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Health and Human Services Committee  
February 23, 2007

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[LB417 LB445 LB469 LB480]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, February 23, 2007, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB417, LB445, LB469, and LB480. Senators present: Joel Johnson, Chairperson; Philip Erdman; Tom Hansen; Gwen Howard; Dave Pankonin; and Arnie Stuthman. Senators absent: Tim Gay, Vice Chairperson.

SENATOR JOHNSON: This is the Health and Human Services Committee for the Nebraska Legislature, and a little bit of frivolity up here today. I think it's kind of like the last day of school. At any rate, why, let me introduce our members of the committee. First, on my right, is Senator Dave Pankonin, from Louisville; Senator Phil Erdman, from Bayard; Senator Tim Gay's father died a few days ago and his funeral was this morning. He is the Vice Chair and obviously will not be able to be here today. Jeff Santema is our legal counsel for the committee. I'm Senator Joel Johnson from Kearney. On my far left is Senator Gwen Howard, of Omaha; followed by Senator Tom Hansen, from North Platte; Senator Arnie Stuthman, from Platte Center; and Erin Mack is our committee clerk. Now, a couple of things that might have some people that haven't testified here before, let me tell you this is the proceedings are recorded and one of the things, when you do come up to testify, give your name as clearly as you can and then spell it so that the person typing the minutes of the proceedings, will get it correct. The other thing if you have a cell phone in your possession, I would suggest you check it right now bad things will happen (laughter). Okay, when we get around to testifying, what we like to do is we will have an introducer for the bill, then after that we like people first to come, all proponents, then opponents, and then neutral people. And whereas we let the first person have a little more leeway, we really like people to stick fairly close to three minutes after that. If you start reading a six-page memo, again, bad things will happen (laughter). Other than that, oh, one other thing, is that if you have things to pass out, we like 12 copies. If you don't have 12 the pages will help you out and make additional ones and distribute them. With that, let's see where we go next here. Senator Nantkes, I think that you are the first batter here. And it's LB417. Welcome.

SENATOR NANTKES: (Exhibit 1) Good afternoon, Chairman Johnson, members of the committee, my name is Danielle Nantkes, that's N-a-n-t-k-e-s. I'm here today representing the "The Fighting 46th" Legislative District, and here to introduce LB417. LB417 would require that children attending a licensed day care in Nebraska be immunized against invasive pneumococcal disease, and it took me quite a while in my preparation to ensure I had the correct pronunciation thereof. Infants and toddlers are at a higher risk for IPD because these diseases are easily passed among children through sneezing, or hand-to-mouth contact. According to the Centers for Disease Control, children ages one through five in a day-care setting are two to three times more likely to get IPD. IPD is an infection which can cause serious illness and even death. Before the introduction of this vaccine, the burden of invasive pneumococcal disease in children

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included 13,000 cases of bacterium, which is a bloodstream disease, 700 cases of meningitis, and 5 million cases of ear infection and 200 deaths in the United States. It also led to other health problems such as pneumonia, deafness, and brain damage. The first four years of use of the vaccine saw an over 80 percent decline in IPD. In 2006, the U.S. Department of Health and Human Services established a performance measure for the CDC of immunizing 90 percent of children ages 19 to 30 months of age. It estimated that approximately 80 percent of children in Nebraska are immunized for IPD. One effective way that Nebraska can reach its goal of 90 percent immunization, is a day-care requirement. There appears to be a strong correlation between state child care immunization requirements and high immunization rates. This immunization also helps families in another way. One study has shown that when you immunize one child, you prevent the disease from spreading to two elderly residents which is another at-risk group. I also want to address the inadvertent mistake in the drafting of this bill, it's not my intention to repeal the immunization programs within HHSS currently, and I want to thank them for bringing that to our attention today. I urge your consideration of this measure and there are some people following behind me today to answer any technical questions that you might have. Additionally, I've passed around letters of support from the National Health Mothers, Healthy Babies Coalition, the National Association of Child Care Professionals, and the Nebraska Medical Association. I think that this is a commonsense proposal that would help to ensure increased health amongst our most vulnerable citizens. Thank you. [LB417]

SENATOR JOHNSON: Senator, let me just mention that also there are letters of support from the March of Dimes; and the Friends of Public Health in Nebraska; and a letter from Dr. Schaefer, from HHS and the department's position, there is a neutral position. Any questions of the Senator? Senator Hansen. [LB417]

SENATOR HANSEN: I have one quick one. Danielle, the Section 2, is that what you want stricken, I mean, you think Enrollment and Review will take care of that, or do we need to have a committee amendment? [LB417]

SENATOR NANTKES: I think as outlined in Dr. Schaefer's letter from the Department of Health and Human Services, I think it would probably strategically better to be to address those drafting issues as a committee amendment. And I'd be happy to work with legal counsel or other members of the committee, if the committee does decide to advance this proposal. [LB417]

SENATOR HANSEN: Okay. I don't want to start repealing it either, so. Thank you. [LB417]

SENATOR NANTKES: It's agreed. Thank you. [LB417]

