

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee May 29, 2020

HOWARD: OK, great. All right. We'll get started. Timoree, we're live streaming, right? OK, perfect. All right. Good afternoon, and welcome to the Health and Human Services Committee. My name is Senator Sara Howard, and I represent the 9th Legislative District in Omaha, and I serve as Chair of this committee. This is our second virtual hearing. So while we'll maintain much of the format and structure of a normal hearing, we'll be making some adjustments necessary to accommodate holding the hearing virtually. Appearing with us today by videoconference and teleconference are two members of-- are the members of the Health and Human Services Committee and the nominees for the Rural Health Advisory Commission. I'd like to invite the members of the committee to introduce themselves, starting with Senator Arch.

ARCH: This is Senator Arch. I represent District 14: Papillion, La Vista in Sarpy County.

HOWARD: Next up is Senator Cavanaugh.

CAVANAUGH: Hi. Senator Machaela Cavanaugh, District 6: west-central Omaha, Douglas County.

HOWARD: Senator Walz.

WALZ: Lynne Walz, District 15: Dodge County.

HOWARD: And Senator Williams.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36, which is Dawson, Custer and the north portion of Buffalo Counties.

HOWARD: Also assisting the committee are our legal counsels, Jennifer Carter and T.J. O'Neill, and filling in as committee clerk today is my legislative aide, Timoree Klingler. The process that will follow is that we'll take each appointee in turn, starting with Mr. Iske and then Dr. Torres, and then we'll open for questions overall after the interviews are complete, if we have time. Just for my colleagues, we have these two nominees at 2:00, and then we'll be sort of doing this introduction all over again at 2:30 for our next three appointees. A few notes about our policies and procedures. We would ask that everyone please keep themselves on mute to prevent interruptions and brack-- background noise. And on Zoom, you can mute yourself by clicking on the microphone on the lower left-hand side of the toolbar at the bottom of the Zoom screen. As we would in a traditional hearing. I will recognize senators to speak-- I think using hands

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worked pretty well last time. And I will also recognize each nominee, in turn, to speak. When you're recognized by the Chair, please unmute your line. But we would ask that, when you're done, to make sure that your line is muted again. This hearing will be transcribed, as all hearings are, so for Mr. Iske and Dr. Torres, we would ask that you, when you begin, you state your name clearly and spell it for the record. We're not sure if transcribers are able to get the video recording. And so we want to make sure that they know how to spell your name. We'll then ask you to provide a brief background on yourself and why you're interested in serving on the board to which you were nominated. Afterwards, there will be time for senators to ask questions. We continue to maintain our very strict no-props policy for virtual hearings. And with that, I'd like to open the hearing for Dr. Ben Iske to the Rural Health Advisory Commission. Welcome, Dr. Iske.

BEN ISKE: Thank you.

HOWARD: We're hoping you could state your name and spell it for the record, and then tell us a little bit about yourself.

BEN ISKE: My name is Ben Iske, B-e-n I-s-k-e. I am a dentist, a general dentist in Bridgeport, Nebraska. I have been on the Rural Health Advisory Commission for the last three years and attended a majority of the meetings associated with that role. I went to school in Lincoln, and moved to rural Nebraska in 2015. Throughout the last three years of being on the commission, I have enjoyed learning-- it was mostly hospital operation, but just how the healthcare field in general has, has changed in the last few years, and especially for rural providers. We're actually closer to, to Denver and, and Cheyenne for major medical centers, but rural care is important to me and providing the best care possible for rural residents of Nebraska especially. So like I said, most of what I've learned has been geared towards hospital administration, but there are definitely things that apply to dentistry. And I'm also a provider for the hospital here in town, so passing along the information I learn from the, kind of, statewide level is always useful and important in making sure that residents out here get the best care possible.

HOWARD: That's wonderful. Let's see if there are questions from the committee. Are there questions? Senator Williams.

WILLIAMS: Thank you, Chairperson Howard. And thank you, Dr. Iske, for your willingness to participate in the Rural Health Advisory Board. A couple of questions with being a dentist.

BEN ISKE: Um-hum.

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WILLIAMS: We recognize that the COVID situation has affected all medical providers, but in particular, dentists have just been allowed to open up. How is that working in your practice? And how would you-- how do you suspect that's working in other rural practices?

BEN ISKE: It's been a very different situation, I feel like, for me as a rural provider, because we haven't been affected like some of the bigger metropolitan areas. So definitely, you know, having seven weeks where essentially we couldn't-- couldn't go to work except for emergencies, was, was hard. But in a rural setting, I think everybody was kind of, you know, especially patients were ready to get back in and take care of themselves, essentially. So I think, also, the pressure to get back to work was a little bit less out here, as well, just because the competition, you know, dentist-to-dentist or provider-to-provider is also just not to the level it is in, in a bigger area.

WILLIAMS: Speaking of, of the-- a little bit, what you are addressing there, lack of medical providers, one of the concerns that we continue to hear in the HHS committee is the lack of dentists across the state that are willing to provide care for Medicaid recipients.

BEN ISKE: Um-hum.

WILLIAMS: What do you see in your area on that?

