

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

[LB877 LB954 LB1048 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 Thursday, February 7, 2008, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB877, LB954 and LB1048 and gubernatorial appointments. Senators present: Philip Erdman; Tom Hansen; Gwen Howard; Dave Pankonin; and Arnie Stuthman. Senators absent: Joel Johnson and Tim Gay.
[CONFIRMATION]

SENATOR STUTHMAN: (Recorder malfunction)...public hearing of the Health and Human Services Committee of the Nebraska Legislature. I am Senator Arnie Stuthman of Platte Center and I would like to introduce my committee members. To my right we have Senator Phil Erdman from Bayard; to my immediate right is our legal counsel, Jeff Santema; to my immediate left is the committee clerk, Erin Mack; and we have Tom Hansen from North Platte and Senator Gwen Howard from Omaha. There will be other Senators possibly coming. They may be in the process of introducing bills at this time. I want to lay out some of the ground rules. To start with, these proceedings are recorded and will be transcribed and if you have a cell phone with you, please turn the cell phone off. I'd truly respect that of you. The committee will, when we have the hearings, we will first hear the proponents, then the opponents, and then the neutral testimony. When testifiers come up, I would appreciate if you would come up, if you're the next one to testify you could come to the front end of the chairs and be ready to testify immediately after the one before you has completed his testimony. When you come up, if you have handouts place them on the corner of the table and our page, our page is Matt Pederson, he will hand out that material to the committee. When you testify, please state your name and then spell your name. We'd appreciate that. If, we would like to have your testimony to be not more than five minutes long and we would like to have it not to be very repetitious as to the comments made. If someone has made statements prior to what you had, then consider those statements as they are entered into the record. Also at this time I would like to introduce another member of the committee, Senator Dave Pankonin, from Louisville and he is on the committee also, to my far right. At this time, first we're going to follow the agenda as the legislative bills are stated on the agenda but first we'll have, having the gubernatorial appointments. The first one will be a phone conversation and it will be for the Commission of the Blind and Visually Impaired and it will be with Julie Johnson. You're waiting for her to call in, okay. And she will be calling in shortly. I would also like to have on the record. We have another individual, James Jirak for the Commission of the Blind and Visually Impaired and he will not be able to attend today so we will have that rescheduled at a later date when he can testify. So at this time I think we will be at ease until we hear from Julie when she calls. [CONFIRMATION]

JULIE JOHNSON: Hi, this is Julie Johnson calling in for the conference call with the Health and Human Services Committee. [CONFIRMATION]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR STUTHMAN: Good afternoon, Julie. [CONFIRMATION]

JULIE JOHNSON: Good afternoon. [CONFIRMATION]

SENATOR STUTHMAN: This is Senator Arnie Stuthman and I am chairing the committee this afternoon. [CONFIRMATION]

JULIE JOHNSON: Okay. [CONFIRMATION]

SENATOR STUTHMAN: So, if you would state your name and tell us a little bit about yourself and what you plan to do serving on this commission, so if you would like to start right now. [CONFIRMATION]

JULIE JOHNSON: (Exhibit 1) Sure. My name is Julie Johnson and I intend to continue to promote rehabilitation services for blind and visually impaired Nebraskans. Specifically to ensure excellent vocational rehabilitation skill training, job placements, preparation, and independent living skills for senior blinds so they can see in their home. [CONFIRMATION]

SENATOR STUTHMAN: And you currently live in York? [CONFIRMATION]

JULIE JOHNSON: Currently I live in York, yes. [CONFIRMATION]

SENATOR STUTHMAN: Okay. Have you had any experience working with the blind and visually impaired? [CONFIRMATION]

JULIE JOHNSON : Have I had any experience working with blind and visually impaired people? [CONFIRMATION]

SENATOR STUTHMAN: Yes. [CONFIRMATION]

JULIE JOHNSON: Yes, I have. I have worked at the commission as the apartment resource counselor where I worked in the orientation center teaching daily living skills and then basically all these skill areas, orientation mobility, braille, computers, cooking, cleaning, matching clothes, just about everything. And then currently, I am self-employed. I own my own business where I provide blindness information, resources and products, specifically guide dog equipment. So I continue to work with blind people on a daily basis. And I'm also a mentor to a young lady who is blind. [CONFIRMATION]

SENATOR STUTHMAN: Okay. Thank you, Julie. [CONFIRMATION]

JULIE JOHNSON: Uh-huh. [CONFIRMATION]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR STUTHMAN: Are there any questions from the board, from the committee? Seeing none, Julie, I would like to thank you for being willing to serve on this commission and hope for the best for you, so with that then, thank you, very much. [CONFIRMATION]

JULIE JOHNSON: Thank you. Um-hum. [CONFIRMATION]

SENATOR STUTHMAN: Okay. You have heard the testimony from Julie Johnson and like I had stated for the record, James Jirak will not be with us today and we'll reschedule that. Now I would like to have Wesley Majerus, would you come forward, please? Senator Erdman will help you get the chair. Good afternoon, Wesley. [CONFIRMATION]

WESLEY MAJERUS: Good afternoon. [CONFIRMATION]

SENATOR STUTHMAN: So, if you would state your name and spell your name and then tell us a little bit about yourself. [CONFIRMATION]

WESLEY MAJERUS: (Exhibit 2) My name is Wesley, W-e-s-l-e-y, Majerus, M-a-j-e-r-u-s. Currently I am employed by the state of Nebraska, work with the office of the chief information officer, the internet development team. I've also been a past client of the Commission for the Blind and Visually Impaired. I have received training at all levels from the commission, when I was in elementary school. I attended some of their camps when I was a high schooler and then I attended their orientation and training center after graduating from high school. They also provided services to me as I attended college at the University of Nebraska-Lincoln where I majored in management information systems and minored in computer science. [CONFIRMATION]

SENATOR STUTHMAN: And this is your first appointment to this commission, right? [CONFIRMATION]

WESLEY MAJERUS: That is correct. [CONFIRMATION]

SENATOR STUTHMAN: Okay. Thank you. Are there any questions from the committee? Again, I would thank you for coming here today and the committee really respects the people that come in person and testify for these bills and the appointments, so we really respect you for that. So with that, thank you. Wesley, we will have a person help you back over to where your seat was, and thanks again. At this time I would ask Shawn Baumgartner to come forward please and this is for the Emergency Medical Services for an appointment. Good afternoon. [CONFIRMATION]

SHAWN BAUMGARTNER: (Exhibit 3) Good afternoon. Shawn, S-h-a-w-n,

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

Baumgartner, B-a-u-m-g-a-r-t-n-e-r. [CONFIRMATION]

SENATOR STUTHMAN: And if you would tell us a little bit about yourself, please.
[CONFIRMATION]

SHAWN BAUMGARTNER: This is a reappointment to the Board of Emergency Medical Services. I've served previous, three-terms with the board. I presently work as an operations manager for a private ambulance service in Scottsbluff, Nebraska, and clinical coordinator under a newly developed regional medical direction program of nine volunteer services and a hospital based advanced life support full-time service. I serve as the, currently the vice chair of the EMS board and sit on the Protocol Committee, the Scope of Practice Committee, the Services Committee, and help with site visits on services applying for licensure. [CONFIRMATION]

SENATOR STUTHMAN: Okay. Thank you, Shawn. Does the committee have any questions? Senator Erdman. [CONFIRMATION]

SENATOR ERDMAN: Shawn, good to see you. You probably drove down by yourself although the rest of the Scottsbluff, Gering community took a bus to be here. (Laughter)
[CONFIRMATION]

SHAWN BAUMGARTNER: Yeah, yeah, we passed. (Laughter) [CONFIRMATION]

SENATOR ERDMAN: Very good. Let me ask you a little bit. Obviously, you've been involved in the discussions that we've had over the past couple of years in this committee both those initiated by Senator Flood and as well as some of the interest this committee has taken in trying to find some resolutions. We have LB244, we have LB730 now. It's my understanding that you were either in support or supported the concept, I guess, of LB730 if I recall reading your e-mail correctly and maybe I didn't.
[CONFIRMATION]

SHAWN BAUMGARTNER: Yes, that's correct. The concept of LB730 was to allow for a skills and oral testing for the first responder in an emergency medical technician level of providers within our state. We know, coming from the federal level, will be a new set of guidelines for education in emergency medical services for all levels of providers. The amount of education that that will require on our volunteers I think is a huge time commitment. Now it's a large time commitment. It will be a huge time commitment in the future and I'm concerned about our volunteers and recruitment of new volunteers in our smaller communities, and especially in our rural end of the state. [CONFIRMATION]

SENATOR ERDMAN: Let me follow up on that a little bit. We have a couple of options as I see it that we could do with either of those bills. We can address what's proposed in those bills and either create somewhat of a battle, if that's the right term on the floor, as

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

far as what the policy should be as far as training and requirements as well as the authority of different individuals in their training to be able to transport. One of the options that I thought of, is that we have these two bills. Knowing that there are going to be federal guidelines or the coalition, if you will, of folks that subscribe to the nationalized test or the standard test out of Ohio, knowing that those are going to become more restrictive, do you see specific opportunities for the Legislature to provide, and we can't do tax incentives because that's going to be through the Revenue Committee, but is there a key issue, are there key issues that we should be considering to help alleviate some of those issues that may in turn solve part of the issues that Senator Flood is specifically interested in being able to recruit people because that's part of it but also the retention side. So the simple question is, what do we need to do to retain and recruit folks and do you see using one of the bills we have as a vehicle to try to accomplish that deception as something we should do. [CONFIRMATION]

SHAWN BAUMGARTNER: From a recruitment standpoint, I don't know that we'll ever have a one size fits all program. Certainly, we need to look at the entrance level requirements and being practical, you know, I'm a vehement believer in doing what is best for each patient and protecting patient's safety which is why I don't believe that the bill to allow first responders to transport is appropriate, the level of training isn't enough. However, the new guidelines may take that too far. It is full of wonderful nice to know information and especially if those people who plan to go on to be paramedics. But the bulk of EMS in Nebraska is provided by emergency medical technicians who only about 5 percent go on to be paramedics and in the rural areas of the state, not even that. The opportunity is just not there or practical for them to go on and therefore, I feel that an option must be there too, and to look at and consider highly that we don't place too much restriction on our volunteers and on recruiting them with a class that presently takes about a college semester to complete, to one that would take two college semesters to complete. And that is my biggest concern. I don't know that LB730 was highly opposed by most of the EMS community because not having a written rest is a scary thing. No one, no other healthcare profession has ever done that. It's never been studied. It's never been looked at. So it is a very scary place to go. There are some wording things that kind of create some loops in the bill that created some concerns which is why it was so opposed. I still believe that the concept has some merit and needs to be looked at. I don't know that solving it legislatively this time is our best route but I do feel that that concept has merit. [CONFIRMATION]

SENATOR ERDMAN: So, we're talking about trying to maintain the paths for folks that want to end up being paramedics as one track, if you will, and also then providing maybe a state based certification as opposed to the national model that would allow for training opportunities that would be sufficient and appropriate to be able to discharge certain duties that may address some of those issues, and you're thinking that it may be something that we have to continue to look and see maybe how the national guidelines are drafted to help us determine what that gap is or... [CONFIRMATION]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SHAWN BAUMGARTNER: Well, I think at this point the third draft will be out late this summer. In anticipation and with talking with people from the national level and from national associations, I don't believe that there's going to be much difference between draft two and draft three which will mean anywhere from 150 to a 199 hour EMT course. Presently we have a 110 to a 150 hour EMT course. The biggest difference is, that currently that 150 hour class we have now, if we go to its maximum length, includes various skills such as advanced airway, IV monitoring, some things that the EMT can do. At the national level, those skills don't exist in their proposals and we don't see that that will change. So again, they learn a great wealth of knowledge but no additional skills that they could apply in the field so they're applying a lot of time to learn cognitive material but no skills. So, I think if we keep on a route of looking at our options, and some of those already exist within the current EMS Act that gives the EMS board some latitudes and the way it writes its rules and regulations, that we can develop a system that is both practical but yet secures the public safety. [CONFIRMATION]

SENATOR ERDMAN: Refresh my memory, I don't know that I can recall exactly but the process that an individual goes through to get their education, how is that paid for? I think depending upon certain license or there may be a partnership with the state or... [CONFIRMATION]

SHAWN BAUMGARTNER: At the EMT level there is some reimbursement back to the services. If they're a member of a service, then there is some reimbursement available. I'm not sure what that number is. But it covers, depending on the program, which training agency and the costs, it's somewhere between 50 and 60 percent. It's...but if we double the length of the class, it's going to double the cost or at least increase it. [CONFIRMATION]

SENATOR ERDMAN: And is the program set up, if we double the length of the class will it correspondingly match that or are we talking about, instead of it being 50 percent they'll now be paying about a quarter. [CONFIRMATION]

SHAWN BAUMGARTNER: It will be paying a quarter of that. [CONFIRMATION]

SENATOR ERDMAN: Okay. So the issue is that it's not going to keep track as well as far as that goes. Some of the services then would pay part of that or would have some type of agreement because they get the money back. It's not directly to the actual technician or the medical professional that would seek this so are there...and we have programs, whether it's rural health or different things, where we'll do loan forgiveness or different programs to help cover the cost under some type of agreement that they'll continue to practice. It sounds like some of those ideas may need to be considered especially if the program becomes more costly as well as more time consuming because that may be an additional barrier that we know is somewhat of an issue now

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

but really at the time if you tell people, well, at the time and now it's an extra 25 percent more, that may be a further deterrent for folks to be able to pursue it and fulfill it.