SENATOR JOHNSON: Any other questions? I see none, thank you, will be able to stay

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with us for closure? [LB417]

SENATOR NANTKES: I'll reserve my right. Thank you. [LB417]

SENATOR JOHNSON: Okay. How many proponents do we have? One? Two? Okay, very good. Why don't you come forward? Any opponents? This is our kind of hearing right here. (Laughter) [LB417]

STACIE BLEICHER: (Exhibit 2) Good afternoon. My name is Stacie Bleicher, it's B-l-e-i-c-h-e-r. I'm a practicing pediatrician here in Lincoln but actually reside in Cass County now. I come to speak on behalf of the pediatric organization in the state, the Nebraska Chapter of the American Academy of Pediatrics, which represents both the general and subspecialty pediatricians in the state. And we do strongly support this bill. As a practitioner, my experience before the conjugated pneumococcal vaccine became available, was to have several children a year with prolonged hospitalizations requiring 10 to 14 days of IV antibiotics to even begin to deal with the pneumococcal infections that were occurring. Many of them were resistant to any oral antibiotics whatsoever. They caused severe infections. The ear infections is the minimal part of it, it's the bacteria in the bloodstream, it can seat into the bones, it can cause meningitis, cause severe pneumonia's with pus around the lung, and these are all life-threatening illnesses, especially because they are very concentrated in children under two years of age. And children under two do not have the immune system maturity to fight off these type of bacteria, so the development of this conjugated vaccine that we can give to young infants, has made a huge difference in the frequency with which we see these types of infections. I don't believe within our practice, that we've had a child hospitalized with the severe resistant infections, probably the last three winters because of the vaccine. Within my practice, I think we have a very high vaccination rate because the (inaudible) parents are very open to the recommendations we make to them. But the thought is that we are somewhere between 60 and 80 percent of the children that are in day care and that are susceptible to the infections, receiving the vaccine. So we are still seeing some cases of severe infections that are vaccine-preventable. And by making coverage for this type of infection mandated for participation in licensed child care, I think that we'll see further diminishing numbers of these cases, and perhaps even eradication. I say that cautiously. The vaccine itself will have to change periodically as the subtype of the bacteria evolve and change in response to the vaccine. But it has been a vast improvement now that that's available. So we would certainly encourage you to consider moving this bill forward to General File. We see it as a great advantage to the children in the state and a great cost-savings in terms of preventing severe hospitalizations, severe illnesses, and prolonged hospitalizations. [LB417]

SENATOR JOHNSON: Doctor, I have a question of you. It used to be known that pneumococcus or pneumonia, was the friend of the aged. In other words when you were old and getting close to death, this was usually what people got this through

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terminal disease and so on. Would it be a fair statement to say that the pneumococcus is not nearly the friend to the aged as it used to be. [LB417]

STACIE BLEICHER: Well, it certainly causes end-of-life to youngsters and toddlers that we would not anticipate their lives being terminated at such an early age. And they don't have to be... [LB417]

SENATOR JOHNSON: Yeah. Right. [LB417]

STACIE BLEICHER: ...otherwise ill or immunocompromised to succumb to these infections. It can otherwise be a very healthy child but their immune system just is not capable of fighting off the bacteria without a suitable vaccination. They just cannot develop immunity under two years of age. [LB417]

SENATOR JOHNSON: Thank you. Yeah, we got some questions down here. We are going to have ladies first here today, Tom, Senator Howard. [LB417]

SENATOR HOWARD: Thank you, Chairman Johnson. As a parent who had young children that took them to day care, I'm very familiar with everybody puts the same toy in your mouth kind of thing and I appreciate that you are looking at this in terms of day-care programs and children entering those programs to hopefully, lessen a little bit of the impact of those germs that so freely float around there. Thank you. [LB417]

STACIE BLEICHER: Thank you. [LB417]

SENATOR JOHNSON: Senator Hansen. [LB417]

SENATOR HANSEN: Thank you, Senator Johnson. Doctor, there is another letter here and I was asking Senator Howard if this was the entire list of childhood vaccines because when my kids were little, we didn't give them near that many. So this is an added... [LB417]

STACIE BLEICHER: The list has grown tremendously. [LB417]

SENATOR HANSEN: ...so this is an added injection. Do you take your spot at the end of the...when is the best time to give it for the highest efficiency of vaccine? [LB417]

STACIE BLEICHER: You know, this particular vaccine, and again, it has been strongly recommended by our national academy and the CDC so we have been administering this for about three years. This particular vaccine requires four doses. We start it at two, four, and six months and then a booster can be given anywhere from 12 to 18 months of age. But it does enable us to catch the really high-risk children and give them some immunity. There is another pneumococcal vaccine that they use in adults, but it's totally

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ineffective in children under two, so we never had that option in the most high-risk children before. [LB417]

SENATOR HANSEN: Okay, that's what I was...thank you. [LB417]

SENATOR JOHNSON: Yes, Sir, Senator Pankonin. [LB417]

