2012 Legislative Initiative
“Building a Healthier Nebraska”

January 27, 2012
“Building a Healthier Nebraska”

• Comprehensive Cancer Center: $50 million to be leveraged with $320 million of private funds and patient revenues; new construction; research tower, cancer hospital, outpatient clinic, ambulatory clinic, parking

• Lincoln Division, UNMC College of Nursing: $17 million; new construction (existing capital request), replaces downtown leased facility
“Building a Healthier Nebraska”

- UNMC Nursing and Allied Health at UNK: $19 million; addition to Bruner Hall

- Veterinary Diagnostic Center at UNL: $5 million for planning, design and construction documents for new construction
“Building a Healthier Nebraska”

- Strategically Aligned with *Campaign for Nebraska*
  Priorities:
  - Builds high priority facility - Comprehensive Cancer Center
  - Builds high priority programs - UNMC campaign goal to address nursing shortage
A Timely Investment for Nebraska’s Future

• Creates new jobs and economic opportunity for Nebraska
• Addresses critical needs in healthcare delivery in Nebraska, especially in rural areas
• Enhances our the scope and quality of our cancer research and treatment and builds on a national and regional asset
• Opportunity to leverage private support, partnerships with private sector, public partners (i.e. City of Omaha, OPPD)
• Strengthens our service to Nebraska’s important livestock industry
Today’s Presenters

- Harold Maurer, Chancellor of UNMC, and Glenn Fosdick, President of the Nebraska Medical Center
- Juliann Sebastian, Dean of College of Nursing, UNMC
- Kyle Meyer, Associate Dean – School of Allied Health Professions, UNMC
- Doug Kristensen, Chancellor of UNK
- Ronnie Green, Vice Chancellor - IANR
A COMPREHENSIVE CANCER CENTER FOR NEBRASKA

Harold M. Maurer, M.D., UNMC Chancellor
Glenn Fosdick, FACHE, TNMC President and CEO
Importance of Cancer Project

• Impacts economic vitality of University, state and region
• Positions UNMC for Comprehensive Cancer Center designation
• Enhances competitiveness and reputation
• Creates new opportunities for breakthroughs in cancer diagnosis and treatment to improve quality of life for Nebraskans and others
Cancer – Current Financial Impact

- ~50% of TNMC net income but only 13% of inpatient volume
- ~50% of UNMC extramural research support
Current Strengths

Cancer Center builds on current strengths:

- Multidisciplinary 24/7 patient care
- Centers of Excellence in specific forms of cancer
- Physicians who specialize in the patient’s form of cancer
- Unmatched cancer care experience for patients and families
- Successful research and education in cancer
Risks of the Status Quo

• Loss of NCI Cancer Center designation - $8 million NCI grant
• Impaired ability to grow
• Loss of market share to other cancer centers (e.g. Kansas, Oklahoma)
• Reduced ability to recruit top clinical and research faculty, students and residents
Meeting Future Demand

• Facilities will accommodate:
  – Annual inpatient growth of 3-4% and outpatient growth of 5-7%
  – Additional growth due to aging population and as cancer becomes a chronic disease
  – Future research and educational needs and opportunities
“CANCER CARE INTEGRATION”

A. MD Anderson
B. Dana Farber / BWH / Harvard
C. Mass General Hospital / Harvard
D. University of Colorado
E. Moffitt Cancer Center / USF
F. Penn State University
G. Princess Margaret Hospital
H. Washington University / BJC
I. Emory University / Winship
J. University of Wisconsin
K. Mayo Clinic
L. UCSD Moores
M. UCLA
N. BC Cancer
O. McGill/Montreal
P. UCSF Diller
Q. U Hawaiian
R. Victorian CCC / U. Melbourne
S. Seoul National University
T. Emory University
U. City of Hope
V. Johns Hopkins
W. Emory / Grady
X. St. Jude’s
Y. University of Nebraska

CONTINUUM OF CARE  HEAL, CARE, WORK BETTER.
Significance of an Integrated Cancer Facility

“The integration of the facilities under one roof creates in Nebraska the best facility in the country supporting state of the art personalized cancer care through research.”

