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Education Committee
February 08, 2011

[LB149 LB192 LB204 LB313]

The Committee on Education met at 1:30 p.m. on Tuesday, February 8, 2011, in Room 1525 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB313, LB149, LB192, and LB204. Senators present: Greg Adams, Chairperson; Gwen Howard, Vice Chairperson; Bill Avery; Abbie Cornett; Brenda Council; Ken Haar; Ken Schilz; and Kate Sullivan. Senators absent: None.

SENATOR ADAMS: The committee today is going to hear four different bills. We have a long afternoon in store for us so we're going to keep things moving. We're going to hear LB313, introduced by Senator Nordquist, and he's here; LB149, to be introduced by Senator Avery; and Senator Council will be introducing LB192 and LB204. To begin today, let me begin by introducing the members of the committee. To the far right is Becki Collins; she is the committee clerk. And if you wish to testify today, what you, first of all, need to do is to fill out a form, and then when you come up to the testifier's table, hand that form over to Becki. And then when you come to the microphone, I would ask that you would state your name and spell it for the record so that it's clear, and then we will hear your testimony. But we really need to have that registration sheet filled out. And the pages are here, they can help you with that. Our Sergeant-at-Arms folks can help you with that as well to make sure that everyone has that. Next to her is Senator Schilz from Ogallala; Senator Council will be here in a moment, from Omaha; Senator Cornett is introducing a bill in another committee, she will be a little bit late; Kris Valentin, the committee's research analyst, sitting to my right; I'm Greg Adams from York, Nebraska, representing the 24th District; the Vice Chair of the committee, Senator Howard, is to my left, from Omaha; Senator Sullivan from Cedar Rapids; Senator Avery from Lincoln; and Senator Haar, today, from just north of Lincoln. We'll be hearing these bills, and as we do, remember, this is a hearing. Everyone needs to be able to hear--audience, as well as committee members. So I would ask you, unless you are credentialed press, to turn off your computers and your BlackBerrys, take your e-mailing and text messaging outside if it's necessary, so that everyone can pay attention to what's going on. We're going to use the light system. With four hearings today, it's going to be a long afternoon so we're going to use the light system, and it will be three minutes per person for testimony. And we'll take each bill separately and I'll try to make a judgment call as to how much time, overall, we will spend, depending on the number of testifiers that we have here in the room. So with that, let's begin with LB313. Senator Nordquist.

SENATOR NORDQUIST: (Exhibits 1 and 2) Thank you, Chairman Adams and members of the committee. I appreciate being here today. I introduced LB...I am Jeremy Nordquist. I represent District 7 in downtown and south Omaha. I introduced LB313, the Tobacco-Free Schools Act, to promote and protect the health and well-being of students, staff, and visitors of all public school districts in the state of Nebraska by prohibiting the use of tobacco products at all times on school property and at any

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off-campus school-sponsored events. This bill will bring clarity and consistency to tobacco-free school policies statewide. Under federal law, smoking is prohibited in any kindergarten, elementary, secondary school, if federal funds are used in that school. According, however, to the 2010 Nebraska school health profile, nearly all public schools have adopted a policy that in some way prohibits and restricts these tobacco products, but significant variations still exist in when, where, and whom tobacco use is restricted. A tobacco-free environment as prescribed in LB313 is significantly less prevalent statewide. In 2010, nearly 70 percent of schools did not have a tobacco-free environment policy in place. Although tobacco use has declined, it remains a problem among all Nebraska youth. In 2009, nearly one in five Nebraska youth were considered smokers; nearly one in every two have tried smoking; and one in ten use smokeless tobacco. The evidence detailing the costs of tobacco use and exposure to secondhand smoke to an individual's health in society is not in short supply; we all know that. Tobacco use is the single leading cause of preventable disease, disability, and death in the U.S. According to the Surgeon General, there is no risk-free level of exposure to secondhand smoke. Children exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers, and because their young bodies are still growing, they are especially vulnerable to those poisons. But beyond the direct damage to a child's health that tobacco use and secondhand smoke cause, their exposure to smoking and tobacco use by respected adults and authority figures can lead young people to overestimate the prevalence of use of tobacco and underestimate its devastating consequences. Public schools are required by Nebraska law to provide comprehensive health education, including the impact of tobacco use. I believe schools cannot teach about the dangers of tobacco use at the same time allowing respected adults, staff, visitors, and students to consume the products and set bad examples on school property. This reinforces our obligation to creating a healthy learning environment for our kids and a healthy working environment for the staff members, and hopefully will help kids avoid those devastating choices down the road. I'd appreciate any questions at this time. [LB313]

SENATOR ADAMS: All right. Thank you, Senator. Senator Haar. [LB313]

SENATOR HAAR: Senator Nordquist, thanks for the bill. Now just to clarify, this also has to do with school functions, right? So if a school function is held at Haymarket Park or something, then the whole park is smoke-free? Is that what this would do? [LB313]

SENATOR NORDQUIST: Sure. It would be...yes, it would be any school property or off-campus school-sponsored events. The off-campus school-sponsored events, in Section 12 it would leave it up to the board of those school districts to determine how that's handled with the off-campus events. If they would choose, as a board, to never hold an event at a place that allowed smoking. I come from a small rural community up in South Dakota, and I know that there are not...at least at the time when smoking was allowed, there weren't a lot of other options in town. So it's a potential that the school

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could say during the event it will be a smoke-free facility, whether...I remember we had our after prom at a bowling alley that allowed smoking during the day. But up there, during that time, they did not allow smoking when we had the event at that facility. So that decision would be left to the school board. [LB313]

SENATOR HAAR: Gotcha. Thank you. [LB313]

SENATOR ADAMS: Senator Sullivan. [LB313]

SENATOR SULLIVAN: Thank you, Senator Adams. Thank you, Senator Nordquist. A couple of questions. Do you think this will actually deter students from smoking? [LB313]

SENATOR NORDQUIST: I think that it's about the example. And I'm concerned about the impressionable youth coming out of school and seeing their teacher or their principal or a respected adult in the community, smoking. I think we need to take those examples away from school grounds. And it's my hope that not having those bad examples there so close to the school building will help deter some kids. [LB313]

SENATOR SULLIVAN: So is more the problem in those situations that you just mentioned, not so much the student but the teachers smoking? Is that...? [LB313]

SENATOR NORDQUIST: I think that's probably some of the people setting the bad example, is the...I mean certainly there are 18-year-olds that are allowed to smoke right now, if the school allows it. But I think for young impressionable youth, I think it's the teachers and the visitors at the schools smoking. I think it sets a bad example for them. [LB313]

SENATOR SULLIVAN: And right now schools are, part of their health education, required to provide some education along these lines? [LB313]

SENATOR NORDQUIST: That's right. The Department of Education promotes...it's called an abstinence approach to risk behaviors associated with tobacco use through their education framework, so they are teaching an abstinence policy when it comes to tobacco use, so. [LB313]

SENATOR SULLIVAN: Thank you. [LB313]

SENATOR NORDQUIST: Yes. [LB313]

SENATOR ADAMS: Other questions? Senator Avery. [LB313]

SENATOR AVERY: Senator Nordquist, I appreciate you bringing this bill because I

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remember those battles we had on the smoking ban statewide. But I notice here that the State Board of Education opposes the bill. [LB313]

SENATOR NORDQUIST: Um-hum. I guess I didn't even... [LB313]

SENATOR AVERY: Have you had any conversations with them about... [LB313]

SENATOR NORDQUIST: You know, I haven't. I haven't had any with the department. The only thing that we talked about the fiscal note a little bit on...there's potentially funding for signage issues through CDC grants, Tobacco-Free Nebraska, but as far as the opposition of the board, I haven't. I guess I should...I'll certainly follow up with them. [LB313]

SENATOR AVERY: Sounds boneheaded to me. [LB313]

SENATOR NORDQUIST: Yeah. Yeah. [LB313]

SENATOR AVERY: I'm sorry, but that's how I feel. [LB313]

SENATOR ADAMS: Other questions? Senator Howard. [LB313]

SENATOR HOWARD: I appreciate that comment. My dad used to use that. Since Senator Avery has pointed that out, it...I don't understand that either. It would seem to me like it's hard to teach someone how detrimental smoking can be to you if they're able to walk out and just see people smoking there on the premises. It's a contradictory message... [LB313]

SENATOR NORDQUIST: Yeah, exactly. [LB313]

SENATOR HOWARD: ...which I think we all know example carries a lot more weight than just preaching at somebody. Thanks for bringing this bill. Thanks for letting me cosign onto that with you. [LB313]

SENATOR NORDQUIST: Thanks for your cosponsorship. Absolutely. [LB313]

SENATOR ADAMS: Senator, may I ask, just to narrow the focus of this, what are we really targeting with this that we're not already? [LB313]

SENATOR NORDQUIST: Well, I think it's the bad examples largely being set by respected adults. I mean I was...as I introduced this and thinking about it, I remember the first time I found out that one of my friend's parents drank, and that was...it left an impression on me. And I don't know how that's impacted my behaviors today, but certainly there are those moments in kids' lives that seeing those respected adults,

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whether it's a friend's parent or a teacher or someone on school grounds smoking, I think sets a bad example. And roughly 30 percent of our schools have already taken this approach to banning it, the complete ban on school property and off-site school events. So I think this is just to add that consistency level statewide. [LB313]

SENATOR ADAMS: So schools currently, indoors, it's prohibited. [LB313]

SENATOR NORDQUIST: Yes. Yes. [LB313]

SENATOR ADAMS: And that's under federal legislation. [LB313]

SENATOR NORDQUIST: Yes. [LB313]

SENATOR ADAMS: So the essence of this would be to extend that to outside of the school building, still on school property. Also to the school bus and other forms of transportation? [LB313]

SENATOR NORDQUIST: That's right. Right now, there are no laws regarding that. [LB313]

SENATOR ADAMS: And if the school...obviously, if they have their own ballpark, football stadium, I'm assuming prohibited there. And then if the school said, well, we don't have a facility for football; we rent the city stadium. [LB313]

SENATOR NORDQUIST: Sure. [LB313]

SENATOR ADAMS: And so if the city doesn't already prohibit it, during that game it would be prohibited. [LB313]

SENATOR NORDQUIST: That's right. [LB313]

SENATOR ADAMS: Would you include in your definition of school-sponsored, Nebraska State Activities Association-sponsored? [LB313]

SENATOR NORDQUIST: I think...and looking at the definition, that could be a specific addition to that, that would...I would think would capture most of the athletic activities. [LB313]

SENATOR ADAMS: Okay. Thank you. [LB313]

SENATOR NORDQUIST: Are there other questions for the senator? Thank you, sir. [LB313]

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SENATOR NORDQUIST: Thank you. [LB313]

SENATOR ADAMS: First proponent. [LB313]

DAVID HOLMQUIST: (Exhibit 3) Good afternoon, Senator Adams and members of the Education Committee. [LB313]

SENATOR ADAMS: Good afternoon. [LB313]

DAVID HOLMQUIST: I do have a number of packets here that have a lot of the information that I will try to get through pretty quickly here. My name is David Holmquist, that is spelled D-a-v-i-d H-o-l-m-q-u-i-s-t. I reside in Omaha and am a registered lobbyist representing the American Cancer Society in Nebraska, and they appreciate the opportunity to testify. As you may know, smoking and the use of other tobacco products is prohibited in schools during the regular school day for those schools that receive federal aid to education. This includes almost every school in Nebraska, I believe. The Nebraska Clean Indoor Air Act also prohibits smoking inside any school building. However, many districts do not have any restrictions on smoking or using chewing tobacco on their grounds, athletic fields, other outdoor venues, or in school vehicles. And when we work to address tobacco use among our young people, we talk about a three-legged stool. A three-legged stool is: price sensitivity--in other words, the price of a pack of cigarettes; the second leg of the stool is a comprehensive tobacco control and prevention program, i.e., Tobacco-Free Nebraska; and the third leg of that stool is smoke-free environments. And what this bill does is address the smoke-free environments issue. And as Senator Nordquist said, it's talking about modeling good behavior on the part of students. An example might be that Bill Smith is the quarterback, and on Friday night at the football game Joe Smith, his dad, is under the stands smoking a cigarette. That just isn't modeling of good behavior for other members of the student body. The same thing with staff, faculty, and so forth. So we think it's important to address these environments in legislation. If you are a current smoker or a former smoker, you'll know how hard it is to quit. Nicotine is addictive, and cigarette manufacturers understand this and have manipulated the amount of nicotine in their products for years. An additional concern surrounding nicotine addiction in our youth is the fact that the earlier a kid starts to smoke or use tobacco, the more addictive it becomes. Very little data about smoking is regularly collected for kids under 12, but the peak years for first trying to smoke appear to be in the sixth and seventh grades, or between the ages of 11 and 13, with a considerable number starting even earlier. My own smoking habit began when I was 13, thanks to a cousin who thought it would be cool for us to try it. And at that time all of our parents smoked as well. So what began as a seemingly innocent experimentation became a 25-year addiction. However, I'm lucky. Someone I really didn't like very much challenged me to a contest to quit. I won the contest and 27 years later I'm still not smoking. Unfortunately, I can't give you a solid ranking for Nebraska in comparison to other states' youth smoking rates because we

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don't have consistent data based on cooperation or enough data coming in from the various schools on the testing services that are available. But all of that information is in these folders for you, as much as we could bring you. The advancement and passage of LB313 will be a critical step in fostering the kind of environment we want our young people to live in. Imagine this: As I mentioned earlier, the mother or father of a star athlete or star of another activity is seen by other students, smoking under the stands, or a staff member who the kids admire or use as a role model is seen smoking on school grounds or just the other side of the fence; so if it's okay for Mr. Smith to smoke, how come it isn't okay for me? I urge you to advance LB313 to General File for eventual passage. Thank you for the opportunity to speak. And thank you, Senator Nordquist, for bringing the bill. [LB313]

SENATOR ADAMS: Are there questions for this testifier? Thank you, sir. [LB313]

DAVID HOLMQUIST: Thank you. [LB313]

SENATOR ADAMS: Next proponent; next proponent. Seeing none, let's move to opposition testimony. Is there opposition testimony? Please come forward. Seeing none, neutral testimony? Senator Nordquist, I guess you can close. And you're going to waive closing? Not going to get the last word in, huh? All right. That will close the hearing on LB313. (See also Exhibits 32, 33, 34, 43, and 44.) Senator Avery, LB149. [LB313]