SENATOR PANKONIN: Thank you, Chairman Johnson. Doctor, just curious again and I may have been stated, you say this is generally given already, this vaccination? [LB417]

STACIE BLEICHER: It is. [LB417]

SENATOR PANKONIN: So what percentage of the childhood population do you think we'd be reaching by this being a requirement? [LB417]

STACIE BLEICHER: I would think that we would bring it up at least 90 percent of the children being vaccinated whereas right now we are probably more in the 60 to 70 percent range. The pediatric offices are very compulsive about vaccine and we're probably...my practice, we are probably 90 to 95 percent already. But pediatricians don't take care of even half of the children in this state, so I think it would help move along...you know, both providers and parents to know that this really is necessary, let's get it done. [LB417]

SENATOR PANKONIN: My follow-up questions is, she must be a credible witness, she lives in Cass County, but where at? (Laughter) Where at do you live in Cass County? [LB417]

STACIE BLEICHER: Just south of Eagle. [LB417]

SENATOR PANKONIN: Okay. [LB417]

SENATOR JOHNSON: Uh-oh, we have a counter argument apparently. Senator Erdman. (Laughter) [LB417]

SENATOR ERDMAN: Is it stamped on my forehead or what? (Laughter) The number of children who are immunized now isn't just the number of kids in licensed child care. These are all kids that you are using that percentage? [LB417]

STACIE BLEICHER: Actually we offer it to every child. It's a routine part of the vaccinations in our office. [LB417]

SENATOR ERDMAN: And so a vast majority of the kids may not even fall into this law. It's just that we are already doing this, it's a matter of trying to pick up a few extra?

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Because if you are, if... [LB417]

STACIE BLEICHER: Uhm, I am an extremely compulsive about vaccinating and very proud of the vaccination rate in my office, but I can't say that that's what it is statewide. [LB417]

SENATOR ERDMAN: Yeah. [LB417]

STACIE BLEICHER: And the health department or the school systems would have a better feel for what percentage of children receive this vaccine. But the thought is that we're probably somewhere between 60 and 80 percent of kids getting it. A high percentage of our children have two parents working or a single parent home with the parent working, and are in day care and are at increased risk because of their exposures. And this would help make sure we recruit in another 10 to 15 percent of the children to be sure that they are indeed being vaccinated. [LB417]

SENATOR JOHNSON: How many diseases are there now that you vaccinate for and so on? Is there about 16 or 17 or something? [LB417]

STACIE BLEICHER: Boy...at least, yeah, we do diptheria, tetanus... [LB417]

SENATOR JOHNSON: Okay, let me, just kind of a, just a question off the top of my head, where would you...if you had to rank say, 17 of them, where would you put this one at as far as its rank is concerned? As far as importance... [LB417]

STACIE BLEICHER: I'd probably put it in the top half. [LB417]

SENATOR JOHNSON: Yeah, that's...so it's a significant amount is what, yeah... [LB417]

STACIE BLEICHER: Yeah, because of the morbidity...the complications and the death rate from the severe infections are so significant. [LB417]

SENATOR JOHNSON: Yeah, okay, thank you. Any other questions? Thank you very much. [LB417]

STACIE BLEICHER: Thank you. [LB417]

SENATOR JOHNSON: Next please? [LB417]

LYNNE ANDERSON: (Exhibit 3) My name is Lynn Anderson, A-n-d-e-r-s-o-n. I'm a registered nurse and have a master's degree in nursing, actually it's in maternal-child health nursing. And I'm here today representing Nebraska Nurses Association. We are

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strong proponents of this bill. We have briefly here what was just handed out, why we support this. One...just a little background. I am one of what I like to call, seasoned nurses, which means I've been in the profession for some years. And I have on here just kind of a look back which was when I first started my nursing career, I was working in a rehabilitation unit. And in that rehabilitation unit, we had a children's section and the children that we were caring for in that one particular section, were children whose mothers, while they were in the uterus, in development, had gotten German measles. Well, German measles really is not a big deal for the person who gets it, just as we may think of pneumonia from pneumococcus not being a big deal, but these children were born, many of them were deaf. They had heart and blood vessel congenital defects, many of whom required surgery. And they also had vision defects. German measles, nowadays, when I talk to some of our young professionals coming in, the nurses and physicians don't even know what the disease is. Why? Because we have a vaccine for it. And to me, that is what the medical system should provide. We should be providing the vaccine so that things that use to cause us death and terrible disabilities, are now just something for the history books. And pneumococcal disease is such as disease that we can kind of put in the history books with vaccination. Several reasons and one of the things that is pneumococcal disease is respiratory pneumonia is in the top 10 killers of children and young adults between the ages of one and nineteen years of age. That's not a huge number but, that is a number of people who do die from this disease. Secondly, streptopneumococcus, which is the germ that causes this disease, is becoming resistant to many of our common antibiotics, so we make it more risky as we continue to have people out there who have the disease, and many people become carriers. They are not sick from it but if you look closely and did the proper cultures, they have the germ that they are carrying around. So this vaccine will not only help the baby, the child, who would potentially get the disease, it will help the community because they will not be carriers to pass that on to uncles, aunts, their mother, who might be under treatment for cancer and therefore immune-compromised. It will also be of assistance to the community from an economic standpoint. It's very expensive to treat a severely ill child in the hospital for pneumococcal disease whereas the vaccine will be much more cost effective. So three very good reasons from the nursing standpoint, the medical care standpoint, let's keep the disease from ever happening. Thank you and I'll be happy to take questions. [LB417]

