[LB1110]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, February 25, 2010, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB1110. Senators present: Tim Gay, Chairperson; Dave Pankonin, Vice Chairperson; Kathy Campbell; Mike Gloor; Gwen Howard; Arnie Stuthman; and Norman Wallman. Senators absent: None. []

SENATOR GAY: All right. We're going to get started. Thank you for joining the Health and Human Services Committee to a public hearing on LB1110. Appreciate it. If you have a cell phone, if you could silence that, appreciate that. I'm just going to go over a few housekeeping things and we'll get started right away. If you're going to be testifying as a proponent, opponent, or neutral, we have testifier sheets on both sides of the room. If you could fill that out completely it's helpful for the clerk. And then...and even if you want to be on record as an opponent or a proponent or neutral and don't want to testify, you fill one out and just mark what you are. And then also what we do here in the interest of time...today we only have one bill, but obviously there's a lot of interest in this bill. A lot of people want to speak on it. But what we do to try to be as fair as we can is limit the time. And the introducer of a bill gets as long as they want to introduce and close, but what we do, we have a five-minute time rule. We have had it all year long...well, actually for the last two years. And what we do is the green light is going until four minutes. At four minutes, a yellow light will appear. And when you're at five minutes, there's a red light will go on. And if you can wrap it up. I try not to cut people off, you know, midsentence. We try to work with you. But when that red light is on, you need to be start wrapping it up if you can. If there are any--stay there--if there are any questions for you, though, from any committee members, I will see if there's any questions for the testifier. And if there are, that doesn't count. That's not timed. So when you add all this in, the proponents, opponents, and questions and answer time, it gets to be fairly lengthy, so that's the best way we've found to do that. We've got...this is being broadcast on the Web but we have the...it's being broadcast on the Web and also in the Capitol from our closed circuit television that's being broadcast in the Capitol, so other people's offices are able to actually view this as well. Today I think is the last day of hearings but there may be senators who have to come and go if they have a bill in another committee they're testifying on or introducing, so if a senator has to come and go don't be offended. They're just working in another committee. So with that, I know this bill is, you know, can be...it could be looked at. There's strong feelings on both sides. We all understand that. But we've always liked to just maintain our composure here. We deal with a lot of sensitive issues. This would be one of them as well. And we treat everyone with respect and their views with respect, and that's the way we're going to do it today as well. So if we can stick to the issue of the bill, that's what we'd like to do. And we will move on. I just...we'll introduce ourselves. I'm Senator Tim Gay from Papillion-La Vista, and we'll introduce our members. [LB1110]

MICHELLE CHAFFEE: Michelle Chaffee, legal counsel to the committee. [LB1110]

SENATOR GLOOR: Senator Mike Gloor, District 35, which is Grand Island. [LB1110]

SENATOR PANKONIN: I'm Senator Dave Pankonin. I represent District 2. I live in Louisville. I am going to mention while I've got the mike for a minute that we've got two senators here that's going to be their last public hearing. Senator Tim Gay, our Chairman, is not running for reelection and we really appreciate his service, and Senator Arnie Stuthman has been down here for a number of years, on this committee for many years, and we're going to miss both of these fine senators. I just wanted to acknowledge that personally. [LB1110]

SENATOR GAY: Thank you. [LB1110]

SENATOR STUTHMAN: Thank you. [LB1110]

SENATOR STUTHMAN: Senator Arnie Stuthman from the Platte Center-Columbus area, District 22. [LB1110]

SENATOR WALLMAN: Senator Norm Wallman, District 30, which is south of here, the Homestead area, Beatrice, my home. [LB1110]

ERIC MACK: Erin Mack, committee clerk. [LB1110]

SENATOR GAY: And our pages are here, they do a great job. They're here to help in any way if you have any handouts you want to give we'd like to...just raise those up. They will hand them out or get copies for you. We usually like about ten copies for all the committee members obviously, and then one for the clerk and our legal counsel. Also Senator Gwen Howard from Omaha is joining us and Senator Kathy Campbell who is on the committee who will be introducing the bill. But anyway, with that we'll start off with Senator Campbell. Go ahead and introduce. Thank you. [LB1110]

SENATOR CAMPBELL: Thank you, Chairman Gay and colleagues on the committee. LB1110 is intended to allow Nebraska to continue to offer prenatal services to unborn children of low-income women. The bill directs the Department of Health and Human Services to establish a separate state program under the targeted low-income child health option of CHIP. Program services shall be prenatal care and pregnancy-related services connected to the health of the unborn child. The program is solely for the unborn children of mothers who are ineligible for coverage under Medicaid. Children’s eligibility for services will be determined using an income budgetary methodology of no greater than 185 percent of the federal poverty guideline. Services not included include dentistry, optometry, and other medical issues separate to the mother and unrelated to pregnancy. The bill requires the department, within thirty days of LB1110’s passage, to

seek approval from the Centers for Medicaid and Medicare--CMS--of a state plan amendment or waiver for the program. For well over 20 years the practice in Nebraska has been to cover the cost of prenatal care of the unborn child of low-income women. It is important to note that CMS in its letter to the state of Nebraska on November 30 did not say this practice could not continue. What it did say was that Medicaid funding could not be used. In the same letter it did point out an alternate source of funding utilizing federal dollars with a state match should the state choose to do so. Thus, this is clearly a policy issue. I believe Nebraska's practice of funding prenatal care of the unborn child of low-income women should continue, including the unborn child of an undocumented mother. The child will be a U.S. citizen at its birth. Would we not want the child to be healthy? We certainly know the importance of prenatal care. Without it, significant problems can arise: premature birth, low birth weight, risk of health problems and disabilities throughout life, all of which expenses could potentially fall to the state to cover. To me, it is unconscionable to think we would cast away this care. I would like to indicate to the committee that we will be bringing forth an amendment to address the issues and costs of labor and delivery because they would be handled under Medicaid, and we need to amend the bill to that point but we're not quite ready for that yet. And with that, I'll end the opening. [LB1110]

SENATOR GAY: All right. Thank you, Senator Campbell. Are there any questions at this time for Senator Campbell? I don't see any. Thank you. [LB1110]

SENATOR CAMPBELL: Thank you. [LB1110]

SENATOR GAY: All right. I've got the...this is just in the interest to try to manage everyone's time here a little bit, I'm sure everyone here obviously is interested, but how many people will be testifying as a proponent on this? All right. And how many people will be testifying as an opponent? Okay. So we've got some...so we've got, look to me, just ballpark, about 20-some people. So five minutes. And if there's questions and answers, we can go on. People that have came to our office, I've got a list of them in an order, but I'm just going to kind of open it up. We can go in an order but I do have a list here but I'm going to open it up right now to proponents, and I've got Dr. David Filipi is first on this list. But what I'm going to do is I'm not going to call those off. If you know where you're at in this line, just come on up. So go ahead, Doctor. [LB1110]

DAVID FILIPI: (Exhibit 1) Thank you. I'm David Filipi. I'm president of the Nebraska Medical Association and a family physician. In my earlier career I did do obstetrics, probably delivering between 200 and 300 babies, so I know a little bit about this. Taking care of a pregnant woman, probably 80 percent of your effort really is for working for that unborn baby and 20 percent is for the safety and health of the female. So that kind of gives you some proportion about where the work effort is. It's really toward that unborn baby. And as much as I'd like to talk about the human costs in terms of this bill, I'd really like to talk about the financial concerns because I think that's what the state is

going to be taking a look at. And I think as fiduciary individuals for our citizens with a tight budget, that's what you have to take a look at. And I happen to have a paper that was written two years ago on some of the costs of a child that's born without the benefit of prenatal care and the impact upon the financial budget when that occurs. As it stands right now, if you...the state has agreed to pay the physician for the delivery of the child and for the care after the child is born, but has not agreed to pay for the prenatal examination. Medicaid currently, Nebraska Medicaid will reimburse for the delivery and afterward somewhere in the neighborhood of $959. The total cost of delivery, from prenatal care to the birth of the baby, they are now paying $1,535. So the cost really of prenatal care toward the physician is somewhere in the neighborhood of $575. There's some other costs in prenatal care and that goes for laboratory and x-ray and that sort of information. I'm estimating that about $200. So really the incremental costs of covering prenatal care would be costing the state somewhere in the neighborhood of $775 per pregnancy. The interesting thing about the lack of prenatal care is it increases the amount of premature births from around a little bit below 9 percent, which I have in the papers that I'll share with you, to over 20 percent. And that's where the cost of care will be coming into. The cost of...the incremental costs of the lack of prenatal care, if that makes sense, is somewhere in the neighborhood of $2,300. So by spending $775 now, you're going to be able to save at least $2,300 in nine months. And that incremental cost is just for the first year of life. If you have a baby that's born with multiple problems, like cerebral palsy or other birth defects because of prematurity, that number will go on and will be billed later on in the system. So I guess I make a strong financial point, the investment of $775 this year will save money next year, and I think we're going to have budget problems next year as well as this year. So I'd rather pay now and pay now a little less and more and save that money for next year. With that, I just want to comment that I've gotten lot of calls and e-mails from physicians across the state, not just obstetricians, not just pediatricians, not just family doctors, but pathologists, ENT doctors, internal medicine physicians, all sorts of doctors. And we're kind of a conservative lot, but every one of them has said support this bill no matter where we stand with immigration. We've got a lot of differences of opinion on that. They said no matter what, the right thing to do both from a human cost and a financial cost is to support this bill. That's what I have to say. Questions? [LB1110]

SENATOR GAY: Thank you. Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Thank you, Dr. Filipi, for your testimony. The question that I have, and you brought these figures to us of the cost of the prenatal care and stuff like that, could you give me an estimate of the cost of a low birth weight baby or a premature baby of an individual that possibly didn't have prenatal care, the expense incurred when that child would go to the Children's Hospital? [LB1110]

DAVID FILIPI: Oh, it could be very expensive. It could be a half-million dollars. It

depends upon how premature and depends upon the complications. There is a...you know, you can have a premature child without problems and a premature child with problems. And again, and this paper will probably explain it a little bit of that and I'll leave that with the clerk. That's the realm of things. But on average, if you average, you know, 1,000 babies or 10,000 babies, the average incremental cost is, again, at least $2,300 and as much as $3,400. [LB1110]

SENATOR STUTHMAN: Okay. But there's a possibility with no prenatal care there could be a cost incurred of up to a half-million dollars. [LB1110]

DAVID FILIPI: Oh, yes. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

DAVID FILIPI: You're welcome. Thank you. [LB1110]

SENATOR GAY: Senator Pankonin. [LB1110]

SENATOR PANKONIN: Thank you, Senator Gay. Doctor, thanks for being with us today. Just on that financial perspective and it does seem obvious that maybe there's some advantages there, or there are. Why do you think it is...we just had before this hearing, we had a briefing from the regional HHS federal officials from the Kansas City office, and they cover four states: Missouri, Iowa, Kansas, and Nebraska. The other states do not have a program like this, and we've heard that out of the 50 states, 36 don't and 14 do. Why do you think the other states, if it's such a compelling financial argument, why don't these other states around us and a majority of states nationally do not cover this? [LB1110]

DAVID FILIPI: That's a great question. I can't answer that completely except I can say this article is a fairly new article written and published in 2008, so it takes time for that to disseminate and get out there. It was pretty well written and I think, again, it's probably just lack of appreciation of the topic. [LB1110]

SENATOR PANKONIN: Thank you. [LB1110]

SENATOR GAY: Any other questions? I don't see any. Thank you. [LB1110]

DAVID FILIPI: Thank you. [LB1110]

RICHARD RAYMOND: (Exhibit 2) Chairman Gay, members of the Health and Human Services Committee, my name is Richard Raymond and I am here before you today at the request of the Nebraska Medical Association to provide written and oral testimony supporting the passage of LB1110, an act intended to continue to offer prenatal

services to unborn children of low-income women. Just for the sake of openness and transparency, I was already scheduled to be in Nebraska for a public health forum in Beatrice this evening that is sponsored by the Nebraska Medical Association and Dental Association, and so I received no payment or travel expenses to be here today. I did not hesitate to accept that offer from NMA to present, however, because this is very much an important issue to the physicians of Nebraska and their patients. I am a born and raised Nebraskan, and although I recently moved to Colorado to be with children and grandchildren in semiretirement, I did practice family medicine with full obstetrical services and pediatric privileges for 27 years in this great state. The last baby I delivered was at Clarkson Hospital around 11 p.m., December 31, 1999, just prior to my retirement from the clinical practice the next morning. I practiced in O'Neill for 17 years and delivered slightly over 1,000 babies during that time. During this time, I also spent one year as the Nebraska Medical Association's president, a time during which we eliminated the Medicaid reimbursement discrepancies that favored urban practice over rural practice. A small percentage of the pregnant women I cared for in O'Neill were on Medicaid. The majority had private insurance, usually related to their or their husband's employment. Most were married. Many were second- and third-generation members of the community, with other family members in the area providing social, physical, and moral support. In 1990, I moved to Omaha and developed and then directed a family practice residency program for what was then Clarkson Hospital, now a part of the Nebraska Health System. During my ten years as director of that residency program, I delivered or supervised the delivery of, again, of slightly more than 1,000 babies. The great majority of the pregnant women we provided care for at the residency program were Medicaid recipients, and many were women of color. Many were single. Many were economically stressed and nutritionally at risk. Many grew up in single parent families without the social, physical, and moral support systems in place, and very few had any active health insurance plans in effect. They were definitely high-risk obstetrical patients. And by providing early and complete care, with consultations with specialists as appropriate, we were able to reduce those risks considerably. The difference I experienced in these two practice settings was like night and day. The multiple risk factors present in the Medicaid-eligible population threatened the health of the pregnant mothers and their unborn children to a degree that one simply cannot appreciate unless they have been there in the trenches at 3:00 in the morning. LB1110 states very clearly and very accurately, "access to prenatal care can improve health outcomes during infancy as well as over a child's life." The bill also accurately states that, "prenatal care will result in lower medical expenditures for the affected children in the long run" and there will be "ultimate cost savings to the state." No one, not even the biggest detractors of Medicaid or opponents of this bill can disagree with these statements. If they do today, demand peer reviewed and scientifically proven documents to support their statements. I know the following are old cliches, but never have they been truer than when you look at whether or not to provide Medicaid insurance to allow pregnant women who qualify to have access to healthcare for their unborn child. A few: Pay me now or pay me later; penny-wise, pound-foolish; a healthy infant become a healthy child

who becomes a healthy adult--and by the way might be a tax-paying resident of this state sometime; and the true soul of a society is judged by how it helps those who cannot help themselves. Well, senators, these unborn children certainly cannot help themselves and they have no say in this issue, so I am here to speak for them. Their mothers need counseling, they need appropriate testing to assure a safe and healthy pregnancy and delivery. They need the physical and social support that a medical home can provide for them and they need to know that someone cares and is watching out for their health and the health of their baby. In 1999, I left the practice of medicine to enter public service and the arena of public health at the request of then-Governor Mike Johanns. He asked me to be Nebraska's first full-time Chief Medical Officer, working alongside four other appointees at the time on the five-member Policy Cabinet of what was then the Nebraska Health and Human Services System. During the six and a half years that I served Governors Johanns and Heineman, I had occasion to serve Nebraska as acting director for Services, the acting director of Finance and Support, and the director of Regulation and Licensure. At that time, Services was in charge of determining eligibility and enrolling Medicaid eligibles, and Finance and Support was in charge of establishing reimbursement rates and paying the providers. So basically I went from being a provider of Medicaid services with experience in the trenches to being in a position to work with the Unicameral, the administration, the Nebraska medical, dental, hospital, and long-term care associations, and consumer advocates to help create a better system that encourages providers to accept Medicaid patients that responded better to the needs of pregnant women and other recipients that was fair and that was fiscally sound and sustainable. Those changes were made in a spirit of communication, cooperation, and collaboration and work. We created savings without impacting healthcare outcomes in some areas, while expanding services in others. It can be done, but it is hard work. But to create savings the easy way by eliminating prenatal care to eligible women will severely and adversely impact healthcare outcomes and the Nebraska taxpayer will lose in the end, along with the mother and her soon-to-be-born infant that were denied access to excellent healthcare. My red light is on. I will stop right here and see if there's any questions. [LB1110]

