stuff?

DANIEL ROSENTHAL: Right. So there's a, there's a big-- there's a big disconnect the way this-- I think the statute or the regs are written. It either says the med-- chief medical officer or the director of Health and Human Services. Sometimes it's both. So sometimes if there's not a chief medical officer, it's the director of, of Board of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

Health. Or if there's not a Board of Health-- so it's like, who's running the show here, you know? And so this is per-- probably, in my personal opinion, that person needs to be up-front, in the meetings, in discussions, facing the community, having these concerns or questions, not after-- like I said, here's the process. Right now today, I'm here at a public hearing or a discussion in front of the committee. I get voted on. Why do I get voted on? What's my role? My role is you trust me enough to do my job. And then we all-- what is it, 15 peo-- or, 13 people, we all have that role and we-- go through the public hearing process, we do all that work, then we vote to move it forward.

WALZ: Right.

DANIEL ROSENTHAL: And then to have somebody who either has a heartburn or something for somebody or something deny it doesn't make any sense.

WALZ: Yeah. Yeah. No, I agree with Senator Hansen. It'd be nice to have you there at that hearing.

HANSEN: Yeah.

WALZ: [INAUDIBLE].

HANSEN: Yep. We'll have to put our heads together, so. Any other questions from the committee? All right. Seeing none. Thank you very much, actually--

DANIEL ROSENTHAL: You're welcome.

HANSEN: --for your input. And that helps us out a ton, so.

DANIEL ROSENTHAL: I appreciate all you guys do. I know it's, it's maybe not romantic all the time, but it needs to be done. So I appreciate that.

HANSEN: Likewise. Thank you.

DANIEL ROSENTHAL: Thank you.

HANSEN: All right. All right. So now we'll move on to Stem Cell Research Advisory Committee. We got three of those. And they're all currently on the, on the phone right now. And we will start with the first one. And I'm sorry if I pronounce this name wrong. Ru Yi? The Stem Cell Research Advisory Committee. Are you on the phone right now?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

RUI YI: Can you hear me?

HANSEN: Yes. Yep, we can.

RUI YI: All right. It's Ray. It's Ray Yi, but you get very close.
Thank you.

HANSEN: OK. Sorry about that. But yeah, if you can fill us in a little bit about your role or if, if you're new-- if this is a new appointment or if you've been on the, the committee before, and a little bit of a background and maybe why you're running for it. And that'll give us a chance to answer some questions.

RUI YI: Yeah. Well, thanks, everyone. And-- so this is actually, I think, a renewal. I, I believe I joined the committee in 2017 while I was a professor at the University of Colorado at Boulder. And now I'm a professor at Northwestern University Feinberg School of Medicine. So my research concerning study of skin stem cells and hair follicle stem cells. We study all the aspects of hair follicle, stem cell maintenance, activation-- meaning hair growth-- and [INAUDIBLE], meaning hair loss. So I was recruited to the, committee basically be to help to review the grant that I-- I think it's tremendous, valuable for really the research community in Nebraska and I really see my own, you know, evaluation [INAUDIBLE] lot of very talented researchers in Nebraska that benefited from this [INAUDIBLE] fantastic research team [INAUDIBLE] stem cells and to go on to reacquire federal funding. I don't know if anything else you want to get from me.

HANSEN: No, that, that's actually pretty good. That's kind of what we're looking for, is just a little bit of your background. And that gives us a chance to a-- ask some questions then, so. If I, if I could-- so-- and just, and just to clarify, is this a-- are-- have you been on the board current-- currently or is this, is this new for you?

RUI YI: I'm currently on the board. I'm on the board since I-- like I said, since 2017.

HANSEN: That's it. OK. All right. I just wanted to clarify for the committee. So that's good. That, that's helpful. Are there any questions from the committee? Senator Hardin.

HARDIN: Dr. Yi, tell us: with stem cell research, what are you seeing going on with stem cell research? What are the, the, the edges, what are the parameters of what you are excited about?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

RUI YI: Yeah. I think that, that's a great question, right? Stem cell research I think really in a-- right now in a critical time, transitioning towards I would say basic research to hopefully regenerative medicine, meaning we hope to not only learn knowledge about stem cells but be able to manipulate them to hopefully help our human patients. There are really many facets of this effort, I think, you know, both nationally and internationally. So maybe I'll give you a little bit of personal feeling what I have right now. So before I was in University of Colorado at Boulder, I mean, the undergrad campus-- so we mostly used a mouse as a model [INAUDIBLE] stem cells. And now since I moved to Northwestern, I very closely collaborated with dermatologists so we can get stem cells from both mouse and, more importantly, from humans so we can directly inter-- interrogate the similarity or differences between mouse and human stem cells and learn. We're trying to figure out a way to see if the study we've done in mouse can be translated into human, to benefit [INAUDIBLE] patient. So I think right we're at a really good time. You've probably heard about genomics, artificial intelligence, and other technology that's available right now. I think everything really makes this field at a really critical juncture. I think we're going to-- my guess in the next five to ten years, you're going to see some stem cell-related therapies that are going to be used on a patient.