BEN ISKE: That is-- it's a pretty common occurrence. The Medicaid clinics, the community action partnerships, especially for adult Medicaid, are-- there's a lack of, of provider chair time. And as those patients try to get care other places, that's-- that can be difficult for-- especially for, for adult patients. I know in our office we see kids up to 16, and then we see nursing home patients for our Medicaid. And that is usually a fairly substantial addition to our schedule in just those age ranges. And I know we get calls quite frequently from patients with adult Medicaid, and it's just-- it's hard to, to fit them into the schedule and, also, to, I guess, guide them in the right direction as to where to seek care.

WILLIAMS: Thank you.

BEN ISKE: Yeah.

HOWARD: Thank you. Senator Arch.

ARCH: Thank you. Dr. Iske, this is John Arch, and I, I-- this is just kind of a technical question, but-- and this was your application that

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you filled out back in July of last year. We work a little slowly around here. But on that, on that first page, there's a question and it looks like a question of conflict of interest. And it appears as though both boxes were checked, yes and no. Do you, do you happen to recall?

BEN ISKE: I do not remember checking yes, that I have a conflict of interest.

ARCH: OK. Well, and it may have just been a mistake.

BEN ISKE: Yeah, I--

ARCH: I was assuming so, but I just wanted to-- I just wanted to verify that you don't have a conflict of interest.

BEN ISKE: I do not recall. I mean, I-- I've been the recipient of the student loan repayment program, but I don't know if that qualifies as a con-- conflict of interest. It's through the, through the state.

ARCH: Yeah.

BEN ISKE: But I'm not sure that qualifies. But if it does, then yes, I do. That's the only thing, though.

ARCH: OK. All right. Thank you.

BEN ISKE: No problem. Thank you.

HOWARD: This is Senator Howard. I don't believe it does. But do you want to tell us about your experience receiving student loan assistance from the state?

BEN ISKE: Yeah. Besides the obvious huge benefit that it's been to me personally, that help in student loan payment has really allowed me to make some changes and provide different services to our patients out here. So that, that money that I have not been able to-- or that I've been able to save in student loan repayment, I've reinvested in, in our clinic and in the community. So it's been a really-- it's just kind of sped up the time line for the quality and level of care that I knew I wanted to provide to, to the rural community out here. So it's just kind of allowed me to piggyback that, you know, that help from the state and from-- and the community match for sure. So I think that, that part of the community being willing to contribute to, to me or investing in me and then, in return, investing that back into the community has been a really encouraging and special part of, of the, you know, the first five years of me being here. So it's been, been

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very beneficial and has done more than just-- the impact has been more than just the financial part of it, so--

HOWARD: That's wonderful. Well, I'm, I'm glad that you chose to practice in rural Nebraska. And we're very grateful for your willingness to serve on the Rural Health Advisory Commission or continue serving on the commission. Are there any final questions from the committee? Senator Walz.

WALZ: Thank you, Chairwoman Howard. And thank you, Ben, for your time today. I'm just curious, I have a couple of questions real quick. The first one is, are you originally from that area or did you move to that area? And then the other question is, if you could talk just a little bit about challenges and maybe goals or changes that you would have for, for rural health.

BEN ISKE: Yeah. I did not grow up here. I grew up just south of Gretna, so in eastern Nebraska. I grew up on a farm. I went to Springfield Platteview High School. So the town size, population wise, is about the same as where I grew up but, you know, Omaha and Lincoln are not just down the road. So it's a little bit different in that respect, that any major, kind of, bigger cities are a little bit farther away. But it's been, it's been nice. This community kind of looks out for each other and, and holds their own and, and things to do. And so it's been really nice that way. And home isn't too far away. It's a different time zone, but it's, it's still pretty doable to get back and forth, so. The second-- the answer to your second question. Going back to the question about Medicaid providers and, and access to care, the adult Medicaid for me is-- I know that there was just a-- they lowered the benefits for adult Medicaid, and so the patient can't get as much care. But I think having providers like, like they do at the Community Action Partnerships and public health clinics, it's just-- it's difficult to keep up with the volume of patients with, you know, one or two providers and only one or two clinics in, in the whole area, so. And it's also difficult for private practice providers to, to add that to their, their schedules already. So I don't know if there could be a-- I don't know if there could be a better incentive program that-- or addition to incentive programs to get providers, maybe especially new graduates, to work in some of those clinics and to get, you know, to get farther west than Grand Island or Kearney. I, I think, personally, that the loan repayment program is set up to do that, but I don't know if it's-- if it's the desires of the graduating classes or, or maybe the desire for rural, rural care or providing care in rural areas is, is changing. I'm not really sure, but I think that if, if I could change anything, it would

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be a little bit more help for those practitioners and doctors in the Community Action Partnerships and public health clinics. But I think that seemed-- that seemed to be the problem since I've, I've been in dentistry, which is not that long.

HOWARD: OK. Well, thank you so much for all of your contributions and for your willingness to serve on the commission. We're going to keep you on until the end to see if there are any final questions. But this will close the hearing for Dr. Ben Iske to the Rural Health Advisory Commission and will open the hearing for Dr. Sandra Torres to the Rural Health Advisory Commission. Dr. Torres, if you could state and spell your name for the record and tell us a little bit about yourself, that would be great.

