

TRANSCRIPT PREPARED BY THE CLERK OF THE LEGISLATURE  
Transcriber's Office  
FLOOR DEBATE

March 14, 2006 LB 1060

26 years I worked at Regional West Medical Center in Scottsbluff, Nebraska. I now practice public health nursing at Panhandle Community Services in Gering, Nebraska, by managing a Title X program. My 26 years of experience in a hospital included intensive and coronary care, home health, pediatrics, diabetic educator, and the last five years as a hospital supervisor. Every day, I call upon these experiences to assist me in providing excellent reproductive healthcare to low-income clients. With my variety of experience, I thought I had seen and done everything, but my eyes were opened widely when I began my position as Title X manager. The clients that use our services are needy, and without this services...service, some will be diagnosed with cancer in the late stages, some will suffer consequences of STDs and spread disease to others, some will become pregnant and experience welfare, child abuse, abortion, and premature babies. I'm not going to read her whole letter, but she asked a series of questions...or, testimony. She asked a series of questions at the end of her testimony that she'd like to have the answers for if the state is going to do this. Will the public health district provide these same services, she says. Will they provide transportation for appointments, as we do for those who do not have transportation? Will they watch their kids because they don't have anyone else to? Or will they be turned away if they bring children to appointments, like some ob-gyn clinics do? Will they call them three times and send three letters getting them to return for abnormal results and treatment? Who is going to pay for expensive providers who are experts in reproductive healthcare services? Many Title X clients do not seek services annually, and therefore their problems are complex when they do come. Isn't this a duplication of services? Who is going to pay for all the training, equipment, and supplies that already exist at Title X clinics? Will clients go to a Title X clinic for birth control methods and treatment of STDs and then to a public health district for Pap smears and testing of STDs? Will clients who have a trusting relationship go to another clinic? Will teens go? Do public health districts really want to do this to themselves and to clients? The funds we are concerned about are only supplemental. How will they cover operational costs? I think these are serious questions that need to be answered before a decision is made to shift funding away from