(Jon Crane, HDR, Leader of Translational Medicine Worldwide)
Facility Co-Location Advantages

Patient Advantages

Under One Roof
Medical, Radiation, Surgery and Other Oncology Clinics

Faculty and Staff Advantages

Under One Roof
The Brightest Minds In Cancer Research and Care Interdisciplinary Collaboration Between Researchers and Clinicians
Educational Advantages

The Cancer Center Project will provide a leading educational experience for:

- Health professions students
- Residents and fellows
- Graduate students
- Doctoral and post-doctoral scientists
Builds on Strengths

UNMC/TNMC will enhance core strengths and expand into existing and new areas

- Development and testing of drugs and vaccines in a new experimental cancer therapy center
- Hematologic cancer
- Gastrointestinal cancer (pancreatic, liver and colon)
- Brain tumors
- Prostate cancer
- Women’s cancers, emphasizing breast and ovarian cancers
- Lung cancer
- Head and neck cancers
Timing for Project

• Design/Relocation/Site Prep
  • Now through December 2013

• Construction
  • Start - 2014
  • 30 – 36 months
  • Target Completion – June 2016
# Cancer Center Project

Estimated Cost by Component

<table>
<thead>
<tr>
<th>Component</th>
<th>Size (Sq. Ft. – 000’s)</th>
<th>Cost (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Tower</td>
<td>250</td>
<td>$110</td>
</tr>
<tr>
<td>Outpatient Center</td>
<td>200</td>
<td>150</td>
</tr>
<tr>
<td>Inpatient Facility</td>
<td>125</td>
<td>63</td>
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<tr>
<td>Ambulatory Clinics</td>
<td>120</td>
<td>47</td>
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<tr>
<td><strong>Total Estimated Cost</strong></td>
<td><strong>695</strong></td>
<td><strong>$370</strong></td>
</tr>
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</table>
## Cancer Center Project

### Funding Sources

<table>
<thead>
<tr>
<th>Funding Sources:</th>
<th>UNMC Research Tower</th>
<th>TNMC Out/Inpatient &amp; Ambulatory</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Fund-raising</td>
<td>$ 60</td>
<td>$140</td>
<td>$200</td>
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<td>Debt</td>
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<td>120</td>
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<tr>
<td>Proposed State Support</td>
<td>50</td>
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<td>50</td>
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<tr>
<td>Total Estimated Cost</td>
<td>$110</td>
<td>$260</td>
<td>$370</td>
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</table>
## Cancer Center Project
### Estimated Construction Cash Flows
(Millions)

<table>
<thead>
<tr>
<th>Fiscal Year Ended June 30,</th>
<th>UNMC Research Tower</th>
<th>TNMC Out/Inpatient &amp; Ambulatory</th>
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<tbody>
<tr>
<td>2013</td>
<td>$14</td>
<td>$ 9</td>
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<td>2014</td>
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<td>2015</td>
<td>31</td>
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<td>2016</td>
<td>35</td>
<td>88</td>
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<td>2017</td>
<td>4</td>
<td>26</td>
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<tr>
<td><strong>Total Estimated Project Cost</strong></td>
<td><strong>$110</strong></td>
<td><strong>$260</strong></td>
<td><strong>$370</strong></td>
</tr>
</tbody>
</table>
UNMC/TNMC
Current Economic Impact - Jobs and Payroll

Total Revenues  $1.5 Billion
Total Combined FTE’s  10,000
Combined Salary and Benefits  $730 million
## Projected New Jobs and Economic Impact

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>100</td>
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<tr>
<td>Researchers</td>
<td>50</td>
</tr>
<tr>
<td>Research Staff</td>
<td>400</td>
</tr>
<tr>
<td>Clinical staff</td>
<td>650</td>
</tr>
<tr>
<td>Totals New Jobs</td>
<td>1,200</td>
</tr>
</tbody>
</table>

**Annual Salaries and Benefits** $100 Million
THE NEED FOR NURSING

Juliann Sebastian, PhD, RN, FAAN
Dean and Professor of Nursing, UNMC
Nebraska RN Supply and Demand: 2006-2020