[CONFIRMATION]

SHAWN BAUMGARTNER: I agree. We would need to look at how can we utilize either programs as currently exist or modifying them to cover the amounts. [CONFIRMATION]

SENATOR ERDMAN: Where does the financing come, where the funding come now, is it directly appropriated or is it through fees for the match that's currently available?

[CONFIRMATION]

SHAWN BAUMGARTNER: Currently that is, part of it is a Legislature approved amount and part of it also comes through grants that the EMS programs gets through the HRSA grants or the rural health care people and through community block grants. So as those programs change, dwindle, funding changes, is how that reimbursement is affected back to the services. [CONFIRMATION]

SENATOR ERDMAN: Last questions I have is, you mentioned about the authority that the board has as far as the rules and regs to be practical and still provide the protection. Are you confident that the members of the board which you're of and working with the, or EMS folks working with the board and making sure that that awareness is there, one of the things that I think has been frustrating in this course is trying to find some consensus. I mean, we've got LB730, there's no consensus there. We've got LB244, there's...well, let me say there's no consensus and there's not even a lot of support. I mean, it's even a different type of beast there. Is there an understanding, are you confident in the understanding of the folks that you work with, as well as the folks in the profession, to be able to figure out how to do that because if you say that this is something that the board has the authority to do, as a policy maker, we have the option of trying to do it. I would like to be able to trust the folks that are in positions to help manage this appropriately and be conscious of where that line needs to be drawn. I mean, do you have that same comfort level that willingness is there that there's an understanding of the same types of concerns or insights that you have about what needs to be done going forward to ensure we still have the services we need?

[CONFIRMATION]

SHAWN BAUMGARTNER: I believe that there is. Certainly, LB730 generated a lot of discussion at the board and the concept generated discussion going back to our October meeting, so I think that there is a willingness of the board to look at all options. It was just very scary territory especially when they started looking at, how do we ensure that process because we would be breaking new ground. We wouldn't have any models to follow and that scared a lot of people. [CONFIRMATION]

SENATOR ERDMAN: Okay. Well, I appreciate your testimony and there was a couple

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

different loan forgiveness or rural health programs that we've had before the committee that may or may not be an option but I think there is an opportunity, if what I'm hearing you is correct, that there are people in place that have the authority now that given the opportunity can help chart this course, there still may need to be some assistance or insight provided by the Legislature through programming or loan forgiveness or something to help with that future cost that we know is coming to ensure that that's not the deterrent for people wanting to pursue this service. [CONFIRMATION]

SHAWN BAUMGARTNER: Yes, that is correct. [CONFIRMATION]

SENATOR ERDMAN: Okay. Thanks, sir. I appreciate your coming down. [CONFIRMATION]

SHAWN BAUMGARTNER: Thank you, Senator. [CONFIRMATION]

SENATOR STUTHMAN: Okay. Thank you. Any other questions from the committee? Seeing none. Thank you, Shawn, and thank you for coming all that way to come down here to tell us a little bit about yourself so we really appreciate that. [CONFIRMATION]

SHAWN BAUMGARTNER: Thank you, Senator. [CONFIRMATION]

SENATOR STUTHMAN: Thank you. At this time we will go into the legislative bills, the hearings, LB877 by Senator Wightman. Also I would like to mention that those testifying, please have your sign-in sheets complete when you come forward. Good afternoon, Senator. [LB877]

SENATOR WIGHTMAN: Good afternoon, Vice Chair Stuthman and members of the health committee. My name is John Wightman, J-o-h-n W-i-g-h-t-m-a-n. I represent District 36. The Nebraska Aid to Dependent Children program is structured to help transition aid recipients permanently to financial self-sufficiency, financial self-sufficiency, by requiring recipients to participate in programs designed to educate and train them to be successful in Nebraska job market. Education is one of the approved activities required of persons who receive ADC funds. Now, I will say, I brought this bill at the request of Senator Harms. Senator Harms originally planned to introduce this bill and as you know, he was out of the Legislature for two or three weeks and so he requested that I introduce the bill on his behalf. To go on, because education is one well documented path out of poverty for a family, Nebraska has a strong history of encouraging welfare recipients to meet their work requirements by pursuing postsecondary education. Postsecondary education has always been defined under our statute and regulations, as a bachelorette degree. An associate degree has been defined as vocational education. As of 2006, ADC participants can pursue a baccalaureate degree full-time for the five-years of ADC eligibility. However, in 2006, the Department of Health and Human Services also limited vocational education to 12

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

months. For an associates degree is now subject to a 12-month time limit rather than a 24-month time limit which would take, acquire that degree under normal circumstances. The associate degree programs are usually for 24 months. As I said, LB877 is a bill that John Harms intended to introduce and he's been very closely associated, as you know, with the community colleges and was president for some 31 years of Western Nebraska Community College and so, is very well aware of what this situation entailed when we limited it to either a baccalaureate degree or 12 months of training. It seems counterproductive to limit postsecondary education to baccalaureate degrees when associate degrees take less time, are less costly and are often the more efficient way for ADC recipients to become employed at a higher income ending the family's dependence on public benefits sooner. I would also point out that we have six community colleges and are branches, and a number of branches in addition to the six primary sites scattered throughout greater Nebraska, for a more convenient by virtue of location to meet the needs of Nebraskans. I think it's fairly obvious that most of these people would be much better off if they could work in their own community or as close to their own community as possible. And that if we really intend to help these people receive more income later in life, that it's important that we do broaden of the scope of what we now have to provide that they could be in vocational training or in a community college and get an associates degree. And there are people following, I think Dennis Baack is here, although I didn't see him, but he's probably here who is intending to testify as well, can better answer your questions. I know that a representative of Appleseed will be here, and I understand that some recipients will be here who will be able to inform you of how passage of LB877 might affect their ability to take advantage of this program. So with that, I would try to answer any questions you have. [LB877]

SENATOR STUTHMAN: Thank you, Senator Wightman. Are there any questions from the committee members? Senator Hansen. [LB877]

SENATOR HANSEN: Thank you, Senator Stuthman. Senator Wightman, the fiscal note, does that seem appropriate, that seems like it's kind of low but... [LB877]

SENATOR WIGHTMAN: Well, my understanding was that it was quite a bit higher last year and after discussion I think with Appleseed, and I think Appleseed will testify as to that, but my understanding is that they think that this is a sufficient amount and the fiscal analyst apparently has agreed that that is. I think last year it was two or three times that high so that's all I can tell you as to how that figure may have been arrived at. I know it only shows \$70,000 expenditure of general funds. [LB877]

SENATOR HANSEN: So, I guess the follow up question, is the Appropriations Committee going to be able to do this? (Laughter) [LB877]

SENATOR WIGHTMAN: Well, I'd only be one of eight members. [LB877]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR HANSEN: Well, I think for that many, for that many people and it's a worthy project so, thank you for bringing this for Senator Harms. [LB877]

SENATOR WIGHTMAN: Thank you. [LB877]

SENATOR STUTHMAN: Senator Erdman. [LB877]

SENATOR ERDMAN: Senator Wightman, I think I heard what you said but I need to go back and ask you. You mentioned the distinction between the associate degree in vocational versus the higher degree. Did you say that you felt it was more appropriate to do it this way than for the four-year degree or did you think that it was as logical, because I read it, it expands beyond the four-year degree, the baccalaureate degree. Is it your opinion that we should only target the one or that we should open it up to all? And I didn't hear it right but I just wanted to make sure that... [LB877]

SENATOR WIGHTMAN: Right now, I think that Health and Human Services is considering that it applies if you're only in school for 12 months. But if we're going to extend the coverage and allow them to tap into an associates degree, and much of the vocational training probably as well, then we would be expanding it to 24 months which would allow them to obtain the associates degree. [LB877]

SENATOR ERDMAN: Okay. I just wanted to make sure. I wasn't sure exactly what I heard from you. I just wanted to give you a chance to clarify it. Thank you. [LB877]

SENATOR WIGHTMAN: Okay. [LB877]

SENATOR STUTHMAN: Any other questions from the committee? Seeing none. Thank you, Senator Wightman. [LB877]

SENATOR WIGHTMAN: Thank you. [LB877]

SENATOR STUTHMAN: Are you going to be here to close? [LB877]

SENATOR WIGHTMAN: I have another bill that I need to go to right now and I doubt that I get back to close so. [LB877]

SENATOR STUTHMAN: Okay. Thank you. [LB877]

SENATOR WIGHTMAN: Thank you. [LB877]

SENATOR STUTHMAN: At this time I would ask, how many people plan to testify on LB877? We have two, four, six, seven. Okay. First one in the proponent and I would like to ask you to try to contain your comments in three to five minutes if at all possible.

Good afternoon. [LB877]

BECKY GOULD: (Exhibit 1) Good afternoon, Chairman, members of the committee. My name is Becky Gould, B-e-c-k-y G-o-u-l-d. I'm the executive director of the Nebraska Appleseed Center for Law in the Public Interest and I'm here today to testify in support of LB877. I'd first like to thank Senator Wightman for bringing this bill. It's really critical to helping making sure that families on the ADC program can successfully move out of poverty and that means having a variety of paths available for people to pursue that lead to good jobs with good benefits and the potential to support a family without the need of public assistance. And I wanted to say just a minute about the history, and Senator Wightman touched on it too, but since we went through welfare reform as a state in the mid '90s, '95, '96, this Legislature had a real commitment to postsecondary education and it was part of our welfare reform process. We said we want ADC recipients to have access to postsecondary education. So since that time we have allowed ADC recipients to do both bachelor's degrees and associate degree programs for the full amount of time that they were on the program as their only work activity until October of 2006. And at that point in time, what changed were the time limits that were applied to associate's degree programs. So now you're allowed to do a associate's degree program for up to 12 months as your core work activity. After 12 months, you're required to do another work activity for 20 hours first and then could fill in with your associate's degree courses after that. And for most recipients, that's a really, really difficult thing to do. And what LB877 will do, would address that problem by saying, we're going to treat associates degrees just like we treat bachelors degrees so if you're in a bachelors degree program and you can do that as your core work activity full-time for the month that you're on ADC, we will do the same thing for associate's degrees. You will be able to do that as your core work activity for the time that you are on the ADC program. And it's a good thing for families and it's a good thing for our state. It's a good thing for families because it gives them that meaningful path. For some folks a bachelor's degree isn't the right path and an associates degree is a better one and so for them, we create that path and we say, if we're going to let you start, we're going to help you and support you in finishing it. Because at the end of the day, recipients who are able to complete an education are far less likely to ever go back on public assistance. One study that was done showed that people that obtained a bachelor's degree, that 100 percent of them never went back on public assistance. Of those who got associates degrees, 81 percent didn't go back on public assistance so if we're talking about reducing welfare dependency, education is one of the best ways to do that. And so making sure that that can be meaningful and actually happen for families, means that we give them the time to complete a program and 12 months is not enough time for most families. In terms of talking about our state and the bottom line, you know, I know money is always a concern when we come into this committee and are talking about making adjustments to programs. And I think the thing to keep in mind here is, when we look at what our work force needs are in this state in the coming, the very near future, we need people with advanced degrees. The top five jobs that are going...in

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

Nebraska that are in demand jobs all require at least an associates degree and some require a bachelors degree and so we have these work force needs and this is an area in which we can tap into a population who needs jobs, and we can connect them to jobs that are in demand in our community. If we don't have, you know, the skilled work force that we need, it's hard to attract businesses who want to come to communities where you have skilled workers. In addition, if we're looking at just welfare programs across the board, when you move a family into lasting self-sufficiency, you end up with significant savings across all public benefits, programs, and one estimate that I just wanted to share with you, actually comes from a report that was a part of the Bright Futures initiative that's going on in Omaha, and one estimate indicates that if single mothers pursued postsecondary education at the same rate as other high school graduates, annual spending at the national level on cash assistance programs, food stamps, and housing assistance could be reduced by \$7.9 billion. So we're talking about a significant savings if we can get folks an education and get them off the system for the long term. And so that's really what LB877 is about. It's about restoring what we've been doing since 1995, 1996 and providing meaningful access to good jobs for low income families. It's hard to be in the proponents side because I know that, I believe the department is going to come up and testify in opposition to this bill, and so I can only sort of guess at what they might say to you but I think one thing they might say is, this would jeopardize our federal funding if we do this. And I would take you back to last year when we were discussing a similar issue and the argument was made that if we allow people to do a bachelors degree program will jeopardize our federal funding and the state has done actually an excellent job of ensuring that we meet our work participation rate. They tracked down some additional funding that allowed us to get some credits and when we're looking at 41 people, that's not going to make a dent in our work participation rate, and the tremendous advantage is that we have by getting those people into lasting jobs and economic security is worth the \$70,000 fiscal note that's here and would not pose a risk to our federal funding. The second thing they might say to you is that, well, this gives preferential treatment to people doing education over people who are doing other work activities. And that's really not the case. If you're doing any of the other work activities, core work activities that are part of the ADC program, that's all you have to do. You're just doing that one core work activity so if you're doing on the job training you don't have to do on the job training and subsidize employment or on the job training in community service, you just do on the job training. And what we have in place right now, is if you choose an associates degree in that second 12 months, you have to do something like community service or on the job training for 20 hours first and then your associates degree on top of it. So what we're really doing here is not giving preferential treatment but leveling the playing field. And with that, I'd be happy to take any questions that you have. [LB877]

