

place and this legislation would put it in statute and clarify the program and set up a process to deal with the issues involved. We had very strong testimony in support of the bill at the hearing. There were some neutral testifiers concerned that will be addressed, I think, with an amendment that's pending on the bill. The committee amendment essentially takes the original bill and keeps its essential elements, does a little bit of rewriting of it to clarify a number of measures allowing the Board of Regents to designate an appropriate department to handle the loan program. Reference to the University of Nebraska Foundation is deleted. A broader term is used to signify the federal and private funds could be matched to allow monies through that program to be maximized. And so, generally, it's a clarifying amendment that deals with a number of items within the original bill. There is one significant part of the committee amendment, however, that I would like to identify, that's a requirement that the Medical Center develop a plan to increase graduates in primary care fields and for individuals who practice in rural and underserved areas of the state. This bill...this amendment, part of the amendment came from LB 784, I believe, which is a bill I introduced. The committee heard and decided rather than having two bills, we would merge one into this one. So I do want to note that for the record that we do have that bill included in this committee amendment. There was no opposition to the other bill and it does fit with the intent of this bill, LB 505. LB 505 is an attempt to reach out and help assist, to educate individuals who want to go into the health professions, to help to have them then serve in our rural areas and underserved areas of the state. This is an ongoing problem and as we look at health care reform in this country, a great deal of attention has to be paid to rural areas which are, in many cases, underserved, the difficulty in getting rural health practitioners and particularly of concern to me is the lack of primary care physicians. We have seen, over the years, a change to more specialty education for physicians. There is a higher profile, higher reimbursement, higher cost involved and higher prestige, and we need to change that focus around, because as we talk about managed care, as we talk about health care reform and as we talk about underserved needs in our health care system it is primary care that we are finding the biggest gap. And so our medical center needs to, I think, redirect resources and reprioritize primary care and RHOP is one program, RHEN is another effort that the medical center has undertaken, both of them strong efforts but our thinking in terms of the committee