Impact on Nebraska

National Average 8.2 RNs/1,000 people

Nebraska RN’s per 1,000 population

NE Counties < 8.2 > 8.2

Data source: Nebraska Center for Nursing, Juan Ramirez, Statistician, November 2011
76,872 square miles

- 23 of 36 counties are frontier counties
- 13 of 36 counties with fewer than 20% BSN nurses; IOM recommends 80%
- 29 of 36 counties with less than national avg. of 8.2 RNs/1,000 population
- 33 of 36 counties with fewer than 5 NPs per county

Data from Nebraska Center for Nursing, 11/11
Nebraska Enrollment in BSN & Graduate Programs 2002-2010

Lincoln Division, College of Nursing

Today

- Initiated 1974
- 31 faculty, 8 staff
- Total enrollment, approximately 250
- Graduates per year, approximately 80 BSN, 15-18 MSN, 1-2 PhD
- Up to 60% of qualified applicants turned away in 2011
The Lincoln Facility Today

- Inadequate space for interactive learning
- Limited student space
- Crowded classrooms (Exact # of seats!)
The Lincoln Facility – What Could Be

Photos of Northern Division, UNMC College of Nursing
### UNMC College of Nursing – Lincoln Division
Projections With Expansion

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
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<td></td>
<td>Sr.</td>
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<td>20</td>
<td>20</td>
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<tr>
<td></td>
<td>Year 2</td>
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<td>5</td>
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<td>PhD</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td>12</td>
<td>34</td>
<td>55</td>
<td>62</td>
<td>65</td>
</tr>
</tbody>
</table>
Kearney Division, College of Nursing

Today

- Initiated 1991
- 15 faculty, 5 staff
- Annual enrollment, approximately 124
- Graduates per year, approximately 40
- Up to 48% of qualified applicants turned away in 2011
Kearney Division – Challenges & Opportunities

Space was well suited to our needs earlier, but now:

• Classrooms inadequate; simulation lab too small
• Insufficient office space; no space for research
• Expansion would yield more nurses for Nebraska
• Latest technology to be included
• Potential issues: clinical placements, faculty recruitment
The Kearney Facility Today

- No control room for managing simulations
- Inadequate debriefing area
- Crowded
- Unrealistic clinical environment
- Insufficient space for clinical equipment

UNMC College of Nursing, Kearney Division
Current clinical simulation room
The Kearney Facility – What Could Be

Spacious, realistic clinical simulation and scenario control room

Spacious classroom with flexible space for group work

Photos of Northern Division, UNMC College of Nursing
College of Nursing - UNK
Projections With Expansion

<table>
<thead>
<tr>
<th>Program</th>
<th>Level</th>
<th>2015-2016</th>
<th>2016-2017</th>
<th>2017-2018</th>
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<td>BSN</td>
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<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Sr.</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>MSN</td>
<td>Year 1</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Year 2</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Year 3</td>
<td>8</td>
<td></td>
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<tr>
<td>Total Enrollment Increase</td>
<td>16</td>
<td>32</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

Total New Graduates beginning in 2018: approx. 8 BSN & 8 MSN
UNMC Augmentation of Nurse Supply

* UNMC expansions made possible by addition of Northern Division, Center for Nursing Science in Omaha, and new buildings in Kearney and Lincoln would yield approximately 372 new BSN graduates by 2020. New PhD and MSN/DNP graduates could educate approximately 600 additional BSN graduates by 2022. A total of approximately 25% of the projected shortage could be eliminated with these additions.