SENATOR STUTHMAN: Thank you, Becky. [LB877]

BECKY GOULD: Thank you. [LB877]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR STUTHMAN: Any questions from the committee? I see none, thank you very much. Next testifier in the proponent. Good afternoon. [LB877]

SUSAN SCOTT: Good afternoon and thank you for this opportunity. My name is Susan Scott, S-c-o-t-t, and I'm the former director of the YWCA, Lincoln, and a long-term volunteer in women's issues and working for children. I really support LB877 because I think it's a both, an asset to the young women but also a great investment for long-term success of these women and ultimately will change their ability to give money back through their activities on the tax roles. In my past experience, seeing young pregnant and parenting women as well as homeless women, they were far more likely to successfully complete an associates degree due to the time requirements for a traditional bachelors degree. These ADC recipients would also be in a position at a later time, once they get on their feet, to return to a nontraditional program such as Bellevue College, Nebraska Wesleyan, the College of St. Mary, and Doane College where they can more quickly and on their time, their own time frame complete a degree. Associates of Arts serves as a spring board for job that may buy, pay a living wage and at the same time, if I look at an associate in human services, oftentimes the young people that have had life experiences along with their enthusiasm and commitment to the area that they're working in, may actually be better success and more effective than someone that has a bachelors degree in social work but no life experience that just comes in and tries to say, now be good, don't get pregnant, be a good mom. And so when we can get these young women that have actually lived the life and know that their lives can be better, they serve as wonderful role models. Recently I've been substituting in the Lincoln public schools, at Park Middle School, which is one of the more diverse schools in Lincoln, and I see my job not only as teaching a subject matter which happens to be English or reading right now, but also trying to keep them in school. And as I look out on those kids that I'm working with daily, I realize that they're going to have a challenge and if they ever ended up being on ADC, the likelihood that they could get an Associates of Art is much greater than they would stick it out and follow through with a bachelors and sometimes, I actually think bachelors degrees are overplayed because I see people getting a bachelors degree and then they don't get a job so they go on and get a masters degree and then people won't hire them because they're overqualified and I see a lot of people that are overeducated and underemployed that really ended up frustrated. So I think encouraging these young people and older people to get a associates degree that can really help them get meaningful work as well as a living wage is really an important thing so I definitely support LB877. Are there any questions? [LB877]

SENATOR STUTHMAN: Thank you, Susan. Any questions from the committee?
Senator Erdman. [LB877]

SENATOR ERDMAN: Susan, thanks for your testimony. I thought I heard this from

Health and Human Services Committee
February 07, 2008

Senator Wightman but you were a little clearer and so I'm going to ask you this because I think it's probably better for me to just come out and ask it than to beat around the bush. If we're talking about a program and assuming that we're going to provide this opportunity for individuals to seek education as part of fulfilling the requirement, what you're telling me is, it seems that we should be targeting the associate degree or vocational training instead of a bachelors degree. If the choice were made, and I think it's implied from your testimony, but for example, say we had the choice, and we could say we have a better chance of success for people attaining a degree in the great things that I think the associates degree and vocational training provides, would it be more cost effective or possibly more productive in the end for the individual to only allow the associates degree. Because it says, and just before you do that, I didn't ask this because I didn't catch it in time but it said there were 76 ADC clients successfully pursuing postsecondary education that doesn't break it down as to, I'm assuming all of those are four-year degrees but I'm just, I'm hearing what you're saying, I'd like to kind of flush that out a little bit. [LB877]

SUSAN SCOTT: Well, I think I've waffling on that because I know I had a young woman that worked with us at the YW and she had busted her butt and managed to get an associates and then she went to Wesleyan and she was being hamstrung because she was only going part-time. And so she was having to do both things but she was a bright woman that was very competent, so I don't want to dissuade her from getting a bachelors degree. But yet many of the young women, the time frame, if you go to a traditional education, takes so long. I mean, you know, it's going to take most of your children, you know, they go on the five-year program as opposed to four years so if we starting with somebody from scratch that has to be responsible for childcare and parenting and all those skills, it's really overwhelming and I really take my hat off to those women that take the energy. But, you know, if they don't do anything, the jobs they're going to be in are McChicken and you know, they're just not going to make a living wage. And it was very frustrating for me because at one time there wasn't as much responsibility for, they call it on the national level Work First, and we were teaching women how to get their GEDs, to become good parents, to get jobs, to be good mothers, and basically the federal government took away all that funding and said, no, you've got to get a job. So I saw young women that could have come, you know, they came to us at 17 with a third-grade reading level, and now they no longer able to come and get their GED study because they've got to be working or doing some volunteer work at the center for people in need. And so it seems like the whole system probably needs some observation but I guess I don't want to punish somebody that wants a bachelors degree but to keep them from getting an associates degree seems like a real travesty. [LB877]

SENATOR ERDMAN: Let me follow up a little bit. It would appear logical to me and I know that in my education career, shall we call it, I did manage to jam four years into four years which was more of a miracle than I think most people realize. If we pursue

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

the associates degree, and especially with the recent desire which is long overdue of the four-year colleges and the two-year colleges in this state to finally figure out how to share their toys and place nicely with one another, by allowing somebody to pursue through the associate degree first, it would appear that they at least get the opportunity to pursue that at all. Because if the question is do you pursue the four year or nothing, you're probably going to make a decision differently but if you say, I'll pursue two year and then the question is, is there enough benefit to allow them to go on after that. I'm just trying to understand, are we able to create a better path to success than what we have now and it would appear that somebody having some two-year degree or some two-year associates experience or actually completing the degree or vocational training, would further prepare them if they would choose to go on, than simply leaving it open to everyone and I'm not saying they couldn't pursue that later, I'm just saying... [LB877]

SUSAN SCOTT: Sure. [LB877]

SENATOR ERDMAN: ...could we help be a part of the solution in targeting and I'm sure that (laugh) Denny Baack and the others in the community college are going, yeah, send them all to a two-year degree and take them away from the university but I'm just thinking out loud. [LB877]

SUSAN SCOTT: Well, I mean, I'll use an example. We had a young woman come and she was probably 19 when she came to us and she was pregnant and she got through her GED in two months and then she went to Southeast Community College and completed the work and within, I think it was maybe 18 months, had her associates in like an LPN, and then she was going to go on to the college at the hospital, Bryan, to get an RN. And so we saw huge changes. Well had she never been able to get her GED, it would have been a, you know, no start but I do think getting people, and I think, you know, when I look at those kids at Parks School, I know, you know, some of the lectures I'm giving them is, you know, you're cute and you're smart and you're friends laugh at your jokes but you're going to not, you're going to not get a job and they sit there and say, well, this is English, it's not math, what are you making us talk about how much it cost to, you know, have housing and how much all of these things cost and they're so naive about what they can earn as well as, you know, what the cost of living is. And years ago I was in a part-time job at the Southeast Community College, and I'd have kids drop out of the university and then they were going to come to Southeast and...or people that got injured through the railroad and they were going to come and they were going to make big bucks and I'm going, now I have a masters degree and I'm making \$15,000, and you've just been injured and I'm sorry you can't work at the railroad but you're not going to make \$30,000 with an associates here. So one of the things that I look at, is the whole need for people to do economic viability and helping people get it. How much you can make with certain kinds of jobs and why it's important to stay in school but I definitely think that the associates degree is a big part of this and for this particular group, having that two year or 18 months or, we were even teaching

people to be truck drivers and welders and welding is two years. And I had a young woman that went through it and she said, I came from Chicago, I was pregnant, I had nothing, and in two years I got welding and I went to work for a little organization and they taught me how to do robotics welding and she's saying I'm making \$16 an hour, I've gotten married, we've bought a home, I've had a second child. Well, if these rules were in place, she wouldn't have gotten paid to go to that and that's a career and a technique and that is so vital to this community and now she's paying, you know, taxes on sixteen bucks an hour which she never would have done had this been in place at that time, but the... [LB877]

SENATOR ERDMAN: And I think that one of the things I'll just share is, when I was going to school, I'm still paying for the school that I went to and \$12,000 a year goes a long ways for retiring that. But I took classes at Southeast Community College and a bunch...in fact I will tell you that, there was a group of 24 of us that took chemistry through Southeast Community College in Wahoo. All 24 of us were students at the University of Nebraska-Lincoln on east campus and we all drove to Wahoo twice a week to take the class and I think there are opportunities to provide...and logically, one, it was, well candidly it was cheaper. It was the same class, it was cheaper. It was, it would have been the same folks had they offered it. We tried to convince Southeast to offer it on east campus but they didn't have the lab but there has to be, I think, opportunities especially in education as we look at this competing dollars, regardless targeting affordability and I, you know, Denny's here and others, I'm sure they'll love to hear that but it's a reality, and I don't think you can continue to build these kingdoms between each other and fighting for the same dollar. I think there has to be better coordination. I think the state's going to have to recognize that, and I think the leadership within those entities are also going to help...that doesn't have anything to do with LB877, it just dovetails on the value of some of those classes as well as the affordability because the quality is there. [LB877]

SUSAN SCOTT: And one of the things that happens now, is young people that go to SCC can actually put their children in childcare on site and that isn't available at a university. I mean, you're going to have to pay but you know, of course, if you have ADC you've got childcare availability but it's certainly much easier when you can go to one place, drop your children, stop back between classes, and it's just a matter of time. The time it takes to go to a traditional school is just, you know, just for a regular person, like you said, getting through in a four-year time frame and then you've got children to take care of and if you have to take a night class then, and I don't have a car, how do I get my children to childcare and if I don't have family right there to help me, you know, I just see so many barriers that, you know, being able to get an associates can really make a difference. [LB877]

SENATOR ERDMAN: Thank you. [LB877]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR STUTHMAN: Any other questions from the committee? Seeing none, thank you, Susan. [LB877]

SUSAN SCOTT: Thank you, very much. [LB877]

SENATOR STUTHMAN: Next testifier in the proponent. Good afternoon. [LB877]

DENNIS BAACK: Mr. Chairman, and members of the Health Committee. For the record my name is Dennis Baack, D-e-n-n-i-s B-a-a-c-k. I'm the executive director of the Nebraska Community College Association here to speak in support of LB877. My name's been mentioned a number of times already so I figured I'd better get up here pretty quick. (Laughter) [LB877]

SENATOR ERDMAN: Not in vain, though. [LB877]

DENNIS BAACK: Not in vain, no, no, not in vain. No, our main reason for supporting this bill is because we do think it's very important that a person be able to get at least to an associates degree under the guidelines that we have and quite frankly, we do never, we never discourage students from going on beyond that point. And if you look at our students and the data that the university furnishes us from the, from our students that go from the community college to the University of Nebraska here in Lincoln, if you look at the data over the years, our students end up with a faster completion rate and a little higher grade point average than the students that start here. So they do very well and quite frankly, one of the other reasons is, is the fact there's a whole lot of students out there, a whole lot of individuals out there, not just, we're not just talking the ordinary students, you know, the 18 to 22 year olds. We're talking adult students and stuff too that go to our schools. There's a whole lot of people out there who don't think they can do higher education and don't think that they can make it and when they come to our place and they find that they are successful, at some point in time they may get a job then after they get an associates degree, and then they get their company to pay for their baccalaureate degree. That happens in a number of instances, so there's an extra benefit there too because they do get to that baccalaureate degree and there is no doubt the statistics are very, very clear that any higher education you get is better for you and as you get an associates degree, it's better yet, and one of those baccalaureate degree, you still will get a higher salary yet over the years, so it works. The education system works and you do get higher pay as you work your way up that system. So it seems to me that we ought to make it available for at least 24 months for an associate degree. We don't have any associate degrees you can get in 12 months. That just doesn't happen. And if you...I know that they say, well, you can go on but you have to do 20 hours of other things at the same time. If you do that, you are immediately already giving another barrier to a person who probably has an awful lot of barriers in their life anyway with childcare and transportation and all kinds of things and their chances of completing go down. They just do. That's what happens when you do that. So, we feel

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

like this is important that we put this back in place and do what we've been doing for a number of years and allowing those people to at least get an associates degree. With that, I would be happy to answer questions if there are any. [LB877]

SENATOR STUTHMAN: Okay. Thank you, Dennis. Any questions from the committee? Senator Howard. [LB877]

SENATOR HOWARD: Thank you, Chairman, Chairman Stuthman. (Laughter) Dennis, can you give me an idea. Do you feel that it's a high percentage of people that start the program that finish the program? Do people really get engaged in the program and stay with it? I know when there are a lot of pressures, childcare, all those things that you can factor in that make it difficult to go to school, and really do a good job and earn the grades and actually finish, but I'm just wondering, do you feel that people really engage in the program? [LB877]