SENATOR JOHNSON: Thank you. Senator Hansen. [LB417]

SENATOR HANSEN: Thank you, Senator Johnson. Nurse Anderson... [LB417]

LYNNE ANDERSON: Yes, Sir. [LB417]

SENATOR HANSEN: ...did I understand you right to say that an immune carrier that had this shot, that would eliminate the disease from their body? [LB417]

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LYNNE ANDERSON: The person who, I'm sorry, I cannot speak to that specifically because people do get this organism, become enough immune to it so they can carry it around and it's kind of friendly to them and it doesn't cause them disease. But I cannot speak specifically although I would anticipate that the person who has this vaccine, if they are a carrier, could get rid of the disease. The problem is there are a lot of people who are carrying the germ who don't get sick, but they can give it to other people, and they can carry that germ and it becomes resistant to our usual antibiotics, which is a real problem in the medical community worldwide at this point. More and more resistance to antibiotics. You've got a germ that should be easy to get rid of and it's not. [LB417]

SENATOR HANSEN: Okay, thank you. [LB417]

SENATOR JOHNSON: I see no other questions, thank you very much. [LB417]

LYNNE ANDERSON: Thank you. [LB417]

SENATOR JOHNSON: Any other proponents? Any opponents? Any neutral testifiers? Senator Nantkes, want to close? [LB417]

SENATOR NANTKES: Thank you, Chairman, members of the committee, for your kind attention and concern to this important matter this afternoon. Just a few points in closing. As many of you know, having the jurisdiction that prides this committee, Nebraska is among one of the states with the highest rates of parents working outside of the home. We have about 67 percent of our children in Nebraska in day-care facilities on average. And one other thing that I wanted to point out for the committee, I know that you've dealt with this on a different bill, in regulation issues of vaccine provided for the IPD here, there is no thimerosal involved, so wanted to point that out for your attention. And otherwise, thank you so much. [LB417]

SENATOR JOHNSON: Oh, we got a question, Senator Erdman. [LB417]

SENATOR ERDMAN: Senator Nantkes, you've got some very talented individuals testifying in favor of the bill, what I don't understand is why you don't add it to the mandatory list because as I understand, the goal is that if it is going to accomplish the wonderful things that everybody here is advocating, why this approach and why not a different approach? And what is the reason why you wouldn't do that? Is there a drawback that would cause us as a state not to have a policy? We have other vaccines that we mandate. This is not going to reach all the kids that could be benefitted. I guess I'm just trying to, as I've listened to the testimony, it's a nice step, and I'm generally not in favor of mandates either, but I'm just trying to understand why it wasn't approached from a different perspective? [LB417]



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SENATOR NANTKES: I think that just generally, Senator Erdman, you really did explain some of the competing interests underlying this public policy issue and decision to bring it forward in this format. I, as well, really am not in general, a fan of mandates but felt like this was an appropriate right step in the direction in trying to achieve the 90 percent target rates set by the National Health and Human Services Department for the CDC, and thought that again, this would be one step in the direction towards achieving that goal. If the committee were interested in pursuing a more general policy that would include a mandate, I would be willing again, to work with committee counsel or the committee to achieve those goals. [LB417]

SENATOR ERDMAN: But that wasn't something that was, there...I mean, I guess there...I guess I'm trying to understand why you didn't start from that approach if there wasn't any pushback? I mean, did you hear any, I mean, was the idea simply brought to you in this form or was it brought to you that we need to do this and then you determined the form to apply it? [LB417]

SENATOR NANTKES: It's my understanding, Senator, that this is a format that's been employed by other states, I could double-check for you to ensure that it is in fact, correct, and it seemed to have worked well in those other states that have adopted this approach in addressing the underlying public policy concern. [LB417]

SENATOR ERDMAN: Super. [LB417]

SENATOR JOHNSON: Any other questions? Thank you very much. And that concludes the hearing on LB417. Senator Stuthman, LB445. They're all clearing out, Arnie (laugh). [LB417 LB445]

SENATOR STUTHMAN: Thank you, Senator Johnson, and members of the committee. For the record, I am Arnie Stuthman, S-t-u-t-h-m-a-n and I represent the 22nd Legislative District. Today I have LB445 and this was brought to me by the Nebraska Commission of the Blind and Visually Impaired. This legislation does the following: in subsection (3) of Section 2, the term, certified vocational rehabilitation counselor for the blind, is added and defined, as a person who is certified to practice vocational rehabilitation counseling for blind persons and holds a certificate issued by the commission. Also, in Section 2 of LB445, in subsection (9), defines vocational rehabilitation counseling for the blind as being the process implemented by a person who operates a comprehensive and coordinated program designed to assist blind persons to gain remunerative employment, to enlarge economic opportunities for the blind persons, and to increase the available occupational range and diversity for blind persons. And to stimulate other efforts that aid blind persons in becoming self-supporting. Section 3 of LB445 lays out the duties and different restrictions for the certified vocational rehabilitation counselor for the blind. In Section 4, it also outlines who is allowed to engage vocational rehabilitation counseling for the blind. I have