THE NEED FOR ALLIED HEALTH

Kyle Meyer, PhD, PT
Senior Associate Dean, UNMC
Allied Health
A Key Component of Providing Healthcare in Nebraska

• Health professions that provide diagnostic and treatment services, or use leading-edge medical technologies to derive diagnostic data
  • Up to 60% of healthcare workforce
• UNMC School of Allied Health Professions (SAHP)
  • Established in 1972
  • 12 health profession education programs
  • Total enrollment 400 students
  • 49 faculty, 19 staff
  • Average 3-4 applicants / position
Increasing Demand for Allied Health

- Aging population
  - Nebraska population age 65+ increase by 60% by 2030
- Need for increased access to primary care
- Living with multiple chronic conditions
- National projections for increased demand (BLS 2008-2018)
  - 39% physician assistants
  - 30% physical therapists
  - 18% sonographers
  - 17% radiographers
  - 14% clinical laboratory scientists
Increasing Demand for Allied Health

Distribution of AH professionals in Nebraska not uniform

- 13 counties - no medical radiographer; 24 PA; 25 no PT
- 26 counties - PT-to-population ratio higher than national average
- One-third of PAs & PTs ages 46-65 years
- Hospital turnover rates (excluding PA) 2011 ranged from 7-11%
Educating Rural Health Practitioners

- Nebraska applicants to SAHP programs
  - 40% from rural designated Nebraska counties
  - 52% in ‘10 & ‘11 within 100 mile radius of UNK

- 21 combined RHOP positions at CSC & WSC

- 40% of UNMC RHOP graduates are from four SAHP programs

- 54% of SAHP RHOP graduates actively practice in rural Nebraska

- Projected increase in applicants from Greater Nebraska with closer access to programs
Enrollment Expansion – Allied Health

10%-20% phased enrollment expansion in five SAHP programs

<table>
<thead>
<tr>
<th>Program</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>Total Enrollment</th>
<th>Annual Graduates</th>
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<tbody>
<tr>
<td></td>
<td>Additional Students</td>
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<tr>
<td>Physician Assistant</td>
<td>5</td>
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<td>5</td>
<td>15</td>
<td>5</td>
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<tr>
<td>Physical Therapy</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>15</td>
<td>5</td>
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<tr>
<td>Radiography</td>
<td>4</td>
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<td>-</td>
<td>8</td>
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<tr>
<td>Clinical Laboratory Science</td>
<td>6</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>6</td>
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<tr>
<td>Diagnostic Medical Sonography</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Total New Enrollment</td>
<td>22</td>
<td>14</td>
<td>10</td>
<td>46</td>
<td>22</td>
</tr>
</tbody>
</table>
Allied Health
An Integral Part of the Solution in Nebraska

• Help meet current and projected allied health workforce needs with emphasis on rural health
• Engage communities in education process
• Create a model (like nursing) to allow students to obtain a degree without relocating to Omaha
• Model intercampus collaboration
• Promote interprofessional education
• Potential issues
  • Ensuring clinical placements
  • Faculty recruitment
THE NEED FOR HEALTH SCIENCES EDUCATION AT UNK

Doug Kristensen
Chancellor, UNK
Health Needs in Rural Nebraska

- More acute shortage of healthcare professionals in rural Nebraska
- Students educated in rural Nebraska more likely to stay in rural Nebraska
Builds on Existing Program Strengths

Over 20 years of quality academic programs by UNMC College of Nursing at UNK

History of allied health science programs collaboratively provided by RHEN and KHOP

40 health care organizations close to UNK to help with clinical education
Strong Base of Interested Students

180 pre-nursing students as undergraduates at UNK

Allied health pre-professional majors have *more than doubled* from 323 to 711 in the last ten years
The Project

Addition to Bruner Hall:
• 30,000 square feet
• Dedicated to nursing and allied health
• Advantage of existing utilities
• Frees space in West Center for Business

Project houses:
• Clinical simulation lab
• Anatomy and physiology labs
• State-of-the-Art distance education
• Interprofessional learning
Location
# Nursing Projects

## Timing and Costs

(millions)

<table>
<thead>
<tr>
<th>Project</th>
<th>Opening, Fall of 2014</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total</th>
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<tr>
<td>Lincoln Nursing</td>
<td></td>
<td>$3</td>
<td>$12</td>
<td>$2</td>
<td>$17</td>
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<tr>
<td>Kearney Nursing and Allied Health</td>
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<td>2</td>
<td>15</td>
<td>2</td>
<td>19</td>
</tr>
</tbody>
</table>
Highly Strategic to UNK