SENATOR AVERY: Thank you, Mr. Chair. My name is Bill Avery, B-i-l-l A-v-e-r-y. I represent District 28 here in the heart of Lincoln. I am bringing to you LB149 which creates the Blind Person Literacy Rights and Education Act. This act requires that any teacher in the state of Nebraska, either employed by the schools or under contract, who teaches blind or visually-impaired children must demonstrate competence in reading and writing Braille. Competence will be demonstrated by possession of an active certificate in literary Braille by the National Blindness Professional Certification Board or, and I emphasize or, or by an examination developed by the Department of Education that will include: Braille writing using a Braillewriter, a slate and stylus, proof reading, identifying Braille errors, correct usage and Braille rules. You will remember probably that former-Senator Bob Giese introduced similar legislation last year. You may also recall that it received a great deal of support at that time, however, there were some questions raised about individualized education programs, IEPs, and you will notice that we have stripped out those provisions in this current version. We might want to go back at some point if you decide to advance this bill and revisit the IEP requirements at another time. It is also my understanding that last year, the Department of Education requested that optional language be included to place competency requirements with the department. You're going to see that reflected in the fiscal note. But I would emphasize that the language "or" is important here. In this bill, we're allowing the department if they choose to develop the test, and the fiscal note reflects what would

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happen should they choose. And my guess is that they will probably not choose to do that. I don't know that for sure. If you look on the first page of the fiscal note, you'll see that the department suggested there would be no fiscal impact by LB149 because it does not require the department to create its own certification process, and that it allows teachers to take a test already established by the National Blindness Professional Certification Board and requires the individual teacher to pay for the test. So it does not require the state Department of Education to train teachers nor does it require them to prepare this certification. It does not require them to purchase any equipment nor does it require schools to do so. So if the department decides, yes, we want to do this ourselves, there is a fiscal impact. Should they decide no, there is no fiscal impact. My guess is they would decide no. LB149 is designed to ensure that Nebraska's blind and visually-impaired children graduate from Nebraska schools with the ability to read and write in Braille. According to the Department of Education, that means somewhere in the neighborhood of 450 visually impaired persons from birth to 21 who list blindness as their primary disability. In addition, Nebraska has approximately another 380 that are considered partially sighted or low-vision students. The National Blindness Professional Certification Board is the only national standard certifying teachers in Braille, and it ensures that teachers have the necessary knowledge and the necessary skill to provide competent instruction. The fee for the application and taking of the test is \$250. They are held...the tests are given regionally every few months, so they are readily accessible to our teachers and relatively inexpensive. The certification process lasts five years. According to the Department of Education, we're talking about perhaps 50 educators around the state who would be teaching Braille in Nebraska. I think we can all agree that we want the best for our students, particularly those who are suffering from disabilities. And teachers of the blind should be certified in Braille for the same reasons that teachers of sighted students are expected to know how to read and write print. So I would urge you to give serious consideration to advancing LB149 to General File for full discussion on the floor. Thank you. [LB149]

SENATOR ADAMS: Thank you, Senator. Are there questions for Senator Avery? Seeing none, first proponent. How many...may I ask very quickly, how many proponents to this bill? May I see your hands? Okay. Is that going to be everybody now because I'm going to have to impose some limits? We've got so many things to do today. Okay. How many opponents? Okay. We'll stay with the three-minute rule. [LB149]

AMY BURESH: Good afternoon, Senator Adams, members of the committee. [LB149]

SENATOR ADAMS: Good afternoon. [LB149]

AMY BURESH: My name is Amy Buresh, A-m-y B-u-r-e-s-h. [LB149]

SENATOR ADAMS: Okay. Amy, what I'm going to do for you and all the other testifiers, we have our light system and I'll kind of quietly let you know when it's yellow. [LB149]

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AMY BURESH: All right. [LB149]

SENATOR ADAMS: And then I'll yell at you when it's red (laughter). How about that, huh? [LB149]

AMY BURESH: Okay. [LB149]

SENATOR ADAMS: All right. Go ahead, Amy. [LB149]

AMY BURESH: All right. Thank you very much. I appreciate the time today, and I very much appreciate Senator Avery and all the work that his staff have done in bringing this very critical issue to your attention today. I'm here as president of the National Federation of the Blind of Nebraska, and I feel a little bit like the "Braille-inator" because we're back. We're back again. This is a very critical issue for us and we wouldn't be here if we did not feel that it was very important and of top, critical necessity. What I want to do today is kind of maybe breakdown or dispel some of the myths or maybe misconceptions that have been floating around about this bill. We have heard from some teachers in the field that this is personal, and I just wanted to put out for the public record that it is in no way meant to be any kind of a personal attack. We have wonderful teachers in this state who are doing the very best job they can; we want to help them to excel, to be a leader, to set the standards. Nebraska should be at the forefront of education for our blind children. We expect greatness. We expect that on our football field every Saturday and we expect that of our students, of our sighted students, in agriculture, and everything else that we do, we should expect nonetheless from our educators and our blind students. We... [LB149]

SENATOR ADAMS: The light is yellow now, so. [LB149]

AMY BURESH: Okay. One of the things that has been brought up is that there is a shortage of vision teachers, as you know, and in asking for this certification that it might make it harder to recruit the teachers. There is also a shortage of math and science teachers and we do not lower the standards for teachers of that subject. We don't say to our parents that because there is a shortage of science or math teachers that we'll just not teach those subjects until we find a teacher or something to that effect. The Braille code is literacy for the blind, not a different language. We are only talking about basic skills of reading and writing. Another argument that is often said is that Braille teachers need time to prepare for taking the certification test. All Braille teachers should be certified as having passed the NCLB competency test, we're hoping, by July of 2013. And this way teachers will have two years to prepare for the test. [LB149]

SENATOR ADAMS: We've got a red light on now, so can you wrap up for us? [LB149]

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AMY BURESH: Well, there are quite a lot of concerns that I wanted to dispel. I'll try to do it just as quickly as I can because I do understand of your time crunch. [LB149]

SENATOR ADAMS: And I want to be fair to everyone, so. [LB149]

AMY BURESH: Sure. One thing that I would like to point out is that there are...as Senator Avery said, the fiscal impact is none. Furthermore, there has been some discussion that teachers will need to go to Louisiana or somewhere else to take the exam. We have agreed in partnership with the Nebraska Commission for the Blind that has satellite offices across the state that that could be a testing site and location. And, furthermore, if there is hardship for a particular teacher or a school district in funding the cost of the exam, which is very low if you look at comparative certifications and standards, that the National Federation of the Blind stands ready to offer financial help as well as mentoring opportunities to empower the teachers with the skills that they need to provide the critical skill of literacy to our students. [LB149]

SENATOR ADAMS: All right. Can I get you to bring your testimony to an end now? [LB149]

AMY BURESH: Sure. I apologize, I'm skipping here because...(laugh) [LB149]

SENATOR ADAMS: How about if you answer some questions...? [LB149]

AMY BURESH: Sure. [LB149]

SENATOR ADAMS: ...for the committee? [LB149]

AMY BURESH: I'd be glad to. [LB149]

SENATOR ADAMS: And we'll consider your testimony then concluded. Committee, what questions do you have for this testifier? Anyone? [LB149]

SENATOR SULLIVAN: Senator Adams. [LB149]

SENATOR ADAMS: Yes, Senator Sullivan has a question for you. [LB149]

AMY BURESH: Sure. Um-hum. [LB149]

SENATOR SULLIVAN: Thank you. Just a clarification and I'm probably misreading this. How does this all play out with training for a special ed teacher? Is this proposed legislation suggesting that only when there's a blind student in the school district that a special ed teacher who is certified to teach the blind be present? Is that correct? [LB149]

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AMY BURESH: Yes, that is certainly the hope and the wish because you want to have someone who has the expertise and the certification to properly teach literacy for that child. [LB149]

SENATOR SULLIVAN: And tell me again where and how this in Nebraska or wherever else this education and certification can be achieved by teachers. [LB149]

AMY BURESH: Um-hum. Well, the test has several components to it. A teacher would be able to sit for the certification if there is a part that they need some extra help with or are able to retake that piece of the test until they can pass that component and are successful at it. There are several books. We have a corps of mentors, especially through the Federation of the Blind and others, who have been certified around the nation and where other people who stand ready, willing, and able to help put classes together or to, you know, informally mentor and work with the teachers to help prepare them to meet these certifications. [LB149]

SENATOR SULLIVAN: Do you know how many mentors we have here in Nebraska? [LB149]

AMY BURESH: You know, I don't know. I can only speak to those that I have first-hand knowledge of that I know directly that are with the National Federation of the Blind. You know, we've got, you know, at least probably 10, 12, maybe 15, and that's across the state. And if you've got a group of people together in several core locations, you know, I think doing some group work and things like that, we'd be able to work with a large group that way. [LB149]

SENATOR SULLIVAN: Thank you very much. [LB149]

AMY BURESH: Um-hum. [LB149]

SENATOR ADAMS: Are there any other questions for this testifier? Seeing none, thank you. Can we have our next testifier, please? Good afternoon. [LB149]

SHANE BURESH: (Exhibit 4) Good afternoon. My name is Shane Buresh, S-h-a-n-e B-u-r-e-s-h, and I am from here in Lincoln. I want to thank you, Senator Adams and the committee, for the time to hear our proponent issues on LB149. I am a certified teacher of visually-impaired students in Nebraska, and so I have went through the current process, which is taking an exam that was written here in Nebraska of 20 sentences. And to help understand maybe some of the differences, that test is administered for someone who is sighted, where they're given a piece of print and then asked to translate that into Braille using a Braillewriter, but it doesn't encompass all the forms that folks might write Braille with. And, in fact, the slate and stylus, as was mentioned earlier,

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is not often even taught. And then there are other components. I won't, for the sake of time, go over them again. But that the test NCLB or one that Nebraska would create would really help to ensure that there is quality education. One of the things I want to focus upon a little bit is, as a certified teacher myself, there is kind of a concept of a presumption of practice. So I happen to be a certified math teacher, special ed teacher, and teacher of the visually impaired. Now if I were working in a setting where I was teaching math, there would be a presumption that I could then reapply for a certificate because on a daily basis I'm teaching math and, therefore, keeping up on my endorsement or my craft, if you will. What happens often in the area, Nebraska being rural by its nature or also by the fact as we brought many testifiers last year to talk about the lack of Braille on IEP's, the component we kind of dropped out this year, there's oftentimes where a large print is used instead of Braille. So it's not unheard of for a teacher to go by many years and not actually do Braille instruction. We've heard of one recently. I won't give enough details so that they're, you know, identified, but someone who said, I haven't had...is looking at having a Braille student now and said, I haven't had a Braille student in ten years and I'm really scared. So that's where this mentoring program Amy was referring to would come in so we could help people. We understand the issue that their folks are not often using Braille or those kind of things, but that's what makes this different is you cannot presume that people are keeping up on that practice or keeping their skills sharpened or current. [LB149]

SENATOR ADAMS: Shane, I should have...the yellow light is on. It's been on for a few seconds, so be aware. [LB149]

SHANE BURESH: Okay. Sure, sure. As Amy indicated, a number of the things, you know, we can put together a group of folks locally to you. There's been a myth going around that people would have to go to Louisiana to take the test. That is not true. We could take that here in Nebraska. As Amy said, the National Federation of the Blind would help pay for that for a time. The one concept, real quickly, I'd like you to also think about is, there are other parallels for this that kind of baffled me that we don't have endorsement already in a national way. Folks, for example, who are providing sign language interpreting in the schools to another low-incidence population, the deaf, have to sit for national exams which they then have to also, you know, pay for as well. One of the things, in quickly wrapping up... [LB149]

SENATOR ADAMS: Okay. Your red light is on, so it's a good time to wrap up, Shane. [LB149]

SHANE BURESH: Sure, sure. I passed out something really brief to everyone or to all of you, but I want to make sure and tell everyone what it was. It's a Braille alphabet card, and there's an index card with Braille on it. And I wanted to tell you what it said rather than putting you on the spot (laugh) since you obviously don't know Braille. But that, in all seriousness, is something that happens to us a lot. We go to meetings and

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we're handed print and then said, you know, here, look at this agenda or whatever. So, but it's something I would like you to maybe, you know, put in your purse or in your suit pocket, whatever, and look at once in a while. It says: Believe in Braille; believe in the blind. And I urge you to pass this to General File. Do you have any questions? [LB149]

SENATOR ADAMS: All right. Thank you, Shane. And we'll see if there are any questions. Committee members, are there questions for Shane? Hey, we're going to let you off the hook. [LB149]

SHANE BURESH: Oh, man. (Laugh) [LB149]

SENATOR ADAMS: We'll all done. Thank you, sir. [LB149]

SHANE BURESH: Thank you. [LB149]

SENATOR ADAMS: Next proponent. Good afternoon. [LB149]

AMY MASON: Good afternoon. My name is Amy Mason and I want to thank the committee for allowing me to speak briefly. I am a blind woman living in Lincoln, Nebraska. I was taught in Nebraska schools from preschool through the 12th grade. And as I've had some remaining vision all my life, I was not taught Braille until the beginning of my junior year in high school when I suddenly lost a great deal of vision and was unable to read print any longer. I understand the choices that were made in my situation are fairly common. I am here simply to speak to the importance of Braille and the importance of teachers being able to teach Braille well to their students. And that's why I'm a proponent of this bill, is that the teachers need to understand Braille well enough to teach it. I was in a very small school district, and my school did not have the resources available at the time to provide me with a proper teacher of the blind. And I was actually...there was an attempt made to teach me Braille using a paraeducator and a book with print on one side and Braille on the other. I was not given the opportunity to learn either slate and stylus or the Perkins Braillewriter until considerably later in the educational process. In fact, I can't say that I really learned Braille until after I left high school. And for this reason, I read at about a fifth of the speed that most people would read print. I simply beseech the board to consider passing this along so that these teachers have the opportunity to ensure that their Braille skills are ready to meet challenges of the students that they face. I... [LB149]

SENATOR ADAMS: And there's a yellow light there, Amy, so would you like to summarize if there's anything more you'd like to say to the committee? [LB149]

AMY MASON: I really believe I'm pretty much finished. I just want to thank you all again and ask that you do pass this on to the general assemblage. [LB149]

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SENATOR ADAMS: All right. Thank you, Amy. Are there questions for Amy, committee members, any of you? I guess they're going to let you go too. Thank you. [LB149]

AMY MASON: Thank you. [LB149]

SENATOR ADAMS: Next proponent. [LB149]

PEARL VAN ZANDT: Good afternoon, Senator. [LB149]

SENATOR ADAMS: Good afternoon. [LB149]