SENATOR GAY: Thank you, Dr. Raymond. Any questions from committee members at all? I don't see any right now, but we got that testimony too. [LB1110]

RICHARD RAYMOND: Right. As I exit, I will state that I used to testify in front of this committee often, and including Senators Howard and Stuthman. And Senator Stuthman, I might have been here at your first hearing. I didn't know I was going to be here for your last one, so...(laughter). [LB1110]

SENATOR GAY: Hello. [LB1110]

CARON GRAY: (Exhibit 3) Hello. My name is Dr. Caron Gray. I'm an obstetrician/gynecologist at Creighton University. I'm a full-time faculty there. I would

like to thank the committee for giving me this opportunity to address you today. I'm also an associate professor and the residency program director. I'm speaking on behalf of Creighton University, Creighton University Medical Center, and the Nebraska Hospital Association, and basically I am here to support the passing of LB1110. While at Creighton we do not ask for immigration status of our patients, we estimate that we...while at Creighton we do not ask for the immigration status of our patients, we estimate that we provide prenatal care to about 370 patients per year who would qualify for the care under this bill. These patients are seen at Creighton clinics and at One World Community Health Center. What are the short-term and long-term consequences of not providing prenatal care to this population? As was mentioned earlier, the cost of premature birth. The cost of premature birth that needs care in intensive care units to Medicaid on a daily basis is $2,000 per day. The lack of prenatal care increases the risk of premature birth by about five- to sevenfold. The normal risk of a mother having a premature baby is about 10-12 percent. Without prenatal care, the risk can be as high as 50 percent. Lack of prenatal care also increases the risk of adverse outcomes to the mother, especially in cases of preeclampsia and eclampsia, which can lead to renal failure, life-threatening bleeding, and even death. Preeclampsia is an example of a condition that we can diagnose and detect during prenatal care, follow closely, and deliver the mother before she gets to the point where she comes to the hospital, she's already had a seizure, and the baby is dead. Another example of where prenatal care can help prevent not only costly consequences but also costly to the human being is diabetes, both preexisting and pregnancy related. Basically, this is another condition that can be screened for and treated during the prenatal care period. If diabetes is uncontrolled during a pregnancy or coming into a pregnancy, this increases the risk of birth defects which can, of course, have lifelong consequences and costs, can result in intrauterine fetal demise, birth trauma at the time of delivery due to large babies which can result in neurologic handicaps that can, again, last for life. In my experience, just like Dr. Raymond mentioned, the population that qualifies under this is at high risk already due to lack of resources and other social stressors that they must go through. And add pregnancy on to that, and you have increased that quite a lot. So the fact of the overall lack of resources and the stresses they're already under, we can actually identify some of these things during prenatal care and help them in order to help decrease problems with the unborn baby. So we will not be turning anybody away at Creighton or at One World, so therefore, that cost would end up being a burden onto the private sector looking for grants and any way that can help us pay for the care for these women, because they will continue to get the care that they need. So in conclusion, lack of prenatal care is costly and it puts women and children at an unnecessary and increased risk. Would you deny this care to your family? Thank you. [LB1110]

SENATOR GAY: Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Dr. Gray,... [LB1110]

CARON GRAY: Yes. [LB1110]

SENATOR STUTHMAN: ...are you aware of any females that do not receive prenatal care? [LB1110]

CARON GRAY: Oh, yes. I take care of quite a few that walk through the door. [LB1110]

SENATOR STUTHMAN: That just walk through the door and deliver. [LB1110]

CAROL GRAY: Um-hum. [LB1110]

SENATOR STUTHMAN: The other question that I have is you stated that, you know, a premature birth and if it goes into intensive care could cost $2,000 a day. [LB1110]

CARON GRAY: Um-hum. [LB1110]

SENATOR STUTHMAN: So in other words, the prenatal care part of it at $1,900 or $1,700, what we had here, $1,500, you know, that would take care of just one day in the intensive care. So if we could prevent that, because in...do you feel that these premature babies, are they in intensive care one day or numerous days? [LB1110]

CARON GRAY: It's usually numerous days, especially a lot of these premature births if they're are 28 weeks or 26 weeks, we're talking, you know, several months in the intensive care unit. And it's rare that they're in there only one or two days. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

CARON GRAY: Um-hum. [LB1110]

SENATOR GAY: Senator Gloor. [LB1110]

SENATOR GLOOR: Thank you, Chairman Gay, Dr. Gray. Two quick questions. Are pregnant women who are diabetics more prone to have problems regulating that diabetes and their blood sugars during the pregnancy? [LB1110]

CARON GRAY: Correct. [LB1110]

SENATOR GLOOR: Is it inevitability or is it just a difficult balancing act? [LB1110]

CARON GRAY: No, it's an inevitability. The placenta produces something that makes someone even more diabetic if they're already diabetic, which then makes us have to increase whatever meds or insulin they're on to control those sugars. [LB1110]

SENATOR GLOOR: Are Hispanic women more prone to diabetes than other cultures, other races? [LB1110]

CARON GRAY: Yes. Yes, they are. Matter of fact, 7 percent of all Hispanic pregnancies have diabetes or gestational diabetes, which is much higher than the Caucasian and Asian population. [LB1110]

SENATOR GLOOR: Okay. Thank you. [LB1110]

SENATOR GAY: Dr. Gray, I have a question for you. On the actual prenatal care, the numbers are going back and forth of what the cost is. But is there a hierarchy of what the most important part of...what...it's been about nine years since I've had to do some of these things with my own kids, but what is the...and you get vitamins, you got the ultrasound, all these things. Is there a hierarchy of this is the most important, this is probably the least important? I know you'd like to do everything, but what is that? [LB1110]

CARON GRAY: Indeed. Indeed. So the most important, of course, would be getting them in early and identifying problems early; doing initial labs, which is a prenatal panel which really is not that expensive; blood counts, screening for hepatitis, HIV, various things. And then the prenatal visits, there is a minimum amount of prenatal visit that we feel still meets standard of care and produces a healthy baby. So there's a couple of visits that sometimes get added in that we know that we don't have to do, such as if we see them in the first trimester we really don't need to see them again until 16 weeks unless there is some issues that are going on. A lot of women in the private sector want to be seen every four weeks by their ob-gyn until it comes time to see them every two weeks. There's one other visit that can also, between 28 and 32 weeks, that can be altered. Ultrasound: at least one ultrasound during a prenatal visit or during a prenatal course can save you about three ultrasounds. So if they can get that one ultrasound around 18-20 weeks, which looks for anomalies in the baby, helps us confirm the dates of the pregnancy, because as we reach term, before ultrasounds and early ultrasounds came along we had a lot of morbidity and mortality at term because we really didn't know how far along the pregnancy truly was. And so I would like to have an initial dating ultrasound very early, and then an anomalies of fetal anatomic survey at 18-20 weeks, but I would be happy, and the evidence base is there, for the 18-20 week ultrasound. From there, it's really risks and various things you pick up that dictate what extra things you do. At 28 weeks, you do a glucola screening for diabetes. There is genetic screening and here's where we have to be...you know, to be an ethical physician, and in my heart I have to be ethical, you really need to offer people who have nothing the same that you offer people who have means. So it would be very difficult for me not to offer these patients an opportunity to have genetic screening. Our college, the American College of Ob-Gyn, their guidelines, their rule is you need to at least offer some kind of genetic screening to your pregnant patient--it doesn't matter what the age--and that

could be anywhere from one blood test, to an ultrasound with a blood test, and another blood test. It can get quite expensive. But that would be something that could be negotiable and it could be a bit of an item that could possibly, that may be part of the minimum, but it could be negotiable. But that's about what I would say minimumwise. [LB1110]

SENATOR GAY: Okay. Well, that's helpful. Thank you. Are there any other questions? Senator Pankonin. [LB1110]

SENATOR PANKONIN: Thank you, Senator Gay. Doctor, thanks for being with us. It's obvious that you have great passion for your work and I appreciate what you do. I asked earlier the question about the HHS briefing from the federal level we had recently and why these other states around us don't offer this coverage and the fact that less than a third of the states do. Why do you think that is? Is it...and I actually asked a follow-up question of those of us...I asked the regional HHS staff, I said, do you have the financial evidence from your level that supports doing a program like this? And these are the other folks that were there, I think the answer was it's anecdotal. We don't have studies on that from the federal level. So I find it interesting. But why do you think that is, that the states around us don't do this? [LB1110]

CARON GRAY: Sure. I think, number one, it depends on how much this would affect them. What's their number of undocumented citizens? What's their number of deliveries? What's their number and how much would that affect them as a state? And I think that if they don't think it's a larger enough number to pay attention to, if I can be so blunt, then they perhaps would not go very far to help out a fewer number of undocumented women. Secondly, I would have to ask through HHS what other means they have put in place, whether it be privately or through grants, because I know that these women, if they care...if it's possible, they're going to come in and get care and the physicians are going to want to give them that care, and I know that there has been other means that states have gone through. And we are already...you know, we're already doing our homework and looking for ways and being prepared, which I know we won't have to follow through with, but I believe that's probably why it hasn't come to this level, to the HHS to their state. [LB1110]

SENATOR PANKONIN: Okay. Thank you for your work and for your answer. [LB1110]

CARON GRAY: Sure. [LB1110]

SENATOR GAY: Any other questions? I don't see any. Thank you. [LB1110]

CARON GRAY: Okay. Thank you. [LB1110]

JOAN NEUHAUS: (Exhibit 4) Good afternoon, Senator Gay and members of the Health

and Human Services Committee. My name is Joan Neuhaus, N-e-u-h-a-u-s, and I'm chief operating officer for Alegent Health. Alegent Health is comprised of four hospitals in Nebraska: Immanuel, Bergan Mercy, Lakeside, and Midlands in Papillion. We have one critical access hospital in Schuyler, Nebraska, and three hospitals in southwest Iowa. We employ 9,000 people and we serve more than 35,000 inpatients every year. We are also the state's largest healthcare provider that delivers babies in the state of Nebraska. So I'm here to testify in support of LB1110. On behalf of Alegent Health, I'd like to thank you, Senator Campbell, for introducing this legislation and to all of you for making it one of your priority bills. This is a very complex and difficult issue. We appreciate having an opportunity to share our experience with you. From our perspective it is necessary to put politics aside and remember that this issue is about continuing to provide prenatal care for babies who are Nebraskans, who are U.S. citizens, and who by federal law we are required to provide care for. The bottom line is we know that babies who receive prenatal care cost taxpayers less money than those who do not. Looking purely at the numbers for a moment, the Journal of Obstetrics and Gynecology found that each dollar cut from prenatal care potentially costs taxpayers up to $3.33 more in neonatal care. And this study is a little dated; it's back in 2000. Denying prenatal care then will increase the cost of care to preterm infants at least threefold, and some of the speakers already have indicated that can be as much as fivefold. Further, the average cost of the initial hospitalization for an infant whose mother has not received prenatal care was $2,300 more than that for the infant whose mother had received prenatal care, largely attributed to the prevalence of low birth weights. You can gamble that the women we're talking about will go full term, and some will, but that doesn't guarantee a healthy baby. And the same study in the Journal of Ob and Gyn reported that 35 percent of women who did not receive prenatal care ended up delivering preterm. Dr. Gray, in her comments, estimated that a little higher as sometimes almost 50 percent. So I think that's the important point to emphasize: the high number of women who do not receive prenatal care that end up delivering preterm infants. The birth of a baby is typically a pretty healthy event. It's anticipated and for the most part predictable, allowing us to manage the care of those mothers and babies in less costly settings. This change will shift the care of the birth of a child to an emergency event, forcing these individuals into emergency rooms and NICUs, some of the highest cost settings we have. For our health system alone, we're talking about, at a minimum, $2 million in additional costs for these babies. In fact, we're on track right now to see a 10 percent increase in our charity care in this year. While we absorb that cost of charity care, in reality it does get passed on in some form or other of higher medical costs or higher insurance premiums. Everyone feels that pinch one way or another. That leaves us with what I believe is the most important point of this discussion, which is social responsibility. This isn't about just the financial costs to our state. The cost to the individual, that baby, to their family, and to our society is immeasurable. As a prolife state, we respect and embrace the sanctity of human life. Protecting that life in utero, regardless of citizenship and income, is the right thing, the socially responsible thing, and the Nebraska thing to do. As you deliberate and vote on whether to advance

LB1110, please keep the big picture in focus. The numbers don't lie. In the long term, the state saves money by investing in prenatal care. We urge you to vote in support of LB1110 so that babies can enter the world from a point of wellness and not critical care. This complex issue transcends money, politics, and immigration, and at its most basic level is about giving our children the best beginning for a healthy and productive life. Thank you for the opportunity to testify. I'm happy to answer any questions. [LB1110]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. [LB1110]

BRENDA ELLER: (Exhibit 5) Mr. Chairman and members of the Health and Human Services Committee, my name is Brenda Eller. I'm from David City. I'm a registered nurse and I have been for 17 years and I do work in my hometown. I am also a member, or president currently, of Nebraska Right to Life board. Nebraska Right to Life is the state affiliate to the National Right to Life Committee and we represent 67,000 identified prolife households across Nebraska. We support LB1110 because it will ensure that innocent unborn children will continue to receive prenatal services which will give them a healthy start in life. We view the provision of needed services to unborn children as a prolife issue. Modern medicine recognizes the unborn child as a patient and so do we. We urge you to pass LB1110. Thank you. Any questions? [LB1110]

SENATOR GAY: Thank you. Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Dr. Eller? [LB1110]

BRENDA ELLER: I'm not a doctor. I'm a nurse. [LB1110]

SENATOR STUTHMAN: Okay. From David City? [LB1110]

BRENDA ELLER: Um-hum. [LB1110]

SENATOR STUTHMAN: Do you have many low birth weight babies delivered? [LB1110]

BRENDA ELLER: Yes, we do. [LB1110]

SENATOR STUTHMAN: You do. [LB1110]

BRENDA ELLER: We do. And when we have those occurrences happen--we don't have a NICU in David City, you know, it's rural--but we do hook up with, a lot of times, St. Elizabeth's Hospital. They'll have a NICU team come out and we manage that care until they come out. So, yes, we do. [LB1110]

SENATOR STUTHMAN: So there could be a possibility you could have more if we don't

pass this bill? [LB1110]

BRENDA ELLER: Oh, yes. Yes. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

BRENDA ELLER: Yes. You're welcome. Any other questions? [LB1110]

SENATOR GAY: Hold on. Just one more question. Senator Wallman. [LB1110]

SENATOR WALLMAN: Thank you, Chairman Gay. Yeah, thanks for coming here. And this is your house, you know, and appreciate what you do. Now do you think midwives have a place in this, you know, or nurse practitioners? [LB1110]

BRENDA ELLER: We do have nurse practitioners in David City. I know they're becoming more common. But I think any time you can get a pregnant woman hooked up with services, I know we're talking a lot about the financial end of it, but I just know from a nurse, I think maybe sometimes we're complicating the issue a little bit too much. But if you can get them hooked up with services, a doctor, a midwife, nurse practitioner, there's a lot of real simple steps we can take that we take for granted just by having education or having children of our own...by having prenatal services. I just know from my line of work, many of the women who don't have healthcare come in and they use the emergency room as the doctor's office. Okay? So if we can get them to the doctor's office, there's many services...I mean, we're talking about NICUs and emergent care, there's breast-feeding classes, child birth classes, well-child classes, videos that they show these people in child birth instruction that are very simple, basic steps we can take that...like I say, if we get them hooked up with a doctor or a midwife or a nurse practitioner, these very simple steps are important too. [LB1110]