DENNIS BAACK: I do to a great extent. Is our retention where we want it to be? No, it's not there yet and we're working on that and we're working on a number of areas and trying to increase our retention. Especially for those students who have a lot of barriers in their lives to try to help them deal with those barriers, whether they be financial or transportation or how, whatever kinds of barriers there are, we're trying to work with them to do that. But that's, you know, that's a very difficult thing to do and we have people that drop out. We also have, we have an awful lot of programs that are in very high demand out there, vocational programs, that one of the problems we have is getting them to finish their associates degree because they get hired first. And employers take them away from our schools and in many cases what happens, is a lot of those students come back eventually to finish their associate degree and the actual company actually ends up paying for it for them to finish the degree. But if you're looking at completion rates in the amount of time that we'd like to see, no, they're not where they should be. They should be higher than that and we're working on those kind of things. That's a very difficult thing to do. We deal with a very different population in the community college system. [LB877]

SENATOR HOWARD: Well, you probably get quite a lot of sympathy from me because I'm probably pretty familiar with the population you deal with. But I'm really glad to hear you say you're working on that issue because so often it's the practical things that prevent reaching the goal, like transportation. You know, it's just, it's those, just things that so many of us take for granted. The people that don't have access to reliable transportation lose out and so anything that can be done along those lines to just make it possible for people to see their way through this. You know, good intentions are fine but you also have to have the support system. [LB877]

DENNIS BAACK: And we have to be, we have to be very flexible too in the way that we do classes. We have to do them on Sundays, we have to do them on Saturday nights

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

and Saturday mornings and all kinds of times. Plus we also, we try to be flexible as to where we hold those classes. If there happens to be a cohort in a certain area of a town, we try to make sure that we hold the class someplace that that cohort can get to as easy as possible. [LB877]

SENATOR HOWARD: That's great. [LB877]

DENNIS BAACK: I mean, those are the kinds of things we have to do but that's part of our role and mission of what we do as community colleges and we're very comfortable with that role. And we're always looking at ways to try to improve it but...and one of the things that we do is to do a lot more mentoring with those students. One on one kind of mentoring things with those students to try to make sure that they're getting their needs met as much as we can and try to make sure that they try to graduate because it's important that they do. [LB877]

SENATOR HOWARD: Sure, I really appreciate that. It's not the college that we went to. There's a lot more factors and I really appreciate that you extend yourself like that, the school, the school does. [LB877]

DENNIS BAACK: Well, thank you. [LB877]

SENATOR STUTHMAN: Okay. Thank you. Any other questions from the committee? Seeing none, thank you, Dennis. [LB877]

DENNIS BAACK: Thank you very much. [LB877]

SENATOR STUTHMAN: Next testifier in the proponent. Good afternoon. [LB877]

TANA HEFLEY: Hi. Good afternoon, My name is Tana Hefley, T-a-n-a H-e-f-l-e-y. I'm currently in the Employment First program. I'm currently going to Southeast Community College in hopes of achieving my associates degree. If next year at this time, if it does not pass, I will have to do an extra 20 hours on top of my 20 hours I'm already doing at school to comply with my self-sufficiency program, which means probably my school will probably lack in some way because I have a 11-month-old daughter too. I plan to, first as a stepping stone as many people have said, that associates degree is a stepping stone probably trying to gain employment and then go back to go get my bachelors and not do it all at once, because I want to be able to support my daughter. At the time that this, I will have to, I'll only be a year into my program by the time the 12-month role plays and it's a 24-month program. It could take longer than that but I am on goal to have it in 24 months and at that time my average of what I will be paid, because I have looked at jobs on the internet and what I can be employed, I will probably be making \$11 to \$12 an hour to start which is a living wage in the state of Nebraska, which would no longer...I would no longer need ADC, food stamps, housing assistance. It is tough,

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

you know, my car only goes so far and so just making it to Southeast every day is a challenge. (laugh) And it's great that they have day care. I don't use the day care there but I know many students that are in this Employment First program that I've talked to, do use the day care and so it is a stepping stone. And I know most people won't have the drive if they have to do extra hours on top of hours just to comply with the programming right as it's set right now will probably not finish their degree and you've wasted your money as the state, as taxpayers. So I think encouraging and letting the law continue into the 24 months would be a great idea. I mean, and plus now, Southeast Community College, most of my credits will transfer to a four-year degree and I will be able to go to the University or Wesleyan or Doane College, so I hope this passes just as a person that is in the program. So that's basically it. [LB877]

SENATOR STUTHMAN: Thank you. Any questions? Senator Howard. [LB877]

SENATOR HOWARD: Thank you. Thank you, Chairman Stuthman. I'm just curious, what's your program that your in, that you're studying? [LB877]

TANA HEFLEY: I'm in business administration, marketing, so. I hope to, I will be finished probably in December. [LB877]

SENATOR HOWARD: This December, '08? [LB877]

TANA HEFLEY: Next December, '09. [LB877]

SENATOR HOWARD: '09. Okay. Well, I think you're on the right course. I think you're certainly sending the right message to your child that it's important to stay in school and get your education. [LB877]

TANA HEFLEY: Oh, yes. [LB877]

SENATOR HOWARD: Even though she's little. (Laughter) [LB877]

TANA HEFLEY: She's little and a handful. [LB877]

SENATOR STUTHMAN: Any other questions from the committee? Uh, Hannah? [LB877]

TANA HEFLEY: Tana. [LB877]

SENATOR STUTHMAN: Tana. In your experience have you seen many students that have dropped out and just not, have decided not to continue on with their education? [LB877]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

TANA HEFLEY: If you have to keep a four, I mean a 20 hours plus another 20, the minimum is 20 hours but obviously you've gone to college, it takes more than 20 hours of study time, and if you have a small child on top of that and then you have to do another activity as a volunteering or work experience, you're probably going to be putting in 70 hours a week. And it's going to become tiring. And I know my car always breaks down so I always have to find other shuttle which takes up more time (laugh) to just get there and so, yeah, the retention is really high. If you have to put hours on top of hours at school, anybody is going to break at one point and you know, students are going to drop out and your grades are going to drop or you might not drop out but your grades are going to drop and so that means when employers look at your grades, your going to get a less paying job so, because that's a determining factor of somebody hiring you. [LB877]

SENATOR STUTHMAN: Okay. Thank you. Thank you for coming and testifying. [LB877]

TANA HEFLEY: Thank you. [LB877]

SENATOR HOWARD: One more question, Chair. (laugh) [LB877]

SENATOR STUTHMAN: ...oh, I'm sorry. Senator Howard. [LB877]

SENATOR HOWARD: Thank you. Just one more question. What do you feel...I'd like to know this. What do you feel is really the greatest motivator that you have, beside your own? [LB877]

TANA HEFLEY: The greatest motivator I have? [LB877]

SENATOR HOWARD: Right. Besides your own desire to get this done and you realize how important it is. [LB877]

TANA HEFLEY: I want to be able to support my child and unfortunately, the way it was before, I could probably easily go get a job for \$6.50 but it's not going to pay my bills and I've always had the motivation to probably go to college. I just didn't realize it until later in life and my illness. Prior to this, I was very ill. I was, I had a good paying job but my illness took that away and so I cannot go back to that (laugh) and so I think it's just a motivation within yourself and I think it has to be. But I also think if you put things on top of things on top of things, one thing is going to get shifted and its usually your school work and two years is not that long. And it will, it's a stepping stone to a bachelors degree. It's gets somebody thinking into wanting to get that bachelors degree and most jobs now in the state of Nebraska, an associates degree will get you a living wage and they'll even, you know, half of my credits will transfer to the university so I could go to the university. I just go to Southeast in a two-year college because it's cheaper, more

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

cost efficient, more flexible. [LB877]

SENATOR HOWARD: That's good. That's good. So you're making an investment in your future and your child's. [LB877]

TANA HEFLEY: Exactly. [LB877]

SENATOR HOWARD: That's good. Thank you. [LB877]

TANA HEFLEY: Thank you. [LB877]

SENATOR STUTHMAN: Thank you very much for testifying. Next testifier in the proponent. [LB877]

SENATOR STUTHMAN: Good afternoon. [LB877]

ALFRED PETTINGER: Good afternoon. [LB877]

ALFRED PETTINGER: My name is Alfred Pettinger, A-l-f-r-e-d P-e-t-t-i-n-g-e-r, and I'd like to thank you for the opportunity to testify on this bill. I have a personal interest in it because I work with the people this bill is intended to help. I'm a teacher. I've spent years working with low-income people trying to help them get the education they need to get decent jobs. For a number of years I taught at Omaha North High School which, as you know, serves a primarily low-income neighborhood. More recently I've been working at Lincoln Action program. There I teach a program called Career Advancement Training. It's a soft skills and job search educational program for people looking for good jobs. I also participate in a program called Youth Build. This is aimed at the 16 to 24 year olds who drop out of high school and we provide them with job skills, leadership training and help them get their GEDs, so they can go on and find good jobs and hopefully be successful, and so I work every day with people who struggle to find good jobs. People who need some how to get the education and train they need to find the job that will help support themselves and their families. The work activities that the ADC program requires are well intended. I think they are very successful. I think they serve a real purpose. We help everybody involved. People who receive ADC become self-sufficient, are better able to support themselves and their families and that's good for them. So it's also good for us because taxpayers are relieved of the burden of supporting people who can support themselves. But the rules, as they are now, do not permit people often to get out of poverty. People who want to get out of poverty often can't because, well, because the work requirements for associates degrees simply don't allow them to get those degrees in the time that they have available. Most people are not going to be pursuing bachelors degrees while they're on ADC. Not because there's anything wrong with them. I encourage anybody who wants to do that, I have a couple of them myself. But the fact is, that when you're trying to raise a family , four or five

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

years in school is often not a viable option. People need to get jobs sometimes faster than that. They need to be able to get a job that will help them to support their children. And there are a lot of good jobs out there that don't require bachelors degrees. Really only a small percentage, I think, of ADC recipients are likely to even pursue a bachelors degree. So while I think we need to continue to support bachelors degrees in the ADC program or we need to allow people to get those degrees over the four and five years that they require. We also need to permit people to get associates degrees and we need to give them the time that they need to do that. For many of the people I've worked with, associates degrees seem so far out of reach that they simply choose not to get any kind of educational assistance. They choose not to go anywhere and the result is they go from one low paying job to another low paying job and they continue their lives making six and seven and eight, nine dollars an hour and never become self-sufficient. It's discouraging. A two-year degree program would allow ADC recipients to significantly increase their income. A Nebraska resident with an associates degree has an average 20 percent higher income than someone who has only a high school diploma. That's over \$32,000 a year. That's a living wage. That's, that gives someone the ability to support themselves, support their families, make something of themselves and feel like they're contributing to society. And the associates degree programs provide people with a real opportunity to pursue careers that are good for the community themselves because they get the skills that they can use to do things for us. Some of the words in the associates degree say in criminal justice, might become a law enforcement officer. Some one with a degree in computer programming technology becomes an IT specialist, goes to work for a company, helps them to become more successful. A degree in automotive technology prepares a student to be an automobile mechanic to fix our cars. Computer aide drafting degree helps someone get a job in almost any industry you name. Someone who has a associates degree in some medical laboratory technology or radiology technology or respiratory care can work in our hospitals, treat our sick. The current ADC rules make it very hard for people to earn any of those degrees. The rules deny the people of Nebraska the benefits that they're gained those degrees would give us. The increased welfare cost because they keep the dependency people who otherwise the opportunity to become self-sufficient. They reduce tax receipts in the state of Nebraska because people would otherwise receive higher salaries and spend more money and therefore, pay more taxes, don't. And they keep many people in dependency which is hard for them financially, hard for them physically, hard for them spiritually. I think LB877 would help us fix those flaws. It would give us a, as we've heard, a level playing field for people who can earn an associates degree and then take care of themselves and their families more effectively. The whole purpose of the ADC work requirements is to help people to get on their feet, to be successful. I think we should give them the chance. And that's why I urge you to advance this bill out of the committee and actively support its passage by the Legislature. [LB877]

SENATOR STUTHMAN: Thank you. Any questions from the committee? Seeing none, thank you. [LB877]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

ALFRED PETTINGER: Thank you. [LB877]

SENATOR STUTHMAN: Next testifier in the proponent. Any other ones to testify in the proponent? Good afternoon. [LB877]

CURTIS BRYANT: (Exhibit 2) Good afternoon. Chairman Stuthman and members of the committee, my name is Curtis Bryant, B-r-y-a-n-t. I am here today as a board member of the National Association of Social Workers, Nebraska chapter, and on behalf of that organization I'd like to ask you to advance LB877. This bill makes clear that family members who participate in ADC can satisfy ADC's work requirement by pursuing vocational education as we've discussed, as well as associate and bachelor degrees and employment related to such studies. This simple change in the law will greatly expand their options and potential for becoming self-supporting. LB877 represents an investment in our people that we believe will pay off in reduced unemployment and poverty, an even higher education level in our state, greater independence, hope, and dignity for Nebraskans. So please advance LB877 and thanks for considering our viewpoint. [LB877]