SANDRA TORRES: My name is Sandra Torres, S-a-n-d-r-a T-o-r-r-e-s. I'm a second-year family med resident at UNMC. I was born in Mexico, but I grew up in Lexington, Nebraska, went to undergrad at UNK, medical schooling at UNMC, and now I'm doing my residency at UNMC. Kind of my interest in the commission was because I grew up in a rural area. I'm going back to Lexington, actually, to practice family med there and just kind of seeing the needs that the rural health community has-- and special needs just because we have kind of an older population, lower income sometimes, and really not much access to specialists. So it's kind of a unique challenge when you're practicing medicine over there.

HOWARD: That's wonderful. So are-- you're still in Omaha now, but you're hoping to move out to Lexington?

SANDRA TORRES: Yeah, I'm doing my residency in Omaha. I already signed with Lexington, so I'll be going back there next July.

HOWARD: Wonderful. OK. Are there questions from the committee? Senator Williams.

WILLIAMS: Thank you, Chairperson Howard. And thank you, Dr. Torres, for your willingness to come back to my legislative district. And also, the question that I have is, why would anyone leave a math teaching job at Lexington High School to go to med school? My, my daughter is a high school math teacher in Gothenburg and--

SANDRA TORRES: Ah. Well, I think teachers probably have one of like the hardest jobs. It's just very hard to get some kids who don't care to care. And I think-- I don't know, I really admire people that do it for a really long time, to be honest.

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WILLIAMS: Well, we're excited that you've decided to take another career path and especially coming back to the Lexington health facility. That is a wonderful facility, as you're aware, and provides a great care for the Lexington area. So congratulations on that. Thank you.

SANDRA TORRES: Thank you.

HOWARD: Senator Arch.

ARCH: I, I just want to-- I just want to comment, Dr Torres. First of all, thank you for doing this, because as a, as a resident, you have to be extremely busy. And to jump into this and make this part of your life, I just appreciate that you're willing to do that. Do you think-- is there going to be-- is there going to be a lot of time constraints? Are you, are you going to be able to, to, to do both well?

SANDRA TORRES: I think so. My program directors and everybody have been really good about allowing me time off of my rotations, whenever possible, to go to the meetings. There have been a couple, like the emergency one, that I had to miss just because my continuity clinic is down at OneWorld, which is in southern Omaha, where we're kind of seeing like the big outbreak of COVID. So we've all kind of been pulled down there to kind of get more providers available, to be able to see patients, take phone calls, and do all that. So it's been pretty busy. I think it's like a unique situation, but otherwise, my program and my program director and attendings have all been really good about allowing me time off for whenever the meetings are.

ARCH: That's great. That's great. Thank you.

HOWARD: Other questions? Senator Cavanaugh.

CAVANAUGH: Thank you, and thank you, Dr Torres, for your willingness to serve. I was curious, because of where you said you were born, are you bilingual?

SANDRA TORRES: I am.

CAVANAUGH: That's wonderful. So have you been able to utilize those skills helping in the OneWorld community?

SANDRA TORRES: Yes. A big portion of our patients are actually just Spanish-speaking. So basically, all the providers here speak Spanish to some degree. So that's one of the reasons I got assigned to this clinic and why I was allowed to come in and kind of-- I had been like

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in an inpatient rotation. I got pulled out so I can actually help here. So it's been very useful. It's also been very useful in Lexington. I did two months down there, and I just feel like it opens like a whole new avenue to being able to provide good care for patients.

CAVANAUGH: Well, thank you for your willingness to use your talents, because I know OneWorld is really being impacted. Their patients are being impacted by--

SANDRA TORRES: Um,-hum, they are.

CAVANAUGH: I thank you for your willingness to return home to Lexington. I'm sure they can utilize a bilingual family medicine doctor. Family medicine is, is something that we don't have enough people going into, so having someone who is bilingual willing to do it in rural Nebraska is terrific. Thank you.

SANDRA TORRES: I feel very fortunate to be going back there. I, I really enjoy and I really love that community.

HOWARD: And Dr. Torres, just as a final question, Dr. Iske got the question about how his work is changed in light of COVID. Do you want to tell us about your experience in light of COVID?

SANDRA TORRES: So for me, I've kind of learned I-- to do visits a lot differently just to kind of be able to provide access for a patient and have patients be seen when they need to see. We're doing like a lot of telehealth visits. It's kind of what I've been doing like the majority of the time. So I'm kind of learning new technology. And it definitely presents like a new kind of aspect to it, because it's very hard to have to diagnose something and really not be able to see the patient or examine the patient. But I think that-- I don't know-- from my aspect, like telehealth visits, I think, are probably going to kind of hang around now, even after this is over. They're very convenient and it kind of gives access to patients that otherwise I don't think would have it.

HOWARD: That's great, wonderful. All right. Are there any final questions for either of our appointees, for Dr. Iske or Dr. Sanders-- Dr. Torres? All right. Seeing none, thank you both so much for your willingness to serve on the Rural Health Advisory Commission. The process that will follow from here is that, when the Legislature reconvenes in July, the committee will hold a public hearing to allow for meaningful public comment, in person, in the Legislature. We'll put your names on a list for that hearing, but you won't need to

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attend in person. We'll just be garnering public feedback about your appointments, and then we'll vote and we'll discuss you on the floor, once we've passed you out to the full Legislature for consideration. We are very, very grateful for your willingness to serve on the Rural Health Advisory Commission. And we're thankful that you were able to take the time to talk to us today. We know you're both very, very busy. I know this is Dr. Iske's only afternoon off, so we're very-- we're very grateful that you were able to take the time today.