- Addresses health care needs in rural Nebraska
- Optimizes facilities
  - Locates all science education faculty in one building
  - Sets up moving all business programs to West Campus
  - Makes room in Otto Olsen for phased plan to solve largest building deficiency at UNK
Highly Strategic to UNK (continued)

• Improves academic quality: integrates UNMC/UNK students
• Improves access to clinical facilities by UNK undergraduates
• Improves access for under-represented minority populations to health science opportunities
• Flexible, collaborative effort, allowing future health care education in rural Nebraska
NEBRASKA’S VETERINARY DIAGNOSTIC CENTER

Ronnie Green
Vice President and Vice Chancellor, IANR
VDC a Vital Asset – At Work for Nebraska

• Provides accurate and timely diagnostic services
• Improves animal and public health through disease surveillance
• Develops new diagnostic testing methods
• Supports food safety and infectious/biomedical research
• Trains PPVM veterinary students
• Supports continuing education
• A state lab located on a university campus
Accurate and Timely Diagnostic Services

• Served over 9,415 clients from 43 states, Puerto Rico and Canada
• Processed 13,000 cases and conducted 230,000 individual diagnostic cases
Diseases that impact animal and human health

- Anthrax
- Avian Influenza
- Rabies
- Tularemia
- H1N1
- West Nile Virus
Improves Animal and Public Health

Collaborates actively with:

- Nebraska Department of Human and Health Service conducting West Nile Surveillance
- Nebraska Game and Parks Commission conducting Chronic Wasting Disease
- Nebraska Department of Agriculture providing disease diagnostic information
Completed in 1975 and now inadequate in meeting today’s standards and needs
Building Deficiencies

- Ventilation system and building design obsolete
  - Increased risk for cross contamination of contagious pathogens
  - Potential for diagnostic errors
  - Increased risk of pathogen exposure of the laboratory workforce
- Lack of adequate space contributes to overcrowding and limits future growth
- Lacks accessibility by today’s standards for people with disabilities
VDC accreditation at risk

Provisional Accreditation in 2007 due to deficiencies
  • Quality system deficiencies quickly addressed
  • Architect hired to develop proposal to address shortcomings.
  • AAVLD full accreditation restored in 2008 for three years
Re-accreditation review Oct. 2011 – results pending
Must show a good faith effort to remove deficiencies
What if VDC loses its accreditation?

- Weakens consumer confidence
- Reduces competitiveness for high-quality faculty and staff
- Decreases ability to respond to disease outbreaks
- Reduces opportunities for federal grants and contracts
- Limits ability to perform regulatory diagnostic testing
- Costly to State – cannot test at non-accredited lab
  - $1.3 M diagnostic revenue + multiplier effect
  - 1% disease-induced profit reduction to Nebraska’s livestock industry would cost $84 M
Why not use diagnostic labs in other states?

- Solving problems requires more than just "test results"
- Disciplines represented in VDC are critical to Professional Program in Veterinary Medicine
- Pathologist, bacteriologist, virologist and epidemiologist contributes significantly to research and extension programs dealing with animal and human health
Why not use diagnostic labs in other states?

- Solving problems requires more than just "test results"
- Disciplines represented in VDC are critical to Professional Program in Veterinary Medicine
- Pathologist, bacteriologist, virologist and epidemiologist contributes significantly to research and extension programs dealing with animal and human health

If Nebraska is to become the epi-center of water, food and fuel livestock production needs its own diagnostic lab in the State of Nebraska!
Solution

• Construct a new building
• Architect proposed alternatives ranging from $42.7 M to $68.5 M
• Proposing a mid-range alternative @ $50 M
• Architect validated a new building most cost-efficient
• LB 1066 would appropriate planning funds
Veterinary Diagnostic Lab Location
Located Next to Life Sciences Lab
# Veterinary Diagnostic Center Components