SENATOR STUTHMAN: Thank you, Curtis. Any questions for Curtis? Seeing none, thank you. [LB877]

CURTIS BRYANT: Thank you. [LB877]

SENATOR STUTHMAN: (Exhibits 3, 4 and 5) Any other testifiers in the proponent? At this time I would like to read into the record, we have a letter from Sherry Mihel, advisor at the North Platte Community College of the Mid-Plains Community College system. [LB877]

SENATOR HANSEN: Great school. [LB877]

SENATOR STUTHMAN: Grade school? [LB877]

SENATOR HANSEN: Great school. [LB877]

SENATOR STUTHMAN: Great school, oh, (laughter) I'm sorry. And also we have from the Nebraska Catholic Conference in support of LB877, and also a letter from Voices for Children in support of LB877, and they will be entered into the record. At this time we will have the opposition, the opponents to this bill. Seeing none, no. (Laughter) Good afternoon. [LB877]

TODD LANDRY: (Exhibit 6) Good afternoon. Senator Stuthman, members of the Health and Human Services Committee, my name is Todd Landry, that's L-a-n-d-r-y, with the

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

Department of Health and Human Services. And I'm here today to testify in opposition to LB877 which, as you've heard, would change the provisions related to education in state statute by defining postsecondary education as education leading to a baccalaureate degree, an associate degree, vocational education or other education programs approved in the contract and work activities directly related to such education. There's more information in my written testimony. I'll try to be brief in recognition of your time but I do want to hit a few high points. As all of you are well aware, states across the country are under considerable pressure to satisfy strict work participation rates to avoid fiscal penalties while also moving more families into long-term self-sufficiency. The purpose of the TANF program is to provide temporary assistance to Nebraska's needy families so that economic self-sufficiency is attained in as expeditious a manner as possible to end the dependency of needy parents on government benefits by promoting job preparation, work and marriage. It is important to note that the federal TANF rules, the federal rules define postsecondary education under the category of vocational training and limits educational activities to a 12 month lifetime limit for each individual. Those are the federal rules. If LB877 were to be passed, the result would be any participation hours beyond the 12-month lifetime limit for TANF recipients in the postsecondary education component, would not count towards the federal performance rate requirement and could put Nebraska at risk of not meeting the performance rate and receiving the federal sanction. The main question that we need to answer in this debate is this, does Nebraska want to follow the federal Work First approach and encourage those TANF recipients capable of attaining economic self-sufficiency quickly to do so, or does Nebraska want to utilize the public assistance program as a scholarship program for individuals to obtain advanced education. In my opinion, Nebraska should follow the Work First approach and move TANF recipients to economic self-sufficiency as quickly as possible. There's more information in the written testimony. As I said though, I'll keep my comments today brief and now in recognition of your time commitments, be happy to answer any questions. [LB877]

SENATOR STUTHMAN: Thank you, Todd. Are there any questions from the committee? Senator Howard. [LB877]

SENATOR HOWARD: Thank you, Chairman Stuthman. Todd, I see in here that you've written and you said this in your testimony, that TANF recipients in the postsecondary education component would not count toward the federal performance rate, requirements and could...I notice you use the word could put Nebraska at risk, how likely is that or what do we know about that? [LB877]

TODD LANDRY: Well, what we know is that it's getting harder and harder to meet the federal TANF participation rates. The federal government is making it more difficult to do so and I believe that that trend is likely to continue. That's my opinion. Therefore, we're having to work harder and harder to meet those federal work participation rates. We had to do a number of activities during the past federal fiscal year and this past

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

calendar year in order to meet those rates. The more that we go outside the federal limits and the federal standards, the more and more difficult it is for us to reach that, that goal. There's not one particular thing that may throw us over the edge but it's a collection of those things. And the further we decide to opt out or expand beyond the federal participation guidelines, and the federal accountable activities, the harder it is for us as a state to meet those requirements. [LB877]

SENATOR HOWARD: What about waivers and opportunities for operating outside of these requirements? [LB877]

TODD LANDRY: Well, certainly the federal government gives some opportunities for us to maximize our maintenance of efforts otherwise known as MOE. Those maintenance of effort dollars that use state dollars in order to help participants move to economic self-sufficiency, they do allow us to do some of those pieces. There are no other waivers per se they will really allow. [LB877]

SENATOR HOWARD: Okay. Glad to know that's available. Thank you. [LB877]

SENATOR STUTHMAN: Any other questions from the committee? Senator Hansen. [LB877]

SENATOR HANSEN: Thank you. Todd, do you see any trade off between the fiscal note, I mean it's a pretty minor fiscal note here, and TANF payments. And I don't know what the TANF payments are so. [LB877]

TODD LANDRY: Well, TANF payments vary depending on the situation. The average TANF payment, and there's a wide range, the average is about \$320 and \$350 per individual per month, I believe. The thing to keep in mind on the federal, on the fiscal note, excuse me, the fiscal note last year that you, I believe, referred to earlier, the fiscal note last year was in reference to LB351. In LB351 the department proposed that we put all of our postsecondary education in line with the federal guidelines of 12 months. That would have included all of the baccalaureate degree individuals as well. And so that is why there was a significant change in the fiscal note because that now has been resolved in the last legislative session and so now we're only talking about these additional individuals beyond the baccalaureate degreed individuals or those pursuing a baccalaureate degree. And so it's important to note that. The other thing though that I would say is, keep in mind that we decided to develop this fiscal note based on the assumption those associate degreed individuals or those individuals pursuing an associate degree would leave the program after they achieve their associate degree. But there is nothing in this bill that would require that to happen. They are certainly then welcome to continue on the program up to the five-year limit whether they're pursuing work related activities or then choose to go their baccalaureate degree. So there's nothing in the bill that limits those who are achieving an associates degree to

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

discontinue that after two years. They can continue to stay on the program for five years if they want to choose to pursue those educational degrees further. [LB877]

SENATOR STUTHMAN: Okay. Thank you. Senator Pankonin. [LB877]

SENATOR PANKONIN: Thanks, Senator Stuthman. Todd, appreciate your testimony and obviously, some of this is frustrating because I think it's common sense if we can get folks to have a higher educational level to have a better chance getting a better job and, you know, I think that's pretty understandable. From what you just said, if there was something in this bill that would limit people that go that path of an associate degree and that we limit to the associate degree in this program and some of these folks might be more suitable for that education path, would that make a difference in, you think in the department's view? [LB877]

TODD LANDRY: Well, certainly anything that we can do, I believe, to limit or to get us as close as possible to the federal guidelines is an appropriate way to go in my opinion. I believe we should align ourselves with the federal guidelines of a Work First program. So if there were any possibilities of doing that, I think that would be a move in the correct direction. I do want to state though, for, you know, for the record, I certainly am not saying that we don't want to encourage people to get their educational degrees and pursue educational advancement. That's not what we're saying at all. What we are saying though, from a public policy perspective and from a policy perspective of the state, what should our philosophy be? And I believe that philosophy should be Work First. So what that means is, I don't believe that individuals who are on our ADC or TANF programs should be any different from the hundreds, thousands of people that we all know throughout the state that chose to achieve self-sufficiency by getting a job and then pursuing their employment or their educational aspirations on their own and, you know, after they achieve that employment. We all know dozens of people who have done that, sought their own self-sufficiency by getting a job and then pursue their educational degrees after that on their own. I believe that this...you know, I'm just saying that I think that these individuals that we're serving through the Employment First program should do the same thing. [LB877]

SENATOR PANKONIN: Thank you. [LB877]

SENATOR STUTHMAN: Okay. Thank you. Senator Howard. [LB877]

SENATOR HOWARD: Thank you, Chairman Stuthman, and Senator Pankonin, thank you for that question. That was along the same lines that I was considering asking a question because interestingly enough we do have the ability to make amendments in committee and alter things to fit the circumstances or as we feel it best serve the purpose. I would like a bit of clarification regarding payment per month. It's been a while since I've worked in the division and things may have changed but the payment per

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

month for one parent and one child, what would that approximately be? [LB877]

TODD LANDRY: Senator, I'm going to have to get you that exact number after the testimony today. I know, I have handy with me the average is \$357. [LB877]

SENATOR HOWARD: I think that's a little high. [LB877]

TODD LANDRY: But I believe the individual may very well be higher but I don't have that number off the top of my head, so I'd rather get you the correct number afterwards. [LB877]

SENATOR HOWARD: Well, I appreciate that. When I was there, I believe the number was \$225 a month. [LB877]

TODD LANDRY: It could be. Again, I'd rather get you the exact number instead of speculating. [LB877]

SENATOR HOWARD: I appreciate that, thank you. [LB877]

SENATOR STUTHMAN: Any other questions? Otherwise, thank you, Todd. Thank you, very much. [LB877]

TODD LANDRY: Thank you. [LB877]

SENATOR STUTHMAN: Any other testifiers in the opposition? Any testifiers in the neutral? Seeing none, that closes the hearing on LB877, and we will now open the hearing on LB954. Senator Dierks. Good afternoon, Senator. [LB954]

SENATOR DIERKS: (Exhibit 1) Good afternoon. Good afternoon, Senator Stuthman and members of the committee. It's good to come before this committee. I used to spend a lot of time here on the other side of the desk and I miss it. Good committee. I represent District 40, my name is Cap Dierks, C-a-p D-i-e-r-k-s, and I'm here to introduce LB954. LB954 changes provisions relating to the testing for the presence of HIV virus, the human immunodeficiency virus. Under current law, a person must give specific written informed consent to have an HIV test. The statutes specifically spells out what this consent involves, an explanation of the test, an explanation of HIV and AIDS, AIDS is the acquired immunodeficiency syndrome, an explanation of procedures to be followed and information concerning behaviors known to expose a person to those illnesses, and methods to reduce the risk of exposure. If LB954 would pass, a person would sign a general consent form for the performance of medical tests or procedures which would include consent for the HIV test. No specific consent would be required for an HIV test. If a person is unable to provide consent under this bill, the person's legal representative may provide consent. If that person's legal representative cannot be

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

located or is unavailable, the health care provider may authorize the test when those tests are necessary to provide necessary medical care. This bill was brought to me by the Nebraska Medical Association. The bill is drafted in accordance with a recommendation made by the Centers for Disease Control and Prevention released on September 22, 2006. A copy of this report is included in my handouts. The Center for Disease Control modifies its existing guidelines concerning HIV testing to increase the HIV screening of patients, including pregnant women, foster earlier detection of HIV infection, identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services, and further reduce prenatal transmission of HIV in the United States. In 1993, Senator Don Wesley, chairman of the Health and Human Services Committee at that time, asked me to chair a subcommittee on HIV/AIDS. Our task was to develop language for the Nebraska statutes concerning this issue. We held many meetings during the interim and the current language in the statutes is the result of that subcommittee's work which was presented and passed by the Legislature in 1994. Many changes have occurred in the medical area since 1994 including the issue of HIV/AIDS. We have a better understanding of this illness now than we did 14 years ago. People are more comfortable discussing this issue and testing is not taboo any longer. In fact, my staff found costs for HIV tests in the two largest counties and the results were included in my handouts. Lancaster County Health Department charges \$10 for HIV/AIDS testing and counseling. Douglas County Health Department charges \$15 for all sexually transmitted disease tests including HIV/AIDS, if requested. Some concerns have been raised about testing a person without his or her knowledge. That person is free to ask which test will be performed in a general blood test. We're not asking medical professions to take extra blood for some anonymous test. Another concern raised, is that there is no opt out provision in the bill. There is no language in this bill saying that a person cannot refuse this test. If a person asks his or her doctor which test will be performed and they ask not to have a HIV/AIDS test, there's no reason to believe the doctor will perform this test without the consent of the individual. I'd like to mention that we have not changed the confidentiality issues associated with HIV/AIDS. As with all other medical issues, privacy is a very real issue and I would not try to change the doctor-patient relationship concerning confidentiality. Thank you for your time and attention to this matter. I will try to answer any questions you might have. [LB954]

SENATOR STUTHMAN: Thank you, Senator Dierks. Any questions from the committee? Senator Erdman. [LB954]

SENATOR ERDMAN: Cap, we've got a couple of letters in addition to maybe some of the observations that you shared that might be brought up today that the recommendations also include providing compliance with written information, require that the providers explain the test as routine and allowing clients to refuse, you mentioned that. We're striking the provisions about the written information from the bill. Do you see that as a, the way that it's written obviously is struck because it's part of the

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

written consent but would you see it as a problem if we reinstated the language to provide for information to be given to those individuals as is current law? [LB954]

SENATOR DIERKS: You know, I really don't see a problem, Senator Erdman. I think that we had some, I guess, communications there might be some letters written. I hadn't seen them though until now but I think there's going to be a medical doctor who will come up and testify as well as the hospital, a representative from the hospital, so they might be able to answer some of those technical questions. [LB954]

SENATOR ERDMAN: Okay. Thanks, sir. [LB954]

SENATOR STUTHMAN: Okay. Any other questions? Senator Howard. [LB954]

SENATOR HOWARD: Thank you, Chairman Stuthman, and welcome back to our Health and Human Services Committee, Senator Dierks. [LB954]

SENATOR DIERKS: Thank you. [LB954]