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people behind me that will be able to answer the majority of the questions as to how the effect of this change in the creation of this counselor, would affect them and help them. So with that I will try to answer any questions. [LB445]

SENATOR JOHNSON: I don't see any, Sir. How many proponents do we have? One? Two. And any opponents? All right. Let's proceed. [LB445]

PEARL VANZANDT: Senator Johnson and members of the committee, great to be here today. I'm Pearl VanZandt, that's P-e-a-r-l V-a-n-Z-a-n-d-t. I'm the executive director of the Nebraska Commission for the Blind and Visually Impaired. As Senator Stuthman laid out, basically we are the voc rehab agency for the blind in Nebraska and as such, we are charged to hire well-qualified vocational rehabilitation counselors to provide the services statewide. The federal regulations require all states to have either VR counselors who have a master's degree in voc rehab counseling specifically, or the highest level in the state is what they require. Now here in Nebraska, there's no program for a VR counselor. You can't get a bachelor's or a master's degree in that. There are none in the immediately surrounding states, except and I think the closest one is probably Michigan. So we really have no applicants that have that degree. We do get good applicants. They usually have degrees from Nebraska colleges, maybe a master's in counseling or a bachelor's degree in a human resource field. Anyway, so what we do is we hire good people and then we have a very intensive immersion training program that provides the specialization in blindness and it's really one of the best in the country. And so what we are seeking to do here is to establish a bona fide certification process that will establish people who complete our training, and then the continuing education kinds of things with that certification. I'd be glad to answer any questions you might have? [LB445]

SENATOR JOHNSON: Okay, do we have any questions? Senator Hansen. [LB445]

SENATOR HANSEN: Thank you, Senator Johnson. Section 4, number (c), it says the completion of training satisfactorily with the approval of the executive director of the commission and the board. Number one, who is the board and who is the executive director? I think I understand that, but who's the board and then do you expect, at some point in time, to go through licensure with HHS? [LB445]

PEARL VANZANDT: Okay, uhm... [LB445]

SENATOR HANSEN: Or licensure through the commission for the blind? That's the part I don't understand. [LB445]

PEARL VANZANDT: Right. Thank you, good question. The commission for the blind is administered by an executive director, that's me. And my boss is a board of five individuals that are appointed by the Governor. So that's how our commission board.

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We did, actually, in discussion after the bill was developed in discussion with us and our commission board, our commissioners, they are thinking that probably this, you know, that might need to be changed because they don't get involved with looking at every staff trainee and, you know, they wouldn't really do the certifying. So it's possible that that would be changed. But as it is now, or what I think would really work best, and the board has agreed with me, is that the training...all be established and then I would make sure the person was completing everything and then complete the certification. It could go through HHS, but we really don't see it needing to because it could just be all handled inhouse. Does that make sense? [LB445]

SENATOR HANSEN: Okay, I think so. Does the appointed board by the Governor, do those people rotate? Do they have terms, do they... [LB445]

PEARL VANZANDT: Yes, they have three-year terms and they can only serve two consecutive terms. Three of the five must be consumers, that is blind individuals. [LB445]

SENATOR HANSEN: Okay. [LB445]

PEARL VANZANDT: So far, when we became a commission in the year 2000, all of the commissioners have been blind consumers. [LB445]

SENATOR HANSEN: Any elderly? [LB445]

PEARL VANZANDT: Yes, some are. [LB445]

SENATOR HANSEN: Okay. I don't know what elderly is. I'm not going to go there with you. [LB445]

PEARL VANZANDT: Right. I don't...that's the crazy, I mean, the feds call it 55 plus, so I think yes, they all are. (Laugh) [LB445]

SENATOR HANSEN: Okay, thank you. [LB445]

PEARL VANZANDT: Sure. Thank you. [LB445]

SENATOR JOHNSON: I'd just as soon you didn't bring things like that up, Tom (laughter). [LB445]

SENATOR HANSEN: Well, I'm concerned with the blind elderly because we had a meeting in North Platte and I think that's a group that we really need to pay some attention to. [LB445]

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PEARL VANZANDT: That is a huge concern... [LB445]

SENATOR HANSEN: And keep them in their homes instead of... [LB445]

PEARL VANZANDT: Absolutely. [LB445]

SENATOR HANSEN: ...instead of facilities of any type. [LB445]

PEARL VANZANDT: Right. And our training can help them do that, so that's right.  
[LB445]

SENATOR HANSEN: That's right. [LB445]

SENATOR JOHNSON: Agreed and thank you very much. Any other questions? I don't see any. Thank you very much. [LB445]