SENATOR WALLMAN: Is there an average age you can give me in these women as an average age? [LB1110]

BRENDA ELLER: If you're thinking that they're teenagers, they're not. I mean, no, there's no discrimination on age at all. [LB1110]

SENATOR WALLMAN: Thanks. [LB1110]

SENATOR GAY: I've got a question for you. How does the process work that Nebraska Right to Life came to support this bill? I mean, to get you sitting there to testify, what's the process it goes through? And I know there's other things going on today, but can you explain that, how you came to this decision? [LB1110]

BRENDA ELLER: To come here to testify? [LB1110]

SENATOR GAY: On this bill. [LB1110]

BRENDA ELLER: I just feel it's the right thing to do, and our organization feels that way too. It's just the right thing to do from a prolife position. Irregardless of their legal status, if a woman is here, bearing...with child, it's just the right thing to do, to help them to have a safe delivery and bear a hopefully healthy child. [LB1110]

SENATOR GAY: Was there a...I mean, is there...this is personal, but was there a board vote or something, or how...? [LB1110]

BRENDA ELLER: Oh, to have me come? No. No, I just... [LB1110]

SENATOR GAY: So this letter...are you? This letter here that was handed out when you...by Julie Schmit-Albin? Are you testifying on her behalf, as well, or...? [LB1110]

BRENDA ELLER: I am president of the board and Julie is the executive director. [LB1110]

SENATOR GAY: Okay. So, I guess, did the board vote? [LB1110]

BRENDA ELLER: And so I came here instead of going to 1103 if that's what you're asking. [LB1110]

SENATOR GAY: Well, what I'm saying, when they put something out on their letterhead, did the board vote to support... [LB1110]

BRENDA ELLER: Yes, we did. [LB1110]

SENATOR GAY: ...as a board vote? Not just an individual vote. [LB1110]

BRENDA ELLER: Yes, we did. I'm sorry, I didn't understand your question. Yes, we did. [LB1110]

SENATOR GAY: How does that process work, I guess? You said you represent how many members? [LB1110]

BRENDA ELLER: Well, we had a board meeting in January and we discussed the bills that were coming before the Legislature, and we voted on it as a board if we wanted to support this. And we did vote unanimously to support LB1110...or to...yes, to support this. [LB1110]

SENATOR GAY: And then how do you publicize that to your members that you're going

to support this legislation? I'm trying to get a feel for...because we just came about this here. It's new to us, too. We're going through all these motions. So then do you put this in your newsletter then, and? [LB1110]

BRENDA ELLER: Yes. [LB1110]

SENATOR GAY: Do you get calls in, saying, hey, we support you or we don't support you on that? Because any organization you're going to have... [LB1110]

BRENDA ELLER: Yes, we have a newsletter. We have an active Web site. We're on YouTube, as well, so...or I'm sorry, Facebook and Twitter. So, I mean, we're Internet and we have our newsletter, as well, so. [LB1110]

SENATOR GAY: And the feedback you're getting so far has been...? [LB1110]

BRENDA ELLER: Positive. Very positive. [LB1110]

SENATOR GAY: Okay. Thank you. [LB1110]

BRENDA ELLER: Um-hum. I don't have numbers for you but... [LB1110]

SENATOR GAY: No, that's...I just while you're there I wanted to ask, so. All right. Thank you. Any other questions? I don't see any. Thank you very much. [LB1110]

BRENDA ELLER: Thank you. [LB1110]

SEVERIANO FRANCO: (Exhibit 6) Good afternoon, Mr. Chairman and members of the committee. I have this handout I'm sending out to you just at the moment and I should also tell you before I get started that if somebody would ask me why I'm here, I'm here to support the... [LB1110]

SENATOR GAY: Could you state your name and spell it out for us? [LB1110]

SEVERIANO FRANCO: Yeah, I'm getting ready to say that. [LB1110]

SENATOR GAY: Oh, okay. [LB1110]

SEVERIANO FRANCO: I said I'm here to support the senator who introduced this because I happen to be one of her constituents, so to that end. Anyhow, as they are handing out my handouts, I will just tell you that I certainly want to thank you, Mr. Chairman, for the opportunity to come here. I come here to speak in support of LB1110. I should tell you that my name is Severiano Franco and my non-Spanish speaking friends call me Sam. But I am the interim executive director of the Mexican-American

Commission. And I want you to pay particular attention to what I'm going to read in the next sentence. I am a lifelong citizen of the state of Nebraska, I'm a veteran, a father, a grandfather, a Catholic, and important to this discussion today, I'm a taxpayer. And I come before you today to ask that this committee advance LB1110 to the floor for debate. I believe that once debated, the Legislature will no doubt vote to extend prenatal care to pregnant women. I believe providing the right protection to the unborn is both financially prudent and fiscally responsible. I should tell you that during another time in my life I was involved with an association that made available affordable healthcare insurance to its members. We urged our members and dependents to take steps necessary to avoid potential health risks. Our experience, in spite of our best efforts, did not eliminate catastrophic claims. This next particular statement should be of considerable interest to this committee. One year the plan provided coverage for three premature births whose overall costs exceeded $3 million. I want to go back to the fact that I'm a taxpayer. Now take into account the overall number of women who could conceivably experience similar problems. What then would be the cost to the state to provide coverage to these yet unborn children? If the rationale for opposition to LB1110 is a consideration of costs to provide services, then a cursory review of the costs associated with the failure to provide service should convince opponents otherwise. Consider this: if today we neglect to provide the coverage these women need, tomorrow the cost to the taxpayer to cover these expenses will increase. If the state fails to provide this care, we can be assured of increased costs. And the question is, how can we justify these increased costs? The taxpayers need and they deserve to be told what they can expect by way of increased costs if this Legislature fails to adopt LB1110. Now I know we all have our reasons to support or oppose LB1110. My testimony is an attempt to provide an understanding of what we as a state face in increased costs if we fail to adopt LB1110. One thing is for sure: regardless of what our views may be regarding the proposed coverage for pregnant women, the costs for failing to provide coverage will be much greater than the costs associated with providing the initial care. We can choose to provide coverage up front or we can accept the fact that we will have to provide additional care for infants later. And that's a known fact. We...and I heard the doctor, the gray-haired fellow back here, and he said it so nicely by all the cliches: You can pay me now or you can pay me later. And again, I go back to my issue about being a taxpayer and I would ask that you extend that consideration to go ahead and to advance the bill. [LB1110]

SENATOR GAY: Thank you. Any questions? I don't see any at this time. Thank you. [LB1110]

SEVERIANO FRANCO: Thank you very much. [LB1110]

KRISTINE McVEA: (Exhibit 7) Senator Gay and members of the committee, my name is Dr. Kristine McVea, M-c-V-e-a. I'm the chief medical officer at One World Community Health Center. I am here today on behalf of the six federally qualified health centers in

Nebraska, two located in Omaha, one in Lincoln, one in Norfolk, one in Columbus, and one in Gering. I'm here to support LB1110. Nebraska's community health centers provide primary healthcare services, including prenatal care to over 55,000 patients per year. We serve our patients in 26 different clinic sites in both urban and rural areas across the state. It is important to Nebraska's community health centers that we continue to ensure that every baby born in this state has access to prenatal care regardless of their mother's race, ethnicity, income, or immigration status. Nebraska's community health centers are committed to providing Medicaid coverage for prenatal care because it is the right thing to do. It saves lives, it prevents birth defects, and it saves money. You've already heard some of the statistics regarding this, but babies born to mothers who receive no prenatal care are five times more likely to die. They are three times more likely to be born at low birth weight. And comprehensive, early prenatal care is the best way to prevent not only death, but also birth defects, since many develop in the first few months of pregnancy. You've heard some about the costs, as well, here today. The costs involved to providing care for infants born prematurely or with birth defects far outweigh the costs of prenatal care. And it is estimated that for every $1 spent on prenatal care, $1.50 is saved within the first two months of birth alone. Even Warren Buffett could not guarantee that rate of return on investment. Now, due to changes in Medicaid rules, thousands of unborn children are facing the loss of preventive care. Already at One World we are seeing pregnant women who have been denied Medicaid coverage. These low-income women want what every mother wants: a healthy baby. Unfortunately, they cannot afford the cost of office visits, basic lab services, ultrasounds, and other recommended tests. One World's physicians and midwives are overwhelmed because they are beginning to see patients who have been turned away elsewhere. But we do not have all of the resources to provide the care they need. We fear that many needy women across the state will not receive any care at all. The good news is we can fix this. LB1110 ensures that we will continue to cover unborn children through Medicaid. Other states across the nation have done this and we can too. Some people have claimed that this is an immigration issue. It is not. As a pediatrician, I can assure you that this is about caring for Nebraska's children. It is outrageous that some of our opponents would waste our tax dollars and have babies die or suffer the consequences of preventable birth defects just to make some cheap political statement about illegal immigration. Nebraska's community health centers want a commonsense approach that is fiscally sound and protects the lives of the unborn. Thank you to all of you, and please support LB1110. [LB1110]

SENATOR GAY: Thank you. Senator Wallman. [LB1110]

SENATOR WALLMAN: Thank you, Chairman Gay. Thanks for coming. You know, I...you said some were turned away. Were they residents of Nebraska or...? I live in a border county, as Omaha is, too. Are they nonresidents of Nebraska then? [LB1110]

KRISTINE McVEA: They are residents of Nebraska but because they are now finding

that they are ineligible for Medicaid we've had patients coming into our clinic who have been told by private physicians that they need to pay $3,000 up front or they won't be seen. Other patients come to our clinic where we're able to offer discounted services. It's as low as $30 for a visit. But when you're living in fairly extreme poverty, even some of our patients have said, you know, I don't think I can come back because even that I cannot afford. We've had to stop ordering certain tests simply because we don't have a way of getting ultrasounds for these patients. It's already affecting the quality of care that we're able to give. [LB1110]

SENATOR WALLMAN: Thanks. [LB1110]

SENATOR GAY: Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Doctor, I'm aware of the situation in the Columbus and the federally qualified health department there. The question I want to ask you is in One World, since you initiated the prenatal care for the minorities or when you initiated that, has your birth weight increased dramatically, or can you tell me from when you started to what you're doing right now on deliveries? [LB1110]

KRISTINE McVEA: I started out as a volunteer at One World about 15 years ago and I know that even prior to that Nebraska had committed to providing Medicaid services for all people regardless of the status of the mother. And I think that because we've had a really strong prenatal program in place from the beginning, I know that I probably have not seen it go from terrible to good. I do know that we have very good health outcomes and we've been working very, very hard to improve that. Currently, we had a 6 percent low birth weight this year. That's compared with about 10 percent, you know, across the state, so. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

SENATOR GAY: Senator Howard. [LB1110]

SENATOR HOWARD: Thank you, Chairman Gay. Dr. McVea, thanks for all you do. I've toured One World and it's wonderful that you're so inclusive with your mission down there. And doesn't it just seem to you...I know, in your role don't you sometimes step back and say we should be way beyond this; this shouldn't even require a discussion; this should be a given; this should be something that we do as people? [LB1110]

KRISTINE McVEA: Yeah, I think that there are some people who, you know, feel a lot of hatred in their hearts and I feel for those people because I'm not sure where that's coming from. But I think that I feel very blessed to live in this country, in this state that has a lot of resources even in these economic times. And to think that we would, yes, even think of denying care to unborn children is sad. I hope that this bill will help to

ensure that we don't ever do that. [LB1110]

SENATOR HOWARD: Well, I appreciate that and I share your feelings. Thank you. [LB1110]

SENATOR GAY: Dr. McVea, I have a question for you. The six federally qualified health centers, you obviously...I assume Medicaid is most of your patients or Medicaid and then it's a cost-sharing, right? [LB1110]

KRISTINE McVEA: About across the state, over 60 percent of the patients that we see in community health centers are actually completely uninsured. And of our prenatal patients, approximately 96 percent of them are covered by Medicaid. [LB1110]

SENATOR GAY: Okay. So I guess the other question then, of the six centers, there's only one that's further out west. They're mostly in the regional centers: Columbus, and I think Norfolk, Omaha, Lincoln, and Omaha, two. [LB1110]

KRISTINE McVEA: Cass County. Yeah, um-hum. [LB1110]

SENATOR GAY: But the furthest west...but I'm saying, how much...have you guys ever done a study to say that we cover X amount of the Medicaid population we're talking about? Because what I'm trying to get to is there's a big part of the state that isn't close enough to even access one of your centers, so I'm trying to think of the person who won't ever come to your center or any of your centers. And I guess the point I'm trying to get, what percent is that outside your service area, I guess? Have you ever done a study to say...do you guys cover 70 percent of the state, 50? [LB1110]

KRISTINE McVEA: Yeah, that's a very good question, Senator Gay. I think that when I just look at the communities that don't have community health centers right now that would probably be very affected by this because there is no community health center, would be the Lexington area, Grand Island area. I mean, there's a lot of places that have no community health centers who can help. And so the bulk of those patients would be affecting the private practitioners in those communities. [LB1110]

SENATOR GAY: So anybody, really, west of 40 miles, 50 miles from Lincoln, is not covered except till you get to Scottsbluff? [LB1110]

KRISTINE McVEA: That's correct. [LB1110]

SENATOR GAY: Okay. I just kind of wondered because I know there's voids. Even if you had everybody come to your center, you'd be overwhelmed though. I mean, not everyone's...you probably are right now. [LB1110]

KRISTINE McVEA: We're already overwhelmed just in the areas that we cover because we don't...we don't have, you know, some of the specialty services on site. One of the very common things that we see is diabetes associated with pregnancy. Right now, we've been struggling this week because we can't even get access to a dietician who can help those women. So, I mean, some of the things that we can't provide in-house, we're really struggling because we don't have the funds to do that. [LB1110]

SENATOR GAY: Yeah, but what I'm saying, even in Omaha there's Charles Drew and yourself, but without the private--and the hospitals have testified and all that--without some of their support you could...there's no way you could absolutely cover... [LB1110]

KRISTINE McVEA: Oh, absolutely. [LB1110]

SENATOR GAY: If they would quit doing this, you couldn't cover it, basically, at Charles Drew. [LB1110]

KRISTINE McVEA: Absolutely. It's already overwhelming. [LB1110]

SENATOR GAY: Yes. Okay, that's the point I was...all right, thank you. Any other questions? I don't see any. Thank you. [LB1110]

KRISTINE McVEA: Thank you. [LB1110]

CARRIE CARSTENS: Hello. My name is Carrie Carstens, C-a-r-r-i-e, Carstens, C-a-r-s-t-e-n-s. I'm not a professional speaker so you have to bear with me. This is a little intimidating, but I have a personal interest in this. I am 29 years old. I am a single mother of two. I'm a nursing student at the University of Nebraska Medial Center in Kearney. I am going to school so I can provide a better living for my family. I am very appreciative of the help and the resources I have to make it possible to go to school, raise a family, and better my life. I am also seven months pregnant. Three weeks ago I received a letter from Health and Human Services stating I was no longer eligible for the unborn coverage under Medicaid. The letter was very confusing and very unclear as of any other options for me. I was very upset and very concerned. I live on a very tight budget and know that I could not afford my own prenatal healthcare coverage. The next day I went to go see my healthcare provider and told her I would no longer be able to come to all my regular scheduled visits. I did not have a choice; I simply could not afford it, to go to the doctor, unless it was an emergency. As a nursing student and a mother, I already knew the risk I was placing not only to my baby but to myself. Prenatal visits are crucial to the health and well-being of mother and child. Healthcare providers monitor vitals, test for neural tube defects. This time is also used to educate women on the importance of folic acid, the use of proper medicines, proper nutrition and exercise, labor and delivery, infant care, and also safety after the baby is born. I did, however, thank goodness, receive a second letter from Health and Human Services, just last

week, stating that I was now eligible for Medicaid, which was a huge relief. I now know that I can give my child a healthy start in life. Even though I am very grateful I have coverage, I am aware that there are other women who are affected by this. I am here to represent those mothers. [LB1110]