HANSEN: All right. Well, thank you for answering that. Is-- are there any-- other questions from the committee? All right. Seeing none. And Dr. Yi, just like I mentioned before-- and for everybody else on the phone-- on the, on the phone right now-- is this will give us a chance then to kind of review your application and discuss it amongst ourselves as a committee in Executive Session and vote, and vote on it. And then if it moves forward, it'll go on to the body for final confirmation among the entire Legislature, so. I appreciate you being on the phone with us and answering some of our questions.

RUI YI: Great. Thank you.

HANSEN: Thank you. All right. And now we will move on to David Owens, again with the Stem Cell Research Advisory Committee. David, are you on the phone?

DAVID OWENS: I am. Good afternoon.

HANSEN: Yeah. Good afternoon. All right. Well, you can begin. Again, just give us a little bit your background and, and maybe a little bit

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

of why, why you're running for the board-- or, the research committee. And [INAUDIBLE] give us a chance to ask some questions.

DAVID OWENS: OK. Happy to. So I'm an epithelial cell biologist by training. I started my faculty position in-- at Columbia University in 2003. And I'm, I'm still [INAUDIBLE] one here. And my lab-- or, my research interests are divided between skin cancer, multiple forms of aggressive skin cancer, stem cells in the skin, and also the tumor microenvironment. So we, we work on a population of stem cells in the skin, in the adult skin that regulate our sense of touch. And so we're, we're invested in trying to understand why the [INAUDIBLE] as we age and we lose our sense of touch. So I was initially appointed to the committee in 2021. So my first term ran from 2021 to 2023. And so this is my first reappointment hearing.

HANSEN: OK. Well thank you. Are there any questions from the committee? Seeing none. Looks like you're off the hook. That's nice. So I appreciate your involvement in, in, in the past and-- on the committee. And look forward to kind of hopefully moving this forward and for your reappointment.

DAVID OWENS: OK. Well, pleasure talking to you. Thank you very much for your time.

HANSEN: Yep. Thank you. All right. And finally, we'll move on to Dennis Roop with-- again, with the Stem Cell Advisory Committee. Dennis, are you on the phone there?

DENNIS ROOP: Yes.

HANSEN: All right. Well, you're last up, so. Go ahead and give us some background and, and [INAUDIBLE] ask questions if we have any.

DENNIS ROOP: Dennis Roop. I'm a professor at the University of Colorado School of Medicine. I've actually been on this committee since it was originally formed in 2009. So I research [INAUDIBLE] and that a lot of [INAUDIBLE] basic science lab [INAUDIBLE]. And I'm-- we're currently working on developing a stem cell therapy [INAUDIBLE] skin clustering diseases that can actually be fatal. So there, we actually [INAUDIBLE] correct the defect. And we differentiate the [INAUDIBLE] with the goal of [INAUDIBLE] individual [INAUDIBLE].

HANSEN: OK. All right. Well, I can't imagine we'll have very many questions since you've been here since 2009. Sounds like, sounds like you're more informed about all this than any of us here are, are, are

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 20, 2024
Rough Draft

on the committee. And I definitely appreciate, you know, your, your involvement in, in the committee and willingness to serve and volunteer for this. But are there any questions from the committee? Just to make sure. Senator Hardin.

HARDIN: Hi, Dr. Roop. I see that one of your specialties has been in working with EHK. Is that right?

DENNIS ROOP: Yes.

HARDIN: And is, is the stem cell research continuing to help us learn more about that rare situation?

DENNIS ROOP: Yes. And, and, and-- but the process we're working on for the skin blistering disease [INAUDIBLE] will be actually very similar for EHK. We started with the blistering disease since it's a more severe disease. But once we show that that is [INAUDIBLE] for EV patients, the same process can be applied to EHK patients.

HARDIN: OK. Thank you very much. I was just reading an article off of [INAUDIBLE] website about it and do tend to read some of those things. I have a, a son in the program, so thank you.

HANSEN: All right.

DENNIS ROOP: Certainly.

HANSEN: All right. Any other questions from the committee? Doesn't look like we have any. So I, I-- again, appreciate, appreciate everything you've been doing and, and your willingness to come speak with us today. And, and we'll, we'll be voting on this here shortly and kind of move it forward.

DENNIS ROOP: OK. Thank you very much. I want to just briefly say that, you know, this program-- we in Colorado are very envious of it since we don't have a similar program. I think if you look at the return on investment from the funds and the, the [INAUDIBLE] committee, it's, it's really been remarkable. And hope the-- that the state will continue to fund this type of stem cell research.

HANSEN: All right. Well, well, that just gives, gives me some confidence. I'm sure the board-- or, the committee on, on-- everything that you're doing to-- looks like it's being put to good use, so. I appreciate it. And we'll voi-- be voting on it here pretty soon and move it forward, so. And again, thank you very much for your call.

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DENNIS ROOP: Certainly. Goodbye.

HANSEN: Thank you.