PEARL VANZANT: Okay, thanks very much. [LB445]

SENATOR JOHNSON: Next please? [LB445]

CARLOS SERVAN: Good afternoon. Can you hear me okay? [LB445]

SENATOR JOHNSON: Yes. [LB445]

CARLOS SERVAN : Thank you. Good afternoon, Senators of the Appropriations Committee (sic), my name is Carlos Servan, C-a-r-l-o-s S-e-r-v-a-n. I live in Lincoln, 3800 C Street. I'm also the deputy director for the commission for the blind and I supervise the field and work with the vocational rehabilitation counselors. And I am also president of the National Association of Blindness professionals in the U.S. I just want to add to what Dr. VanZandt mentioned that across the nation we are in the top in the nation for providing good services to blind and providing good quality jobs, finding good quality jobs to blind individuals. We too believe that the training the commission for the blind provides to those who are higher, it is a very rigorous, it's one of the best in the nation. So I just want to make sure that as a consumer, and I'm also a professional, I'm supporting this initiative. If there is any questions, I would be glad to answer. [LB445]

SENATOR HANSEN: Yes, just one question...one comment. [LB445]

SENATOR JOHNSON: Yes, Senator Hansen, please. [LB445]

SENATOR HANSEN: Thank you. Carlos, it's great to see you here again today...  
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CARLOS SERVAN : Thank you, Sir. [LB445]

SENATOR HANSEN: ...and thank you for testifying. Do you work with all ages of blind then? [LB445]

CARLOS SERVAN : Yes. [LB445]

SENATOR HANSEN: To help rehabilitate and just to teach, is that correct? [LB445]

CARLOS SERVAN : Correct. The commission for the blind mainly has two areas: one is the vocational rehabilitation which the funds are designed for employment outcomes and in something also, homemakers. The other area is independent living and older blind services, okay? So I supervise the VR program and the other deputy directors provide independent living and older blind services. [LB445]

SENATOR HANSEN: Okay, independent living, okay, that's one I couldn't remember. Thank you. [LB445]

CARLOS SERVAN : Sure. Any other questions? [LB445]

SENATOR JOHNSON: Any other questions of Carlos? Carlos, I see none. Thank you very much. [LB445]

CARLOS SERVAN : Thank you, Sir. [LB445]

SENATOR JOHNSON: Any other proponents? Any opponents? Neutral? Senator Stuthman. [LB445]

SENATOR STUTHMAN: Thank you, Senator Johnson. And in closing, you did hear from some of the testifiers and I think we should look very favorably on this bill and hopefully give them some assistance so I would ask that we hopefully could move this out of committee at some time. Thank you. That concludes the hearing on LB445 and next is LB469. Senator Chambers, welcome. [LB445 LB469]

SENATOR CHAMBERS: It's good to be here. Mr. Chairman, members of the committee, I'm Ernie Chambers and I can see that what I was told and warned about this committee is true. This is indeed murder's row. (Laughter) But, I'm going to do what I can to try to soften you a bit. This bill does a very simple thing. It would strike these words from the entities which are not allowed to receive funding under the Nebraska Healthcare Funding Act. School-based health clinics with my proposal, such clinics would be allowed to receive funding and this is what I present to the committee as a succinct, compelling argument with which any reasonable, rational person will agree. By its own terms, the purpose of the Nebraska Healthcare Funding Act is to provide for the

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use of dedicated revenue for healthcare-related expenditures. LB469 seeks to implement that worthy purpose by including school-based health clinics among eligible recipients of such fund. Regrettably, school-based clinics became entangled, and fell victim in political wrangling over abortion and embryonic stem cell research, with which the clinics have nothing to do. In fact, a school operated by nuns maintained such a clinic and supported funding. School-based health clinics are capable of filling a critical societal need, more so in some areas of the state than in others. No evidence has been presented that any clinic is, or has been, a "front" for sinister, nefarious or "immoral" activities. There is such a need for valid, rational healthcare counseling, advice, and providing of services where that is going to take place, that the state, since it's going to encourage funding for health-related enterprises, should certainly favor funding for school health clinics. This is an environment where children are going to spend the majority of their working hours each day while school is in session. Parents have access to the schools, they have the opportunity to review and analyze, anything that goes on in the school or in such clinics if there happen to be any in the area where the schools are located. If I did not think this were a reasonable request, I would not make it. That's all that I have to offer and I'm awaiting the largess of this committee. [LB469]

SENATOR JOHNSON: Any? Yes, you have a question from Senator Howard. [LB469]

SENATOR HOWARD: Thank you, Chairman Johnson. Would the clinic meet family needs? It wouldn't only be children, it would also be the family that would be able to receive some medical attention there too? [LB469]

SENATOR CHAMBERS: I think it would depend on how the school would organize the clinic and it would be something for the school to determine because I have not detected any descriptions in the statute where restrictions or laundry lists of what can or cannot be done, would be allowed. All that happened when we were debating some of these other issues, was a blanket prohibition against any funding for any school-based health clinic. [LB469]