SENATOR HOWARD: You can come back anytime and join us. (Laughter) [LB954]

SENATOR DIERKS: Good. Well, you know, I understood the language I thought having been through some of this material, medical courses and pathology courses. [LB954]

SENATOR HOWARD: You've been through a lot. I would trust your understanding of the language. A couple of things I'd like some clarification for. First, if I were to go to the doctors office would they inform me, say I was going to have other testing done, would they inform me that this would happen? Would I know that this, that this would be included in a battery of tests I would be having? [LB954]

SENATOR DIERKS: As near as I know. They can't do it without your permission. [LB954]

SENATOR HOWARD: So there would be permission and then if I'd say, well, I don't think I want to have that test, do I have, would I have that option then to not have that conducted? [LB954]

SENATOR DIERKS: Yep. With this test, with this legislation you would. I'm not sure if you can do it now but I know that's what we're providing with the legislation. [LB954]

SENATOR HOWARD: All right. Then the second question, the second concern that I would have is, how would this affect, maybe it wouldn't, but do you know if this would have any affect on the testing of state wards? Because, you know, our age of majority is 19. We have children in care who are teens and sometimes sexually active. [LB954]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR DIERKS: Yeah. I think that the...what the legislation does is it allows for those wards to have their guardian or whatever to make those decisions for them. [LB954]

SENATOR HOWARD: Well, that would be the department, Health and Human Services. [LB954]

SENATOR DIERKS: Okay. [LB954]

SENATOR HOWARD: So the department then could refuse to have the test or...right now the way it stands, is the department doesn't have children tested sure. [LB954]

SENATOR DIERKS: Yeah, well I think that the, the way it was explained to me was the guardian or the, whoever has, like the adoptive parent or the foster parent or those people would have that authority so. [LB954]

SENATOR HOWARD: Yeah, it's not the foster parent. The case manager makes a decision regarding medical, you know, routine or emergency medical. But I was just wondering if that would affect the policy of the department. [LB954]

SENATOR DIERKS: You know, I'm going to have the doctors explain that to you and the hospitals. I think they have a better knowledge of that. [LB954]

SENATOR HOWARD: Okay. Thank you. [LB954]

SENATOR DIERKS: You betcha. [LB954]

SENATOR STUTHMAN: Thank you. Any other questions from the committee? Seeing none, thank you, Senator Dierks. Will you be here for closing? [LB954]

SENATOR DIERKS: I will stay here. If I need to close, I will. [LB954]

SENATOR STUTHMAN: Okay. Thank you. [LB954]

SENATOR DIERKS: You betcha. [LB954]

SENATOR STUTHMAN: At this time I would like to ask how many people plan to testify on this bill? Two, three. Okay. At this time, I would ask the proponents to come forward please. Good afternoon. [LB954]

RITA WHITE : (Exhibit 2) Good afternoon. My name is Rita White, W-h-i-t-e, and I'm an infection control practitioner at Nebraska Methodist Hospital and I'm here on behalf of

the Methodist Health System and the Nebraska Hospital Association to support LB954 which would change Nebraska law so that HIV testing can become part of routine screening along with a lot of other lab tests. I've worked in healthcare for about 30 years and I've seen the evolution of HIV AIDS from the early '80s when we saw young healthy men coming down with Kaposi sarcoma to a general hysteria about HIV and AIDS throughout the country. And then through the '90s a better understanding of transmission, through education, through evolving into a more of a chronic disease because of multiple drug regimens, antiretroviral regimens and in general, the way we view HIV and AIDS. Initially we thought, with the education and some testing we saw rates of HIV and AIDS deaths go down nationwide. But since 1994 to the present, we've basically seen kind of a stable population. What we've also seen is other folks coming into our cohort of risk factors, heterosexuals, minority and other racial groups and adolescents which is, you know, sort of concerning to us. The CDC has always been our panel of experts. The information that we glean from them has been reviewed by experts in the field of infectious diseases and we always look to them for guidelines and recommendations on prevention and control of disease basically in our field. So what we have seen with HIV and AIDS, as well as, as it has become more of a chronic disease, the mindset of just testing for doing diagnostic testing when a patient comes in with signs and symptoms of HIV or a potential AIDS syndrome, change into a more of a screening mindset so that we can screen folks prior to them having signs and symptoms. Sometimes they can be infected for years before they would actually develop signs and symptoms in a potential risk of transmission to others in their community, so we know that education has only gone so far in preventing disease, and the screening is just another way to enhance our efforts of prevention. We...so with that, the CDC has, as of March, 2006, in their recommendation, advocates routine voluntary HIV screening and voluntary has always been a critical part of screening for HIV. And with LB954, again the patient will, needs to be informed by the medical provider of the tests that are going to be run, and that's routine medical care for any testing that's done so we don't advocate that that goes away. That patients need to be informed of the tests that they will be screened for but screening as a public health tool is used to identify and recognize health conditions so treatment can be offered before symptoms develop. HIV infections generally meets that screening definition. It can be a serious health disorder if it...it can be diagnosed before symptoms develop. It is now inexpensive, as you heard, to have HIV screening. It's not the \$75 that it used to be and with the screening and identifying those folks, whether they're high risk or not, can have a significant impact on their life, their quality of life and the healthcare dollars spent over all. A 2006 survey of adults in the United States, show that approximately 65 percent of them concurred that HIV testing should be treated the same as screening. We know that a landmark study in 1995 published by the CDC showed us that when they did some prenatal screening on, at that time, high risk mothers, that they did identify those women, they did treat them with antivirals, AZT during their pregnancy, and dropped transmission, prenatal transmission from 50 to 60 percent down to less than 8 percent. So it's a, the screening is valid and it's, it makes a big impact on the health and wellness of our citizens. That

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

said, the CDC again has recommended that with notification, that the HIV test would be done, recommended as a screening test, that consent for HIV screening should be incorporated into the patient's general informed consent for medical care on the same basis as other screening and diagnostic tests are done. A separate consent form for HIV testing is not recommended and we hope that, that testing for HIV has moved away from that. The stigma of needing specific consent to that of a more screening type of test so that we can identify those folks early on in infection, especially if they're high risk. But in general, especially women who are pregnant or are, at less than cohort or other folks who might be potentially infected so, and provide adequate management of their care. So we strongly believe that these public health recommendations by the CDC are based on best practices and intended to comply fully with informed consent, and we urge the Nebraska Unicameral to pass LB954. Thank you. [LB954]

SENATOR STUTHMAN: Okay. Thank you, Rita. Any questions for Rita? Senator Howard. [LB954]

SENATOR HOWARD: Thank you. Thank you, Chairman Stuthman. A form consent, how would you expect that consent would read? Would that include the words HIV testing? [LB954]

RITA WHITE: We haven't really worked that out but I could, I could...I think that's a potential for that. I know that every organization has their own specific consent forms with similar language obviously, but right now as an example, when we do...if there's a healthcare worker exposed to a sores patient, a patient like a needle stick, that type of thing, and the general consent to treat that the patient signs, it says, my blood will be tested for HIV and other blood borne viruses if there's been an accidental blood exposure to an employee. So I think that's certainly a plausible and something that could be done that I consent, a general consent form can include diagnostic tests, HIV, and other lab tests. You know, I'm not quite sure. I'm not the legal expert on that on how that exactly would be written or how that could be obtained but I know that we do that in other types of consents. We're very specific in other types of consents on what we're going to do or is expected. [LB954]

SENATOR HOWARD: I think that would be a really critical component of this to ensure that people did understand and did know that that was a test that would be included with their test because one of the things that I worry about is unintended consequences. I've learned that term since being down here, is that people may be afraid and if they don't know or they hear that this could be but they don't want this information out for whatever reason, that could be kind of a situation where they wouldn't go and get medical care. And that's the last thing we want is for people to avoid treatment. I think that's an area that would really have to be defined. We would...I personally would really want to make sure, be ensured that individuals would be informed and would understand that this was included. And along with that, I think a diagnosis of this really is only a diagnosis. If

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

people aren't given the opportunity, if they test positive, if they are not given the opportunity to have education and learn about the illness and know where to follow up, to receive treatment and be taught what's necessary to, so that they can avoid exposing other individuals, I think we've fallen down on this. [LB954]

RITA WHITE: I agree. And I think as in general and Dr. Filipi can speak to this also, but in a medical practice in general we have policies and procedures on how we inform patients of positive or negative lab tests and then the, in our policy and procedure the counseling or the requirements related to that particular test. And we do that now in our clinics and our hospitals. Our policy and procedure in HIV testing actually spells out how we're going to notify the patient, who does the pretest, or the post test counseling and what mandatory reporting needs to be done for that. So I guess we do that in, through our internal policies and procedures more than on a consent form at this point but I, yeah, you're point's well taken. [LB954]

SENATOR HOWARD: Thank you. [LB954]

SENATOR STUTHMAN: Okay. Thank you. Any other questions? Thank you very much. [LB954]

RITA WHITE: Thanks. [LB954]

SENATOR STUTHMAN: Any other testifiers in the proponent? Good afternoon. [LB954]

DAVID FILIPI: (Exhibit 3) Good afternoon. I'm Dr. David Filipi, F-i-l-i-p-i. I'm a board certified family physician and medical director of a large multispecialty group practice in Omaha. I serve nationally on the Commission for Quality of the American Academy of Family Physicians. I'm speaking on behalf of the Nebraska Medical Association and Methodist Physicians Clinic. I testify in favor of LB954. At one time, AIDS testing was only performed on patients with well known high risk behaviors such as illegal drug use or homosexual activity. At that time, effective therapy was nonexistent and the patient tested was often stigmatized. Laws were appropriately enacted to inform patients of the risks of HIV, HIV testing and it's potential to stigmatize. Fifteen years ago we were afraid that because a person had HIV testing, they may not be able to get insurance because it was on his record or on her record. And we thought this was a bad policy. Now we have both effective therapy and recommendations for universal HIV screening in all pregnancies, in general populations with high instances of diseases, and most importantly, to prevent transmission to innocent newborns. Insurance companies, other entities interested in quality of healthcare delivered, are now beginning to measure quality in obstetrician's practice by how frequently HIV testing occurs among their pregnant patients. The Center for Disease Control recommends several things. Universal HIV testing with notification should be performed at least once for all pregnant women as early as possible during pregnancy. The pregnant women should receive

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

appropriate health education including information about HIV and its transmission as part of routine prenatal care. That HIV screening should be included in the routine panel of prenatal testing for all pregnant people. Patients should be informed that HIV screening is recommended on all pregnant women. As with other blood tests, patients may decline. On the other hand, HIV screening should be looked at no differently than our common screens for gonorrhea, syphilis, and other sexually transmitted diseases. To Senator Howard's comments, communication of test results is critical. The general goal of HIV screening in healthcare settings is to maximize the number of people who are aware of their HIV infection and more importantly, receive care for that disease and for prevention of transmission of that disease to others. Definitive mechanisms should be in place in healthcare systems so that patients are aware of their testing. HIV tests should be, positive HIV tests should be positively conveyed by, in direct presence of a healthcare provider. That's part of the reason the law, why we said that it was only in a healthcare providing situation. As it currently stands in Nebraska, a patient could go to any lab and legally obtain any blood test. Well, if a person walks in off the street, gets an HIV test by a pathologist and just gets the test results, what do you do that at that point? So we want to make sure the provider is in that chain of care both obtaining the blood test and also delivering the results to the patient. For all patients, assessment of the risk for infections with HIV as with other sexually transmitted diseases, and the provision for prevention information should be incorporated in routine primary care of all sexually active patients when doing so does not provide a barrier to HIV testing. But even when risk information is not sought, notifying a patient that routine HIV testing will be performed might result in the acknowledgement of risk behaviors and offers the opportunity to discuss HIV infections and how it could be prevented. Senators, I urge your adoption of this law. Are there questions? [LB954]

SENATOR STUTHMAN: Thank you, Dr. Filipi. Any questions from the committee? Seeing none, thank you, Dr. Filipi. [LB954]

DAVID FILIPI: Thank you. [LB954]

SENATOR STUTHMAN: (Exhibits 4 and 5) Any other proponents for this bill, LB954? At this time, I would like to read into the record the Association of Professionals in Infection Control and Epidemiology from the Greater Omaha Chapter. They're in support of LB954. Also we have a letter from the Nebraska Chapter of National Association of Social Workers in support of LB954. Also a letter from the ACLU from Nebraska. This is not in that, and I'll retract those comments of the ACLU. Just the other two have letters of support. At this time, are there any ones in opposition of this bill? Please come forward. Good afternoon. [LB954]

SHARON RENTER: Good afternoon. My name is Sharon Renter, R-e-n-t-e-r, and I'm the executive director of Nebraska AIDS Project and I wanted to make a few comments today about the legislative bill. And while I strongly support the public health intent