BEN ISKE: Thank you very much.

HOWARD: Thank you.

SANDRA TORRES: Thank you.

HOWARD: All right. This will close the hearing for Dr. Sandra Torres, for the Rural Health Advisory Commission. And Dr. Torres and Dr. Iske, you're welcome to jump off.

BEN ISKE: Thank you.

HOWARD: All right. And we just have a few more minutes. We're doing three more: Stem Cell Research Advisory Committee, the Board of Health, and the Board of Emergency Medical Services. And we're--

WILLIAMS: Sara?

HOWARD: --we'll spiel again.

WILLIAMS: Got a question, Sara. Can we ask the participants to hit their, their video buttons so that we can actually see them? I couldn't see either of these two.

HOWARD: Yeah, and [INAUDIBLE].

WILLIAMS: And maybe they were on-- maybe they were on a phone anyway, instead of-- and couldn't. But it's nice to be able to see them.

HOWARD: Yeah, absolutely. Timoree, we can go ahead and let, let her in if she's the only one that's here. And then we'll give the other two a minute.

TIMOREE KLINGLER: Dr. Yi is here, too, so I'll let them both in.

HOWARD: OK. And then we're just waiting for--

TIMOREE KLINGLER: That's right.

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HOWARD: --waiting for Dr.-- or for Daniel Rosenthal.

TIMOREE KLINGLER: [INAUDIBLE].

RUI YI: Hello.

HOWARD: Hey, Dr. Yi, can you hear us OK?

RUI YI: Yes, yes.

HOWARD: Wonderful. OK.

RUI YI: [INAUDIBLE].

HOWARD: So we'll have you go on mute and then we'll do introductions when we have all of the appointees here. Carolyn, can you hear us OK?

CAROLYN PETERSEN: Yes, I can.

HOWARD: OK, perfect. All right. We're waiting for one more person and then we'll get started.

CAROLYN PETERSEN: Very good. Thank you.

HOWARD: Thank you.

TIMOREE KLINGLER: Senator Howard, everybody's here.

HOWARD: Oh, perfect. All right. Mr. Rosenthal, can you hear us OK? You're on mute.

DANIEL ROSENTHAL: How's that?

HOWARD: Oh, that's much better. All right. Thank you. You can go back on mute; we were just checking. OK. All right, let's get started. Good afternoon and welcome to the Health and Human Services Committee. My name is Senator Sara Howard, and I represent the 9th Legislative District in Omaha, and I serve as Chair of this committee. This is our third and final virtual hearing. So while we will maintain much of the format and structure of a normal hearing, we will be making some adjustments necessary to accommodate holding the hearing virtually. Appearing with us today, by videoconference and teleconference, are the members of the Health and Human Services Committee and the nominees for the Nebraska Board of Emergency Medical Services, the Nebraska State Board of Health, and the Stem Cell Advisory Committee. I'd like to invite each of the members of the committee to introduce themselves, starting with Senator Arch.

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ARCH: This is John Arch, and I represent District 14, which is Papillion, La Vista in Sarpy County.

HOWARD: Senator Cavanaugh.

CAVANAUGH: This is Senator Machaela Cavanaugh. I represent west-central Omaha, District 6: Douglas County.

HOWARD: Senator Walz.

WALZ: Hi. Lynne Walz. I represent District 15, which is all of Dodge County.

HOWARD: And Senator Williams.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36, which is Dawson, Custer, and the north portion of Buffalo Counties.

HOWARD: Thank you. Also assisting the committee are our legal counsels, Jennifer Carter-- give us a wave-- and T.J. O'Neill. And filling in as committee clerk today is my legislative aide, Timoree Klingler. The process that we've been following is that each appointee will go in turn. So we'll start with Dr. Yi. Then we'll go to Daniel Rosenthal and then Carolyn Petersen. And then, at the end of your interview portion, we'll open for questions overall. We would ask that everybody, please keep themselves on mute to prevent interruptions and background noise. On Zoom, you can mute yourself by clicking on the microphone on the lower left-hand side of the toolbar at the bottom of the Zoom. As we would in a traditional hearing, we'll-- I'll be recognizing senators to speak and ask questions, and then we'll also recognize each nominee, in turn, to speak. When recognized by the Chair, please, unmute your line. But we would ask that, when you are done, please make sure that your line is muted again. This hearing will be transcribed, as all of our hearings are, so we would ask that the nominees, when recognized, please begin by stating your name clearly, and then please spell both your first and last name. We're not sure transcribers will be able to get video, and so we want to make sure that they know who's speaking when. We'll ask you to provide a brief background on yourself and why you're interested in serving on the board to which you are nominated. Afterwards, there will be time for our senators to ask you questions. We do maintain a very strict no-props policy for all of our hearings, including the virtual ones. And with that, I'd like to open the hearing for Dr. Rui Yi to the Stem Cell Research Advisory Committee. Dr. Rui-- Dr. Yi, could you spell-- state and spell your name for the record? And then tell us a little bit about yourself.