PEARL VAN ZANDT: (Exhibit 5) Senators on the committee, my name is Dr. Pearl Van Zandt. I live at 18...oh, spell it, P-e-a-r-l V-a-n Z-a-n-d-t. I live at 1800 South 58th Street here in Lincoln. I am executive director of the Nebraska Commission for the Blind and Visually Impaired, and I am also a board member of the National Blindness Professional Certification Board. This bill calls for the use of a test which will enable teachers of the blind and visually impaired children to show that they have a thorough knowledge of the literary Braille code, that they are proficient in reading and writing Braille, and that they also know how to use a Braillewriter and the slate and stylus. The current test does not do this. The National Certification in Literary Braille, NCLB, stresses this high standard for Braille. If the Department of Education would develop a comparable test, that would also do the job. Either way, a test should be implemented which is rigorous, comprehensive, and standardized. And, currently, the NCLB test is the only such test. Far too many young blind and visually impaired adults come to our agency without the benefit of literacy. Typically, such persons come to us as high school graduates. They've graduated from high school, but they're functionally illiterate because they cannot use print and have not learned to use Braille. As the vocational rehabilitation agency for the blind in Nebraska, we know how important it is to know Braille in order to enter the work force as a blind person. Our primary job is to enable blind Nebraskans to achieve their employment goals. Research shows that 80 percent of visually impaired/blind persons who are successfully and competitively employed are Braille users. I encourage you to pass the bill to assure that Nebraska's blind children will have the opportunity to become literate. And this legislation is needed to make the change. And I'll be... [LB149]

SENATOR ADAMS: All right. Thank you, Doctor. Are there questions? Yes. [LB149]

SENATOR HAAR: Just a few questions coming to my mind as I listen to this. First of all, is every school required to have someone competent to teach the blind? Let's say if it's a small, rural school and there are eight people in...eight kids in the school, what would be the requirements there? [LB149]

PEARL VAN ZANDT: Since I'm director of the Commission for the Blind, I don't know

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exactly what the education...you know, exactly how those rules work. I know the district is responsible to work with the educational service unit and the Nebraska Center for the Education of Children Who Are Blind and Visually Impaired to make sure the courses are provided, but I can't really tell you specifics for...you know, offhand. Sorry. [LB149]

SENATOR HAAR: Okay. Thank you. [LB149]

PEARL VAN ZANDT: Sure. [LB149]

SENATOR ADAMS: Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you, Senator Adams. Thank you, Dr. Van Zandt. Your commission services blind people. [LB149]

PEARL VAN ZANDT: Yes. [LB149]

SENATOR SULLIVAN: What about the young people that come to your commission? Are they typically high school graduates who then are having difficulty finding a job, employment, or can you give me a better idea of your clientele? [LB149]

PEARL VAN ZANDT: Okay. Sure. Primarily, well, we have two major programs--vocation rehabilitation and independent living. So the "voc" rehab part serves primarily adults but including the transition, which is mid-high school, later high school, okay, to all ages. So we do provide training to people of all ages in blindness skills, alternative techniques, an understanding about blindness and the ability to move into the work force or stay in the work force. If you started losing your vision now, you could come and we'd work with you on how you could do everything you need to do as a senator. So broad age range. Then we have programs for children of all ages and for parents so that we can work kind of as an adjunct to the educational system to help develop the high expectations that a person needs to have in order to succeed. Does... [LB149]

SENATOR SULLIVAN: Sure. And so then in that process, do you actually help teach Braille? [LB149]

PEARL VAN ZANDT: Yes, we do have teachers that teach Braille. They're called rehabilitation teachers or orientation counsellors. [LB149]

SENATOR SULLIVAN: Okay. [LB149]

PEARL VAN ZANDT: And we also have a residential center in Lincoln that people can come for up to nine months of intensive training. [LB149]

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SENATOR SULLIVAN: So most of the young people that come to your commission out of having been or are in school are not Braille literate? [LB149]

PEARL VAN ZANDT: Most of them are not. [LB149]

SENATOR SULLIVAN: Okay. Thank you. [LB149]

PEARL VAN ZANDT: Right. [LB149]

SENATOR ADAMS: Are there other questions? Dr. Van Zandt, may I ask, I'm sitting here looking at the provisions of Rule 24 promulgated by State Board of Education and ultimately they have control over endorsements, endorsement requirements, certification requirements. Have you, as a representative of the commission or you personally, been before the state board and discussed the very issue that we're looking at today? [LB149]

PEARL VAN ZANDT: No. [LB149]

SENATOR ADAMS: Okay. Thank you. [LB149]

PEARL VAN ZANDT: Um-hum. [LB149]

SENATOR ADAMS: Next proponent. Welcome. [LB149]

MISTY SCHMIDT: Hello. My name is Misty Schmidt, M-i-s-t-y S-c-h-m-i-d-t, and I am coming to you today as the parent of a visually-impaired child. He is five years old. The reason I feel that LB149 is important is because I expected the same from my son as I do from my daughter who is visual. Now my daughter, she is six years old, and she also has an interest in Braille to help her brother out. I also know Braille. I take classes through the Hadley School for the Blind, and I've only done the introduction to Braille. I have a problem with the contractions. In the introduction to Braille, which is just the alphabet, I got an A-plus as my final grade. Now my little boy has had three years of Braille instruction in school and he is only able to identify the letters A, B, C, G, I, and Y. The letter C, the letter G, and the letter Y, he can tell me the contraction to but not the letter itself. Now LB149 would be important because after three years of Braille, he should know the entire alphabet. There is no...he has no cognitive delays. There is no reason he should not be able to identify every single letter. Do you have any questions? [LB149]

SENATOR ADAMS: All right. We'll find out. Are there questions for this testifier? Senator Haar. [LB149]

SENATOR HAAR: Are you from Lincoln? [LB149]

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MISTY SCHMIDT: No. I am from McCook, Nebraska. [LB149]

SENATOR HAAR: Okay. So does he have a teacher that's worked with him consistently or...? [LB149]

MISTY SCHMIDT: Yes. He has a TVI that has been with him since he was four months old. The pediatrician that found out Nathaniel's (phonetic) vision disability called ESU 15 in McCook and ESU 15 in McCook set us up with the appropriate people. And we are fortunate enough to have a TVI in our area. [LB149]

SENATOR HAAR: TVI means? [LB149]

MISTY SCHMIDT: Teacher for the visually impaired. [LB149]

SENATOR HAAR: Gotcha. Thank you. [LB149]

SENATOR ADAMS: Other questions? Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you, Senator Adams. So your son's problems with reading Braille are attributed to... [LB149]

MISTY SCHMIDT: Not enough time with Braille. He gets 30 minutes a day of Braille instruction in the school. [LB149]

SENATOR SULLIVAN: Um-hum. Okay. Thank you. [LB149]

SENATOR ADAMS: Other questions? Misty, then, so do you think that the issue is that the teacher is inadequately prepared or is it the time that is spent with your son? [LB149]

MISTY SCHMIDT: Maybe a little bit of both. [LB149]

SENATOR ADAMS: Okay. Fair enough. Are there other questions? Thank you, ma'am. [LB149]

MISTY SCHMIDT: Thank you. [LB149]

SENATOR ADAMS: Next proponent. Boy, there were more hands than that up a little while ago. Is there another proponent? [LB149]

JEFF ALTMAN: Will this come up? (Laugh) [LB149]

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SENATOR ADAMS: Well, one at a time, but (laughter) we'll find room. Hello. [LB149]

BARBARA LOOS: Okay. I have my sheet and copies of the testimony. [LB149]

SENATOR ADAMS: Great. We'll hand that to the clerk. [LB149]

BARBARA LOOS: Okay. [LB149]

SENATOR ADAMS: And the green light is on and you're ready to go. [LB149]

BARBARA LOOS: (Exhibit 6) Okay. My name is Barbara Loos, B-a-r-b-a-r-a L-o-o-s. At first glance, this bill looks so much like a no-brainer that it seems to defy comment. Isn't it a given that someone should know how to perform a skill in order to teach it to another? I believed this was a universal no-brainer until the day when a professional in the field of work with blind adults said to me in all seriousness that it isn't necessary to know Braille in order to teach it. After a moment of dumbfounded silence, I asked him to explain. He said that you give someone a book, describe dot configurations and finger placement, and the student can take it from there. I thought back to a couple previous conversations we had had about how his students just didn't seem to be motivated and he had wondered what was missing. At that point, I understood. One thing all of us here have in common is that we have had teachers from the time we were children. Take a quick inventory of yours and consider which ones taught you the most. I have learned most from teachers with a contagious zeal for sharing something they understand well, believe in, and model in a way that invites me to want to emulate them. With respect to the professional's students, were they really unmotivated to learn Braille or was their would-be instructor's approach a contributing factor in their seemingly apathetic response to the subject at hand? Last year, I was here talking about LB754 which has some of these same expectations, and I came away from that hearing more convinced than ever that one thing we absolutely must do in order to ensure quality Braille instruction for blind children is to give educators the tools and expectations necessary for their own success so that they can be equipped to teach their students competently. I don't know of anyone who really can teach something that they don't know or just know marginally. And we expect teachers of print to teach sighted kids to read and write, and to convince reluctant readers to keep going and not to give up and to have strategies for reading, impressing upon them that in today's society reading and writing are vital. [LB149]

SENATOR ADAMS: Barbara, there's a yellow light on now. [LB149]

BARBARA LOOS: Okay. One true example of something that happened with a competent teacher and a blind student with some remaining sight who insisted on burying her nose in a print book rather than reading Braille because she said using Braille made her look different, was that the teacher pointed out that she was going to

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look different whichever method she used, so her decision was really whether or not she wanted to look different and incompetent or different and competent. The student's response was eventually to become the fastest Braille reader ever to attend the adult rehabilitation center she attended upon graduation from high school. So it does make a difference. We need to give teachers the empowerment to do this, and I ask you to support the bill. [LB149]

SENATOR ADAMS: Thank you, Barbara. Your timing was just perfect. Are there questions? Senator Haar. [LB149]

SENATOR HAAR: Yes. Barbara, you said that you attended the Nebraska Center for the Education of Children who are visually...who are Blind or Visually Impaired. Where is that located? [LB149]

BARBARA LOOS: That's in Nebraska City. [LB149]

SENATOR HAAR: Okay. [LB149]

BARBARA LOOS: It used to be the School for the Blind, but now in our politically correct society, we had to make it long enough that nobody has any idea what it means. (Laughter) [LB149]

SENATOR HAAR: Okay Do most children who are blind eventually go to this school there or...? [LB149]

BARBARA LOOS: Not necessarily. Mainstreaming has been happening since the 1970s or so in a big way which has most kids going to their home school, the school in their hometown, which is a great idea if they can get a real education there. It's not a great idea if that doesn't work out, so, you know. [LB149]

SENATOR ADAMS: Are there other questions for Barbara? Seeing none, thank you for your testimony. [LB149]

BARBARA LOOS: Thank you. [LB149]

SENATOR ADAMS: Is there another proponent? I know there was back there that was pretty anxious. [LB149]

BARBARA LOOS: Jeff, was upon on my heels there. [LB149]

JEFF ALTMAN: Yeah. I just wasn't quick enough. [LB149]

SENATOR ADAMS: Welcome. [LB149]

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JEFF ALTMAN: Thank you. My name is Jeff Altman, J-e-f-f A-l-t-m-a-n. My profession is as an orientation and mobility instructor or cane travel instructor with the Nebraska Commission for the Blind and Visually Impaired. I am also a member of the National Blindness Professional Certification Board and a member of the National Orientation Mobility Certification trainers committee. Braille is not my area of expertise, but I wanted to be able to offer the opportunity if you wanted to ask some questions about the board or the NCLB as far as its history of coming to where it is today. And also wanted to tell you, I'm one of the individuals that grew up without Braille. Going through high school I was viewed as visually impaired. Braille was not even a consideration. Here I am in excess of 30 years later, print is no longer an option in my life at all and Braille is a very difficult option for me. I can read and write with Braille but I would probably not be able to get two words out if I were up here trying to read it to you with...as nervous as this tends to make me. But in any case I wanted to give you the opportunity if you had questions regarding the NCLB or the National Blindness Professional Certification Board. [LB149]

SENATOR ADAMS: All right. Thank you, Jeff. Are there questions for this testifier? You came all the way up to offer your expertise and there's no questions. [LB149]

JEFF ALTMAN: Well, okay. (Laughter) [LB149]

SENATOR ADAMS: Thank you, sir. [LB149]

JEFF ALTMAN: Thank you. [LB149]

SENATOR ADAMS: Are there any other proponents? All right. If not, then we'll move on to opposition testimony. [LB149]

JAY SEARS: (Exhibit 7) Good afternoon, Senator Adams, members of the committee. I'm Jay Sears, J-a-y S-e-a-r-s, representing the 28,000 members of the Nebraska State Education Association. I'm having passed out to you a written testimony, but let me just answer a couple of questions so that I can be brief. Yesterday, I sat for 14 opponent testifiers and was next to last and didn't get any lunch, (laughter) so. Just a couple of things, we are opposed to the bill for a couple of reasons. One, as Senator Adams asked one of the testifiers earlier, there is a Rule 24 which deals with endorsements of blind and visually impaired...teachers who are teaching children who are blind and impaired, and in that are the standards and the outcomes of people who are endorsed to work with blind and visually impaired students. To me, that's where the changes need to take place. The other issue is one of, we require in Nebraska none of our educators to be nationally certified. The constitution and the statutes of the state of Nebraska put the licensing, the certification, and the endorsement in the hands of the State Board of Education and the state of Nebraska, and in the Nebraska Department of Education. I

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think that's probably the appropriate place for our people to come and talk about what are the standards that we need to have educators meet so that everyone in Nebraska is able to learn, whether they're sighted or blind or visually impaired or deaf or hard of hearing or just like me, just kind of slow in learning social studies. We don't require our endorsed teachers to go to a national organization to finish their certification process. That's the thing that bothers me is it's setting a precedent. Having someone outside the state of Nebraska license and certify our teachers to work with our youngsters, not that the group that's named the certification is necessarily bad. I think it's a bad precedent for government policy in the state of Nebraska. There will be other people that will testify behind me in opposition who are teachers of the blind and visually impaired and they are much more capable of answering about their craft and their profession and how they're endorsed and how they have learned to work with blind and visually impaired. So I thank you for your opportunity and be glad to answer any questions. [LB149]

SENATOR ADAMS: Thank you, Jay. Senator Haar. [LB149]

SENATOR HAAR: Do you feel, then, that Rule 24 is adequate? [LB149]