SENATOR HOWARD: Okay, thank you. [LB469]

SENATOR JOHNSON: Any other questions? Senator Pankonin. [LB469]

SENATOR PANKONIN: Thank you, Senator Johnson. Senator Chambers, I know you like history and I know you know history and I'm sure there is some history behind this. [LB469]

SENATOR CHAMBERS: Um-hum. [LB469]

SENATOR PANKONIN: And just briefly, when I looked at obviously where that was classified, with some topics that are controversial, were there school-based health

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clinics before and then this funding got taken away? Or they weren't established? A little of the history for me. [LB469]

SENATOR CHAMBERS: Well, what I have to say...I didn't even become aware of the fact that there was any controversy. There had been health clinics and I think this nun's school may have been in Grand Island or one of the cities. But we were discussing the funding under this act and we've had people in the Legislature. One of them is gone now, Senator Foley, who thought anything that dealt with health matters, could somehow be tied into an illicit, fostering, or advocacy of abortion. So when stem cell research and abortion were being discussed, those discussions lead to a branching out into all kinds of areas that had nothing to do with them. But the Legislature agreed to prohibit this kind of funding. The clinics can exist but they can't receive funding under this act. [LB469]

SENATOR PANKONIN: So it would just change the being able to get the funds then. [LB469]

SENATOR CHAMBERS: Yes, and if I remember, because at one time I was more familiar with the terms of the act itself, there was a whole laundry list of entities and activities which could receive the funding. So this was specifically excluded and you'll see where they put it between abortion... [LB469]

SENATOR PANKONIN: Yes. [LB469]

SENATOR CHAMBERS: ...and stem cell research I believe, and I think that is paranoid and it is totally unjustified and not merited by the facts. [LB469]

SENATOR PANKONIN: Thank you. [LB469]

SENATOR JOHNSON: Senator Stuthman. [LB469]

SENATOR STUTHMAN: Senator Johnson. My question would have been the same of Senator Pankonin's, so I will save you the energy of giving the answer twice. [LB469]

SENATOR CHAMBERS: Thank you. [LB469]

SENATOR JOHNSON: Senator Erdman. [LB469]

SENATOR ERDMAN: Well, I did, Mr. Chairman. Thank you. This has to be a momentous occasion for me because I'm usually on the receiving end of your questioning, and so I have to at least ask one question of you Senator (laughter). The number of school-based health clinics in this state...do you know? I would imagine they are more prevalent in urban areas than in rural areas, but any idea what the number of

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facilities... [LB469]

SENATOR CHAMBERS: Yes. I don't know the number, I don't know which schools do have them but I think wherever they exist, there should be state funding and if state funding were available, perhaps more would come into being. So I'm in favor of them existing as widely as possible. [LB469]

SENATOR ERDMAN: And just to follow up, I think the committee that you are a proud member of is probably closer to the death squad than this one because we are pretty kind and gentle to those that come... [LB469]

SENATOR CHAMBERS: I didn't say death squad, I said murderers' row, there's a difference (laughter). There's a difference. [LB469]

SENATOR ERDMAN: It may be in perception, but in reality maybe. [LB469]

SENATOR CHAMBERS: Okay (laugh). [LB469]

SENATOR JOHNSON: Any other questions? Before you go, Sir, I have one. Is it all right if we switch this into three departments or division? [LB469]

SENATOR CHAMBERS: If that would make more services available and provide more local control of these clinics, I'm in favor of whatever will achieve that result. [LB469]

SENATOR JOHNSON: Thank you, Sir. Any other questions? [LB469]

SENATOR CHAMBERS: The new Senators may not have picked that up. That's the way...when they want to hit me with a two-by-four, (laughter) you're talking dividing something into three districts. [LB469]

SENATOR JOHNSON: But it was a padded two-by-four (laugh). Thank you very much. [LB469]

SENATOR CHAMBERS: Yeah. Okay, can I hang around to see what might happen? [LB469]

SENATOR JOHNSON: Yes, you certainly can. Thank you. Do we have any proponents? Any opponents? Neutral? You want to waive goodbye to us, or say goodbye? [LB469]

SENATOR CHAMBERS: What else can I do? Thank you very much. [LB469]

SENATOR JOHNSON: You bet. Thank you. That ends the hearing on LB469, and



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Senator Erdman, would you like to take over? [LB469]

SENATOR ERDMAN: I would, Mr. Chair. Could I see a show of hands of those who wish to testify on LB480? I see one. That's fantastic. Proponent or opponent, Mr. Radcliffe? [LB480]

WALT RADCLIFFE: Neutral. [LB480]

SENATOR ERDMAN: Wow. You don't even have an opinion and you want to say it, that's great. (Laughter) [LB480]

SENATOR ERDMAN: Mr. Chairman you are recognized to open on LB480. [LB480]

SENATOR JOHNSON: (Exhibit 1) Thank you very much. Senator Erdman, fellow members of the committee, this is kind of a fitting closure to our assignment this year. This LB480 has been particularly dear to the heart of Senator Jim Jensen and I'm sure that Senator Erdman was here, were you not, when it was created as well? [LB480]