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RUI YI: Hi, everyone. My name is Rui Yi, as you spell-- pronounced as Ray. Just make it unnecessary.

HOWARD: OK.

RUI YI: My first name's spelled as R-u-i; last name's spelled as Y-i. I am currently a professor at the MCDB Department of University of Colorado at the Boulder. My research program is to use the skin as a model system to study [INAUDIBLE] developments, and stem cell maintenance, and aging, and cancer. I think I have been serving on this committee since 2017, so this would be reappointment. In addition, so basically my participation in the program is evaluate the grants from Nebraska institutions and just give them a scientific evaluation score, make good recommendations for funding. Outside of this duty, I'm also a permanent member of Study Section for NIH. They have two study sections, which also evaluates grants, mostly study mammalian development and stem cells. And that's all I can say right now. Thank you.

HOWARD: Wonderful. Thank you. Are there questions for Dr. Yi? Senator Arch.

ARCH: Thank you. Thank you for serving. I, I-- the question I have-- I'm totally unfamiliar with this, with this commission, so-- committee. So how many, how many applications do you review in a year's, in a year's time?

RUI YI: So for this particular committee, I think we have one rounds of review every year. Each year's application numbers, I think, are ranging from not 7-- this year, lowest-- to about 12. And we rank them. In typical years, we recommend four to five or sometimes six grants to receive seed money. The, the nature of grants is a very wide range really to stem cells, cell-based research, actually, also many of them involving tissue engineering and nanotechnology. So it's a very broad spectrum of applications we review. And in terms of institutions' review, I think all major institutes within Nebraska, including Creighton, UNMC, and, I believe, University of Nebraska.

ARCH: Thank you.

HOWARD: Other questions? I have a bit of a challenge for you. Can you explain microRNA? And can you explain your field of studies to us?

RUI YI: So yeah, my research actually involving study gene regulations. That's basically a gene that controls gene expression of the stem cells. One of the subjects we study is microarray. So

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microarray are very, very small array; they're typically only 22 nucleotides. They were discovered in 1993 in *C. elegans* with tadpole-- you know, worm-- very, very tiny. And then the second one was discovered in 2000, and that's found-- these, those type of small array is ubiquitous in life, meaning it's in plants, in all the animals, in both-- including both human and mouse, and, you know, all the animals that you can think of. The idea is those tiny arrays actually regulate gene expression in a very subtle way. They basically control the-- they maintain gene expression at the lower level, how many different rows between [INAUDIBLE] over the years, including stem cell control, cancer, because they are very ubiquitous-- the expressed class of gene that regulates many, many genes. There is a estimation, maybe more than half our genes in our body are actually regu-- regulated by these tiny molecules. So it's a very wide-range function and have many implications. Some of them have been recognized as-- these are biomarker for diagnostics, and some of them have been developed as drug targets for future applications. And that's one of those genes that we study in the lab.

HOWARD: Interesting, thank you. Other questions? All right. Seeing none, thank you for your willingness to serve on the Stem Cell Research Advisory Committee. We're going to have you stick around until the end to make sure there are no other questions. But this will close the hearing for Dr. Yi to the Stem Cell Research Advisory Committee, and it will open the hearing for Daniel Rosenthal to the State Board of Health. Mr. Rosenthal, if you could take yourself off mute and state and spell your name for the record, and tell us a little bit about yourself.

DANIEL ROSENTHAL: Sure. Daniel Rosenthal, R-o-s-e-n-t-h-a-l. I come from-- over by Columbus, Nebraska. I've been in Lincoln since 1984, with the University of Nebraska. My wife and I celebrated our 45th-- 41st wedding anniversary. So after graduation from the University of Nebraska, and during my time at the University of Nebraska, I went to work for the Nebraska Department of Roads-- at the time, now NDOT-- and I worked there for about 18 and a half years. And during my time at the department, I was in the drafting department. Then I was over in the, in the state lighting system. We were in charge of all state light poles, state lighting for all the street systems in Nebraska. And then I became the assistant urban design engineer, which meant we were in charge of all the bike trails and all the procurement for the-- anything with intermodal that served hiker-biker systems and was involved with the bike trails in Omaha, Lincoln-- just all over the state of Nebraska. And then I transferred over to interstate design system area and worked on the interstate system in Omaha for about

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three years. And then I transferred to [INAUDIBLE] the rail intermodal transportation engineer for the state, which meant that I was in charge of all the railroad crossings in the state of Nebraska and for new upgraded signals, lighting, covered signals, closure of signals, and I was involved with writing the legislation for the new intermodal rail rules and regulations. But before that, we had just a few pages of rules and regulations. Now there's more in-depth on what happens if you close a crossing, what happens about funding a crossing. And then in 2003-- I'm sorry-- yeah, 2003, I was approached by a couple guys from Omaha-- Ehrhart Griffin, Mark and Bob-- and they asked me to be partners with them in a new firm in Lincoln called REGA Engineering Group. Whoops, sorry about that. So I--

HOWARD: I forgot people to tell people to turn cell phones off; that's my-- that's on me.