JAY SEARS: Rule 24 is revised on a five- to seven-year basis. And as things change in the profession and in the content and the specific areas, those revisions are made by learned societies that come in and organizations, as we're listening to today, who have suggestions about improving the profession, and that's where the changes are made. It may not be adequate right now. I don't know. But the appropriate place in our government and in our policy is through that rule and regulation process. [LB149]

SENATOR HAAR: Okay. Well, it just sounds to me like from what we've heard, at least some people think that...and I don't know about Rule 24, I've never read it, but it's inadequate and I take it that the teachers are...that NSEA are not opposed to upgrading that if it's inadequate. [LB149]

JAY SEARS: No, and there is a process in place to upgrade that, any of the endorsements. The issue that I'm getting to, Senator Haar, is the issue of, as a social studies teacher, I met the requirements and the outcomes of the endorsement for social science and political science and history. And that has been updated since 1971 when I got my endorsement to improve that process. But no where at no time did we require any of our social studies teachers to get National Board for Professional Teaching Standards national endorsement in that area, which is a different level and a different certification. It has no force of law in the endorsement and license that I got to teach. And so that's the issue that we have. We're not against looking at different and better outcomes in the endorsement process. [LB149]

SENATOR HAAR: But isn't there...couldn't one make the argument that there are...well, I would assume hundreds of social studies teachers in Nebraska, so just through our

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teachers college and so on we can make those...you don't need other certification because they graduate from teachers college, but... [LB149]

JAY SEARS: And our teachers of the blind and visually impaired also graduate from our teachers colleges, and that's the purpose behind Rule 24 endorsements is to set the standards under which they will be licensed. [LB149]

SENATOR HAAR: Well, to finish what I was saying is that there are relatively few teachers of the blind and visually impaired compared to the number of social studies teachers, so perhaps that has not been given adequate look at. [LB149]

JAY SEARS: Okay. And I would say because that's part of what I do in my job is I monitor the changes in the rules and they are on a five- to seven-year revision, just like every other endorsement. And it's a... [LB149]

SENATOR HAAR: I guess I'd like to know more about that... [LB149]

JAY SEARS: Sure. [LB149]

SENATOR HAAR: ...how that rule...you know, from what we've been hearing, I'd like to know what that rule says specifically. [LB149]

JAY SEARS: Sure. Be glad to do that. Thank you, Senator. [LB149]

SENATOR HAAR: Okay. Thank you. [LB149]

SENATOR ADAMS: Are there other questions for Jay? Nineteen seventy-one was a long time ago, Jay. [LB149]

JAY SEARS: Yes, four more years. (Laughter) And I'm not running for anything. [LB149]

SENATOR ADAMS: Next testifier. [LB149]

JENNIFER LEE: (Exhibits 8-9) Senator Haar, I happen to have a copy of Rule 24 for all of you here, so that can go around. [LB149]

SENATOR ADAMS: We'll hand that to the page. [LB149]

JENNIFER LEE: Here's Rule 24. I also have nice copies to go around. Okay. My name is Jennifer Lee, J-e-n-n-i-f-e-r, my last name is Lee, L-e-e. I'm a teacher for the blind and visually impaired. I'm here in opposition of LB149 because I feel that LB149 requires additional expectations specific to this one particular disability area. No other special education endorsements per Rule 24--which I believe is adequate and I've

highlighted why in the copy that I'm passing out--require national certification. Currently practices and university preparation programs are dictated by the university training programs themselves. Even in the September 2010 publication of the Journal of Visual Impairment and Blindness it was recommended that standards be formed at the university level. We don't just meet the requirements outlined in state, but we go above and beyond the requirements, proving our competency by completing the Nebraska Braille competency assessment. In a field that has already been identified as having a shortage, I have concerns that this bill, if passed, would have a negative impact on students by creating an even greater shortage. It imposes yet another redundant requirement at our own expense. The assessment developed by the National Blindness Professional Certification Board was developed without any input from Nebraska vision teachers, and we are the ones that will be most impacted by the test. According to D'Andrea, Lewis, and Rosenblum's 2009 report published by AFB, the National Literary Braille Competency Test has been pilot tested and a group of subject matter experts has conducted some analysis of the results of the pilot test, however, to date nothing has been published in a peer-reviewed professional journal about the development of the test or the analysis of its content. The NLBCT statistical report has been removed. Report on the pilot test is difficult to review in that all the tables and appendices of data have been removed from the available version of the report in order to protect the integrity of the test. Furthermore, this assessment provides no data that will ensure students will have a higher Braille proficiency rate. Today, you have heard statistics regarding Braille readers, but there are many factors that need to be considered when statistics are cited about the number of Braille-literate adults. The leading cause of adult blindness at this time is macular degeneration and diabetic retinopathy. Teachers of the blind and visually impaired cannot be held responsible for that large number not being Braille literate or unemployed because the onset of these diseases was in adulthood. Also of the individual cited in statistics, if vision was not a factor at all, how many of those people would be considered literate print readers? A hundred percent of the students on my caseload have multiple impairments. I'm not saying that students with multiple impairments should not or cannot learn Braille, but when a student has no use of his hands or arms because of cerebral palsy or when a student has constant seizures from a result of being shaken by a babysitter and he does not have purposeful movement, other forms of literacy must be addressed. Unfortunately, cases like these are not rare. These are just two examples of students that I have, but that is why our district performs learning media assessments. A learning media assessment identifies the best reading format for a student. You should know that when learning media assessments are performed, the stability of the students eye condition is addressed. We not only assess whether Braille is their medium at this time but whether Braille will be their optimal medium in the future. If we are to say that all visually impaired students should be Braille readers and if not we will hold that number against you statistically, then we should not have an IEP or individualized education plan. We should have a CEP or categorical education plan, and that goes against the very foundation of special education. Finally,... [LB149]

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SENATOR ADAMS: Jennifer, can you wind up? [LB149]

JENNIFER LEE: I have one more. [LB149]

SENATOR ADAMS: All right. [LB149]

JENNIFER LEE: Finally, I am not only testifying as a teacher but I am testifying as a parent of a child who is visually impaired. I am part of my daughter's decision making team. There are safeguards that are currently in place that allow me as a parent to participate in the development of her unique individualized program based upon assessments and on her own needs. She is a student first, not a disability. I have every confidence that her own vision teacher has proven her competency to teach my child. [LB149]

SENATOR ADAMS: All right. Thank you, Jennifer. Are there questions? Yes, Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you. Where do you teach? [LB149]

JENNIFER LEE: I teach in Papillion/La Vista. [LB149]

SENATOR SULLIVAN: Okay. And do you teach Braille? [LB149]

JENNIFER LEE: I do teach Braille. [LB149]

SENATOR SULLIVAN: Okay. And so... [LB149]

JENNIFER LEE: And I am competent to teach Braille and I've proven my competency to teach Braille. [LB149]

SENATOR SULLIVAN: Okay. Okay. [LB149]

JENNIFER LEE: And that's why I'm opposed to this bill. [LB149]

SENATOR SULLIVAN: And your daughter is learning Braille? [LB149]

JENNIFER LEE: She is not learning Braille at this time. [LB149]

SENATOR SULLIVAN: Okay. Do you want her to? [LB149]

JENNIFER LEE: Not at this time, no. [LB149]

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SENATOR SULLIVAN: Any particular reason, if you'd care to share that with us? [LB149]

JENNIFER LEE: We decided as a team, we went through the learning media assessment process and she is a very visual student. She's accessing print at this time. That's why I said that it's important that you keep in mind, just because you're labeled as having a visual impairment, Braille may not be the medium that you need to be literate, so. [LB149]

SENATOR SULLIVAN: And where did you receive your training in Braille? [LB149]

JENNIFER LEE: Through the University of Nebraska at Lincoln. [LB149]

SENATOR SULLIVAN: Your daughter goes to this school where you teach? [LB149]

JENNIFER LEE: No, she's a student of Omaha Public Schools. [LB149]

SENATOR SULLIVAN: And if you decided that Braille would be the choice for your daughter's IEP, what would be the next step? [LB149]

JENNIFER LEE: I would go back to her team and it would be a team decision. I've been on both sides of the table, so I think that...you know, that's what allows me to be able to share with you that I have every confidence that if a parent stood up and said that, you know, they had concerns about their educational...the education that the child was receiving...I'm just like the parent that was up here testifying. You know, I'm sitting there as an educator wondering. Pull the IEP team back together, share your concerns. You have a right to share your concerns with the team, see if you can get your minutes increased. [LB149]

SENATOR SULLIVAN: And if, in your daughter's situation, you decided that you wanted her to have Braille and there wasn't someone in the district that was trained in Braille, what would be the district's responsibility? What would be their actions to meet that...or your request or would they have to meet it? [LB149]

JENNIFER LEE: Oh, they would have to meet it. Districts can contract through educational service units. For instance, the educational service unit in our area is Educational Service Unit 3. So they have teachers that work there. Some of the smaller school districts that don't have the numbers that need to have a full-time teacher of the visually impaired then contract through those educational services units for their teachers. And I guess, you know, it's already been identified as an area of shortage. I just feel it's redundant, you know, if you make it more difficult for a student or for people to become certified to teach it, I'm afraid that the shortage is going to, you know, just increase. [LB149]

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SENATOR SULLIVAN: Thank you. [LB149]

SENATOR ADAMS: Senator Haar. [LB149]

SENATOR HAAR: Yeah. Well, first of all, we're not attacking you. We have a...you know, in many cases we have programs or problems brought before us in potential legislation. So this is, I take it, just a little part of Rule 24, right? [LB149]

JENNIFER LEE: Yeah, just that deals with the visual impairments. [LB149]

SENATOR HAAR: Okay. And so it lists 20 things. One of them is, "Braille codes and formats with demonstrated proficiency." Is it totally up to the...like UNL to decide what that means or who decides then if there's demonstrated proficiency? [LB149]

JENNIFER LEE: I can't speak to that. I just know through UNL it was the Braille proficiency test that we took. I can't speak to the law when they came up with that. Sorry, maybe someone else who goes after me can. [LB149]

SENATOR HAAR: Yeah. Could you tell me what that proficiency...I mean, you're educating us as well, can you tell me what that proficiency test was that you took? [LB149]

JENNIFER LEE: It was a transcribing test. We had to...we were given a sample and then we had to transcribe that into Braille using correct formatting, using the correct contractions, punctuation, things like that. But I also want to point out as I sat back there, we were taught how to use the slate and stylus. We are teaching students how to use slate and stylus, and that's, you know, Braille and its formats. Besides the, you know, slate and stylus and the Braille, there's technology that comes out all the time that we keep up to date on that we can help our students get better as well. [LB149]

SENATOR HAAR: And, let's see, I guess that would be it for now. Thank you. [LB149]

SENATOR ADAMS: Any other questions for Jennifer? Thank you, ma'am. Next testifier. [LB149]

KATHLEEN NEWMAN: Sorry, just take me a minute. Good time to have a bathroom break, right? Sorry to hold you up. [LB149]

SENATOR ADAMS: (Laugh) Good afternoon. [LB149]

KATHLEEN NEWMAN: (Exhibit 10) Good afternoon. My name is Kathleen Newman, K-a-t-h-l-e-e-n N-e-w-m-a-n. I am a disability retired orientation and mobility specialist

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and teacher of the visually impaired. With all that's been said, I'm going to focus on a section of my information. But I have provided you with a variety of sections, including quite a bit on our certifications. As my colleague reported, Nebraska teachers of the visually impaired are highly qualified despite what's been said here today. LB149 places an undue hardship on us by imposing both excessive and unique conditions. In doing so, it exceeds state statutes and, worse, puts us under complete control of an out-of-state organization which is without any accreditation in education. For this exam that we're being required to take, candidates will not be held responsible to use changes in the Braille code made after 2002. If ensuring Braille competency is the goal here, how does one justify not requiring the use of current code? We require it. Although the titles of both this test and its parent board imply they're relating to, representing, or affecting the nation as a whole, this is misleading. To date, this board lists only 122 certificates nationwide, certificates in this national review. Of these, 12 states have only one certificate; 5 states have two, with 11 states having between three and eight each. California has 17 and Louisiana, the home of this board, has 27. Twenty-one states have zero certified people. This does not indicate a national representation or acceptance of this test or certification. And since anyone can take this test, I have to wonder how many of these certificates are teachers under the definition guidelines that we're holding in this bill. The fee for the test recurs every five years. Teachers already pay not only for their educations but also all of the requisite fees to become certified and endorsed. Our salaries rank anywhere from 37th to 42nd nationally. Last year, NFB has this year offered to pay the fees for the test, and while that is well intended and appreciated, this only adds layers to the debate. Consider the inappropriate use of nonprofit funds; future changes in those fees; that groups ability or willingness to pay, continue to pay over time; the uncovered costs; skirting the core issue of whether we should have to take the test at all. And that puts us, again, behold to yet another entity. As an alternative, LB149 offered that the Department of Ed design a test. Senator Avery points out that because the board's test is available, that likely won't happen. However, I'm explaining to you that I have serious concerns. That test is not validated in the sense of tests that have met peer review. That alternative has a fiscal and other implications to it. I hope that you will carefully review the impact analysis related to the bill to look at the projective costs in personnel, equipment, development, and administration associated with it. Thank you. [LB149]

SENATOR ADAMS: Thank you. Are there questions? Senator Haar. [LB149]

SENATOR HAAR: Yes. Were you educated at UNL? [LB149]

KATHLEEN NEWMAN: I did my undergraduate work in New York and my graduate work in Colorado, and then some of my post graduate work at UNL, but I also was one of the instructors in the UNL program in visual impairment. [LB149]

SENATOR HAAR: Okay. Well, one of the questions I had and maybe you can answer it

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or not, but are all special ed teachers required to go through Rule 24, the rules for the visually impaired or is it just...is it sort of a special certification for special ed teachers?
[LB149]

KATHLEEN NEWMAN: Yes. Rule 24, and this will be the novice version of that...
[LB149]

SENATOR HAAR: Okay. [LB149]