SENATOR GAY: Thank you. [LB1110]

CARRIE CARSTENS: Do you have any questions? [LB1110]

SENATOR GAY: Yes. Senator Stuthman does. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Thank you...Karen? [LB1110]

CARRIE CARSTENS: Carrie. [LB1110]

SENATOR STUTHMAN: Carrie. Thank you for your testimony. Did you receive prenatal care for your first two pregnancies? [LB1110]

CARRIE CARSTENS: Yes. Yes. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

SENATOR GAY: Any other questions? You did a fine job. Thank you. [LB1110]

CARRIE CARSTENS: Thank you. [LB1110]

SENATOR STUTHMAN: Yes. [LB1110]

SENATOR GAY: We'll go with...that's senatorial privilege right there. (Laughter) [LB1110]

SENATOR PANKONIN: As long as he's got a testifier sheet. [LB1110]

LOWEN KRUSE: Yes, yes. Senator Gay, and hello to all. It's nice to hear about privilege. I haven't heard about that for awhile. My name is Lowen Kruse, L-o-w-e-n. I'm here to represent Justice For Our Neighbors, a volunteer organization in Omaha which provides legal counsel to persons who are on a legal path. I want to make it real clear who we're talking about. I come in support of the LB1110 because of my experience in this body, and nothing else that I'm trying to really represent at this point. I hear things about on this particular subject and I totally reject the thought that this bill has anything to do with kindness to strangers. It certainly doesn't for me. I was a kind person once upon a time, then I came to the Legislature. (Laughter) Eight years on the Appropriations Committee. During that time I do not remember one single vote for

kindness. It was all about money--and it should be. We are stressed economically in Nebraska to pay for basic services and if we're going to start being kind someplace, then we have to take it away from somebody. We cannot do that. So my thoughts are strictly focused on this potential citizens, this fetus, that will be our baby, will be our child, will be our adult. And the question of whether this is an economic asset, which is what we like to talk about for our youth, or if it's going to be an economic liability. I'm not going to repeat what others have said about the medical expenses and so on. It's been well documented, but that's part of my thinking as I was coming here. I would add something that has not been referred to and that is the nurturing of that baby during the first three years of life. By the age of 3, most of brain development has taken place or failed to take place. It seems to me essential that we get into the mind of this mother and into the thoughts of this mother that there is counsel in terms of how to be a mother, how to nurture, how to provide stimulation to this child. Research has shown astounding figures that if that child lacks brain development from proper nurture for the first three years, they're going to come into kindergarten 25 percent of the readiness of a normal student---not some high...25 percent of the normal readiness. That is a deficit to the whole state when that happens. That child is unlikely to graduate from eighth grade. That child is most likely to be needing...be on our roll of expenses as a teenager. And while it's interesting, those whose job it is to figure out how many prisoners we will have 20 years from now, take this 25 percent group as the basic input to that figure. We simply cannot afford to ignore a citizen. Now this is our law and I recognize that persons don't like that, but it's the U.S. Constitution and that's where we are. It's not a God-given right. There are no God-given rights. Well, maybe air, but even that has to have a law behind it. It is our law. It's our law that makes it. So do I ignore these legal citizens? No. Never. Their status, you know, is it right? No. Did we plan for this? No, we didn't. It's our law, and becomes our asset or our liability. I thank you. [LB1110]

SENATOR GAY: Thank you, Lowen. Senator Howard. [LB1110]

SENATOR HOWARD: Thank you, Chairman Gay. It's always so good to see you. Thank you for coming down here today. You might have been a hard-nose in Appropriations but I remember when you stood up on the floor and supported the first bill I got passed, LB264, which was early intervention to keep babies from being hurt and going into foster care. And you did an eloquent job and we got that bill passed. Thank you. [LB1110]

LOWEN KRUSE: Mr. Chairman, maybe I was kind to Senator Howard. (Laughter) [LB1110]

SENATOR GAY: You were okay. You were mean to me a few times, though. Nah. (Laughter) Anyway, thank you, Lowen. Any other questions? Nah. [LB1110]

LOWEN KRUSE: Thanks to all of you. [LB1110]

SENATOR GAY: Thank you for coming. Appreciate it. [LB1110]

RUSSELL EBKE: (Exhibit 8) My name is Russell J. Ebke, R-u-s-s-e-l-l E-b-k-e, and I'm testifying as a proponent of LB1110 on behalf of BryanLGH Health System and Crete Area Medical Center. I was born in Nebraska, raised in Nebraska, trained in Nebraska, and I come with the perspective of a family doctor that works in the trenches in a small community. Crete Area Medical Center is a critical access hospital. For the last five years, our average delivery numbers are 112 deliveries per year. Of those 112 deliveries, on average about 78 of those are Hispanic parents. About 60-65 percent of the healthcare coverage for our delivering mothers is Medicaid, and I would point out that that includes also non-Hispanic people in the numbers that are covered. There's been ample evidence presented by our previous witnesses as to the financial impact of low birth weight babies. I just wanted to expand on one thing that a previous witness had said who cited the journal article from the American Journal of Obstetrics and Gynecology , from 2000, that talked about this is a study from California involving undocumented migrant workers. And it showed that there was a substantially higher rate of low birth weight babies occurring in mothers who had no prenatal care as opposed to those who had some prenatal care. I've provided a copy of that for the committee if there's interest in looking at that and I reference it in the written testimony that I have provided. I provided also another reference which is from the National Center for Health Statistics cited in an article in Public Health Reports, from 2001, that confirmed a similar rate of low birth weight babies occurring in mothers who had no prenatal care. And during the course of my practice over the last 15 years...and Crete, my total practice...my total practice is an active obstetrical practice. It includes also active pediatric care. I've delivered approximately 850-900 babies in my 20 years of practice. I have in that time frame had two mothers who walked into my facility with no previous prenatal care and promptly delivered severely low birth weight babies--babies that weighed between 1 and 2 pounds, that we then had to resuscitate, and were able to do so. Both those babies obviously cost a substantial amount of money to take care of in terms of their ongoing care. And it's so clear that that's going to happen a lot more if we do not provide adequate prenatal care coverage for these fetuses as they...to make sure the transition to infant is smooth. I've also provided some information, too, on the cost of total care of all infant discharges. The 8 percent of babies that are admitted as low birth weight consume 47 percent of the dollars. I also want to point out that we've talked a lot about the medical costs, but there's other costs as well. My wife is on the school board in our community. And the school has to provide services for children that have learning disabilities, and learning disabilities are much higher in patients who deliver at low birth weight. So in answer to the question that you, Senator Pankonin, sorry, had asked a couple people: why is it that other states maybe have not...if you want to ask that? My time is up. [LB1110]

SENATOR GAY: You can go ahead and finish. Go ahead. [LB1110]

RUSSELL EBKE: Okay. In my experience in another aspect of paying for things, which is people with insurance. It's very easy to see the dollar that you take out of your front pocket or the dollar that gets put in your front pocket, while ignoring the three or four dollars that somebody is taking out of your back pocket. And I think sometimes we lack the foresight to consider that and I think that's part of the problem. [LB1110]

SENATOR GAY: Thank you. Are there any questions? I don't see any. Thank you. Oh, I'm sorry. Senator Wallman, go ahead. [LB1110]

SENATOR WALLMAN: Thank you, Chairman Gay. Yes, welcome to this committee. I see you come from Fairbury. I know some Ebkes, probably your relation. [LB1110]

RUSSELL EBKE: Yeah, we're related. [LB1110]

SENATOR WALLMAN: And I see you served in Desert Storm. Did you deliver any babies over there, or...? [LB1110]

RUSSELL EBKE: No, I did not have the opportunity to deliver babies there. [LB1110]

SENATOR WALLMAN: Okay. Well, thanks for serving. [LB1110]

SENATOR GAY: Senator Pankonin. [LB1110]

SENATOR PANKONIN: Doctor, since you asked the question, I'll rephrase it a little bit. Or just to let you know, from...and I think former Senator Kruse could answer this as well. At these hearings--I'm on this committee and several others--we hear that almost every day: if you do this program or you do that program, you're going to save money down the road. Education: if we do this we're going to save money. And I'm not saying that's wrong, but if we did every program that people asked us to do up front to save down the road, we can't do them all. And so that's part of...it's not cynicism, it's the realism that I almost hear that every day in this body: if you'll just do this, you're going to get a payoff down the road. It can be economic development, things. If we invest this pot of money, we're going to have more jobs, going to have more taxes, going to save...you know, it's going to be better down the road. And so it's a hard truth that we have to try to sort through this and figure out the best we can what are the best policies to make. And the reason I framed it by asking about other states is, if other states have not come to this conclusion, to me that is an answer in itself. Why? And that's why I asked it from that framework. And I think when people come here, they feel strongly about their issue and they have oftentimes anecdotal or evidential studies to prove that they are correct. But unfortunately, our resources are limited enough that we even have...we have to make that decision on the first dollar. And it's tough. I wish we could do everything. It's just...so just to...that's where the question is coming from, because

we have these discussions literally almost every day. Thank you. [LB1110]

SENATOR GAY: Thank you, Senator Pankonin. Any other? Thank you, Doctor. Go ahead. [LB1110]

BRIAN FAHEY: (Exhibit 9) Good afternoon, Senator Gay and members of the Health and Human Services Committee. I am Brian Fahey, F-a-h-e-y, March of Dimes Nebraska Chapter board chair, and father of premature twins. It is good to be with you again. The mission of the March of Dimes is to improve the health of pregnant women, infants, and children by preventing birth defects, premature births, and infant mortality. Maternity care can hep improve the health of both mothers and babies. Women who receive prenatal care are more likely to have access to screening and diagnostic tests that can help identify problems early; services to manage existing problems; and education, counseling, and referral to reduce risky behaviors like substance abuse and poor nutrition. For these reasons, Nebraska Chapter of March of Dimes urges the Nebraska Legislature to support LB1110 to help continue the coverage of prenatal care under the Children's Health Insurance Program. Last year, when I appeared before you on LB342, I spoke to you about the importance of care for our twins Michael and Gabrielle at the Munroe Meyer feeding clinic. During that hearing, we discussed the impact of being a premature baby can have on later development. At that time, I talked about the outstanding insurance coverage that my wife, Amber, and I enjoy through her employer. Because of this coverage, we were able to obtain the best in prenatal care. Prenatal care made it possible for my family to plan for twins, as well to prepare for the possibility that they might arrive early. My wife was bed-rested in the hospital at 24 weeks due to contractions. We spent four weeks in the hospital trying to increase our chances of healthy babies. Because of prenatal care, our babies arrived at 28 weeks rather than earlier. A better birth outcome was made possible due to the medical care provided during my wife's prenatal visits, and of course that meant heathier babies. This committee heard last year about the issue we have had since their birth; and last year advanced, the Legislature enacted, and the Governor signed LB342. The important thing about that bill and this one before you now is that we have a duty to care for our children in this state in the best way we can, no matter what the heritage of their parents may be. The lack of prenatal care can have serious health and cost ramifications for both the mother and baby. During the first year of life for a premature baby, the average healthcare costs, including both inpatient and outpatient care, were about ten times greater: $32,325 compared to $3,325 for a full-term baby. Early and regular prenatal care can also help prevent other serious perinatal issues, such as stillbirth, fetal alcohol syndrome, and postpartum depression. Uninsured women are more likely to have poor pregnancy outcomes than are insured women, including pregnancy related hypertension, placental abruption, and extended hospital stays. Their newborns are also more likely to have adverse outcomes, including low birth weight and even death. The U.S. Preventives Services Task Force has issued a number of recommended medical interventions related to pregnancy, including folic acid supplementation, screening for

preeclampsia, and counseling on breast-feeding that can best be provided if a woman has health coverage. March of Dimes strongly supports LB1110 to provide coverage for prenatal care regardless of the status of pregnant women. Thank you for your time. Are there any questions? [LB1110]

SENATOR GAY: Thank you. Any questions? Senator Pankonin. [LB1110]

SENATOR PANKONIN: Thank you, Chairman Gay. Brian, thanks for being with us today. How are your kids doing? [LB1110]

BRIAN FAHEY: They are doing better, thanks to you guys. I appreciate it. [LB1110]

SENATOR PANKONIN: Good. Well, that's good to hear. Tell me a little more, March of Dimes and the funding that you have available and how you use that funding at the present time. Do you have an idea what your budget is and... [LB1110]

BRIAN FAHEY: For the national? [LB1110]

SENATOR PANKONIN: No, for the state. [LB1110]

BRIAN FAHEY: All of our money that we send goes to...some of the...most of the research that we raise the funds go to our national and they decide where the grants are going to be going to. [LB1110]

SENATOR PANKONIN: And so you don't have much influence on them coming back to... [LB1110]

BRIAN FAHEY: I'm just a poor man in a big world here. [LB1110]

SENATOR PANKONIN: Okay. All right. Okay, thank you. [LB1110]

BRIAN FAHEY: I wouldn't be able to answer your question. [LB1110]

SENATOR PANKONIN: Thank you. [LB1110]

SENATOR GAY: Senator Howard. [LB1110]

SENATOR HOWARD: Thank you, Chairman Gay. Brian, I was glad to see that you had, as a representative of March of Dimes, that you had a reference in here to the fetal alcohol syndrome, which is a birth defect that I've been trying to address during the years I worked for Health and Human Services as a case manager and ongoing since I've been down here. And I really appreciate that the March of Dimes is looking at this. This is a preventable birth defect. This is something that doesn't have to happen. This is

something that really...it has lifelong consequences and there's...we can address this. [LB1110]

BRIAN FAHEY: And with prenatal care, correct. [LB1110]

SENATOR HOWARD: Absolutely. [LB1110]

SENATOR GAY: Thank you. Any other questions? I don't see any. Thank you. [LB1110]

BRIAN FAHEY: Good luck to you, Senator Gay, and you, Senator Stuthman. [LB1110]

JILL JANK: (Exhibit 10) Thank you. Good afternoon, Senator Gay and committee. My name is Jill Jank and I'm representing the Nebraska Dietetic Association, and I'm speaking here in my role on our association board as a state policy representative. We are here today in support of LB1110. It's a very important piece of legislation that would provide necessary services to unborn children. It is wise from both a human and a financial perspective. Although nutrition is not mentioned in the bill, I am testifying today to emphasize the importance of nutrition in prenatal care. It is essential for healthy births and babies. The cost of treating an underweight baby needing hospitalization is, by conservative estimates, $2,000, and can go all the way up to $10,000 per day depending on the procedures used and the complications of the infant. Proper nutrition improves the likelihood of normal fetal and placental growth and reduces the risk of these complications. Weight gain during pregnancy influences fetal growth and length of gestation, and inadequate weight gain leads to premature and low birth weights. Registered dietitians who are licensed as medical nutrition therapists are trained to treat patients throughout the life cycle, including during pregnancy. Our expertise should be utilized in this area to ensure the best care and outcomes babies, physically and financially. Medical nutrition therapy is most crucial in cases of gestational diabetes, preexisting diabetes such as type 1 and type 2, and situations where the mother has gained too much weight or not gained enough weight, putting the child at risk. These complications that are included in those risks are congenital abnormalities, macrosomia, which means large birth weight babies, miscarriages, stillbirths, and even now we're finding prenatal care is related to obesity later in life. The Nebraska Dietetic Association supports the efforts of Senator Kathy Campbell and this committee, and we would be happy to be a resource as you move forward on the bill. [LB1110]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. [LB1110]

JILL JANK: Thank you. [LB1110]

SENATOR GAY: You've been patiently waiting. I was going to call you. [LB1110]