DANIEL ROSENTHAL: Yeah, [INAUDIBLE]. Sorry about that. So during that time, I-- on my 45th birthday, we started REGA Engineering, and so we have a small civil engineering firm here in Lincoln, and we do a lot of subdivision work. We do a lot of, you know, Casey's- or, you know, Starbucks-type projects, schools-- we build a lot at the University and work with [INAUDIBLE], \$800 million worth of construction work at the University of Nebraska downtown campus. And I actually go to church with both Lieutenant Governor Mike Foley and Tony Fulton, and both of them apparently suggested me to fill this position as the engineer for the board. So I got the phone call; I accepted that challenge. And I think-- one of the questions I think you're asking is: What, what do I bring to the table? We're licensed in like 11 states. So we work with all other disciplines out there. We work with Kansas Health Department, work with the Oklahoma Health Department and the Missouri Health Department, just a whole bunch of different venues. And I think what we bring, or I bring to the table is, I have vast experience with a whole bunch of different ideas and philosophies. And if it comes to rules or regulation changes, I can look at those changes and say, well, this has been tried in Oklahoma, it doesn't seem to work. It seems like it's a burden on the system or on municipalities or whatever. So I've been an engineer for 30-some years, and I think I have some vast experience. So that's kind of my skill, so to speak.

HOWARD: Thank you. And Mr. Rosenthal, clarify for me, are you a new appointment to the Board of Health or are you a reappointment?

DANIEL ROSENTHAL: New.

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HOWARD: You're new. OK. And have you been able to participate in any meetings yet?

DANIEL ROSENTHAL: Yes, I do have-- I can see it from here, I can see the Governor's plaque, welcoming me to the board, but I know that the committee has to approve me first; it looks like it has to approve me, but-- yeah.

HOWARD: Sure. OK. All right. Are there questions from--

DANIEL ROSENTHAL: --- I think it involved like two or three conference calls so far.

HOWARD: Oh, good. That's great. Are there any questions from the committee? Senator Cavanaugh.

CAVANAUGH: Thank you. Thank you, Mr. Rosenthal, for your willingness to serve. I was intrigued by your background and, and serving on this committee, but I'm interested-- I was interested to hear you talk about the rules and regs that it's a big, big lift. And having had experience with the state's rules and regs, I think, is, is very helpful. I-- so my, my question is more from-- I sit on another committee-- Transportation-- and I'm really fascinated by your background here in the state. And did you enjoy working for the state in that role?

DANIEL ROSENTHAL: Oh, I--

CAVANAUGH: And is that part of why you want to kind of get back into the fray?

DANIEL ROSENTHAL: I will never say anything about the state of Nebraska. They, they gave me an education and they gave me a wealth of experience. I still have a lot of friends there that I can tap into. I, I can call anybody from across the state and say, hey, Steve, you know-- hey, we got this project, and what does the department think about that? I feel like I have a really good relationship with everybody yet. And actually, to toot my own horn, I left on a Friday. I was given the manager-of-the-year award. As I was walking off the stage, everybody was thanking me and congratulating me for starting at REGA Engineering on Monday on my 45th birthday.

CAVANAUGH: Aw.

DANIEL ROSENTHAL: So I go from that on Friday to the phone not ringing on Monday, 'cause I didn't have any clients, didn't have anything.

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It's just by sheer grace of God, I'm here with 4-- 15 employees and licensed in 11 states. So it's been a great run. But I'm truly blessed. Yes, it-- I, I've always enjoyed being in this type of a capacity. I, I never-- when I was in college, you know, it's, so what do you want to do when you grow up? You know, I said I really don't want to be a designer. I want to be the person that helps facilitate and get to the answers. You know, that's, that's the role I like, is to be more the facilitator. Come in, give me five, ten minutes to look at the problem or the issues. Let's figure it out. Then you go do your job, and I'll do my job. [INAUDIBLE] like-- but it's worked out well for us, so I feel good about that. So I don't know--

CAVANAUGH: Well, thank you.

DANIEL ROSENTHAL: --if I answered your question or not.

CAVANAUGH: Yeah, thank you. And thanks for being willing to serve.

DANIEL ROSENTHAL: Sure.

HOWARD: All right. Other questions from the committee? All right. Seeing none, thank you, Mr. Rosenthal. We're going to have you stick around just in case there are any last-minute questions at the end.

DANIEL ROSENTHAL: Sure.

HOWARD: This will close the hearing for Daniel Rosenthal to the State Board of Health. And we will open the hearing for Carolyn Peterson to the Board of Emergency Medical Services. Carolyn, we'll be-- we're going to have you take yourself off mute, and then you'll state and spell your name for the record, and just tell us a little bit about yourself.

CAROLYN PETERSEN: Afternoon, everyone. Thank you. My name is Carolyn Peterson, C-a-r-o-l-y-n; Petersen is P-e-t-e-r-s-e-n. And I was, I was originally a-- I've been a 911 emergency services dispatcher for quite a few years. I probably have about 20 years experiences, both in Nebraska and out of state. When we moved to Nebraska, I took a job in Cherry County as an emergency services dispatcher. And there I became familiar with, of course, the police services, as well as the ambulance services that we have way up here in this remote area of the state. Then, when I took my position with Mid-Plains Community Colleges as the administrator, I got to see, as well, the education portion of what needs to go into somebody who volunteers in our area as an EMS, and some of the unique challenges that we are faced with, being in such a remote area. As far as the training and just

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volunteers, we have all-- it's not-- we don't have paid ambulance services like some parts of the state do. All of our, all of our ambulance services here are on a volunteer basis. And some of the more remote areas of Cherry County actually had some ambulance services that have become defunct because they couldn't keep staffing. And so for some of the people that we served as-- in the emergency services dispatch office, you know, an, an ambulance ride was an hour away just to get to the people, and then an hour back. So again, I met one of the other people on the EMS Services Board because she was an instructor for EMS here at Mid-Plains Community College. And she just suggested to me that I, that I join the board because she thought that I would have some unique experiences and some unique visions about EMS services in Nebraska.