KATHLEEN NEWMAN: ...relates to the endorsements. So in Nebraska, we actually...and it's in my documents that I gave you, we comply with multiple rules: one to get our teachers certificate; one to pass the basic skills competency test; and Rule 24 then is when you want to add special endorsements. So once you become a teacher, it doesn't mean you can teach anything anytime to any kid. To get the endorsement in visual impairment, you have to take a variety of different things, including 30 hours of special ed instruction; 6 of those are in general special education, and 24 are specific to the area, in this case, of visual impairment, and that includes a Braille competency test. When I graduated, my program, both my undergraduate and graduate work, were also in vision, and I took competency tests at that time, including all of the items that you see selected within those things that are being requested. Currently, UNL, and I can't outline this absolutely correctly, but we finally have a real program there for preparing teachers of the visually impaired. They have recently hired Dr. Tessa Wright out of Vanderbilt University. She has a full-blown, real, vision program with comprehensive services, and she is currently reviewing and revising the Braille competency test to raise it to even a higher standard. The test has continuously been revised over time. Certainly in the past some of the stories that you heard are people telling you things that happened 20 and 30 and maybe more years ago. That is particularly why we're interested in making sure we continue to upgrade. You can't believe that I would sit in front of you and want to be incompetent. It breaks my heart to hear those things said about my field and I'm insulted. But I'm against this test because it's not valid, because it has nothing to do with education, and because it's an additional redundant requirement that I've already met.
[LB149]

SENATOR HAAR: So would it only be available, this competency, for a special ed teachers or is a chemistry major, chemistry teacher could have it, too, whatever?
[LB149]

KATHLEEN NEWMAN: In vision impairment? [LB149]

SENATOR HAAR: Yeah, yeah. [LB149]

KATHLEEN NEWMAN: My understanding is that once you have your teaching certificate, then you can add endorsements. But that special ed endorsement...when

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you go for special education, you have a minimum of 30 hours, 6 would be general special ed, and the other 24 would have to be, say, in hearing impairment or visual impairment or some of many. And it's important to note that it also includes, as does the teacher program, practicum experiences that are supervised by qualified master teachers and university staff. [LB149]

SENATOR HAAR: Okay. Thanks for that information. [LB149]

KATHLEEN NEWMAN: Thank you. [LB149]

SENATOR ADAMS: Are there other questions? Thank you, ma'am. [LB149]

KATHLEEN NEWMAN: Thank you so much for your time. [LB149]

SENATOR ADAMS: Next opponent. Welcome. [LB149]

KERRY TRENT: Hello. My name is Kerry Trent, it's K-e-r-r-y T-r-e-n-t. I am a teacher of the visually impaired. I am also the mother of a child who's legally blind. I'm going to talk a little bit about a statistic that had been used to support this legislation. I read a statement made by Carlos Servan that, "90 percent of Nebraska's legally blind students are not taught Braille." This got me to thinking a little bit and I started looking at the statistics where I work. I have 19 students who are legally blind or blind where I work. Four of those students are full-time Braille students, Braille is their primary reading mode, reading and writing. That means that about 80 percent of our legally blind and blind students are not being taught Braille. However, 12 of these students are severely and multiply impaired and so not have the cognitive and/or physical ability as determined by their MDT team and that MDT process--that multidisciplinary team is the testing we do to determine what a child needs for special education--that they did not have the cognitive and/or physical ability to learn Braille. These are students that take the statewide alternate assessments and that even without a visual impairment, these children would not be readers. This leaves three students that are legally blind that are cognitively and physically able to learn Braille but are not being taught Braille, and that's only 16 percent of the total population. For each of these students, it was determined through the teams and supported through learning media assessments that Braille was not the best option for those individual children. One of these students I can speak about directly because he's my son. His name is Anthony (phonetic). He's a senior in high school this year, and he is legally blind. All throughout Anthony's (phonetic) education, his team has included the parents and all of his team members, and we have looked at Braille every single year. It's on his IEP. There is a part where it prompts us all to look at Braille--is this the right thing for this student? Every year we have looked at it and he has actually received Braille instruction in the past, but over the years we determined this was not the best for our son and for this student. I do state that he is literate. This is proved by his reading score on the ACT, and he scored within the 95th

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percentile reading print. It's what works best for him. As far as my Braille students are concerned, I argue that they are literate. Our Braille students take the exact same assessments as their sighted peers. We put them into Braille for them, and they are taking the exact same assessments, and they are being successful on those. They also take the same district essential objectives and all standardized tests. I have promoted Braille literacy by having my students participate in the Nebraska regional Braille program, Braille challenge, for the past four years. Last year, one of my students placed third in her age group. I think that's showing some good proficiency right there. I would like to add that I am very...in Braille literacy, when the appropriate mode of reading and writing is shown to the assessment and the team process. Thank you very much. [LB149]

SENATOR ADAMS: Thank you. Questions? Senator Haar. [LB149]

SENATOR HAAR: Where do you teach? [LB149]

KERRY TRENT: Bellevue Public Schools. [LB149]

SENATOR HAAR: Thank you. [LB149]

SENATOR ADAMS: Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you. And why did you decide that...or your son decided that Braille was not the route to take? [LB149]

KERRY TRENT: For him it really came down to he was much more proficient in reading print. It was quicker for him. I was easier for him. And I understand with my son I feel that in some ways he is the exception to the rule. Most students with a significant visual impairment get terrible visual fatigue when they read. Anthony (phonetic) for some reason does not get that. He can read all day long and it doesn't bother him. He is a very quick reader. He is an avid reader. He spends most of his time reading, his spare time. [LB149]

SENATOR SULLIVAN: So he has some sight? [LB149]

KERRY TRENT: Yes. [LB149]

SENATOR SULLIVAN: Okay. [LB149]

KERRY TRENT: Yeah, he's considered legally blind. He has some sight. [LB149]

SENATOR SULLIVAN: Thank you. [LB149]

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KERRY TRENT: Thank you. [LB149]

SENATOR ADAMS: Other questions? Thank you. [LB149]

KERRY TRENT: Thank you. [LB149]

SENATOR ADAMS: Next opponent. Good afternoon. [LB149]

MARK BULGER: Good afternoon, Senators. My name is Mark Bulger, M-a-r-k B-u-l-g-e-r. Senators, as a blind person, I am learning to learn there are numerous causes and degrees of vision loss. As a parent, I support the dedicated teachers that educate our children. I expect high standards of excellence in teaching preparation. We need to maintain stringent achievement standards in our schools. As a Nebraska resident, I am personally opposed to LB149. Requiring teachers of visually impaired children to pass a Braille skills test is not the answer. Parents, teachers, and administrators, vocational specialists, and consumers working together is the answer on behalf of the children. In a legislative bill asking to establish a blind literacy right in education act, I want a plan for every visually impaired child to best reach their literacy needs. The teachers are qualified and literate. Fifty years ago in the peak of Braille usage, 50 percent of the blind children use Braille. Today, about 9 percent of the blind children use Braille. When you include all visually impaired children including the blind, it's about 2 percent. Ask the teachers and the parents that care about the child how they measure what is best. Statistics regarding Braille use are only valuable if they value each child. Today, the children's needs are different. Many have multiple disabilities. In Nebraska schools, Braille should be used--and, again, I emphasize it should be used; I'm not opposed to Braille--as needed. But the Braille use statistics follow the need. Not all blind and visually impaired people are the same unless you blindfold us all together throughout our lives. Even then, this would not cover the other disabilities each of us might have. Based on the current national statistics, about 35 children in Nebraska would be learning Braille. And these are statistics and I'm more concerned about children. The goal is literacy of our children not just Braille. I do not believe there is a need to legislatively mandate that teachers take such skills test. Thank you. [LB149]

SENATOR ADAMS: Thank you, sir. Are there questions? Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you. And thank you, sir, for your testimony. Why do you think Braille usage has declined over the years? [LB149]

MARK BULGER: I would say a number of reasons. I would say you'd have to base it on an individual basis. I would say there are probably...I'd have to defer to the teachers but I have...can I give you my thought here? I was so excited about testifying I didn't... [LB149]

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SENATOR SULLIVAN: (Laughter) Well, you did great, by the way. [LB149]

MARK BULGER: Well, thank you. Why do I think Braille is...I think it's because that's what the tests dictate, you know. I don't think there's any exclusion or intention not to use Braille. I would suggest it is where it is and if...I'm a parent and I'm my child's biggest advocate, and I would gather the information as a parent, and then I would, you know, along with the team because I have an expectation the teachers are competent, and if they're not, I'm going to (laugh) let them know. I don't think I need a test to do that. I think the reason the Braille is where it's at is not because teachers don't know how to teach it, it's probably because what they're working with and the kids where they're at visually and cognitively, that's why it is. So I don't have any theories. [LB149]

SENATOR SULLIVAN: Okay. Thank you. [LB149]

SENATOR ADAMS: Are there other questions? Thank you, sir. [LB149]

MARK BULGER: Thank you. [LB149]

SENATOR ADAMS: Other opposition testimony? How many more opposition testifiers are there? Okay. [LB149]

JANET CURRY: (Exhibit 11) Hello. My name is Janet Curry, J-a-n-e-t C-u-r-r-y. First of all, I would like...although I'm speaking in opposition to this bill, I would like to state that I share the same commitment as the other individuals in this room for excellence in Braille instruction. And I want to express my gratitude to many of the individuals and agencies that have spoken in favor of this bill for helping my own father who was legally blind. I am not a teacher of the visually impaired. I am an educator. I am administrator of special education programs, including I supervise a program for the blind and visually impaired. I also supervise other programs for other disabilities. As a member of the Nebraska Council of School Administrators and the Nebraska Association of Special Education Supervisors, I am representing these organizations in opposition to this bill because of the passage of this bill will create a hardship for Nebraska school districts as well as our current and future teachers of the visually impaired. We've talked about the shortage of teachers of the visually impaired, and this is especially true in the rural areas. In all due respect to Senator Avery and the many proponents of this bill, the content of this bill does not belong in state statute. Instead, the expertise of professionals at our universities and State Department of Education are more appropriately qualified to make determinations about the best practices based on current research for this type of regulation, as the NSEA lobbyist discussed. Children in our state are already guaranteed instruction in Braille if they are blind or visually impaired. And that is in Rule 51, which is your regulation for special education through the Nebraska Department of Education. If a child is blind or has low vision, Braille is the default method of learning to read unless the IEP team, which we've talked about, the

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individual education plan, decides otherwise. So they are already guaranteed instruction in Braille if that is needed. Also, the children in our state also receive their instruction from qualified individuals who are teachers of the visually impaired, and that's the Rule 24 we talked about. There are eight exams being studied in addition to this exam, and they're being studied at the university level to see which one is perhaps the one that would be the most...would show the most competence of these people. Passage of this bill would further restrict our schools to have the teachers of the visually impaired. As you've heard, the university programs are already rigorous. Just because an organization has developed a test and named it the national Braille test does not mean that it is the national standard for braille competency, as one of the teachers of the visually impaired said. Merely passing a test on literacy Braille does not guarantee that it's good reading instruction. I see my...I have a red light. [LB149]

SENATOR ADAMS: Thank you, ma'am. Yes, you do. Are there questions? Seeing none, thank you. [LB149]

JANET CURRY: Okay. Thank you. [LB149]

SENATOR ADAMS: Is there any other opposition testimony? Hi. [LB149]

LEIGH McAULIFF: Hi, Senator Adams and the committee. I'm Leigh McAuliff, L-e-i-g-h, McAuliff, M-c-A-u-l-i-f-f. [LB149]

SENATOR ADAMS: Do you have your registration filled out? Can you hand that over to the page, please? All right. Green light, go. [LB149]

LEIGH McAULIFF: Yup. Okay. The reason that I am opposed to this bill is because as a teacher for the visually impaired, I know that I'm competent. One of the most disheartening things that I've heard here today is that you can't teach what you don't know. And I can assure you that I know Braille and I'm competent in Braille and so are my colleagues. When I decided to become a teacher of the visually impaired, it wasn't like I was a special ed teacher and had a student on my caseload who was blind and then had to learn Braille. That was the case, I did, but it wasn't like I had to take one Braille class and now I'm ready to go. It's a three-year masters program through the University of Nebraska at Lincoln that we went through. Most masters programs are two years. This was a three-year program and teaching Braille is a big part of it. We don't just talk about the letters and the contractions, we talk about the methodology. What's the best way to teach our students of all disabilities within our group Braille? When they talk about the fact that maybe not all kids are being taught Braille, we really do take a lot of factors into consideration along with the educational team. For example, I have eight students who are legally blind or blind on my caseload. Out of those eight students, seven of those have severe disabilities or have profound disabilities. They don't have movement of their arms and their hands, and so it was a team decision. Maybe they're

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not cognitively able. So the ones that are determined, okay, yeah, you do have the...you're able to learn Braille, and cognitively we do teach Braille and we are very competent. So I think that having an additional test would provide a hardship and I think it's very redundant. [LB149]

SENATOR ADAMS: Okay. Thank you. Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you, Senator. Thank you for your testimony. Just one quick clarification. So you teach Braille, do you read Braille? [LB149]

LEIGH McAULIFF: I can read Braille with my eyes. Most people who are sighted do read Braille with their eyes. I can read the dot formation and know what a Braille word is. [LB149]

SENATOR SULLIVAN: But you don't read it with your fingers? [LB149]

LEIGH McAULIFF: No, because...I think I speak for most of us, our fingers are not used as sighted tools so we don't have that sensation. I think there are some teachers of the visually impaired who, after years, can. And I can do like letters. I could read letters with my hands, but for the majority of the time I read it with my eyes. [LB149]

SENATOR SULLIVAN: Okay. But you are teaching blind students to read with their fingers. [LB149]

LEIGH McAULIFF: Yes. [LB149]

SENATOR SULLIVAN: Okay. [LB149]

SENATOR ADAMS: Senator Haar, did you have a question? [LB149]

SENATOR HAAR: I was just wondering where you teach at. [LB149]

LEIGH McAULIFF: At Papillion/La Vista Schools. [LB149]

SENATOR HAAR: Thank you. [LB149]

SENATOR ADAMS: Other questions? Thank you. [LB149]

LEIGH McAULIFF: Thank you. [LB149]

SENATOR ADAMS: Any other opposition testimony? [LB149]

ELLIN SIEGEL: (Exhibit 12) Hello. I'm Ellin Siegel, E-l-l-i-n, Siegel, S-i-e-g-e-l, and I am