MIKE FOLEY: Thank you, Chairman Gay and members of the committee. For the

record, I am Mike Foley, Nebraska State Auditor. I appreciate this opportunity to testify today on LB1110. The issues before the committee today involve the extraordinarily complex intersection of state and federal policy under the Medicaid and CHIP programs. Liz Hruska, a long-time and highly respected fiscal analyst from the Legislature's Appropriations Committee, issued a revised fiscal note just this morning on the impact of this bill. And I would certainly encourage you to study this fiscal note, although I'll warn you in advance it's not light reading. The four-page fiscal note is one of the most complex that I've seen in the many years that I've been reading those notes, as the subject matter that Liz was writing about is anything but simple. I spoke with Liz a couple of times today and I'm sure that she would be only too happy to walk you through her analysis of the bill's fiscal implications. My testimony today will be very brief, as much of what I think needs to be said has already been said by other testifiers. But I do want to highlight a couple of the key points made by the Fiscal Analyst. The fiscal note points to the obvious truth that unborn children do not have an immigration status. Federal Medicaid officials informed Nebraska last December that Medicaid does not allow coverage of the unborn, but that Nebraska may provide prenatal services to pregnant women under the CHIP program. And that, of course, is the intent of LB1110 which essentially moves some prenatal services from Medicaid, where they've been for decades, over to the CHIP program where they are allowable. The legal authority for doing so is found in guidance issued by the federal Department of Health and Human Services on May 11 of last year. The Legislature's fiscal note observes that under the Medicaid program the state's financial responsibility has been about 40 percent of the cost under the federal-state matching requirements. However, under the CHIP program Nebraska's required matching percentage is considerably lower. I understand our required match under the CHIP program is about 29 percent. Therefore, by moving the delivery of some services from Medicaid over to CHIP, Nebraska's use of General Funds to cover our portion of the expense will actually decline. I'll also point out that the unborn children in all but a very limited number of extraordinary circumstances will be U.S. citizens residing in Nebraska when they are born; thus, the provision of prenatal services will increase the likelihood of a healthy child and lower medical expenses during that child's early years. One need only look to the extraordinary cost of neonatal care services to babies born with medical complications to know that it is in the state's fiscal interest to promote healthy children at the earliest stages of life. And I know others have already spoken to this with far greater knowledge of that than I do. I know that every member of the Legislature is sensitive to the need to restrain the cost of government services; thus, we need to be very strategic in our development of public policy in this arena. I believe LB1110 is a strategically wise move, as it recognizes that the children in question will be U.S. citizens who will qualify for Medicaid services in Nebraska. And steps that we can take today to limit our financial exposure for the future cost of those services is simply good policy. In summary, I believe LB1110 is based on sound fiscal policy and I appreciate this opportunity to place myself on public record in support of the bill. Thank you, Mr. Chairman. [LB1110]

SENATOR GAY: Thank you. Senator Wallman. [LB1110]

SENATOR WALLMAN: Thank you, Chairman Gay. Welcome, Mr. Foley. [LB1110]

MIKE FOLEY: Thank you, Senator. [LB1110]

SENATOR WALLMAN: Is it a doable thing, then you think? [LB1110]

MIKE FOLEY: I...? [LB1110]

SENATOR WALLMAN: Is it doable? [LB1110]

MIKE FOLEY: Yes, very much so. Very much so. [LB1110]

SENATOR WALLMAN: Thank you. [LB1110]

SENATOR GAY: Any other questions? Thank you. Thank you for coming. Appreciate it. [LB1110]

MIKE FOLEY: Thank you, Mr. Chairman. [LB1110]

ANITA JAYNES: (Exhibit 11) Good afternoon, Senator Gay and members of the Health and Human Services Committee. My name is Anita Jaynes, J-a-y-n-e-s. I am a certified nurse midwife at the University of Nebraska Medical Center. Senator Wallman, thank you for mentioning the nurse midwives and nurse practitioners, providers of high-quality low-cost care. For the past 16 years, I have devoted my career to providing obstetric care for low-income families in south Omaha, many of whom are being affected by the loss of current Nebraska Medicaid coverage and who would be assisted by LB1110. At UNMC we teach our students that high-quality healthcare is based on both sound scientific evidence and cost-effectiveness. Public health research has proven that prenatal care improves outcomes at a modest cost. In other words, an ounce of prevention is a pound of cure. I would like to give you one example of the difference that prenatal care can make. In the United States, without appropriate treatment, about 25 percent of pregnant women who are infected with HIV will transmit the infection to their baby. If we diagnose a pregnant woman with HIV during her prenatal care, we can give antiretroviral medications, deliver the baby by cesarean section, and instruct the mother not to breast-feed, and these measures reduce perinatal HIV transmission from 25 percent to less than 2 percent. A major study has demonstrated that the lifelong treatment expense that can be avoided by preventing one case of HIV is $618,900. But if we wait until the unborn becomes a newborn, it is too late. And as you know, prenatal care includes more than diagnosis and treatment of infections. Women are encouraged to stop smoking, counseled on good nutrition and exercise, screened for domestic violence, immunized against influenza, educated on infant care, encouraged to

breast-feed, and monitored for complications such as gestational diabetes and preeclampsia. I don't want to duplicate the testimony that many others have given in the interest of time, but we should learn from the experiences of other states. And as was already mentioned, there was a large two-year retrospective study in California that demonstrated that undocumented immigrants who do not receive prenatal care are nearly four times as likely to have low birth weight infants, and seven times as likely to have preterm infants, as those who do obtain care during pregnancy. I need to tell you, my partners and I deliver over 500 babies a year, and I can tell you after 16 years of experience doing this, that if these women have no access to prenatal care, they will not go away. Instead, when they are sick or when they're concerned that something is wrong, they're going to go to the nearest hospital emergency department. And under EMTALA regulations, as you know, they cannot be denied care. So as a result, conditions that could be easily managed in the prenatal clinic will be treated in the emergency department at a far greater cost. So in my opinion, the public policy choice is not whether to spend money or not--because we are going to spend money; the choice is whether to spend the taxpayers' money wisely by funding cost-effective, preventative prenatal care. And what's our alternative? Our alternative is to spend far more of the taxpayers' money on avoidable emergency room visits, lengthy hospitalizations in the neonatal intensive care unit, costly pediatric care, and special education services for handicapped children. Prenatal care is cheap but complications can last a lifetime. So let's give all Nebraska children the best possible start in life. And please do advance LB1110. Thank you. Any questions? [LB1110]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. [LB1110]

ANITA JAYNES: Thank you. [LB1110]

JOHN CAVANAUGH: Mr. Chairman, members of the committee, my name is John Cavanaugh, C-a-v-a-n-a-u-g-h, and I am the executive director of Building Bright Futures and I'm appearing on behalf of Building Bright Futures and the Nebraska Child Healthcare Alliance in support of LB1110. I want to first commend Senator Campbell and the members of this committee for your leadership on this issue. I know that actually there's probably no more greater expertise on this issue than exists on this committee, and I know the seriousness with which you have examined it. There's no question that the overwhelming amount of testimony and evidence today that you've received demonstrates that the medical, moral, fiscal, financial sense that this makes and probably the greatest case for this legislation is that it's, in addition, common sense and good, sound public policy. There can't be any argument that any child that is going to be born in this state with a prohibition against funding for prenatal care is going to be better off, a more productive citizen, and less of a burden on our society. That just defies all evidence, all reason, and all common sense. Building Bright Futures, as you know, is committed to a comprehensive address to improving educational outcomes for all of our children. We have spent two years exhaustively evaluating what are the

elements of success. And I think without question the first conclusion that we would come to is that success begins at conception. What happens to a child from the moment of its conception--and as Senator Kruse pointed out, through that first three years--is the single greatest determinant of the future academic and economic and social success of each one of the children in this state. So the overwhelming result of denial of prenatal care to any child has to be a conclusion that that child is not going to be as productive, as useful, and as successful a citizen as we want. I can't think of one single public policy element that would be more destructive to all of the issues that Building Bright Futures has been committed to than removing prenatal care from a significant number of children in this state. This would...and at a time when our state is in a position to begin to exhibit national leadership in the area of early childhood care and development and its impact on the future success of our citizens. So I urge you strongly to advance this legislation and hopefully the entire Legislature, and I think they will see the wisdom, the common decency, and the just plain common sense that this legislation presents and requires of us. Thank you very much, Mr. Chairman. [LB1110]

SENATOR GAY: Thank you, John. Hold on. Any questions? I don't see any. Thank you. [LB1110]

KAREN AUTHIER: (Exhibit 12) Good afternoon. My name is Karen Authier and I'm executive director of Nebraska Children's Home Society. Nebraska Children's Home is a statewide agency with 11 offices in ten cities across the state. We provide an array of children and family services, including pregnancy, parenting, adoption and postadoption services, foster care, in-home services to children and families, and early childhood programming. I urge you to support LB1110 because there is an urgent need to ensure that low-income women have access to prenatal care. Some of those who have testified before me have great experience in working with women who have immigration issues. That is not the population we serve. We don't turn them away. It's simply not the population that tends to seek help from us at this point. We've worked with pregnant women for 116 years. Some of those women are women who come to us because their pregnancies are unplanned. Our caseworkers in that process assure each woman that she's important to us as a mother and that her unborn child is important to us. We work with her to face the reality of her situation and make a responsible decision for parenting or adoption. We do not refer for abortion. Over half of the women that we work with make a parenting plan; less than half make an adoption plan. Fortunately, we have been able to stress the importance of prenatal care. That's one of our top priorities. And also fortunately, in the past, most of the women who see us can be covered either by their own health insurance or by Medicaid. We do not charge for pregnancy services or adoption, and then we pick up the cost of the prenatal care if someone is seeing us. We can provide those services at no charge because at this point, with the coverage that's been available, it's not an enormous part of our budget, and the donors that have supported us for over a century have been very adamant that this care, that the prenatal care needs to be provided. We haven't determined what we're going to do if the

Legislature does not restore coverage for prenatal care of low-income women. As I think about that, I think, well, you know, maybe we won't see as many women. Many of our referrals come from physicians' offices. When a woman goes to a physician, she's struggling with what to do with her pregnancy, needs help in either making a plan or learning how to care for her child. We work with those women. If there is not prenatal care, if women aren't going to physicians, we won't see the referrals. Perhaps more women will make a decision to terminate their pregnancy because they do not want to face a pregnancy without medical care. But there are some predications that we can make. We do know that more women will deliver preterm, low birth weight infants, and some of these infants will not survive. Some of the infants who survive will have lifelong disabilities. I'm going to leave it to the fiscal analysts to give you all of the numbers, and you've had plenty of the numbers so far. What I would like to just talk to you about would be...I decided I would just look at the calls we've had this week and I just want to give you a glimpse of two of the calls that we've had so far this week. A call from a hospital in western Nebraska on Tuesday: a woman had delivered a baby in a small-town hospital. She had no prenatal care. Came to the hospital, delivered. It was a full-term pregnancy. We were called in. She talked to the doctor about questions about whether she wanted to parent this child. The child was born with serious complications, was flown to a regional hospital out of state. The cost of that care will be great. Another call came from a hospital in eastern Nebraska. Again it was a woman who had delivered prematurely. She came to the hospital. We were called in because not only was she aware she couldn't pregnant...her daughter was pregnant; neither of them were seeing parenting as a good option for themselves. When that woman delivered, the mother and the daughter were together but it was the mother who delivered first, and her baby weighed slightly over 1 pound. Both the mother and the daughter are homeless. They sleep on couches in homes of friends or acquaintances. They are highly dependent on subsidized medical care. We're now in the process of identifying an adoptive home for the newborn in the hope that that newborn will survive. Our caseworkers have their work cut out for them convincing women to seek prenatal care. Unlike some others who have testified, not all of the women who come to us, some of them are in a state of denial, many of them are not even interested in seeking prenatal care. We try to emphasize to them that it's important for them, it's important for their health, it's important for their infant's health. Now we are left to say to them that their life and their child's life may depend on prenatal care but it's not available to them. I encourage you to make the same kind of commitment that you did in passing safe haven and look at this as a bill that needs to move forward. Thank you. [LB1110]

SENATOR GAY: Thank you. Senator Howard. [LB1110]

SENATOR HOWARD: Thank you, Chairman Gay. Welcome, my lifelong friend. Thank you for taking your time to come down here and talk about this today. The Children's Home has always been true to their mission, has always done a good job for both the women and the babies. And I just appreciate so much what you do and thanks for being

out there when we need you. [LB1110]

KAREN AUTHIER: Thank you, Senator Howard. [LB1110]

SENATOR GAY: Any other questions? I don't see any. Thank you. [LB1110]

PAT LOPEZ: (Exhibit 13) Good afternoon, Senator Gay and committee. My name is Pat Lopez, L-o-p-e-z, and I am here today to testify in support of LB1110 on behalf of the Friends of Public Health in Nebraska and the Public Health Association of Nebraska. I've given you some copies of our testimony. I'm not going to go over it. Many of it is just including and going over some of the facts that have already been said, both financially and from the healthcare benefit. I do want to emphasize one of our major concerns is that this is a national public health issue regarding access to care, but more importantly, in Nebraska, we talk frequently that we have federally qualified health centers for uninsured women. And I do want to say that is true in some parts of our state. Our local health departments and our public health work force is extremely concerned about this bill. We already have many issues facing us in working with families at the local level, trying to get them access to care. My background is in local public health for over almost 30 years, and I can tell you 20 years ago we had the very same problem in Lincoln until we were able to work with Health and Human Services and our physicians to do something to expand some Medicaid coverage for pregnant women. It is a critical issue outside of...in every area, but we are extremely concerned of what's going to happen in our rural areas where many times we only have even a physician available two days a week, if that. We have problems getting access for women that are on Medicaid now, and to find that they may be uninsured, we feel that the long-term cost of that is going to be extremely great to our state. And that's all I have to say and hope that you will move LB1110 forward. [LB1110]

SENATOR GAY: Thank you. I don't see any questions. Thanks. [LB1110]

JENNIFER CARTER: (Exhibit 14) Good afternoon, Chairman Gay, members of the committee. My name is Jennifer Carter, C-a-r-t-e-r. I'm the director of the Health Care Access Program at Nebraska Appleseed. And we've heard a lot of great testimony already so I'm going to try to be brief. Nebraska has long had this commonsense, compassionate, fiscally responsible policy of covering unborn children regardless of immigration status. And I think you've heard today in so many ways why that's important, why it makes sense, and the fiscal note shows why it saves money. I just wanted to clarify a few points of confusion that I think we've heard publicly and in some conversations and I anticipate in potential testimony following. Just to be very clear and I think this has been said: it is entirely legal and allowable to cover unborn children regardless of the mother's immigration status. And I think everything we've heard today shows that it's precisely because the benefit of prenatal care is so universally well-recognized. This is why the federal government is allowing us to do this under the