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

behind the bill, I have a few concerns that would prohibit me supporting, and our agency supporting the bill as it stands at this time. First, just a little bit of background in terms of my connection to HIV. I recently returned to Nebraska where I had worked for, worked as a communicable disease section chief for the Wyoming Department of Health and prior to that time I worked for the state of Nebraska in the HIV program here. I also have been intimately involved with the world of HIV when in 1985 my husband, who is a hemophiliac, was diagnosed with HIV and hepatitis B and C from contaminated blood products. So this disease has been very much a part of my life both professionally and personally for a number of years. We also were individuals who were informed of our diagnosis in the middle of the waiting room in an emergency room in Abilene, Texas. When we went in for routine testing and they tested my husband for AIDS at that time and came out to the waiting room and said to us, in front of everyone, gee, Mr. Renter, everything looks pretty good except for the fact that you have AIDS and so, thanks for coming in, we'll talk to you in a few months. That was in 1985, and it frightens me to sit here today and think that some 26 years later into this epidemic, there's some potential for the unintended outcomes of what would happen if people do not receive some sort of informed consent. Now I am a strong supporter of normalizing HIV testing. I am a strong supporter that we reduce the stigma of HIV and AIDS for most individuals. However, I do think that what has been left out of this bill are the real critical pieces of the CDC recommendations. And one of those critical components is, an opt out option. I believe that most medical providers, especially those in speciality fields like infectious disease, pediatrics, ob-gyn are pretty much very ethical and very well intentioned and would probably inform their patients with regard to the diagnostic testing that they would do for their care. However, I am concerned that there may be physicians, clinics, other folks that are out there testing, and I do know for a fact, that we've had individuals come into our agency for confirmatory testing who have signed general consent forms through a hospital they've gone in for maybe elective surgery or something, and they're in that kind of written in between the lines, when they signed an informed general consent that said, yes, I agree to any procedures or diagnostics that my physician feels are medically necessary for my care and treatment and they found out at, during...things that they thought were just routine, that they were HIV infected and it had a tremendous impact on their life. I'm very much concerned about the prenatal piece. I feel very strongly that all pregnant women should be tested for HIV as a part of their routine care but I also think that they need to know that they're being tested and be somewhat educated or at least given information that they can do further investigation on that. And I'd like to cite an incident actually from Wyoming, and a couple of cases that I know of in Nebraska, where the, for whatever reason, the mother did not pay attention to the information that was given to her or maybe she didn't hear the nurse or physician tell her or maybe she wasn't informed that she was going to be tested as a part of her pregnancy care. She tested positive, at which point the physician started having a discussion with the mother about the importance of getting on medications to minimize the transmission to her unborn child, and the mother chose not to do that. It got into quite a struggle and the implications were that as, if you were being a responsible parent you would take this

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

medication not only for your own health but the health and wellbeing of your baby and if you do not do that, then we will have no other choice but to turn you over to Child Protective Services so that we can protect the wellbeing of that baby. In both cases that I'm aware of in Wyoming, and in one case in Nebraska, the mother split the state. Now the concern for me as a public health advocate is, not only did that set the mother up for increased complications medically and the baby potentially being, having the virus transmitted but I don't know how much longer it would take for either of those two individuals to seek care and treatment and fiscally that has an impact on us as well as medically. If you've got a mother out there that's actually running away from medical care and treatment because she doesn't want to lose her child, then that does concern me. So while I...like I said, I think the intent of the bill is very good. I would like to see routine testing. I would much rather see us take a little bit of time, flush out the details and the unintended consequences of the bill so that we could have a solid package that would really ensure positive outcomes for everybody. Thank you. [LB954]

SENATOR STUTHMAN: (Exhibits 6, 7 and 8) Thank you, Sharon. Any questions from the committee? Seeing none, thank you. Thank you, very much. Any other testifiers in the opposition? At this time I would like to read into the record. We have a letter here from the ACLU of Nebraska in opposition to LB954. Are there any testifiers in the neutral position? At this time I would like to read into the record from Planned Parenthood. Their letter in a neutral position and also a letter from the Department of Health and Human Services in a neutral position. Seeing no other testifiers, Senator Dierks, would you want to close? [LB954]

SENATOR DIERKS: I do, Mr. Chairman and the members of the committee. I just think that we're not that far apart on what we're trying to do and what some of the opposition and neutral people talk about. And so, with that in mind, I'd just like to offer whatever we can do to amend the legislation to bring about the efforts were trying to accomplish and I'm willing to do that so. And if you have any questions besides that now, I'll be, try to, glad to answer them. [LB954]

SENATOR STUTHMAN: Thank you, Senator Dierks. Any questions? Seeing none, thank you. [LB954]

SENATOR DIERKS: Thank you. [LB954]

SENATOR STUTHMAN: At this time we will close the hearing on LB954 and open the hearing on LB1048. Senator Nantkes. Good afternoon. [LB1048]

SENATOR NANTKES: Good afternoon. Senator Stuthman, members of the committee. My name is Danielle Nantkes, D-a-n-i-e-l-l-e N-a-n-t-k-e-s, and I represent the 46th Legislative District. I'm here today to introduce LB1048. This bill would allow parents of a birth resulting in stillbirth to request a certificate of stillbirth from the Department of

Health and Human Services Committee
February 07, 2008

Health and Human Services. The concept of this bill was brought to me by a constituent and who had recently experienced the stillbirth of her son. I was unaware that in Nebraska, in these very sad situations, that a death certificate would be issued but not a certificate of stillbirth. Twenty-one other states have similar legislation and I believe that Nebraska should be one as well. There are people following me here today to tell their personal story and to share with you why they feel that this bill is important. We've also received some letters in my office, to my office which I believe have been copied to the committee and I'd like to have included as part of the record. With that being said, that's kind of the prepared testimony that we had for my opening but I wanted to express to you on a personal note, this was an issue that was never on my radar screen. In my previous advocacy work, I didn't come across it, on the campaign trail, which is such a training ground for so many legislative issues, and really did not know a lot about this issue until a few short month ago when a constituent e-mailed me and shared her personal story. From that point forward, we then set up a meeting in my office and she was kind enough to organize other families that had been affected by this situation to come in and continue to educate me about this issue. And colleagues, from the bottom of heart, I want to express to you how deeply touched I was by their personal stories and how they had taken such a grievous personal situation, and by engaging with our legislative process, had turned it into a positive and productive activity. And I think that, for a variety of public policy reasons, this is important legislation but on all of the days that it's difficult, and it really is a true sacrifice for us all to be here, these are the reasons that we run and these are the reasons when lending the power of our office, we can educate our colleagues and the greater citizenry about these issues. That's the most rewarding and that's the most meaningful and I am so very, very proud and humbled to be a, simply a vehicle to continue that education process and to help these families share their stories with you and so that we can facilitate a positive, a positive activity and response to some fairly tragic events. So with that, I'm going to stay for the testimony and would reserve right to close at this time, Senator Stuthman. [LB1048]

SENATOR STUTHMAN: Okay. Thank you, Senator Nantkes. Are there any questions from the committee? Senator Erdman. [LB1048]

SENATOR ERDMAN: Senator Nantkes. Just a couple technical questions. Page 2, section 1, sub (2), refers to the process in which a parent will be notified or will be informed of their options. There are three different options which somewhat appear to be redundant to me. Do you know if this is taken from existing law regarding the way that we provide for a birth certificates or is this a different process? I'm just...because it talks about the parent may but is not required to request so they get the option. Sub (b) of that, they may obtain the certificate resulting by contacting the department to request the certificate and paying the fee, and then the third one is, regarding ways that they may contact the department to request the certificate. (b) and (c) seem to be somewhat redundant. I'm just wondering what the mechanics are to cover this and if it needs to be written that way or what the rationale was. [LB1048]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

SENATOR NANTKES: Sure. No, thank you, for that question, Senator Erdman, and I guess, two responses. One, this legislation is modeled after approach is taken as I mentioned in my opening, about 21 other states follow and working with bill drafters, of course, tried to harmonize that idea to fit within the context of existing, our existing framework and statutes. I'd be...let me follow up with my aide and maybe I can be more specific in my close about the reasons for that. But we'd be happy to work with the committee on any technical changes that may be need to be made to advance this important piece of legislation and have no interest in having any sort of redundant language involved so. [LB1048]

SENATOR ERDMAN: And I don't know that it is. I just was curious. The other question I have is on the same page, line 22. It refers to the circumstance in which the certificate is filled in with baby boy or baby girl and the last name of the parent. Again, is that...you maybe can follow up on this. Is that consistent with other processes. I know when our daughter was born, they made you pick a name but the question that actually comes is on the last name. It says the parent may provide a name. Again, do we...what's the guidance. Is it the last name of the parent requesting it? Is it...because it may be the dad and it may be the last name of the mom or is there some guidance there that may be beneficial for us as well? [LB1048]

SENATOR NANTKES: Senator Erdman, I believe, and again I'll double-check for you to ensure the accuracy of this statement but I believe that's in accordance with the processes involved for other certificates of birth. [LB1048]

SENATOR ERDMAN: Okay. [LB1048]

SENATOR NANTKES: And so essentially colleagues what this is, this is not creating any sort of new program. Other states have addressed this not only by creating the certificate change like we're seeking here today but they've also afforded different tax benefits and otherwise to families experiencing that. We're not taking that approach. What we're simply saying is that for a family who experiences a stillbirth, that instead of being issued a death certificate they will be issued a birth certificate resulting in stillbirth. So it's really more of a change to a current statistical form that may not seem like a lot but truly is a lot, and would make a great deal of difference emotionally and otherwise to these families so. [LB1048]

SENATOR STUTHMAN: Okay. Senator Howard. [LB1048]

SENATOR HOWARD: Thank you, Chairman Stuthman. Senator Nantkes, I recently received a phone call from a woman who...we talked for a while and she explained that this had happened in her family and she'd lost their baby daughter and, what I was really moved by, I didn't know that there would be a death certificate issued after a

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

period of time, but she said that was a difficult thing because they had returned home and, of course, they had to deal with all the ramifications of that, and then out of the blue to them, came this death certificate and they didn't have a birth certificate. So to me that seemed like a harsh blow when you don't have something preceding that to, you know...and you're not really prepared for that. That's kind of another jolt after a really hard situation so I think we do need to address this issue and look at it in a way that's helpful to people, to give them the most support we can to deal with a really difficult situation. [LB1048]

SENATOR NANTKES: Thank you, Senator Howard. [LB1048]

SENATOR STUTHMAN: Okay. Thank you. Any other questions from the committee? Seeing none, thank you, Senator Nantkes. At this time I would like to ask how many people plan to testify on this bill. One, two, three. Okay, at this time. Or was there four? At this time, first proponent step forward please. Good afternoon. [LB1048]

BRANDY RICHARDSON: Hello. [LB1048]

SENATOR STUTHMAN: Don't be nervous. (Laughter) [LB1048]

BRANDY RICHARDSON: (Exhibit 1) My name is Brandy Richardson, R-i-c-h-a-r-d-s-o-n, and I'm here in support of LB1048. I have some personal experience with this. In 2004 I was pregnant for the very first time with my son and at the time we lived in Arizona. And at the 20-week routine ultrasound, it was about 20 weeks, we found out that he had a heart defect and it was pretty bad. They asked us if we wanted to terminate the pregnancy at that point and that wasn't in my beliefs, so we decided to move forward and give him the best chance possible with the understanding that he would have to have surgery as soon as he was born. So we met with all these specialists in the area. I had weekly doctors appointments, ultrasounds, echocardiograms to watch his heart and everything, so we did everything we could. And it progressed along and at 35 weeks, one day I just stopped feeling movement and called my husband pretty upset and he came and got me at my house. He was at work and he came and got me and rushed me to the hospital and they hooked me up to the monitors, couldn't find a heart beat and they brought in the ultrasound machine to confirm and his heart had grown tired and stopped beating. And then they told us that they'd have to induce or they could wait until I went into labor naturally but we decided to check into the hospital the next day and he was born 19 hours later. You have to go through the same process to deliver a stillborn baby as a live baby so it was a long labor and he was born and he was just beautiful and he looked just fine. You couldn't tell that he had a heart defect. And since he was born in Arizona I was blessed with the privilege of getting a certificate of birth resulting in stillbirth for him as well as a death certificate and the two tied together. There is the same number on the fetal death certificate as on the stillbirth certificate. I have a copy of that here to share with the committee so they

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

can see what an example of one looks like. I just really...I've spoken with a lot of families in Nebraska who have had this happen. There's approximately a 150 stillbirths in Nebraska each year. That's just about average so really the cause of stillbirths are a lot of times unknown. A lot of people don't know why it happens. I'm, you know, one of the people does know how it happened in my case but I don't know if that makes it any harder or easier if you know what happened. Really this bill is about, you know, providing validity to the families, closure. Birth is a process and there's two outcomes, either life or death so we're asking you to provide this certificate of birth to provide validity to these families and provide some closure. I know of one gal, I believe it may have even been the same gal that Senator Howard spoke with, her baby was actually stillborn 10 years ago today and so she's really looking to have one. So it's really important that the bill is retroactive which is some of the verbiage in there. So that's really pretty much all I have to say. Are there any questions? [LB1048]

SENATOR STUTHMAN: Thank you, Brandy. Thank you very much. Any questions?
Senator Howard. [LB1048]

SENATOR HOWARD: Thank you, Chairman Stuthman. You did real...you did very well.
[LB1048]

BRANDY RICHARDSON: Oh, thank you. [LB1048]