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in the special ed department at the University of Nebraska-Lincoln. And I will keep my statement brief to allow you to ask some questions. I've heard a lot of facts that were brought up that I think are very pertinent. I've had the privilege of directing the program in visual impairment at UNL for over eight years. As you heard today, we have a new Ph.D.-level person, Dr. Tess Wright, who began running the program as of August of this year (sic), and her area of expertise or Ph.D. work is in vision impairments. So we're very proud to have her here. But I can address any questions you have about the program, how it's been run. I do want to say that I think we all have our hearts and our lives are dedicated to providing the best possible training for people who work with children with disabilities, including those that have visual impairments. And you've heard already many people testifying about many children who do have legal blindness. Over two-thirds of them will have additional impairments. And in the field of teacher of visually impairment, we use direct assessment to determine individual needs, so it's not like Braille would be excluded. And you've heard from family members as well as consumers about that issue. Let me address a little bit about our university. Universities across the country and at UNL are examining and committed to making sure that teachers of visual impairment are...have proficiency in many areas but including Braille code. I will leave some references, but there's been national research to examine the best way to assess proficiency in the use of Braille code. And at UNL, all of the teachers that go through the program, the masters program that you heard many talk about, do pass a proficiency exam. And that exam, and in addition to their coursework, help them learn how to be proficient in print-to-Braille transcription, Braille reading, and Braille-to-Braille print transcription, proofreading, they learn to use a slate and stylus, and Nemeth code, which is code for math and science. Because Dr. Wright has come here, she's already examined the Braille proficiency test that all of our teachers pass, have to pass before they're teacher certified. So in addition to their 33 credit hours, they take two, three credit courses in Braille, and in order to be certified, they must also take this additional Braille proficiency exam. Our position is to...better to look at the options currently available to examine Braille proficiency. There are national experts reviewing the Braille exams already available. The educational testing services are well known national organization has a Braille proficiency exam, the Praxis exam, that might be an option to look at. That is a much more reasonably cost exam. So what we would like to do is look at...suggest that you as a committee you look at the available exams and come up with some other ways of looking at Braille proficiency. Are there questions?
[LB149]

SENATOR ADAMS: All right. We'll take questions. Senator Sullivan. [LB149]

SENATOR SULLIVAN: Thank you, Senator Adams. Just a little education for me.
[LB149]

ELLIN SIEGEL: Sure. [LB149]

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SENATOR SULLIVAN: First of all, one your...with respect to your proficiency, Braille proficiency, does that include reading proficiency with your eye...I mean, reading Braille with your eyes or with your fingers? [LB149]

ELLIN SIEGEL: It's a combination. They have to read Braille and produce Braille. But in terms of reading it with their fingers, that isn't part of the exam. [LB149]

SENATOR SULLIVAN: Okay. What is the slate and stylus? [LB149]

ELLIN SIEGEL: It's machine that allows you to produce Braille. Others (laugh) would probably be better at describing it. [LB149]

SENATOR SULLIVAN: Okay. All right. [LB149]

ELLIN SIEGEL: But we want our teachers to have lots of skills because as we said, students with vision impairments, many of those have multiple disabilities, and so they have to have many skills, and Braille is part it. [LB149]

SENATOR SULLIVAN: Thank you. [LB149]

ELLIN SIEGEL: You're welcome. [LB149]

SENATOR ADAMS: Senator Haar. [LB149]

SENATOR HAAR: If someone comes into Nebraska with a certification from Iowa or wherever, is there any additional testing done or is it simply...do you know, do the school systems just accept that? [LB149]

ELLIN SIEGEL: Okay. That's a very good question. In order to work with children with special needs, you have to have basic teacher certification to teach special ed. And so that is usually an initial certification, a post back, a five-year degree. The people who go into the field of visual impairments usually have a graduate degree, so they have an additional training in their field of study. So if a new person came into Nebraska, the NDE, Department of Ed, as well as the certification office at the closest university would examine to make sure that they're, first of all, qualified to teach special ed, and additionally does their certification meet the standards here in Nebraska. And that's very important for making sure that people are qualified. [LB149]

SENATOR HAAR: Thank you. [LB149]

ELLIN SIEGEL: You're welcome. [LB149]

SENATOR ADAMS: Are there any final questions? Okay, if not, thank you, ma'am.

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[LB149]

ELLIN SIEGEL: Thank you for your time. [LB149]

SENATOR ADAMS: We've spent a lot of time and I'm going to ask if there's any more opposition testimony and then we're going to move on. We have two more bills to hear yet today. [LB149]

_____: Can I just...this is a slate and stylus. [LB149]

SENATOR ADAMS: Let's wait until afterwards. Thank you. Is there any neutral testimony at this point? Welcome, Brian. [LB149]

BRIAN HALSTEAD: (Exhibit 13) Good afternoon, Senator Adams and members of the Education Committee. For the record, my name is Brian, B-r-i-a-n, Halstead, H-a-l-s-t-e-a-d. I'm with the Nebraska Department of Education here in a neutral capacity. The State Board of Education asked that this letter be entered into the record. So for those in the audience, I'm going to read it to the committee. Dear Senator Adams and members of the Education Committee. On January 24, 2011, the State Board of Education met to review various bills before the Education Committee. After discussion, the board voted to remain neutral on LB149. The State Board of Education supports the literacy component regarding teacher fluency in reading and writing Braille in order to promote literacy for children who are blind or visually impaired. However, the board neither supports the fiscal impact on the Department of Education nor the fiscal impact on teachers or schools. In addition, the board has concerns about the impact on sparsely populated areas of the state. Therefore, the State Board of Education will remain neutral on LB149 with the aforementioned concerns. Sincerely, Jim Scheer, President of the State Board of Education. And with that, Senator, I'd take any questions. [LB149]

SENATOR ADAMS: All right. Are there questions for Brian? Brian, may I ask a question I asked way earlier? To your knowledge, has the commission or anyone been before the state board requesting any changes in Rule 24? [LB149]

BRIAN HALSTEAD: Not recently, Senator. Not in the last couple of years that I can recall. Obviously, I think you've heard the testimony about what Rule 24, that the board promulgates for endorsements that are placed on teaching certificates. That is, in fact, updated every year. There are so many endorsement, not every endorsement is reviewed every year. That's why it's on a five- or a seven-year cycle. Rule 24 is currently in the process of being reviewed and updated this year. It'll come back to the board, I think, later this spring for changes in that regard. And Rule 51, the special education rule for individualized education programs for children, that is constantly reviewed and updated. It has just recently been updated because IDEA at the federal

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level was reauthorized a couple of years ago. [LB149]

SENATOR ADAMS: Okay. Good. Other questions? Thank you, Brian. Is there any other neutral testimony? Senator Avery to close. [LB149]

SENATOR AVERY: Thank you, Mr. Chair. I'll be brief. Glaring observation, almost...well, virtually everyone of the persons that appear before you to support this bill know firsthand the need because they are visually impaired. And if you looked at the group of opponents, all but one was fully sighted as far as I could tell. Now who do you trust? Who can best evaluate the need for LB149? Mr. Sears talked about Rule 24, says this is the appropriate place and process to meet the needs of these students. He further objected to having an outside certification. What's wrong with outside certification? That's narrowly myopic, in my opinion. We had two teachers from a school district which interestingly spends about \$21,000 a year on a lobbyist. If I'm right with my math, that would provide about 420 application certification fees for teachers. Now it seems to me that we have some actual needs here. That \$21,000 was being spent on something that may not be actual needs. Actual needs, you saw them, person after person coming up here with problems dealing with sight, visually impaired people. One even said that in the teaching of Braille, I do it with my eyes, I read Braille with my eyes. Well, Braille is for people who are not sighted. They can't read it with their eyes. They need to be taught to read it with their fingers. That seems to make sense to me. UNL doesn't require teachers of the visually impaired to read Braille with their fingers, then get with the program, teach it the way people need to learn it. Just I find that pretty odd. Anyway, we've spent a long time. I know you're tired, so am I, so I will end. [LB149]

SENATOR ADAMS: All right. [LB149]

SENATOR COUNCIL: I have a question. [LB149]

SENATOR ADAMS: Yes. [LB149]

SENATOR COUNCIL: Thank you, Chairman Adams. And thank you, Senator Avery. And I've been listening to the testimony and one of the testifiers made reference to some data that I found to be curious. How many...or do you know, how many teachers are endorsed under Rule 24 in Nebraska to teach the visually impaired? [LB149]

SENATOR AVERY: I don't know, but we had two appear here from Papillion so I presume that at least two, perhaps, per school district. (Laughter) [LB149]

SENATOR COUNCIL: Okay. So if you said 2 per school district and there's 253 school districts, so we're talking about 500 or more. [LB149]

SENATOR AVERY: Five hundred, yeah. [LB149]

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SENATOR COUNCIL: I'm seeing all kinds of heads shaking, so it must be a smaller number. Okay. Well, but that gives rise to my question about this national certification. If I correctly heard the testifier when she was giving data as to how many individuals hold that certification per state, and I think I heard her say that the state of Louisiana where this national certification program is headquartered only has 27, if I was correct in hearing what she said, then my question is who is actually teaching the visually impaired in those states or are they spreading the 27 who have the national certification across...do you see the dilemma I'm having? [LB149]

SENATOR AVERY: Yeah, I think probably what...ESUs... [LB149]

SENATOR COUNCIL: And in a few states that were less than...there were single-digit numbers holding this national certification, so my question is do they have the requirement that is being proposed in this bill in those states? [LB149]

SENATOR AVERY: I can't answer that, but I can tell you that ESUs are designed to help schools meet these limited needs where a particular school district can't afford to provide the service themselves. They can share with a number of different services through the ESU, and I think that's how they meet the need here in the state of Nebraska. [LB149]

SENATOR COUNCIL: Okay. But let me ask the question this way, how many states, do you know, that have a requirements similar to that being proposed in this bill? [LB149]

SENATOR AVERY: That is a good question and I ought to have the answer but I do not, but I'll get it for you. [LB149]

SENATOR COUNCIL: Okay. Thank you. [LB149]

SENATOR ADAMS: Any other final questions? If not, that will end the hearing on LB149. Why don't we take just a minute to allow those of you who wish to leave, to leave, and then we'll move right on with the next bill. (See also Exhibits 35 and 44) [LB149]

BREAK

SENATOR ADAMS: We are going to open the hearing now on LB192. If you're not here for LB192, I'd ask you to move on so that we can hear what's going on. Senator, if you are comfortable in beginning then the floor is yours. [LB192]

SENATOR COUNCIL: (Exhibit 36) Thank you. Chairman Adams, fellow members of the Education Committee, for the record I am Brenda Council, last name spelled

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C-o-u-n-c-i-l, and I represent the 11th Legislative District. I appear before you this afternoon for the purpose of introducing two bills. The first of those bills is LB192. And indeed, LB192 has received quite a bit more attention than the succeeding bill, and it has received that attention because it addresses what some consider to be a very sensitive issue, and that is sex education. And while there may have been a time when sex education was considered to be too sensitive an issue to discuss publicly, that time, in my opinion, is not now. Our children are constantly being bombarded with sexual messages and images. The television programs they watch and the music they listen to are full of sexually explicit content and, in fact, promote unhealthy sexual activity. We see the consequences of this blitz on our children in the number of teenage pregnancies and the number of reported cases of sexually transmitted diseases. I was shocked and alarmed when I learned that the county of my home, Douglas County, rates among the highest in the nation in terms of incident rates of sexually transmitted diseases. What was even more alarming to me was to find out that one of the highest incident rates of these sexually transmitted diseases is in the age group of 15-19. And that is reflected in the reported cases across the state of Nebraska, that the highest incident rates, for example, of chlamydia are among young people ages 15-19. After learning of the concerns around the number of sexually transmitted diseases, I began meeting with professionals and other concerned citizens who were meeting to discuss what actions could be taken to address this trend. And what I heard when I attended those meetings was education, education, education. And I knew that there were a number of campaigns being conducted by health departments urging young people to refrain from sexual activity. I also knew that the state of Nebraska's Department of Education did not mandate that school districts provide in their curriculum for the instruction in sex education, but instead, the state of Nebraska's Department of Education publishes what are called frameworks that are to guide school districts who choose to offer sex education as a part of their curriculum. And those guidelines that are used by the Nebraska Department of Education are abstinence-only focused, which means they are not comprehensive. And what relevance does not being comprehensive have? Well, I also undertook to do some research, and I read reports published by experts in the field, peer-reviewed research on the best way to approach instructing our young people on how to maintain themselves in a healthy manner, including appropriate sex education. And in reading those published reports, these peer-reviewed research items, I learned that the most effective and productive way to instruct young people, to provide the best guidance and protection to them, was to provide comprehensive age-appropriate sex education. Now a lot of people have raised the question to me: Well, Senator, the school district in your home, the Omaha Public Schools, does have a comprehensive age-appropriate sex education course; yet, you are promoting a statewide sex education mandate and it appears that the program and the course offering by the Omaha Public Schools is not having the kind of effect that you're seeking because of the high incident rates of sexually transmitted diseases. Well, I admit it, both of your statements are true, that Omaha Public Schools does have and does offer a comprehensive age-appropriate sex education course; and, yes, Douglas County still

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has one of the highest rates of sexually transmitted diseases in the nation. Which makes the point for age-appropriate sex education. In my opinion, the course that's offered by the Omaha Public Schools is a course that's offered at the tenth grade. Age-appropriate, if you read the bill, is curriculum that is developed and delivered at the age group that the curriculum and instruction is fitted for, which means we could be and should be offering this instruction before youngsters reach the tenth grade. The average age of a youngster in the tenth grade is 15-16 years old. If they have not had age-appropriate comprehensive instruction before that time in terms of healthy relationships, abstaining from sexual activity, learning how to protect themselves from transmission of sexually transmitted diseases, yes, you will probably continue to see those high incident rates in that age group because they're not receiving the requisite instruction prior to that time. That's what LB192 is designed to do. And as a former member of a school board, I appreciate and understand the position taken by school boards, some school boards, who may oppose LB192 based upon local control. Well, I tell you, I have data and research that shows that school districts across the state of Nebraska have reason and cause to be concerned. We have reported cases of chlamydia, gonorrhea, syphilis in counties, every county, in the state of Nebraska. Some incident rates of the counties are higher than others, but the fact remains that we're having these rates. And of particular concern are the high incident rates of chlamydia, and the fact that these young women, 15, 16--we have reported cases at age 9--don't know that untreated chlamydia can and often does lead to infertility later in life. We know what our teenage pregnancy rates are. It is my belief that through education what I was hearing from the professionals, what I was hearing from concerned citizens, is what needs to occur. Now I didn't bring this bill to you lightly and without consideration of the pros and cons of mandating curriculum for our schools. I began working on this two years ago, and consulted with individuals on both sides of the issue, and I've heard their concerns. And if you look at the curriculum that's outlined in the bill, I believe it addresses those concerns. Yes, abstinence is stressed and I believe abstinence should be stressed. But I also believe that we need to inform our young people about the risks and hazards of prematurely engaging in sex and the consequences of those actions and how to protect against those consequences. I believe we need to teach our young people about healthy relationships, and that's one of the focuses of the curriculum that's outlined in LB192. And when we talk about age-appropriate instruction, those are activities that could be infused in the curriculum as early as grade school and middle school. A young women--I hope she'll testify--who came to my office today provided me with a list of potential curriculum. And one of the concerns she had was that I was losing sight of the need to address the development of healthy relationships. And I explained to her, well, unfortunately you've been caught up in the hype around the bill and have not really read the bill and looked at what the intent of the bill is, and that is: healthy instruction on an age-appropriate basis to all of the children in the state of Nebraska. I'm going to close at this point, my opening, Mr. Chairman, because there are a number of speakers who have requested to speak on this subject today, and I want to be conscious of the committee's time. I'll entertain any