Children's Health Insurance Plan. In our...we see this as sort of a simple issue in that we've been doing...having this really smart policy for all these years. We just happened to have implemented it in the wrong place and didn't get enough money for it, and now we've got to move it into the right place and we'll actually get more federal dollars for it. And this is really a matter of a simple state plan amendment actually, to get it implemented, which is why we had hoped that back in late November when the department knew about this that it might be expedited through just being done through the administration. But regardless, we're very thankful that LB1110 was brought. And we do think that the timing is important because when you do a state plan amendment, it's retroactive to the beginning of the quarter, so it would be helpful if we could make that happen before March 31 and we'll get retroactive CHIP payments, the enhanced match, to January 1. In terms of the...I just wanted to address a little bit--I'm sorry he's not here--Senator Pankonin's questions about other states because I understand that question. But I think...and certainly we've come to you before and said we think this is a good policy because down, you know, here's how it makes sense down the road and here's why it's preventative and I know we've heard that, lots of groups--he's right--say that. This is a case where we have even more documentation. It might be one of the most well-documented areas in which you can definitively show the benefits of the preventative care. And so I guess to the issue of whether other states cover it or not, 15 states and D.C. do. Some of them do it with state-only funds because they realize how important it is. But my answer I think would be we're getting it right. I mean, we know the facts and we are getting it right regardless of what other states do. And I so hope that we would continue to do that. And finally, I just wanted to say that assumptions, I think, and questions are being raised about the intersection, as we've heard, between this policy and immigration policy. But they are separate issues. This has always been about healthy babies and I really hope we have never conflated those before in this state. We've been doing this for years without an issue. I hope we don't do it now. And I think the committee is very aware of that. And so we feel we should be really proud that we prioritize the health of our babies in this state and that we've had this policy for so long, and we really thank the committee for taking the time. And I did want to say in the beginning that we're very grateful to Senator Campbell for bringing this bill and for Senator Nordquist and Coash for cosponsoring. I think it's extremely important, particularly to the women that we work with, so, and many of whom we've heard from and who have been really concerned about the notices that they've been getting, and thankfully many of them I think will be okay, but. So that's...I think that's pretty much all I have to say, but I'm happy to answer any questions about CHIP or whatever, you know, if I can be helpful in any way. [LB1110]

SENATOR GAY: Any questions? I don't see any right now. Thank you. [LB1110]

JENNIFER CARTER: Thank you. [LB1110]

JIM CUNNINGHAM: (Exhibit 15) Senator Gay and members of the committee, good

afternoon. My name is Jim Cunningham; that's C-u-n-n-i-n-g-h-a-m. I'm the executive director of the Nebraska Catholic Conference which represents the mutual interests and concerns of the Archdiocese of Omaha, the Dioceses of Lincoln and Grand Island, under the direction of the diocesan bishops. The Nebraska Catholic Conference supports LB1110 and urges its advancement and enactment. It is the firmly held view of the conference that continuing to provide prenatal services to unborn children regardless of their mothers' immigration status is an important and urgent prolife matter. Not providing prenatal care coverage in these circumstances of family poverty is an affront to human dignity and a terrible injustice which could do a great deal of harm to the lives of children at a very vulnerable stage in their development. What's worse, the lack of access to coverage for such care could be a decisive factor in leading some pregnant women to choose abortion over childbirth. We understand that some are concerned about an impact from illegal immigration affecting Nebraska if the state continues with its policy of providing prenatal care and services to the unborn children of undocumented mothers. It must be emphasized that the ultimate beneficiary of this coverage is the unborn child who is not an illegal immigrant and who will soon be a U.S. citizen upon his or her birth. The immigration status of the mother should not adversely affect the health and well-being of the child. Assisting the unborn child, a presumptive citizen, to have a healthier start to life makes sense, not only from an economic standpoint as you've heard a lot about today, but from a human rights standpoint as well. As you weigh the issues at stake with LB1110, caring for vulnerable human beings versus concerns about illegal immigration, please consider the need for a proper balancing of these issues. As a society, we have already determined that caring for human beings who need medical attention is the right thing to do. It is founded upon the principle, the fundamental principle of respect for human dignity. Providing prenatal care and services to unborn children regardless of the mother's immigration status adheres to this fundamental principle and therefore represents a proper balancing. We urge you to advance LB1110 to General File. And in closing, I too would like to add my thanks to Senator Campbell for introducing this bill, to the cosponsors, and also to this committee for responding to what really was kind of a surprise situation. And we're hopeful that this surprise situation will be resolved by the continuation of this important coverage for unborn children. Thank you. [LB1110]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. [LB1110]

JIM CUNNINGHAM: Thank you. [LB1110]

SENATOR GAY: How many more proponents are going to be testifying? Maybe you are the last one. [LB1110]

SARAH ANN KOTCHIAN: Well, good afternoon. My name is Sarah Ann Kotchian, K-o-t-c-h-i-a-n, and I'm here on behalf of Building Bright Futures Early Childhood Services, a comprehensive, integrated system of early health and family support

services and effective early care and education resources. I'd like to thank you, Senator Gay and members of the Health and Human Services Committee, for the opportunity to speak today, and also extend our gratitude to Senator Campbell for introducing LB1110. Building Bright Futures Early Childhood Services was created based on the overwhelming scientific research and evidence that shows all aspects of adult human capital, from work force skills to cooperative and lawful behavior, build on capacities that are developed during childhood, beginning before birth. Evidence-based supports like prenatal care that are provided earlier rather than later will have the greatest impact, as they help establish healthy brain architecture during the period when lower-level circuits are being constructed, creating a strong foundation on which higher level skills can be built. As skill begets skills in the earliest years, the basic building blocks for success in life, as well as the prevention of any risk that may slow or prevent learning and the gain of positive outcomes, only supports the necessity of prenatal care. Earlier this month we participated in a press conference to support Medicaid coverage for unborn children because alongside so many of our colleagues we, too, see prenatal coverage for the unborn as a cost-effective, simple solution, as well as the right thing to do to ensure that babies are born healthy. Before this press conference even began, I was able to learn anecdotally what the impact of the loss of Medicaid coverage already meant for the unborn as a group of white-coated medical professionals behind me visited. One professional spoke of a woman who came in to have her IUD removed, but chose not to after she learned on-site that any resulting pregnancy would not be covered by Medicaid. After this story, another professional added that she was meeting with women who upon positive pregnancy results were going to plan for an abortion because they learned they would not receive prenatal care through their pregnancy. LB1110, as we have heard, is an economic asset, sound policy, and also a means to provide dignity to the lives of future Nebraskans and dignity to families who want to deliver and raise healthy babies. The evidence that supports prenatal coverage is clear and we would urge you to support and advance LB1110. I'd like to thank you for your time today and for your serious consideration of this issue. [LB1110]

SENATOR GAY: Thank you. Any questions? I don't see any. Thank you. All right. Last call for any proponents that want to speak on this issue. All right, we're going to go right into it and get to opponents, so come on up. Make your way up and keep them moving. Welcome. [LB1110]

DIMITRIJ KRYNSKY: Mr. Chairman, members of the committee, my name is Dimitrij Krynsky, and I am a citizen... [LB1110]

SENATOR GAY: Can you spell that out, please? [LB1110]

DIMITRIJ KRYNSKY: D-i-m-i-t-r-i-j. [LB1110]

SENATOR GAY: Thank you. [LB1110]

DIMITRIJ KRYNSKY: I am citizen and I came to this country approximately 30 years ago. Now, for opponents of this bill, brings a lot of dates and usually argue along the line of the medical necessity and the financial burden or advantage which could come eventually from the outcome. I would agree with most of what was said over here, prenatal care is really very useful stuff. And when citizens of this country are so poor that they cannot afford it, I am for it to help them somehow, because really those people are our fellow citizens. They should have it. What I have problem with is these people who are here illegally. This is point of which a lot of people who testified over here that I somehow dismissed. I believe this. This is a very wrong line of reasoning and a very wrong approach to the issue. One problem is that it is not true, as one lady over here testified, that we are fortunately a society which can afford it. We cannot. We are already several trillion dollars short, so how we can afford it? If we are paying for something to somebody who doesn't deserve it, we are paying it from money which is borrowed from somewhere, and we will pay it. And actually, if people are really concerned about financial impact, they should simply send those people who are here illegally, home. Those people play our system. They came to this country pregnant, or become pregnant, in order to achieve all of these advantages which this society offer their citizens. And I tell you, I have experienced from my country under communist regime. I have...I have...now I forget this English word. But information...I get information how it's going around different countries. When you will come illegally to North Korea, you will go to labor camp. It doesn't matter if you are pregnant or not, if you will get prenatal care of not, you will not get anything like this. People who are coming illegally to Mexico, they are expelled immediately. Nobody care for their well-being. And finally, an assumption that this society is somehow responsible for the people of those who are breaking law, this is completely ridiculous and this is completely false. If it's somebody responsible for children, there are parents of those children who are responsible. So I strongly disagree with that we should bring on ourself a burden to take care for children of somebody who is irresponsible by itself. Thank you. [LB1110]

SENATOR STUTHMAN: Thank you. Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Thank you for your testimony. The question I have for you is, is it the responsibility of the Nebraska citizens, the Nebraska government, to deport these individuals back to their country? [LB1110]

DIMITRIJ KRYNSKY: This is not the responsibility to deport them, but what is responsible is to make sure that those people will not find work over here, will not find apartments over here, because those are already people who are trespassing. Those are already people who have disdain for our law. So those people don't belong to this society and Nebraska government has a responsibility not to create an environment which will attract them, but create environment which will send them home. [LB1110]

SENATOR STUTHMAN: So in other words, Nebraska should create an environment to not allow those people in the state of Nebraska. [LB1110]

DIMITRIJ KRYNSKY: Correct. [LB1110]

SENATOR STUTHMAN: But it is...it's...in my opinion, it's not Nebraska's responsibility. It's a federal issue of the... [LB1110]

DIMITRIJ KRYNSKY: To send them home. You are absolutely right. [LB1110]

SENATOR STUTHMAN: ...to send them home. And as long as they're here and that baby is born, that baby is our responsibility, isn't it? [LB1110]

DIMITRIJ KRYNSKY: Not our. It is the responsibility of their parents, and this is fundamental problem over here. All around the world is commonly accepted that baby is the responsibility of their parents. What is coming over here, this is something which is unheard, that not parents but society should be responsible. This is fundamentally wrong and because this is fundamentally wrong it attracts people to fundamentally trespass and disdain to our law. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

SENATOR GAY: I've got a question for you. You're a proud citizen, you had mentioned that. What was your path to citizenship?, [LB1110]

DIMITRIJ KRYNSKY: Excuse me? [LB1110]

SENATOR GAY: What was your path to citizenship? You said you've been a United States citizen. [LB1110]

DIMITRIJ KRYNSKY: I am from Czech Republic. [LB1110]

SENATOR GAY: And what was the path, though, to...? You said you've been a U.S. citizen for 30 years. You look a little older than 30. What was the path to get here, though? [LB1110]

DIMITRIJ KRYNSKY: I was fortunate that...at the time when I tried to immigrate, I was able to escape from communist Czechoslovakia. After it, I apply for asylum in several countries. For example, first I apply in Switzerland. I was not accepted. I was able to go to Switzerland from Austria when I live in the refugee camp. I didn't do it. Even if it was possible in Europe, between Austria, Switzerland, was pretty unguarded border. I choose to look for some state, for some country which will accept me legally. I found

United States. I applied for acceptance. I get acceptance. It was...before I get it, my criminal record, my education, my working ability, my health status was checked. If I would not pass this check, I would be not accepted. But I was and so I am here. [LB1110]

SENATOR GAY: So were you under political asylum or what did you...I mean, to do that. [LB1110]

DIMITRIJ KRYNSKY: I came like refugee. [LB1110]

SENATOR GAY: Okay, under refugee status. [LB1110]

DIMITRIJ KRYNSKY: But when I apply for citizenship, I was allowed to claim political asylum. [LB1110]

SENATOR GAY: It is very good you can come here today to give your point of view. [LB1110]

DIMITRIJ KRYNSKY: Thank you. [LB1110]

SENATOR GAY: Hold on. Let's see if there's...any other questions? I don't see any. Thank you very much. [LB1110]

KERRY WINTERER: Afternoon. [LB1110]

SENATOR GAY: Hello. [LB1110]

KERRY WINTERER: (Exhibit 16) My name is Kerry Winterer; that's spelled K-e-r-r-y, last name W-i-n-t-e-r-e-r. I am the CEO of the Department of Health and Human Services. Thank you for the work that you do and working on this bill. By way of my testimony this afternoon, I have a letter that I'd like to share with you and read for the record. A letter addressed to Senator Tim Gay, February 25, 2010: Dear Senator Gay, Senator Campbell, and members of the Health and Human Services Committee...and incidentally, a copy of this letter is in your materials, as well as some other materials. This letter provides an update regarding the Nebraska Department of Health and Human Services activities in addressing the eligibility of legal and illegal pregnant women to receive Medicaid coverage. To comply with federal directive, on February 4, DHHS notified by letter 5,805 women with active cases that coverage for the unborn would end on March 1. At that time, an additional 516 applications for coverage had been received and were pending review. DHHS economic assistance caseworkers made it a priority to review each of these 6,321 cases to determine if the pregnant woman was eligible to qualify for Medicaid at 185 percent of the federal poverty level. This review took into account the feedback received from the Centers for Medicare and

Medicaid Services that Medicaid rules do allow the unborn to be counted in the household size for the purpose of eligibility. Economic assistance caseworkers have reviewed all 6,321 cases, which was, in fact, a monumental task I might add. As of February 24, 4,655 pregnant women who are legal residents have been determined to be eligible for continued Medicaid coverage; 709 pregnant women who are in the U.S. legally are not eligible for Medicaid coverage. The primary reasons for ineligibility in these cases are: being over the income limit; program sanctions, mainly involving Employment First or child support; relocation outside of Nebraska; and a failure to provide necessary information to determine eligibility. DHHS is working with 115 pregnant women to collect additional information needed to determine eligibility. Coverage for these individuals is being extended to March 31 to allow additional time to determine eligibility. Eight hundred forty-two pregnant women are illegal immigrants and are not eligible for Medicaid coverage. Any individual who has been determined to be ineligible has the right to appeal. Fourteen states--Arkansas, California, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Washington, and Wisconsin--currently have separate Children's Health Insurance Programs, CHIP, for the unborn population. However, Tennessee's program does not cover illegal immigrants. The other 35 states do not provide coverage based on the unborn population. None of the states surrounding Nebraska--Iowa, Missouri, Kansas, Colorado, Wyoming, and South Dakota--provide CHIP coverage to illegal immigrants. The key issue remaining to be resolved is whether illegal immigrants should be receiving taxpayer-funded benefits. This is a difficult issue and we know that there is disagreement among well-meaning people. After a careful and thoughtful review of the various aspects of this issue, we are opposed to illegal immigrants receiving taxpayer-funded benefits. Signed by Dave Heineman, Governor, and Kerry Winterer, CEO. I'd be happy to respond to any questions. [LB1110]

SENATOR GAY: Thank you, Director Winterer. And before we get to questions, I just wanted to thank you and extend to your employees that are doing those reviews and all that, they're putting in a lot of hard work and we appreciate that, and also this is a difficult issue and the exchanges back and forth on information has been very helpful. It's a difficult issue as we go through this process. But extend our thanks to those people that have been working hard to... [LB1110]

KERRY WINTERER: I appreciate that and I want to recognize those employees. They have essentially contacted these 6,000-some folks in the last two weeks or so, and tried to do as much as we could to verify everybody's eligibility and ensure that no one is losing coverage here that is otherwise entitled to it. And I think we have effectively accomplished that. [LB1110]

SENATOR GAY: Thank you. And we'll get to some questions. Are there any questions? Senator Wallman. [LB1110]

SENATOR WALLMAN: Yeah, thank you. Thank you, too, Kerry, for being here. You know, you mentioned child support. Do you have any luck with immigration and child support issues, you know? Getting money from that, from the other person, from the male? [LB1110]

KERRY WINTERER: Oh, you mean...well, it's very erratic. It's not consistent. You mean, in terms of another parent or something? [LB1110]

SENATOR WALLMAN: Yeah, yeah. [LB1110]

KERRY WINTERER: Yes. I mean, that's very much of a hit or miss situation. [LB1110]

SENATOR WALLMAN: Thanks. [LB1110]

SENATOR GAY: Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Mr. Winterer, thank you for your testimony. The question that I have is in your testimony you said none of the states surrounding Nebraska provide CHIP coverage for the illegal immigrants. [LB1110]

KERRY WINTERER: That's correct. [LB1110]

SENATOR STUTHMAN: Do the states that surround Nebraska provide anything for that baby when it's born? [LB1110]