SENATOR HOWARD: Your welcome. And I'm sure baby Carter was a real person to you. I mean I've had two children. They're very real and... [LB1048]

BRANDY RICHARDSON: And each pregnancy is always different. [LB1048]

SENATOR HOWARD: They absolutely are and you identify with each child differently and it's a whole different experience but I certainly value what you say and I hope this will help. [LB1048]

BRANDY RICHARDSON: Well, thank you. [LB1048]

SENATOR STUTHMAN: Any other questions from the committee? Must not. Brandy, I really appreciate the fact that you came here to testify because that means a lot to me, a person that has the experience of going through a situation like this and how meaningful it would be to you. You know, you're privileged to have, have the certificate. I mean, that's all you've got and, but you know, the other people, according to Nebraska do not have anything like that. All they would have would be the death certificate and I truly respect you for this and we'll give it a lot of consideration. [LB1048]

BRANDY RICHARDSON: Well, thank you. I do just have some...these are the lists of supporting information. These are the states that have passed it. As Senator Nantkes

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

said, there's 21 of them that have already passed it and I also have some of the statistics here by county so if any of you are interested in seeing how many stillbirths are in your exact county, I have those statistics from the Department of Health and Human Services as well. [LB1048]

SENATOR STUTHMAN: Okay. Thank you very much. Appreciate that information. Thank you. Any other testifiers in the proponent? [LB1048]

PATRICIA HILL : My name is Patricia Hill, P-a-t-r-i-c-i-a H-i-l-l. I am a lifelong resident of Nebraska, born and raised in North Platte. I am currently a doctoral student at the University of Nebraska, interested in maternal and infant health and sociology. My personal story, I have a daughter, she's four-years-old and we were very excited to introduce a new member to our family. We were very excited to find out we were pregnant with our son, Miles, and our daughter obviously was thrilled and we were all very excited. And he died Thanksgiving weekend, just this last Thanksgiving, and it's very hard to convey carrying a child for nine months and having to lose them with no known cause and we don't know what happened with my son and in most cases that's what happens. I just hadn't felt him move, I made it to 37 weeks, very excited that week to be having Thanksgiving, a very active week for me having parents down and things like that. And so on that Friday, I noticed he hadn't moved. I thought maybe I was perhaps in labor. I waited to call my midwife and went to the hospital at 9:00 that night and, you know, my worst nightmare happened and he was gone, and I gave birth the next day, completely naturally at 3:00 in the afternoon with my daughter next to me and my husband next to me and my sister next to me. I had a water birth and it was a wonderful experience to birth my son and it's one of the positive things I can look to, is that birth. So what I also wanted to talk about is coming from the point of somebody who does research looking at things like infant mortality and fetal mortality and reproductive health and child health. And, you know, considering I've gone to school for a very long time at UNL going on nine years now (laugh) this was something that was never on my radar and to be quite honest, I never expected that we would lose my son in that way. It was completely unexpected. Everything looked very normal and he was beautiful. He weighed 6 pounds 6 ounces, was 21 inches long and he looked just like his big sister. But I was very frustrated that I felt so blindsighted that I didn't know what the risk was and really we're looking at a risk of about 1 in 100 births, and that's, that would be the least conservative estimate. The most conservative is maybe 1 in 200 births which I think is quite startling. A majority of those happen at term and a lot of them are for reasons unknown and we'll never know. So as somebody who studies this, one thing that has been frustrating to me afterwards is trying to find information on stillbirth. Like Brandy said, on average, in Nebraska, there's 150 stillbirths a year and for each of those stillbirths, it affects up to 200 people if you consider the midwives, the doctors, the nurses, the grandparents, the aunts, the uncles, sisters, brothers, cousins. It's amazing how far that impact is, how many people it really reaches. People I've never met before sent me cards saying they had experienced the same thing and so not to have a

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

number nationally, to not...I've seen numbers between 20,000 and 40,000 stillbirths. We don't even know how many stillbirths happen in the United States because each state doesn't collect data in the same way and so, for me raising awareness on this issue is very important, and also understanding that before we can come up with a solution we have to understand the problem and the extent of the problem. One other thing I wanted to say is that, you know, birth is a process and any doctor will tell you there are two outcomes to a birth, a live birth and a stillbirth. And it's very consistent with medical knowledge and it's, I hope it's something that the state of Nebraska will recognize as 21 other states have and also as most industrialized countries have. They recognize that there are two outcomes to birth. I think that's all I wanted to say. [LB1048]

SENATOR STUTHMAN: Thank you, Patricia. Any questions from the committee? I have one, Patricia. Since the both of you, you and Brandy have testified and your child was near birth. I mean it was just about a full term. If we decided to go with a certificate of stillbirth, at what time do you think that we should, we should enact that? You know, is it at eight weeks, ten weeks, you know, twenty weeks or like yours was thirty-seven weeks and that to me is, could have been a birth, a real birth or a live birth. [LB1048]

PATRICIA HILL : Yeah, just a couple days. If he'd come a couple days sooner, he'd be here with me and I wouldn't be here today. [LB1048]

SENATOR STUTHMAN: Yeah, but have you had any feelings as to, you know, if we enacted this, at what point would you say we could determine that it was a stillbirth? [LB1048]

PATRICIA HILL : Well, I would say that in the medical literature it's considered a birth anything after 20 weeks, so at 21 weeks, 22 weeks, 23 weeks, you give birth to your child. Anything before that is considered a miscarriage. Now, I've never experienced a miscarriage and I have experienced one live birth, my dear daughter, who is four, and so I don't know what that experience is like so I can't really speak to that. But being the researcher that I am and also interested also from a medical perspective, I think that 20 week mark is important. That's technically when a woman gives birth is anything after 20 weeks and so we are looking for a certificate of stillbirth. [LB1048]

SENATOR STUTHMAN: Okay. Thank you very much. Any other questions? Thank you for your testimony. [LB1048]

PATRICIA HILL: Thank you. [LB1048]

SENATOR STUTHMAN: Any other testifiers as proponents? Good afternoon. [LB1048]

SHARON SCHAEFER: My name is Sharon Schaefer, S-h-a-r-o-n S-c-h-a-e-f-e-r, and I am the young woman that Senator Howard spoke to recently. My daughter's name was

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

Samantha Rae Schaefer, and she would be four-years-old March 19 and she was not real to me. She was real. I held her. She had a baptism ceremony in the hospital. She wore a cap that I still have. I have a lock of her hair. We had a full autopsy with no results given. Once again she was not real to me. She was a real baby. My father-in-law is here as well. He held her. Family members had an opportunity to come into the hospital and spend time with her and one of the hardest questions they asked me, they said, Sharon, let us know when your done with her so we can take her away, and anyone on this committee that has children, when are you done with them. It was almost four years ago. I am not done with her and I would like a piece of paper that says that I gave birth to her because right now all I have is a piece of paper that said she died. Where did she come from? I gave birth to her. I was 38 and a half weeks pregnant and to know on what the point, the 20 weeks, and so forth and so on, I had a very close friend whose had a stillbirth and a miscarriage and it's the time of bonding, not only the medical definition of when a birth takes place but that time of bonding. Erica Rief is her name, her daughter, Hannah, would be six this summer. Her miscarriage, she did not have this seven, eight, nine months of bonding. You pick a name, you buy the clothes, you paint the room, you come home to everything but that baby and we just want a piece of paper that says it did happen. Thank you. Any questions? [LB1048]

SENATOR STUTHMAN: Thank you for your testimony, Sharon. Any questions from the committee? Senator Pankonin. [LB1048]

SENATOR PANKONIN: Senator Stuthman, I'd just like to say for all three women that testified that, how much I appreciate their testimony. I know how difficult it is, so thanks for coming. [LB1048]

SHARON SCHAEFER: Thank you. [LB1048]

SENATOR STUTHMAN: Thank you, Sharon. Any other testifiers in the proponents? Good afternoon. [LB1048]

SHANNON SALTZMAN: Good afternoon. My name is Shannon Saltzman, S-h-a-n-n-o-n S-a-l-t-z-m-a-n. I'll just read what I have prepared here. I should mention that I'll be speaking for my wife as well who could not be here today. We lost our baby in December, 2000, and the story of our loss is, a loss due to the miscarriage, has been told here in earlier legislation. First, this is a great moment in Nebraska for parents who have suffered pregnancy loss. We'd like to congratulate Senators Nantkes, Fulton, Engel, as well as Brandy Richardson for her heroic work on this great bill. It will help many families find closure who so desperately need it. The empty feeling of pregnancy loss is magnified many times by the lack of recognition of parenthood by those around us. Many have fought over the years to see this come about and we're happy to see their success in this. We are concerned that some parents may be left out of this legislation due to the language of the bill, and I believe you brought that up a little bit

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

ago. When we speak of 20 weeks of gestation, we'd like to illustrate a little what we're talking about. On our web site Adam'sSong.net, a page devoted to pregnancy loss issues, we feature, with permission, a picture by Michael Clancy. It's well known. It's the image of a baby reaching out from an incision in its mother's womb and grasping the surgeon's finger at 20 weeks of age, through that incision made to repair issues related in spina bifida. And the photographer has said publicly that it's a moment captured was life changing. Movement is in the woman. It does not start at 20 weeks. There is a Kicks Count Campaign aimed at preventing pregnancy loss. Their feeling the number and changing rhythm of her baby's kicks in the womb, mothers can be helpful in determining problems with the pregnancy early on. American Pregnancy.com and similar sites recommend beginning 18 to 25 weeks although some mothers report feeling flutters weeks earlier. We don't want to see the situation where a mother who has viewed an ultrasound of her baby forming, became excited at seeing her baby's heartbeat or feeling the child's kick, find themselves at the unequal opportunity for closure should they lose that child. Nine states, including Nebraska, afford certain rights to parents who lose a child prior to 20 weeks of gestation. We ask that those parents be considered in this instance as well and the limit of 20 weeks removed. We would ask that the language be replaced to include a confirmed pregnancy at any stage of gestation whose remains are identifiable by the naked eye, attending physician or a subsequent pathological examination if requested by the parent. I'm passionate about this bill. I want it to pass. We hope you will approve this compassionate legislation and thank you so much for listening to all the testimony today. [LB1048]

SENATOR STUTHMAN: Thank you, Shannon. Any questions from the committee?
Senator Erdman. [LB1048]

SENATOR ERDMAN: Shannon, can we get a copy of your testimony because I think it has the language that you require...or the proposed language. That way we would have that and the page can make that copy if you'll be happy to share them. [LB1048]

SHANNON SALTZMAN: Yeah, it's got some notes on it. I could e-mail you a fresh copy if you like. [LB1048]

SENATOR ERDMAN: Either way. If e-mail is easier for you, we'll take that as well.
[LB1048]

SENATOR STUTHMAN: Any other questions? Seeing none, thank you very much for your testimony. Any other testifiers as proponents? Any testifiers in the opposition? Any opponents? Any testifiers in the neutral position? Senator Nantkes would you like to close? [LB1048]

SENATOR NANTKES: Yes, briefly. Thank you, colleagues. Thank you for your kind attention, compassion and consideration of this important issue. I know it's been a long

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

week and it's only Thursday and a long afternoon for you here with many important issues before you. I guess, just a couple of points for clarification. The definitions and the time frame set forth in the legislation are not there by accident. They're working with bill drafters to utilize an already existing legal framework in terms of how we classify different aspects of pregnancy and otherwise. For example, in Nebraska under current law, you have to reach a point of 20 weeks during the pregnancy period before you would be issued a certificate of death. Anything before that would be classified otherwise. And that's also that 20 weeks period is important. It's kind of the standard in terms of medical literature and otherwise. I'm not a doctor. I don't pretend to be but I just wanted to clarify for the committee, our intention is not to leave families out but to utilize an already existing legal framework in place for those issues. And also to be very clear on the record with this committee and for the people that are here, of course, involved in these very, very sensitive issues is always a tendency to run down the slippery slope from essentially both sides of the aisle. And I want to be very clear that my intention here is to not provoke a response in terms of the broader life and choice issues that we're asked to deal with. And I'm confident that this legislation does not do that and there will, of course, be communications from both sides of that debate. We've received them in my office and I anticipate that you might as well and this very clearly does not have anything to do with abortion, life or choice. This has to do with changing a statistical form that provides closure in a positive response recognizing families in this unique circumstances, specific situation. So I want to be very, very clear about that. I want to thank, so very deeply from the bottom of my heart, Trish and Brandy, for bringing this issue to my attention. They've done a fantastic job organizing and preparing the information for this hearing and have been really active in visiting with other colleagues who aren't on this committee and sharing their stories and sharing the experience of other states. With that I'm happy to answer any questions and again, thank you. [LB1048]

SENATOR STUTHMAN: Does the committee have any questions? Seeing none, thank you, Senator Nantkes. [LB1048]

SENATOR NANTKES: Thank you. [LB1048]

SENATOR STUTHMAN: With that, that closes the hearing and at this time I want to thank all of the individuals that did come to testify today. Thank you very much. []

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Health and Human Services Committee
February 07, 2008

Disposition of Bills:

LB877 - Held in committee.

LB954 - Advanced to General File.

LB1048 - Advanced to General File.

Chairperson

Committee Clerk