HOWARD: That's wonderful. And remind me, are you a reappointment to the Board of Emergency Medical Services?

CAROLYN PETERSEN: I'm, I'm new. I did--

HOWARD: Coming in new.

CAROLYN PETERSEN: I attended-- yes. I, I attended one meeting in person and then one virtually.

HOWARD: That's wonderful.

CAROLYN PETERSEN: Yes.

HOWARD: Thank you. All right. Are there--

CAROLYN PETERSEN: Thank you.

HOWARD: --questions from the committee? Senator Arch.

ARCH: Thank you. And thank you, Carolyn, for volunteering.

CAROLYN PETERSEN: Oh, thank you.

ARCH: So tell me, what, what are you seeing in the area of either fixed-wing or air ambulance? I guess, just in general, is that being used more or very selectively? How-- how's that being used in some of the remoter parts?

CAROLYN PETERSEN: We actually have MARC air. It's-- I think they keep a fixed-wing here in our airport a lot of the times. And I and I have noticed that, really, we use it not to retrieve patients from their homes, but to transport them to Norfolk or Lincoln or Omaha with

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just-- I've seen an explosion in the frequency of, of that air transport. And I know that a lot of times-- again, I had some peripheral knowledge of the ambulance because I also worked at a radio station, and one of the volunteers worked there, and he was always getting paged out, you know, whether it was to pick up somebody who needed an ambulance or just to do a transport, who needed transport to the airport. And like I said, that frequency has just exploded, from what I've seen.

ARCH: I had, I had heard that, and, and it may be in part due to just kind of the constricting of services that are available in the community hospitals and more of a triage function there, but transport--

CAROLYN PETERSEN: Yes, ab--

ARCH: --but then trans-- transport safely.

CAROLYN PETERSEN: Yes, absolutely. I think that the rural healthcare itself-- you know, we have we have great family practitioners, but as far as the specialized services, we are really lacking in these rural areas, and that air transportation is just so, so important for the people in these areas, because the kinds of things-- and like you said, they, they, they're triaged here at the local hospitals and then flown out with great frequency.

ARCH: Yeah. OK, thank you.

CAROLYN PETERSEN: Yes. Thank you.

HOWARD: Other questions? Senator Walz.

WALZ: I almost said good morning. It's not morning, is it?

CAROLYN PETERSEN: It's-- sometimes it feels like it, though, our whole sense of time and space is--

WALZ: Well, thank you, Carolyn, for your time. I'm just curious about any recruitment efforts on-- through the community college to bring on more EMTs-- volunteer, fire. Are there any type of recruitment efforts going on?

CAROLYN PETERSEN: Oh, absolutely. And, and of course, you know, we're, we're a little self-serving in that respect because people, when, when they need to join the volunteer fire or the volunteer EMS, they need to have that EMT class, which is a four-credit class in the fall, and then another four-credit class-- four-credit-hour class in the spring.

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And so, of course, that, that helps our numbers. But, you know, it's just such a, such a benefit to the community. And the people that are on the ambulance service are always asking us, you know, can we, can we have a class? Can we put on a class? And we really try and do that, and we try and bring it. You know, again, Cody-Kilgore is so far west of Valentine. Sometimes we've, we've tried to hold classes actually in that area. Of course, we're regulated, and, and it's difficult for us to have a class when there's very few students. And that's what we've seen. We can only hold the EMS sessions like every other year, at best. Sometimes it's every three years before we can hold the class for a sufficient number of people--

WALZ: Wow.

CAROLYN PETERSEN: --'cause again, the per capita here is so small. And the ambulance corps do a great job of recruiting, and then we do that, as well. You know, we get-- we have a weekly comment program that we go on and talk about the classes that are available, and we get on and talk about the benefits of, of being an EMS provider and that we have the classes here. And, and, you know, we, we worked really hard to work with-- I think it was Northeast or Southeast Community College to get our medical director finally agree to allow our EMS personnel to be IV-certified so that they could actually-- I don't know what the proper word is-- that they could actually put an IV into a patient while they're in the ambulance. And that was a long time coming. Our medical [INAUDIBLE] was really against that for a lot of years. But I think, just based on the fact that, you know, we did lose some of our ambulances and it's a long ride in here-- you know, she saw the benefit to that. And, and then we were able to bring that class to this area, and that was very well attended. And so I see that great benefit between, just as a person here residing in this rural area and a person who, who has some input with the college to kind of make those things meet the needs of each other.

WALZ: Awesome. Thank you so much.

CAROLYN PETERSEN: Yes. Thank you.

HOWARD: Senator Cavanaugh.