KERRY WINTERER: They would provide something for that baby when it's born, and when the baby is born it is a citizen and it's eligible for Medicaid benefits in and of itself. [LB1110]

SENATOR STUTHMAN: But they do not provide for the unborn baby. [LB1110]

KERRY WINTERER: That's...they do not provide benefits that would provide for an illegal immigrant. That's correct. [LB1110]

SENATOR STUTHMAN: Okay. Thank you. [LB1110]

SENATOR GAY: Senator Gloor. [LB1110]

SENATOR GLOOR: Thank you, Chairman Gay. Mr. Winterer, thank you for your testimony. And if I look at this page, the 842 pregnant women who are illegal immigrants and not eligible for Medicaid coverage, where do I and how do I come up with a number? And by the way, I appreciate the recognition that this is savings, not additional expense, since it's already been built into your budget. [LB1110]

KERRY WINTERER: That's right. [LB1110]

SENATOR GLOOR: Where do I come up with that number that we're talking about for estimated savings? I'm sure I could find it myself, given enough time, but you can help me quicker I'm sure. [LB1110]

KERRY WINTERER: Let me make a couple comments about this. What we've been struggling and I think your own Fiscal Office has been struggling, as we have, to come up with the numbers, the dollars to make this all understandable. And it's almost like a moving target because there are a tremendous amount of variables with this. This was our opportunity or I should say our effort to try to make it understandable, only insofar as the dollars go. Now there's a couple of different scenarios here because if you look at Director Chaumont's comments that were provided to you, as well, there is some, we believe some ambiguity in the language of the bill. I think...I don't want to imply your intent. But we have been talking about providing coverage for the illegal women but the language of the bill would tend to expand that to a lot of other legal residents who aren't otherwise qualified for Medicaid. So there you have two scenarios there. One, the top one, is if we expanded this to cover essentially everyone, including illegals and including citizens who aren't otherwise covered under Medicaid and aren't eligible for Medicaid. The second scenario is only illegal aliens, if we limit it to just coverage of the illegal aliens. Now you're not going to find...and they're included in the numbers, the dollar numbers for the only illegal alien unborns. [LB1110]

SENATOR GLOOR: So it's rolled up in the number. [LB1110]

KERRY WINTERER: Yes. That's right. [LB1110]

SENATOR GAY: Director Winterer, I've got a question for you on the letter. There are 709 pregnant women who are legally but not eligible, so they're legal, just not eligible. And then you stated the primary concerns. Are those concerns in order, kind of, that it says over the income limit. Would that be the majority, why they were not eligible, do you think? [LB1110]

KERRY WINTERER: There's a number of those. There's a number that would be in situations such as incarcerated, situations in which they just would not otherwise be eligible for Medicaid. [LB1110]

SENATOR GAY: Of the...which is...yeah. [LB1110]

KERRY WINTERER: There's a whole host of different...and we can... [LB1110]

SENATOR GAY: But in here, was it broken down any in here, that you handed out,

or...? [LB1110]

KERRY WINTERER: I don't know that it is. If you're interested in a further breakdown, we can provide that. [LB1110]

SENATOR GAY: Well, just a ballpark right now. I mean, I know it is a moving target as we get more and more women who are...it changes every day, basically, but I was just kind of wondering. That's good to get it narrowed down at least to the population we were looking at, at the time. [LB1110]

KERRY WINTERER: And many of those are...would include also those who are no longer pregnant, because they were on the rolls but they gave birth in the interim. And when we went back around to verify, they were off because they had already given birth or they were no longer pregnant. [LB1110]

SENATOR GAY: Okay. So if we're changing...if the bill were to go, we're changing policy in the future, not looking in the past so much really. And I know there are those who would like us to do that. But looking into the future then, were these numbers, would they be steady? If we base this on a year, how do I do that? Is this based on a six-month time period or an eight-months? [LB1110]

KERRY WINTERER: Are we talking about these numbers here or are we walking about... [LB1110]

SENATOR GAY: Yeah, the numbers...well. [LB1110]

KERRY WINTERER: Or are we talking about the numbers in the letter? [LB1110]

SENATOR GAY: In the letter. What time period was that again? [LB1110]

KERRY WINTERER: This is a snapshot as of February 24. [LB1110]

SENATOR GAY: Through...? [LB1110]

KERRY WINTERER: This was just the situation as of a date certain. [LB1110]

SENATOR GAY: Okay, but if...is there a rolling six-month average or something? How do I know two years from now how many more I'm picking up? Is this a consistent..., [LB1110]

SENATOR GAY: Well, you can look back and see how many have been covered, for example, in the previous 12 months. [LB1110]

SENATOR GAY: Okay. [LB1110]

KERRY WINTERER: And the estimate is, I think, in fact in Liz Hruska's fiscal note it uses the number 2,800 illegals were covered in fiscal year 2009. [LB1110]

SENATOR GAY: All right. I'll look at that again. I mean, because, as you know, we get the fiscal notes about today, so I didn't have a chance to look at it. And that's just standard, I mean that you don't get the fiscal note until late. So I'll find it in there is what you're saying. Thank you. [LB1110]

KERRY WINTERER: All right. [LB1110]

SENATOR GAY: Senator Pankonin. [LB1110]

SENATOR PANKONIN: Thank you, Senator Gay. Mr. Winterer, thanks for being with us. I think you were here for some of the hearing, and obviously I had some questions about what other states do, and you've kind of answered that. And you've also heard from several testifiers that this can be penny-wise, pound-foolish, because of potential high costs of not having prenatal treatment and that ultimately then the state has those obligations when that child is born. Any response to that based on any research you've done or your department has done? [LB1110]

KERRY WINTERER: Not really, but I don't think we're contesting the value of prenatal services in and of themselves. I mean, I think that's almost logical and intuitive that providing prenatal services during the course of pregnancy would contribute to the health of the mother and the child. That's really not the issue. Part of the issue is, who should really be paying for that and is it something that should be paid under Medicaid to provide that kind of benefit to the illegal aliens? I mean, that's really the question here. And when you look at it, we start out with 6,000 people whose benefits were in question, we're now down to the majority of those, 800 and some, now being the illegals. So that's really what the issue...what the public policy issue is, I think, is are we going to provide those kinds of benefits? Because for the most part those who are here legally are getting the benefits and will continue to get the benefits. [LB1110]

SENATOR PANKONIN: Okay. Thank you. [LB1110]

SENATOR GAY: Any other questions? I don't see any. Thank you, Director Winterer. [LB1110]

KERRY WINTERER: Thank you. [LB1110]

SUSAN SMITH: My name is Susan Smith and I'm speaking on...S-u-s-a-n S-m-i-t-h...and I'm speaking on behalf of Nebraskans Advisory Group, which is a group

of concerned citizens. We've heard a lot of talk about the cost. We haven't talked about the trickle-down effect. We have 800 illegal alien pregnant women. Any day that number is going to double, the people that we're going to have to be responsible for and take care of on Nebraska taxpayer money, because that illegal alien woman is going to be benefitting from the benefits and services through that United State citizen child. Then you go on and you look at the additional costs and the overall picture, the future medical bills, the welfare, and the education K-12. We heard a lot of support for the bill, but truthfully it sounded like most of them who testified today, it sounds like they're making money off of the illegal alien situation and the guaranteed Medicaid payments. Illegal immigration, when you provide benefits and services to illegal aliens, it encourages more illegal immigration. The intent of the federal immigration law is to deter illegal immigration. And some of the excerpts are Section 274, felonies. A person, including a group of persons, business, organization or local government commits a federal felony when he or she assists an alien he or she should reasonably know is illegally in the U.S., who encourages that alien to remain in the United States, who knowingly assists illegal aliens due to personal convictions. Penalties upon conviction include criminal fines, imprisonment, and forfeiture of vehicles and real property used to commit the crime. In addition, individuals or entities who engage in racketeering enterprises that commit or conspire to commit immigration-related felonies are subject to private civil suits for treble damages and injunctive relief. It is a felony to establish a commercial enterprise for the purpose of evading any provision of federal immigration law. Violators may be fined to prison up to five years. It is a violation of law for any person to conceal, harbor, or shield from detection in any place, and the harboring means any conduct that tends to substantially facilitate an alien to remain in the U.S. illegally. Title XVIII makes it a crime for anyone who knowing that a crime has been committed, obstructs justice by giving comfort or assistance to the principal in order to hinder or prevent apprehension or punishment. Title VIII makes it a crime for anyone to conceal, harbor an alien, knowing or in reckless disregard of the fact that the alien has entered or remained in the United States in violation of the law. Title VII makes it a crime for anyone knowingly to use, transfer, acquire, or possess United States Department of Agriculture food stamp coupons that in any manner not authorized by law. And then of course there's always the RICO law, the continuing criminal enterprise. But my point is, is that when you shut off benefits and services to illegal aliens and you shut off their employment monies, they will self-deport. They will go to one of the other 14 states where they're coddling the illegal aliens and encouraging and inducing them to come on into their state. That's fine, let that state and those taxpayers pay for it out of their own pockets if that's what they want to do, but here in Nebraska the citizens I've been listening to are absolutely furious that our taxpayer dollars are being abused or possibly mismanaged. And it is not right and so I thank you very much for your time. [LB1110]

SENATOR GAY: Thank you. Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Ms. Smith, in other words, what I've

been hearing for you is that the illegal people that are here are committing all the crimes? [LB1110]

SUSAN SMITH: No, that's what I said. [LB1110]

SENATOR STUTHMAN: You stated that and we're harboring those? [LB1110]

SUSAN SMITH: Well, according to federal immigration law, anyone who aids, abets, induces, and encourages, harbors, transports illegal aliens is guilty of committing a federal crime and it is punishable by fines and imprisonment. [LB1110]

SENATOR STUTHMAN: Guilty of a federal crime, correct? [LB1110]

SUSAN SMITH: Well, you're guilty of breaking federal immigration laws by aiding, abetting, inducing, encouraging. That's all under U.S.C Sec. 1324. And it's in detail. I have a copy of it. If you'd like to have this, I'll give it to you. [LB1110]

SENATOR STUTHMAN: Well, the impression that I got from your testimony is the fact that, you know, you were stating that we're inviting them to come in here. We're inviting them to come into our state and if they commit a crime we're inviting them to stay here. We're housing them in our prisons. And it seemed to me that your testimony was that these individuals, that group of people are the majority of them are committing the crimes. And I don't agree with that. [LB1110]

SUSAN SMITH: Well, I don't either, and so let me just clarify what I'm trying to say. Is that when you have illegal immigration at the levels that we have it, and you are asking the taxpaying citizens to pay for benefits, services, to step aside and let them take the jobs, you are committing a crime according to federal immigration laws. Not according to me. You are committing a crime by aiding, abetting, inducing, and encouraging them to be here. They've already broken laws by coming into our country illegally. They have to continue breaking our laws in order to stay here. So I'm not saying that...I guess I'm not sure I understand why you think I'm saying they are all criminals. They are criminals. They have broken the laws. They continue to break the laws. And then our governments help us break the laws by doing bills like this that will aid and abet, induce, and encourage these illegal aliens to stay in our city but encourage others to come from other states. Does that make sense? [LB1110]

SENATOR STUTHMAN: No, it doesn't. [LB1110]

SUSAN SMITH: Okay. [LB1110]

SENATOR STUTHMAN: And the situation that I'm faced with is in my community we...and you stated that people were inviting those individuals to come in and take the

jobs away from people that are living in my community. You stated that. [LB1110]

SUSAN SMITH: Well, by providing benefits and services or bills like this, it encourages the illegal aliens to come to the state of Nebraska. [LB1110]

SENATOR STUTHMAN: I don't agree with that. I just feel that we're...we, in my community, we're so short of people to work in my community, and I think it's the federal's responsibility if they're illegal. It's not the state's responsibility to deport those individuals back. [LB1110]

SUSAN SMITH: Well, except that in federal immigration law it does say that the states and the local government do, in fact, have a responsibility to enforce the immigration laws, and they do not need a special agreement to do that, so... [LB1110]

SENATOR STUTHMAN: So in other words, our state could deport them? [LB1110]

SUSAN SMITH: I'm sorry. Our state could... [LB1110]

SENATOR STUTHMAN: Our state could deport the illegals? [LB1110]

SUSAN SMITH: Yes, they could begin deportation process. They can certainly arrest them and detain them until ICE comes down to pick them up or they can certainly start the deportation process. [LB1110]

SENATOR STUTHMAN: So if we find an illegal one, we're supposed to detain them, put them in prison, and the taxpayers are supposed to take care of them until the federal government hauls them out. [LB1110]

SUSAN SMITH: Yes. That's right. [LB1110]

SENATOR STUTHMAN: Okay, thank you. [LB1110]

SENATOR GAY: Senator Gloor. [LB1110]

SENATOR GLOOR: Thank you, Chairman Gay. Ms. Smith, I believe the references you have to federal immigration law, but under that federal immigration law, if an individual who is illegal shows up at a hospital and that hospital provides care, are they breaking federal immigration? [LB1110]

SUSAN SMITH: No, because that would fall under...they are provided for under EMTALA, which is the emergency medical and treatment. So they are required...all hospitals are required to provide services to anyone who shows up in the emergency room, providing that is, in fact, an emergency. [LB1110]

SENATOR GLOOR: But that has nothing to do with what you quoted. What I'm asking you specifically is, under what you quoted, are they breaking federal immigration law? I think the answer... [LB1110]

SUSAN SMITH: By going into one of our hospitals and asking for... [LB1110]

SENATOR GLOOR: I mean, what you quoted would make it pretty clear to me that a hospital would be breaking federal immigration law if it provided that care. You went on to give another law, but according to the laws that you quoted... [LB1110]

SUSAN SMITH: Right. Except that EMTALA is a federal program and so it forces the hospitals or care treatments to provide emergency care. It doesn't mean you can go in for any...it's got to be life-threatening. But they are required. [LB1110]

SENATOR GLOOR: No, I ran a hospital. I know it doesn't have to be what you call life-threatening. [LB1110]

SUSAN SMITH: Well, I have a...sorry. [LB1110]

SENATOR GLOOR: And my point would be this, and that is I think clearly the laws that you quoted that are federal immigration laws, our federal government is telling us that, yes, you're breaking federal immigration law, but then the feds have another law called EMTALA that says you have to provide care until that patient is stabilized... [LB1110]

SUSAN SMITH: That's correct. [LB1110]

SENATOR GLOOR: ...whatever that means. I would imagine that would be through full delivery in the case of a delivery; which is just absolutely counter to what federal immigration law says. And therein lies part of our challenge at a state level with federal laws that contradict each other and provide a degree of schizophrenia that makes it challenging at the state level for us to intervene when our own federal government speaks out of both sides of its mouth. And you're asking the state Legislature to intervene here in federal immigration laws that in and of themselves put us in a quandary. [LB1110]

SUSAN SMITH: May I respond to that, or were you...all right. Well Senator Gloor, I appreciate what you're trying to say and I understand that our federal immigration system has got to have rules and controls and policies to go by to control the immigration to our country. But on the other hand, I don't think that there's anything wrong with having to be compassionate when someone shows up in your emergency room, no matter the immigration status. And if they are in a life-threatening situation or an emergency type situation, that they should be able to get that care. But then they're

out again. [LB1110]

SENATOR GLOOR: Would you have any problem if to get this prenatal care, all of those individuals that we're talking about who are illegal women, showed up in hospital emergency rooms across the state to get that prenatal care? [LB1110]

SUSAN SMITH: Yes, I have a problem with that because it's not an emergency situation or not. [LB1110]

SENATOR GLOOR: It doesn't have to be an emergency situation. [LB1110]

SUSAN SMITH: Well, yeah, it does, what I read anyway. So maybe we're reading something differently. But, no, that...if when you allow that to happen, it's encouraging more illegal immigration. It's causing the taxpayers more of a financial burden, our education system a burden, our hospital, our...it's causing us more burden. [LB1110]