SENATOR ERDMAN: I was. [LB480]

SENATOR JOHNSON: As you go around the country, what Nebraska did with its tobacco settlement funds in creating what this is really called is the Nebraska Healthcare Funding Act, is quite unique. And Nebraska is the envy of virtually every state in the union. What we saw particularly in the troubling times of a few years ago with the great shortfalls in many states, they raided their tobacco funds for general operating funds for the state. Nebraska resisted that and what has happened is that we've created this fund from the settlement dollars and have been able to successfully protect the fund and use approximately \$52 million per year for health-related purposes. Now, what the law does basically, is it takes the tobacco settlement monies and Medicaid, intergovernmental transfer revenues and uses the interest which comes to about \$52 million dollars a year. Now, we provide you with some information about the act and how the money is going to be used, but the estimates from the tobacco settlement is that the state expects over the next ten years. You can really say this is a cleanup bill, but here's a couple of things that are different and this is the heart of this bill: first, the bill requires that the \$52 million transfer of the Nebraska Healthcare Cash Fund each year, must be offset by the amount of unobligated balance in the fund when the transfer is made. For example, if there is \$5 million of investment income sitting in the fund, that is not obligated, then you would put only \$47 million more into the fund to meet the total of \$52 million. Secondly, the bill requires that no more than \$52 million can be appropriated or transferred from the fund in any fiscal year. In the past there have been efforts to use this unobligated balance for other purposes, and as we mentioned, other states have succumbed to this, and this damages the long-term integrity of this fund. This year, for example, Governor Heineman has proposed using

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\$6.9 million from the unobligated balance in the fund for fiscal year '08. This bill is meant as a tool to help protect the endowment fund for future generations of Nebraskans, and it's been very successful to this point. We should make this committee aware that the bill is in Appropriations Committee to raise the annual amount transferred from the healthcare cash fund from \$52 million to \$54 million each year. If that bill advances, LB480 will need to be changed to reflect that increase. The point of this LB480 is to put a simple mechanism in place to better protect the principle of healthcare cash fund and allow it go grow more quickly. The bill is set to be operative July 15, 2007, with the emergency clause in place. A later effective date would allow the Governor's proposed transfer fiscal year '08 to take place. Basically, it's just the cleanup bill to protect the fund and allow the discretion for this year. [LB480]

SENATOR ERDMAN: Thank you, Senator Johnson. Any questions? I see none, thank you, Sir. Any proponents? I see none. Any opponents? I see none. Neutral? You may have multiple opinions in a neutral so I'll just let you sell how many of us there are of you (laughter). [LB480]

WALTER RADCLIFFE: Senator Erdman, members of the committee, my name is Walter Radcliffe, R-a-d-c-l-i-f-f-e. I'm appearing before you today as a registered lobbyist on behalf of the Nebraska Medical Center, the University of Nebraska, and Boys Town Research Hospital. Simply to underscore the last point that Senator Johnson made regarding the pending legislation in the Appropriations Committee, which would increase the allocation from the fund by \$2 million. That \$2 million would go to the research component in the fund which is utilized by the University of Nebraska, by Creighton, and by Boys Town. When the fund was originally established and the various components were set out as to what the funding levels would be, that initial legislation envisioned increasing the research component from the initial \$10 million to ultimately \$14 million which frankly, was supposed to have happened a couple of years ago but when the budget was tight, there simply wasn't appropriate at that time to try to come in and try to get that. So consequently...this would bring it up to that, I don't want to say authorized level, but that anticipated level when the fund was created. And as Senator Johnson says, if that legislation in the Appropriations Committee, the bill moves forward or conversely if there is an appropriation within one of the budget bills, then this \$52 million should be increased to \$54 million. And we visited with Senator Johnson about this and I thank him for his understanding and cooperation, and I'd be happy to attempt to answer any questions. [LB480]

SENATOR ERDMAN: Thank you, Walt. Any questions for Mr. Radcliffe? I see none. [LB480]

WALTER RADCLIFFE: Thank you. Nice timing for a Friday afternoon I would hasten to add as well. [LB480]

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SENATOR ERDMAN: (Exhibit 2) We appreciate your willingness to help us with that. Anyone else in a neutral position on LB480? I see none. We have a letter of support from the Nebraska Hospital Association, from Mr. Bruce Rieker, in support of LB480. Senator Johnson, you are recognized to close. [LB480]

SENATOR JOHNSON: (Exhibit 1) Just one other comment. We also have a letter from the Nebraska Hospital Association, Mr. Bruce Reicker, in support of LB469, Senator Stuthman. That concludes the hearing on LB480 and like the record to show that the Chairman thinks very highly of the work by the members of the committee this year. [LB480]

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Disposition of Bills:

LB417 - Advanced to General File, as amended.  
LB445 - Advanced to General File, as amended.  
LB469 - Advanced to General File.  
LB480 - Advanced to General File.

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Chairperson

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Committee Clerk