## Uses of Funds (Millions)

<table>
<thead>
<tr>
<th>Component</th>
<th>Size (Sq. Ft)</th>
<th>Est. Cost (millions)</th>
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</thead>
<tbody>
<tr>
<td>Building</td>
<td>42,875</td>
<td>$31</td>
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<tr>
<td>Biosafety Level-3 Laboratory</td>
<td>4,321</td>
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<tr>
<td>Incinerator or Digester</td>
<td>N/A</td>
<td>3</td>
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<tr>
<td>Site Development</td>
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<tr>
<td>Non –Construction Costs</td>
<td>N/A</td>
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</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td><strong>$50</strong></td>
</tr>
</tbody>
</table>
Veterinary Diagnostic Center
Project Timing

• 2012 Legislative Session: Obtain planning and design development funding.
• Design drawings complete Dec. 2013
• 2013 Legislative Session: Submit capital budget request as part of biennial budget submission
• Begin construction Jan. 2014
• August 2016: Move into new facility
LEGISLATIVE PROCESS
# Legislative Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 18</td>
<td>Press Conference, Bill Introduction</td>
</tr>
<tr>
<td>February 2</td>
<td>Appropriations Committee hearing</td>
</tr>
<tr>
<td>Mid March</td>
<td>Spending proposals to the floor</td>
</tr>
<tr>
<td>Mid April</td>
<td>Legislature adjourns</td>
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## Bill Primary Sponsors

<table>
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<tr>
<th>Project</th>
<th>Sponsors</th>
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<tbody>
<tr>
<td>Lincoln Div. College of Nursing</td>
<td>Senator Fulton</td>
</tr>
<tr>
<td>Cancer Center</td>
<td>Senator Nelson</td>
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<tr>
<td>Kearney Health Sciences</td>
<td>Senator Hadley</td>
</tr>
<tr>
<td>Veterinary Diagnostic Lab</td>
<td>Senator Hansen</td>
</tr>
</tbody>
</table>
ECONOMIC CONSIDERATIONS
Impact of the Initiative

• Adds 1,200 new jobs – Cancer Center
  • $100 million annual payroll impact

• Adds 29 new faculty positions – Nursing and Allied Health
  • $2.8 million annual payroll impact

• Closes 25% of the nursing shortage gap

• Protects our animal agriculture industry

• Keeps diagnostic revenues of $1.3 annually in-state
Economic Impact to Nebraska: Construction

(Dollars in millions)

<table>
<thead>
<tr>
<th>Construction phase</th>
<th>Investment</th>
<th>Economic activity</th>
<th>Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Center</td>
<td>$370</td>
<td>$592</td>
<td>4,872</td>
</tr>
<tr>
<td>Lincoln Nursing</td>
<td>17</td>
<td>27</td>
<td>224</td>
</tr>
<tr>
<td>Kearney Health</td>
<td>19</td>
<td>30</td>
<td>250</td>
</tr>
<tr>
<td>Vet Diagnostic</td>
<td>50</td>
<td>80</td>
<td>658</td>
</tr>
<tr>
<td>Totals</td>
<td>$456</td>
<td>$729</td>
<td>6,004</td>
</tr>
</tbody>
</table>
## Annual Ongoing Economic Impact to Nebraska

(Dollars in millions)

<table>
<thead>
<tr>
<th>Ongoing impact</th>
<th>Expenditures</th>
<th>Economic activity</th>
<th>Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Center</td>
<td>$100 wages + $30 operating (annual)</td>
<td>$529</td>
<td>4,550</td>
</tr>
<tr>
<td>Visitors to Cancer Center</td>
<td></td>
<td>8</td>
<td>107</td>
</tr>
<tr>
<td>Additional educational activities Kearney &amp; Lincoln</td>
<td>$3.3</td>
<td>5.5</td>
<td>79</td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td>$542.5</td>
<td>4,736</td>
</tr>
</tbody>
</table>
Status of State Cash Reserve Fund

Nebraska Cash Reserve Fund as % of Revenues

Difference Between Historical Average And Current Balance is $202,000,000

5.6% Avg.
Recommendation/Requested Action

Approve resolution urging adoption of the Building a Healthier Nebraska Initiative.
QUESTIONS