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questions of the committee at this time. [LB192]

SENATOR ADAMS: Are there questions? Yes, Senator Sullivan. [LB192]

SENATOR SULLIVAN: Thank you, Senator Adams. Senator Council, in your research and also working on this bill, did you first advocate your concept for age-appropriate curriculum with the Omaha Public School Board? [LB192]

SENATOR COUNCIL: No. I have had discussions with members of the Omaha Board of Education. And like I said, I was kind of surprised when I learned that the instruction has not been pushed down lower in terms of the grades that it's offered. I have received no indication of opposition from the Omaha Public Schools to moving to a mandate of an age-appropriate sex education program. [LB192]

SENATOR SULLIVAN: Does your research or, I guess, research into the data indicate that there is a change in behavior when there is early intervention education? [LB192]

SENATOR COUNCIL: Yes. In fact, the peer-reviewed research that I have read does indicate that there are changes in behavior as a result of children who are exposed to comprehensive age-appropriate sex education. [LB192]

SENATOR SULLIVAN: With respect to local control and also parent control, how does...I'm not quite sure how the logistics of your bill would handle when a parent really disapproves of that sort of education taking place for their child. [LB192]

SENATOR COUNCIL: Well, this is what I believe occurs or should occur, that...when that course is being offered or when that part of the instruction is about to be delivered, that parents would be made aware. My bill has an opt-out provision that if parents wish to opt their children out of that particular course of study, they are free to do so. [LB192]

SENATOR SULLIVAN: And what are your thoughts as far as where this curriculum would be interjected in a school day or in what subject matter heading? [LB192]

SENATOR COUNCIL: Well, you know...and that's a good question, Senator Sullivan. And, for example, the list of curriculum that the young woman provided me with today is an example. The one she pointed out which she thought was very appropriate, The Art of Loving Well. It's an anthology of short stories on healthy relationships, so that can be offered in the course of regular instruction on literature or in English. And I guess...and that's where some of the confusion lies in terms of what it is that would be delivered instructionally. We can teach children about healthy relationships. We can teach children about abstaining from sex, drugs, and alcohol as a part of the delivery of regular coursework in literature, in math--I mean it can be infused in the curriculum. I think where people get concerned is when we're talking about unhealthy sexual activity

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and teaching young people how to protect themselves from the consequences of such activity. Now the curriculum experts know the best age-appropriate time to discuss those items with youngsters, and you would generally find that those would be offered at times where you have block scheduling or blocks of times concentrated on a particular subject. That's where I would see that instruction occurring. [LB192]

SENATOR SULLIVAN: Thank you. [LB192]

SENATOR ADAMS: Senator Howard. [LB192]

SENATOR HOWARD: Thank you. Thank you, Mr. Chairman. I have two questions and these will require relatively short answers. [LB192]

SENATOR COUNCIL: I hope so. [LB192]

SENATOR HOWARD: I think back to when I was working on the anti-bullying issue. The first question I have is: Are you suggesting a standard curriculum for across the entire state of Nebraska? [LB192]

SENATOR COUNCIL: No. What I'm proposing is for the Nebraska Department of Education to identify appropriate curriculum that satisfies the criteria set out in the bill, post it on its Web site, and then school districts can select from those curriculum. So, yes, it would be universal in the sense that those would be the only curriculum you could choose from, yes. [LB192]

SENATOR HOWARD: The second question is: What age do you see this starting at? What grade? [LB192]

SENATOR COUNCIL: Well, I'm not the expert on what is the most appropriate... [LB192]

SENATOR HOWARD: But you must have something in mind. [LB192]

SENATOR COUNCIL: Well, in terms of, for example, healthy relationships, you can start instructing young people on healthy relationships as early as kindergarten. [LB192]

SENATOR HOWARD: But that isn't really a sexual orientation specifically. When you talk about sex education, what grade do you envision that that would...that that actual course would begin in? [LB192]

SENATOR COUNCIL: I think we should be looking at that at the beginning...at the latest, at the beginning of middle school. [LB192]

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SENATOR HOWARD: So that would be eighth grade? [LB192]

SENATOR COUNCIL: Seventh grade. [LB192]

SENATOR HOWARD: Seventh grade. All right, thank you. [LB192]

SENATOR ADAMS: Other questions? Senator Haar. [LB192]

SENATOR HAAR: Budget redistricting and now sex education. (Laugh) We've talked about this a number of times on the floor. And the comment has come up: If you teach kids about sex education they'll have more sexual relationships. Did you find any research that would support or go against that statement? [LB192]

SENATOR COUNCIL: Senator Haar, I failed to located any research that would confirm that belief, that the more that young people...the more knowledge and information you give to young people, the more sexually active they may become. And, in fact, I think it would be extremely difficult to determine that scientifically because you can't factor out all of the other influences. How do you factor out the music they listen to? How do you factor out the television programs? And I know that people say, well, there are parental controls on television. That's correct. Parents have the ability to block out particular television programs. But have you seen the commercials leading up to the programs? They are as sexually explicit as the TV programs themselves, and our children have regular daily access to that kind of promotion. So I can't tell you whether we could scientifically, you know, to a degree of certainty, prove that belief, but I'm saying that because of all of the other factors and influences on our young people, it's hard to say what is causing them to engage in this unhealthy activity. [LB192]

SENATOR ADAMS: Anyone else? Thank you, Senator. [LB192]

SENATOR COUNCIL: Thank you. [LB192]

SENATOR ADAMS: First proponent to the bill. We'll continue with our three-minute light. Welcome. [LB192]

VALDA BOYD FORD: (Exhibit 14) Thank you. Good afternoon. Greetings to the committee. I am Valda Boyd Ford, CEO of the Center for Human Diversity in Omaha, and I have worked as coordinator of the Douglas County STI Initiative for the past two years. [LB192]

SENATOR ADAMS: Could you spell your last name for the record, please? [LB192]

VALDA BOYD FORD: Valda, V-a-l-d-a, which is usually the one that's more difficult, Boyd, B-o-y-d, and Ford like the car. [LB192]

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SENATOR ADAMS: Thank you. [LB192]

VALDA BOYD FORD: I'm speaking as a concerned citizen and one who has been actively involved in trying to address the problem of sexually transmitted infections or STIs. I want to talk about what I hear in my work about the problem, including the fact it is a statewide problem. And of no small consideration is that Douglas County has the rates for two STIs--gonorrhea and chlamydia--that are 50 percent higher than the national average. In fact, Douglas County declared STIs an epidemic in 2004, and here we are nearly seven years later, and the problem persists. If you live outside of Douglas County, you may feel that this problem is not relevant to you. Keeping in mind that Omaha metropolitan area is home to a large portion of our state's population, having an epidemic that can affect so many in one area does impact the entire state. In 2009, there were 2,633 STI cases among Nebraska youth ages 19 and younger. This represents nearly a 12 percent increase over the previous year. And I may add that for those who were under the age of 12, basically there were fewer than 100 cases--actually up to 14--and then suddenly you have about 1,000 kids 15-19. So that's just telling you we have an opportunity to do a lot at that stage. This data falls short of reality, as STDs are underreported. Nationally, the research from Centers for Disease Control and our own research demonstrates that for every STI reported there are at least two more that are not reported, potentially not treated, and therefore more likely to continue the spread of disease and infections. STIs can cause long-term illnesses, birth defects, death, and infertility. And it is estimated that one of every two sexually active young people will have a sexually transmitted disease by the age of 25. They are very expensive. And because of my time I might skip a little forward on this statement. Students tell me that the information they receive from their teachers and parents is pitifully incomplete and woefully out of date. They tell me that they lack the pertinent, relevant, age-appropriate information they need. They talk about sexting, cyberbullying, and cyberstalking. They talk about coercion and date rape. They talk about peer pressure that leads to alcohol and drug use and the subsequent unwanted and unprotected sexual acts that change their futures forever. They cry out for help from knowledgeable people who are not afraid to talk about the world they live in, the realities they deal with. Parents tell me they are overwhelmed with the sheer weight of the issue. They admit that they never received sexual health education and they provide to their children little more than the basic birds and bees talk at home. They are shocked and dismayed about their own lack of knowledge. They are grateful to learn more so they can do more. I hear this same thing from teachers and other educators and community health people. I recognize the red light. [LB192]

SENATOR ADAMS: Thank you. Are there questions? Senator Sullivan. [LB192]

SENATOR SULLIVAN: Thank you, Senator Adams. And thank you for your testimony. When this epidemic or this condition of epidemic proportions was identified in 2004,

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what, if anything, has been done in Douglas County and Omaha to address it? [LB192]

VALDA BOYD FORD: When this condition was brought to light in 2004, there were a number of community hearings. The 100 Black Men asked people from the Centers for Disease and Control to come in to have the equivalent of a town hall meeting. Since that time there has been a lot of talk and very little money actually directed towards the elimination of this problem. And if we think in terms if this was something like the bird flu or Ebola virus, we'd have people rolling in, in white coats, and doing all sorts of things. Instead, it seems to me, in my estimation as a registered nurse and as a public health educator, that there are more people who feel that it is someone else's problem and someone else should take care of it, and they are too embarrassed to talk about it. Yet, study after study, including one by the Women's Fund in 2009, showed that of 175 organizations asked what is the major concern that they have, the thing that girls most need to know, they said sexual literacy was number one and number three was how to prevent sexually transmitted infections. So not enough has been done. There was a group called together in 2008, and as a result of that decision-making group, it was determined that a committee needed to be developed, that a coordinator--that happens to be me--needed to be hired and that there needed to be a plan, a strategic plan, which we developed. Unfortunately, we have not been able to fund it. But that strategic plan did look most at the effective ways, the interventions that are evidence-based. And we find that those that have a school-based component are most effective and most cost-efficient, and that there are studies...many, many studies that will show the dramatic decrease in STIs that take place when the majority of students, children who are mostly in school at that age, can be reached. [LB192]

SENATOR SULLIVAN: Was OPS involved in this committee work and community work that you've done? [LB192]

VALDA BOYD FORD: Yes. There is a representative from OPS on this committee. [LB192]

SENATOR ADAMS: Senator Haar. [LB192]

SENATOR HAAR: So why not just say: Don't do it. You know, just say no. [LB192]

VALDA BOYD FORD: Just say no. Well, if you've ever been a teenager, you know how much good that does. [LB192]

SENATOR HAAR: I was. [LB192]

VALDA BOYD FORD: And as you probably know...well, you may not know, but study after study after study--and I can give you the specific ones that are evidence-based that are peer-reviewed that come from the Centers for Disease Control and National

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Institutes of Health, for instance, and, say, National AIDS Institute--that will tell you that the just say no policies have not worked. They didn't work when I was a child, and I'm 56 years old. I mean people were still doing it even then, even though none of us like to admit that we might have been some of those doing it. However, the thing that's different now is that there is a bombardment. And what the young people are telling me is that there is so much pressure because it seems to be so pervasive, the idea that sex is good and cool and that you have to do this to buy in. It's like a right of initiation into puberty. I mean we have kids who are having sex in the school buildings. We're having sex, group sex, on the school buses in the parking lots. And there just is not enough information out there, especially for parents, to deal with what's going on. And let's face it, there are still a lot of kids, the majority of kids that believe that teachers are pretty special, and if...and they will more than likely listen to them, and especially if these messages are repeated over and over again. We know that learning takes place when there's repetition and there's consistency and that there are people who are delivering the messages who have credence. And so kids need to hear this over and over again at various stages along the way. Parents are not prepared for the fact that their children are becoming pubescent at age 8 and 9 years of age. And so nothing is happening. Everyone is waiting for someone else to do it. And as a registered nurse and as a mother, I just cringe the number of times that young kids come to me and explain how devastated they are because they feel that they had no choice but to participate in things that they know hurt their feelings, hurt their futures, and sometimes cause them to commit suicide. I mean we're seeing an uptick in suicides in teens now, sometimes from some of this...oh, it's just overwhelming. I'm sorry. But I just see so much that could be done in an effective manner, and if it could be incorporated in growth and development, in literature, in science classes, even in math. You could even talk about the statistics that show you that if you have sex with one person, who has had sex with another person, who has had sex with another person, how likely you are to have the opportunity to get that sexually transmitted disease or infection. We are talking about 15 percent of our population of infertile people that probably had that to happen to them as a result of not knowing. And especially for young women who very frequently have no symptoms at all, have nowhere to go, have parents they will not ask, there needs to be some opportunity for them to get to people where they are. And...I'm sorry, one more thing to get back to what you were saying. We have done a number...we have done at least 30 different community outreach events this year, because when we were not able to use the program we would like to use in the schools, we did it in the community. But it's getting five kids here, 20 kids here, 30 there, and the sad thing is that we can get a group of good kids. I mean a lot of people think these are just these bad folks out there in the street. We get a group of good kids from libraries and from reading groups, and we will ask them to test for STIs, to do a urine test, and we will find up to 25 percent of them test positive for at least one STI, and they have no idea. [LB192]

SENATOR HAAR: Well, I mean, you bring up an interesting point that young people are coming into pubescence much earlier. And I talked with my own personal doctor about

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these issues, and he has been really surprised at what he is seeing. So age-appropriate...I mean 8 years old, that's like second grade. [LB192]

VALDA BOYD FORD: Yes. Second, third grade. Yes. [LB192]

SENATOR HAAR: So something starts to need to happen pretty early. [LB192]

VALDA BOYD FORD: I believe that something needs to happen in the elementary school, an introduction that makes it easy. There's nothing more heartbreaking to me as a registered nurse than for some little 9- or 10-year-old girl to come into a clinic who's scared to death or crying because she doesn't understand what her menses are and she just thinks that she's going to die any moment because no one has told her because they didn't think it was time. They thought they had three, four, or five years. The healthcare community also is a little bit not prepared as well. And so it is not happening in the pediatric offices. It is not happening in the gynecologic offices. So we have much to do. And unfortunately with all the resources and all the great things in this state, we are so far behind in so many things that we could do simply to help our kids. And I think we could do some things that are not shocking to little kids, but give them an understanding to understand how to understand...to understand how to keep from getting in situations that they're not prepared psychologically for, that biologically their bodies are telling them to procreate. But psychologically no one has told them why not. [LB192]