CAVANAUGH: Thank you. And thank you, Ms. Petersen, for your willingness to serve on this committee. I wonder if, if you have any familiarity with the EMS program out of UNMC. Did they interact with you at all in their training? They have those two large simulation bands.

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CAROLYN PETERSEN: I, I am not familiar with that at all. I don't have-- I don't have any recollection of interacting with us at all. I-- most of our advanced training for paramedics and so forth actually takes place only on the McCook campus. Again, we don't-- there-- the-- the number of people to support that. And, you know, we have two main campuses: North Platte and McCook. And then we-- our area campuses: Broken Bow, Ogallala, Valentine, and Imperial. And McCook is the only one that actually provides that training because they have the simulators and they have the personnel down there to do that training. And it just-- it would just be financially impossible for us to, to bring that to these-- all these different areas. But I-- that's something I would certainly look into 'cause we partnered with UNMC for-- we, we send a lot of our ADN students into the UNMC program to get their BSNs. So--

CAVANAUGH: Yeah, they have--

CAROLYN PETERSEN: So we have a relationship.

CAVANAUGH: They have two simulator trucks. Actually, I know this because of being on the Transportation Committee, oddly enough. We had a hearing about it.

CAROLYN PETERSEN: Well, that's awesome. So is that relatively new or not?

CAVANAUGH: It actually is coming at the end of a five-year grant from a national-- it's a-- it's not the Rockefellers, but it's one of those--

CAROLYN PETERSEN: Oh, sure.

CAVANAUGH: -- like famous name families-- I think L'Oreal maybe.

CAROLYN PETERSEN: OK.

CAVANAUGH: I don't have any of my notes 'cause I'm at home.

CAROLYN PETERSEN: Sure.

CAVANAUGH: But they do-- they gave a five-year grant that built these simulator trucks for the state of Nebraska, for UNMC, and UNMC travels around. So you should-- you should ask your contact there 'cause maybe the [INAUDIBLE].

CAROLYN PETERSEN: Oh, I absolutely-- I absolutely will, because we had a, we actually had a pediatric truck come here about a year ago from

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UNMC. They came up here, and, and some of the nurses did-- who did advanced life support for pediatric patients were able to use that simulator. So that was amazing, too, that they brought that up here for us.

CAVANAUGH: That's awesome to hear. And on a, on a personal note, do you happen to know the Doctors Margaret and Steve Boyer out in Mullen?

CAROLYN PETERSEN: I don't.

CAVANAUGH: Oh. They're my aunt and uncle.

CAROLYN PETERSEN: Oh, OK. Well, I will check that out, too.

CAVANAUGH: Out in Hooker County-- Sand--

CAROLYN PETERSEN: I didn't know--

CAVANAUGH: --the Sandhills, you know, a small medical community. Thanks.

CAROLYN PETERSEN: Yes, that's true.

CAVANAUGH: Thank you.

CAROLYN PETERSEN: Yes. You're welcome.

HOWARD: All right. Senator Walz, for our last question.

WALZ: Yeah, I had one more question. I was just curious, as you were talking about, you know, the difficulty that you have in trying to get to-- it's such a vast area and trying to educate. Is there any, any utilization, I guess, of the tele-education that, that could help? Or have you guys--

CAROLYN PETERSEN: You mean like as far as-- we, we have a lot of distance learning. Is that what you're talking about?

WALZ: Yeah.

CAROLYN PETERSEN: We utilize distance learning from our main campuses all the time. But the EMS, they've really tried to bring those to the communities because there were so many skills that go along with that. It's kind of like the CNA classes. They have moved that to online for now. They do have an online component, but that's only a component. The students still have to meet like five separate class sessions to actually learn those skills and practice those skills to get onto the

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registry. So I know that part of that is that they really felt that classes that were delivered in a distance-learning format would not be as beneficial to the students. Of course, they're probably relooking at that all over again. And maybe, you know, a large component of those classes can be delivered through distance learning, and then have a local instructor just, just do those hands-on technique processes.

WALZ: Right. Thank you.

CAROLYN PETERSEN: So probably in the works now.

WALZ: Yeah. Thank you.

HOWARD: All right. Any other questions? All right. Seeing none, this will close the hearing for Carolyn Petersen. For our appointees, Dr. Yi, Mrs. Petersen, Mr. Rosenthal, thank you for your willingness to serve on these boards on behalf of the state of Nebraska. In terms of process from here, when the Legislature reconvenes in July, we'll hold an in-person hearing at that time to garner meaningful public input. You won't be-- you won't need to attend, although your name will be on the hearing list. And then from there, the committee will vote in person and we'll discuss your appointments on the floor of the Legislature after that. So we are very grateful for your willingness to serve. We're very grateful that you took some time out of your Friday afternoon to talk to us today. Do you have any questions for us?

CAROLYN PETERSEN: No.

HOWARD: Wonderful. Thank you so much for your time.

DANIEL ROSENTHAL: Thank you.

RUI YI: Thanks again, guys.

CAROLYN PETERSEN: Thank you all for your time. We certainly appreciate all you do.

RUI YI: Have a good weekend.

CAROLYN PETERSEN: Thank you, yep.

RUI YI: Bye.

HOWARD: Have a good weekend.