SENATOR GLOOR: I understand. I ran a hospital. But if they showed up and it was an emergency and they thought that they were having a problem with that particular pregnancy, would you have any problem with that care being provided under the EMTALA federal statute as opposed to...? [LB1110]

SUSAN SMITH: Well, no, because that's a requirement they have to follow and so it would be up to the doctor to determine is this a crisis situation or not. [LB1110]

SENATOR GLOOR: Okay. Thank you. [LB1110]

SENATOR GAY: Any other questions? I don't see any. Thank you. [LB1110]

SUSAN SMITH: Thank you. [LB1110]

JOSEPH WASZGIS: Hello. [LB1110]

SENATOR GAY: Hello. [LB1110]

JOSEPH WASZGIS: My name is Joe Waszgis. I'm from the city of Omaha. I drove down here today to speak against this. [LB1110]

SENATOR GAY: Joe, can you spell that out, the last name? [LB1110]

JOSEPH WASZGIS: W-a-s-z-g-i-s. Anyway, I want to speak out against this funding for these illegal aliens. I don't know when you people are or when we're going to get our heads out of our butt, but sometime it's got to stop. Everybody I've talked to, in south Omaha especially, where they have moved in, they have taken over the whole, more or

less, south Omaha. And they look at us like what are we doing here. But anyway, getting back to the subject. Why do we always have to fund these people? When is it going to...when are you going to draw the line and say that's enough? You're public servants. The people of Nebraska or wherever town you're from, voted you in for our outlook; take care of us. Now, people that feel sorry for them, if they want to help all these illegals, sell everything you've gotten here in America and move down to their respective countries and teach them how to read, write, and speak English, send them back. We'll take them. We're tired of it and my name is Joe and I'm bitter. Everybody I talked to in my neighborhood, got the same problems. Our kids can't get insurance or they can't afford them. And yet we keep coddling to these people. When are we going to take care of ourselves? Can I ask you what town you're from? [LB1110]

SENATOR GAY: No. [LB1110]

SENATOR STUTHMAN: You don't ask questions. [LB1110]

SENATOR GAY: He's from Platte Center, but anyway... [LB1110]

JOSEPH WASZGIS: Huh? Well, you was acting like, you know, because you don't have any people living in your town to go to work. Why is that? Is that because all the Hispanics or the illegals are moving in? [LB1110]

SENATOR STUTHMAN: I will ask you the question afterward. [LB1110]

JOSEPH WASZGIS: Well, you guys can ask me all you want. I voice my opinion. If you're not part of the solution, you must be part of the problem. Any questions? [LB1110]

SENATOR GAY: Senator Stuthman. [LB1110]

SENATOR STUTHMAN: Thank you, Senator Gay. Joe,... [LB1110]

JOSEPH WASZGIS: Yes, sir. [LB1110]

SENATOR STUTHMAN: ...I will kindly tell you where I'm from. I'm from Columbus. We're a very economically developed community. We have got a lot of development in our community. We have got a lot of job openings in our community and we have Hispanics living in our community. They work in Schuyler, they work in Columbus. And I don't know how many are legal or illegal, and... [LB1110]

JOSEPH WASZGIS: You don't care as long as you get the tax money. [LB1110]

SENATOR STUTHMAN: And I'm not getting very much money. [LB1110]

JOSEPH WASZGIS: Well, neither are we. I'm on a fixed income now because I retired. And this year, with Social Security and I just got my taxes back, I've got to pay the state of Nebraska $328 and I'm only getting $78 back from the federal, when last year I got $340 back from the state and I got $1,100 back from the federal. Where's the balance for us? We're sick and tired of it, Senator. I'm serious. [LB1110]

SENATOR STUTHMAN: In my opinion, Joe, at your age and semiretirement, you're the perfect fix to run for our jobs. You are. [LB1110]

JOSEPH WASZGIS: Awh. I worked for the city of Omaha for 30 years and I know the program. I know what's going on. You know, I might have been born at night but it wasn't last night. Like I said before, anybody that feels sorry for these people, hey, sell everything you've got here and move to their respective country and help them. Teach them how to read, write, and speak English, send them back and we'll welcome them. But we've had enough. Thank you. [LB1110]

SENATOR GAY: Thank you. [LB1110]

JOSEPH WASZGIS: Thank you. [LB1110]

SENATOR GAY: Any other opponents who would like to speak, come on up. [LB1110]

ALLEN BLACK: (Exhibit 17) Good afternoon. My name is Allen Black. I'm from Bellevue, Nebraska, and I want to talk a little bit about...what I want to do is just try to frame the discussion to what I think is important because it's a bigger issue, and the real issue proceeds today's bill about the prenatal care. First of all, nobody is going to argue against the best possible delivery for babies. Everybody wants a healthy baby. And it's true that if they're neglected it's going to cost more in medical costs in the long run. Nobody would possibly argue about that. But my issue is, you need to take very seriously...you need to look at the road that we're going down, because if you...the more social services you offer to illegal aliens, you're creating a social services magnet. And with that magnet comes cost and you want to be very careful how you go about this. Now if we could talk about creative solutions and responsibility, I do have a couple of ideas. And unfortunately the cases that these young women are coming from around the world, South Korea, getting off the plane pregnant. You know, I don't mean to pick on Mexico, but that is most of the illegal population, Canada, Europe, because they know...they may be illiterate, they may not be Americans, but they're not stupid and they know that if they come here and have their anchor baby, that they're going to get all their expenses paid for, they're going to get welfare checks, they're going to get free education. I mean, it just goes on and on and on, because we keep enacting policies that encourage that behavior. And the bill goes to the American middle class. The American middle class gets the bill for everything and we're tired of it. So let's talk about

creative solutions. And I want to talk about things that, let's gear our policy in this direction, okay? Where is the father of the baby? Is he purchasing health insurance? Is he offsetting the cost in any way? Where are the parents of the mother? Are they involved in the situation? Can they help out financially? Where's the employer? The employers that need these...I understand employers need employees, but can they help out with the cost? Can they purchase insurance? Can they do anything other than shift the cost to the taxpayers of Nebraska, which is exploitation of illegal aliens which is not good either. In some cases it may make sense to transport the family back to their native country. And the reason I say that is because they've got the extended family support, they've got hospitals. They've got healthcare in their own country. Do you know, my brother was treated for a serious muscle disease in a Mexican hospital because that's where he got the best care. He had to pay for it obviously but...I mean, to make this gross generalization that Mexico cannot take care of their own is just not true. There are...now another solution I have for our, you know, for the many professionals we have here from Creighton and from the Catholic church and from various charities, why don't they step up to the plate and put their money where their mouth is? Why not establish a trust fund to offset the cost of these children coming into the world? Wonderful children, but it costs money to bring them into the world properly. Another idea: in 2005, the remittances by illegal aliens to Mexico was 20 billion, with a B, dollars going out of America to Mexico. Why don't we send the bill for the birth of an anchor baby to the president of Mexico? They've got money, (laugh) but they're not stupid. They'd rather see the Americans pay for it. We'll just shaft the Americans one more time. Why do you think that since 1986 every time the amnesty bill comes up it gets shot down because it's not the right thing to do. It's exploiting the American middle class is what it is. So if you're going to go down this road, you've got to be very, very careful of the situation you're creating and of the incentives you're creating to come to Nebraska. We've already got outrageous property taxes. I'm moving into a smaller house because I'm just sick of the taxes. I could share statistics from Los Angeles all day long, and I know this isn't L.A., but the important thing is to look at the example they set; look at their experience. They're spending $3 billion a year on anchor babies. Nationwide, it's about $12 billion. Again, you know, the bill goes to the American people, so I want to ask you to think very creatively about other solutions, about involving the host country, about involving charities or churches or extended family instead of just de facto dropping the entire cost on the American taxpayer. That's what I'm asking for. And if you question any of my numbers, I've got a stack of statistics. I've got a stack of reports that give you very specific...including GAO studies that point to the cost of illegal immigration in a holistic sense. And these are available. Thank you. [LB1110]

SENATOR GAY: Thank you. Any questions? Hold on, Allen. You've got a question. Senator Wallman. [LB1110]

SENATOR WALLMAN: Thanks for coming. Thanks for testifying. You're always welcome in here. Do you know of any other country...I'm just--this goes to national

policy or world policy--do you know of any other country then that has, when you have a baby it's a citizen there? [LB1110]

ALLEN BLACK: No, I do not, and I know that it's been outlawed in Europe, in England and Canada. I had a study on it, but the last country, I think, dropped their policy in 1986. I think it was England. But I believe, and correct me if I'm wrong, but I believe that America is the last country to have an anchor baby policy. [LB1110]

SENATOR WALLMAN: Thank you. [LB1110]

SENATOR GAY: Thanks. Thank you. Any other questions? I don't see any. Thank you. Any other opponents? Anyone neutral that would like to talk? [LB1110]

TIFFANY SEIBERT: (Exhibit 18) Chairman Gay, members of the committee, my name is Tiffany Seibert, T-i-f-f-a-n-y S-e-i-b-e-r-t, and I'm here on behalf of Voices for Children in Nebraska. We're testifying in a neutral capacity today because we believe that legislative action to protect prenatal care for these women that we're talking about today is not...was not necessary. We believe this could have been handled administratively. And today we find ourself basically on the brink of, I think, Mr. Winterer estimated about 1,500 women about to lose prenatal care on Monday, March 1. We believe rarely is there a solution to a problem that is so simple. The CMS letter to HHS made clear that there is another option, the unborn child option under the state Children's Health Insurance Program, and we would have hoped that that could have been taken up administratively. Given Mr. Winterer's testimony today, it's clear that he raised the question whether or not taxpayers should foot the bill for providing benefits to undocumented persons. We're talking about the unborn child option. We are talking about providing healthcare services to the unborn child, which does not have a citizenship status and is presumptively a citizen of the state of Nebraska. We had really hoped...we could have taken up this option long before now, but here we are and so as it appears that Health and Human Services is not willing to take up this option administratively, we will support any efforts to protect prenatal care. We appreciate Senator Campbell bringing a bill to attempt to address this, and this committee for prioritizing that issue. I'd like to address a couple things that were said. This clearly is not just about undocumented persons. Mr. Winterer mentioned that there were 700 U.S. citizens that are poised to lose benefits for various reasons of sanction, and then 800-and-some undocumented women that are about to lose access to prenatal care. So I would like to remind us that again this isn't simply about immigration. This is about protecting unborn babies that will be Nebraska babies, that will be Nebraska citizens. I'd also like to address the issue of social service policies creating a draw for undocumented persons into our state. Research study after research study documents that the economy and jobs are the number one reason persons come to our country. The second reason would be connecting with family members. In a study that we've seen, less than 1 percent of undocumented persons in the four largest cities in Texas

and California came because of social services. So I think to assume that social services are the only draw for people, I have yet to see any research to support that. I think research would also show us that between 1995 and 2000, the number of immigrant families with children grew four times faster in states with the least generous safety nets for immigrants, such as Arkansas and Texas, than it did in states with more generous safety nets, such as California and Massachusetts. And I might add that both Arkansas and Texas take the unborn child option and have not particularly generous safety nets. So I would close by saying we think prenatal care is so incredibly important for the health of babies to be born in the state of Nebraska, any poor birth outcomes are incredibly costly to the state and they will persist throughout a child's lifetime. They're not only costly to the state, they're costly to that child. And why wouldn't we want all babies born in Nebraska to have every opportunity to be born healthy? I would also say not only is the opportunity to do the right thing so easily available in policy always, but we rarely find ourselves arguing on the right side of a fiscal note. If you've looked through this fiscal note for protecting prenatal care, by all accounts it will save the state General Fund money. We will move these women from a Medicaid match rate to an SCHIP match rate which is higher. Even should we exhaust the CHIP allotment, which is a block grant, the fiscal note makes it very clear that we will still realize $4 million in General Fund savings. So with that, I would like to say investing in the health of babies to be born in our state is certainly the right thing to do. It saves the state money and we can help babies be born healthy and have more opportunities to live healthy lives. With that, I'd be happy to answer any questions. [LB1110]

SENATOR GAY: Thank you. Are there any questions? I don't see any right now. Thank you. [LB1110]

TIFFANY SEIBERT: Thank you so much. [LB1110]

SENATOR GAY: Anyone else neutral that would like to speak? Senator Campbell, do you want to close? [LB1110]

SENATOR CAMPBELL: I do. Chairman Gay and members of the Health and Human Services Committee, I would like to thank all the testifiers that came today. I think it has been a very good discussion and presented a lot of different issues. I'd also like to thank the number of people who sent e-mails from across the state of Nebraska, from small and large communities on both sides of the issues, but overwhelmingly in support of LB1110, and to thank the work of the Legislature's departments who stepped forward in a very short amount of time and their staffs to try to put as much documented information that we could in front of us. And I would particularly hope...I know it's not going to be great late-night reading, but the fiscal note that came from the Legislative Budget Office is exacting and a great amount of work, so I hope you will take time to read that. In relation to the questions from Senator Pankonin, and I really appreciate that because I think he's raising some very interesting questions, and Senator

Pankonin, we will go back and try to find the information. But it's my recollection that when we began to study this issue, there is relatively new carve-outs and language and I'd have to go back in the legal, because that's why we think there may be just a few states at this point who have taken advantage of the carve-out. But we'll check on that for you. I think Tiffany alluded to the point that what we saw in the studies and the data, that being more generous doesn't necessarily mean that more people are going to come. And part of the thing that we as a committee should consider is this is not a new program. For over 20-plus years the emphasis in the state of Nebraska has been on the unborn child. We have just taken the money from Medicaid and now what we are saying is the emphasis here is going to continue to be on the unborn child and prenatal care, through CHIP, which is the Children's Health Improvement (sic--Insurance) Program. I also want you to know that I received e-mails, and so we will be looking at the 700 number, because a number of e-mails have called into question the whole issue of teen mothers. They are United States citizens right now, the mothers are, and so we will be taking a look at that. But we are still getting e-mails about that issue. One of the things that I did say, and I'm sorry Mr. Winterer left, but one of the points that made to him in the last conversation that we had last week was that I very much wanted to sit down between the department and our budget and fiscal analysts and make very sure that the figures that we talk about with our colleagues are accurate and we agree upon, because there's nothing worse than being on the floor of the Legislature and everybody is quoting different figures. So I pledge to you that we will try to facilitate that meeting and come together, and it may be that I call upon several of you perhaps to sit in that meeting. The last thing I want to say is I again want to reiterate that the focus of LB1110 and has been for over 20-plus years in the state of Nebraska is on the child. Thank you. [LB1110]

SENATOR GAY: Senator Campbell, hold on one minute. I just wanted to...you brought up a good fact, too, and I talked to the department. They put a lot of work, but you're right, exactly, our legislative staff has just been putting in a ton of work on this issue, as well, and we want to thank them. I think your idea, though, of getting together to make sure we're talking apples to apples here is a very good one. And, of course, I know everyone on this committee and others, too, it's an important issue, will read that fiscal note, but we just got them today, so we will take a look at those. That's important. But I like your idea and I think if we even before maybe we vote on this as a committee or wherever we're going to go, maybe we should do that sooner rather than later, because I don't think that would be that hard to do and get that information, so. [LB1110]

SENATOR CAMPBELL: And I totally agree with that. I think that the committee needs to have time to look at the budget information and all the testimony that's been given today. You've given a wealth of information. But we will try to do that as quickly as possible to facilitate that meeting. [LB1110]

SENATOR GAY: All right. Are there any other questions for Senator Campbell? I don't

see any. Thank you. [LB1110]

SENATOR CAMPBELL: Thank you, Chairman Gay. [LB1110]

SENATOR GAY: (See also Exhibits 19, 20, 21) Thank you all for coming. That will close the public hearing. [LB1110]