SENATOR HAAR: Well, last night I was watching a police movie on Channel, I don't know, 42, or one of the main channels, and this was during prime time. And two adults were engaged in an activity which, you know, kids are seeing. I'm sure there were young children watching that during prime time. [LB192]

VALDA BOYD FORD: And if I may speak to a question that was asked of Senator Council as it relates to our kids doing more when they know more. One program that I'm a national level trainer on, which is called Focus on Youth with ImPACT, which is an STI prevention, condom knowledge...it's the whole thing. It's the comprehensive thing. But it involves teaching the parents. What we found is that with 13 years of research using this program, that kids who are exposed to this type of information are at least...typically, are 18 months delayed in first sexual encounter, and those who do have a sexual encounter are more likely to do it in a protected state. We teach abstinence, but we teach abstinence plus. We teach that we think that you shouldn't, that you're better than that, that there's more to your future than capitulating to something right now. However, if it should happen, here's how to make yourself safe. When my son was a teenager, I never wanted him to drink, but I said to him, if you drink and you're out at a party, the worst thing you can do is not know what to do next. And the what to do next would be to call your mother to come get you, because if you also drive home, your life is going to end at my hands. (Laughter) But if you call, we'll just have a discussion, and

it will center around that you made the most intelligent decision even after you made one that wasn't one that I liked. But we have that kind of conversation. Most of his peers did not have those conversations with their parents unfortunately. [LB192]

SENATOR HAAR: So I've got to ask a tough question. Is this only a problem among black youth? [LB192]

VALDA BOYD FORD: I'm very glad that you asked that question because there are many people who do feel that it is only a problem among blacks and Hispanics and other minority groups. Quite honestly, there is a disproportionate number of sexually transmitted infections, especially gonorrhea, within the African American population. However, chlamydia is an equal opportunity offender. And the thing is, it's just like smoking in a room. If you think that just because it's happening over here, that that smoke isn't going to reach you over in that corner, well, you'll be wondering why your lungs are black when they do the autopsy down the road. But the point is that, yes indeed, the whole idea is that we have in this community, considering that in Nebraska we only have 4 percent African American, in Douglas County approximately 13 percent, and yet even with only 13 percent of the population, we still have numbers at 50 percent higher than the national average. And that cannot be possible with 13 percent of the population. So, for instance, if we look at chlamydia, and unfortunately I don't have the numbers here, but we have...if we have 60 percent of the population with chlamydia would be nonminority--so a majority. And if we look at gonorrhea, it's about 55 percent of the people with gonorrhea are African American. So the numbers are disproportionate, but that is true in every health condition in which you could speak. If you talked about heart disease, if you talked about cancer, if you talked about anything, you will always find that minority groups, which sometimes relatively correlate with poverty, lack of access, lack of education, you are going to find that those groups are always going to have a higher concentration, a disproportionate number, regardless of the situation. And unfortunately, I...I've been in Nebraska for almost 20 years, and no one would have been able to tell me that when we think about the children of this state, Nebraskans don't step up. But not in this situation. This is a pure hands-off situation. And unfortunately, I have had people say to me, when they do think it's in the minority and poor populations: Well, good; they will sterilize themselves and we'll have fewer of them to worry about. And I was shocked and dismayed that this was happening within the last two years. But in my role as a coordinator, I've heard these things and it's been very, very disappointing. So, you know, there's so much we can do for young people. And parents don't even know what they need to do. Every time, in every venue, with every income and academic level parent group I speak with, they are surprised at what they need to be saying to their kids. Some percentage, 5, 10 percent, really are right there on the bubble, but most of them--I don't know about you, but my sex education class was by a coach who was red-faced, stammering, sputtering, and did not dare allow us to ask a question; and if we asked a question, they didn't give us an answer. So many of these same parents who I keep hearing it's the parents' responsibility, the

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parents don't know what to do. They don't know how to do it. [LB192]

SENATOR HAAR: Now, you know, they don't know how to explain...do you think parents really understand the topic... [LB192]

VALDA BOYD FORD: Who wants to believe... [LB192]

SENATOR HAAR: ...I mean, of sex of, you know... [LB192]

VALDA BOYD FORD: They understand sex because they became parents. [LB192]

SENATOR HAAR: Yes. [LB192]

VALDA BOYD FORD: But. (Laughter) Hopefully they understood it. But they don't understand...who wants to think that their 12-year-old, when he leaves the Little League baseball field, will then be going around the corner and having oral sex with someone. Who would think it? Who wants to think it? But it's real. So I think parents are in that little place where I probably was too when my son was 12 years old, not believing that that was an issue for him. And just luckily I was going to nursing school when he was a little kid, so he learned about the birds and the bees as I was learning about them. And so he was braver, I think, to ask. And I remember one time he brought a fellow classmate home who had contracted gonorrhea and wanted to know if he had to tell his girlfriend. And so I explained to him the consequences of not telling her. And not only would he give the disease back to himself if he continued to have sex with her, but that he could create a situation in which she would never be able to be a parent. And so I think that I was able to reach that young man and many more, but how many more can we reach and never have the problem? [LB192]

SENATOR HAAR: Um-hum. Well, you know, I doubt whether Senator Council's bill...maybe it won't even get out of committee, but if it goes to the floor, will not pass. But so maybe mandating it is not going to happen in Nebraska, but do you see a need for more funding? [LB192]

VALDA BOYD FORD: Ooh... [LB192]

SENATOR HAAR: And where should this funding go? For our health departments or whatever? [LB192]

VALDA BOYD FORD: I definitely see a need for more funding. I personally am doing the work that I'm doing for free. (Laugh) I'd like to be paid. (Laugh) But the point is, yes, there needs to be more funding. This needs to be looked at like any other health emergency. Emergency--not a simple condition but a health emergency. How embarrassing is it that you have an epidemic in such an economically okay state,

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especially in the area that I live in, Douglas County, and nothing is being done about it. And even more so, no one is willing to do it. It doesn't seem that anyone is willing to do anything about it. And it is, unfortunately, mixed in with, well, perhaps they deserve it. Or because it has moral implications, no one wants to touch it. And I think we can do better. [LB192]

SENATOR HAAR: Hard to talk about it. [LB192]

VALDA BOYD FORD: It's hard to talk about it. That's why you have me. [LB192]

SENATOR HAAR: Thank you so much. [LB192]

VALDA BOYD FORD: You're welcome. [LB192]

SENATOR ADAMS: Are there other questions? Thank you, ma'am. Next testifier. [LB192]

TERRY WERNER: (Exhibits 15, 16, and 17) Senator Adams and the Education Committee, my name is Terry Werner, T-e-r-r-y W-e-r-n-e-r. I am the executive director for the Nebraska Chapter of the National Association of Social Workers. The other day on the floor of the Legislature some of your colleagues were talking about former Senator Chambers and how he would remind you that as legislators that these words and these bills have consequences. This bill has consequences in Nebraska and can have a dramatic effect on Nebraskans, and I believe a very positive effect. Ms. Ford spoke about STIs, and another important facet to this is the discussion of teen pregnancies. The teen birthrate has been declining since the early 1990s. However, the United States still has the highest rates of teen pregnancies and births among comparable countries. In 2009, 2,236 Nebraska teens age 19 and younger gave birth. I draw your attention to the table which is being distributed now, which also shows that many of these teens, they were not...it was not only their first births, but second, third, and even fourth. I'll provide some facts regarding the impact of teen pregnancy. And these points are certainly not all-inclusive. Teen parenthood is a leading cause of school dropout among teen girls. And children of teen mothers are more likely to drop out of high school. Fewer than four in ten mothers who have a child before age 18 have a high school diploma. Less than 2 percent of young teen mothers, those who have a baby before age 18, attain a college degree by age 30. The children of teen parents suffer higher rates of abuse and neglect, and children born to teen parents are more likely to end up in foster care. Teen pregnancy impacts our public assistance programs as well. Children of teen mothers are more likely to depend on publicly provided healthcare than children of older mothers. Approximately 72 percent of teen births in the U.S. are financed by Medicaid. Approximately one-quarter of teen mothers go on welfare within three years of the child's birth. And there is a significant cost to taxpayers. Between 1991 and 2004 there were more than 33,700 teen births in the state, costing taxpayers

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a total of \$800 million over that period. In 2004 alone, teen child bearing in Nebraska cost taxpayers--federal, state, and local--more than \$50 million; \$30 million in state and local dollars. In that year, taxpayer costs associated with children born to teen mothers included \$11 million in public healthcare--Medicaid and SCHIP; \$16 million for child welfare; \$9 million for incarceration; and \$15 million in lost revenue due to the lower earnings of undereducated teens. Preventing teen pregnancy is needed to reduce poverty and is critical to improving not only the lives of today's young women and men, but also to enhancing the future prospects of their children. Ensuring that our youth receive medically accurate and evidence-based sexual health education will provide our youth with the tools to make responsible and healthy life decisions. I urge you to please advance this from committee for debate on the floor. Thank you very much. [LB192]

SENATOR ADAMS: All right. Thank you. Are there any questions? Senator. [LB192]

SENATOR HAAR: On the one...on the table you passed out, Table 7: Teen Births, does that actually mean somebody below the age of 20? Is that what we're talking about? [LB192]

TERRY WERNER: Yes. Yes. Nineteen and under. [LB192]

SENATOR HAAR: Okay. I'd like a copy of your testimony, too, if we could have it. [LB192]

TERRY WERNER: Actually my...you do have a copy or should be getting a copy. It's actually... [LB192]

SENATOR HAAR: Oh, that's this. [LB192]

TERRY WERNER: It's a five-minute version. This was the three-minute version, so. [LB192]

SENATOR ADAMS: Other questions? Thank you. Welcome, Senator. [LB192]

LOWEN KRUSE: Hello to all. Good to see you. My name is Lowen Kruse, spelling the hard part of it, L-o-w-e-n K-r-u-s-e, of 5404 North 50th Avenue in Omaha. I have been working on this subject for 30 years when I started teaching sexuality courses on a volunteer basis. I'm really old, so I have to update our experiences. My wife and I taught these courses together because we thought that was the way to model what we were talking about. And, Senator Howard, we found the most fun and most excitement in teaching these courses was fifth and sixth grade. I think we would have to back up from that, and others have spoken to that. Our granddaughter is in second grade and while she visited us she was commenting on the ads, and she understood more of those ads than I wished she did. When, over these 30 years, whenever the subject comes up, we

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hear two things--and more--but two things. One, this is not a subject appropriate to schools. Well, school is a place to educate children and we're not going to educate a child about their body, their future, their life, their emotions. It's incomprehensible. If people are nervous about certain things I'm not too worried about that. But the real key part to it that was so much fun in fifth and sixth grade is to talk about the valuing yourself. That's what we're talking about here: how do you value yourself. And a child has to learn how to do that, and doing that then they're prepared for these date rapes and other things that are coming along. They have run that through their head. They're able to think about what they are going to do in response to the serious challenges that they have. So that's my focus, is getting this information started in their heads. And that also will help, Senator, to get the parents a little bit more educated. The parents are smarter than they think. They're afraid of the subject. But if they can start talking about valuing yourself, valuing the other person, and seeing one another not as objects but as persons, we're going to gain a lot on it. I urge the continued consideration of it. Thank you. [LB192]

SENATOR ADAMS: Thank you. Are there questions? Senator. [LB192]

SENATOR HAAR: This idea of safe sex is about like clean coal--there is no such thing either way. But so how did you deal with that with children? I mean you didn't tell them to go out and have sexual relationships. What were you preparing them for? [LB192]

LOWEN KRUSE: We did not get into the mechanics of safe sex, and I don't know that that's terribly essential. Those that need that can find it. I mean it can come back to you and you ask for them to see the school nurse. So I'm not nearly as worried about that as I am about valuing yourself, you know. My second-grader does say in references there that persons aren't going to touch her body in certain ways. Well, that's quite a learning, and that's the beginning of a very respectable and responsible interaction with another person later on in life. So my approach would be abstinence. And we recognize that when somebody has had a child they need to have--and, you know, some 15-year-olds have had--we need to give them a lot more information. But that is available. [LB192]

SENATOR HAAR: Thank you. [LB192]

SENATOR ADAMS: Other questions? Thank you. [LB192]

LOWEN KRUSE: Thank you. [LB192]

SENATOR ADAMS: How many more proponents do we have? [LB192]

JORDAN DELMUNDO: (Exhibit 18) Good afternoon, Senator Adams and members of the Education Committee. My name is Jordan Delmundo, J-o-r-d-a-n D-e-l-m-u-n-d-o. I'm from Nebraska AIDS Project. Nebraska AIDS Project has offices in Scottsbluff,

Kearney, Norfolk, Lincoln, and Omaha, and we conduct the second largest HIV testing program in the state outside of the Douglas County Health Department. In 2009, NAP tested over 2,000 individuals for HIV; 32 percent of those individuals were between the ages of 13 and 24. Our HIV test site staff and volunteers throughout the state are constantly frustrated by the lack of basic sexual health knowledge among young individuals seeking HIV and STD testing. As a component of our testing program, we ask each individual a very basic question: Can you name the four fluids that transmit HIV? Two-thirds cannot correctly name those four fluids. We ask the same question as a component of our HIV education program for community groups and college health fairs. In our experience, eight out of ten, sometimes nine out of ten individuals incorrectly name saliva as a fluid that transmits HIV. A medically accurate and research-based curriculum ensures that basic information, like the fluids that transmit HIV, will be effectively communicated to students. In 2009, 20 percent of all new HIV/AIDS cases diagnosed in Nebraska occurred in youth ages 13-24. This is more than double the number of diagnoses in that same age group from 2008. Overall, the number of new HIV/AIDS cases diagnosed in Nebraska has been on the rise since 2003. There is a need for better education in regards to sexual health for our youth. The statistics concerning our youth and HIV are just one of the many reasons to pass LB192 and its emphasis on age-appropriate and medically accurate curriculum. Research-based approaches to sexual health education have proven to reduce behaviors that lead to HIV infection. And to answer Senator Haar's question of Senator Council previously, I know of at least five studies that show that abstinence-plus or comprehensive sex education programs are proven to not increase any sexual behavior among the students who participated. And also in reference to...and I know there's the question of will...you know, just because kids learn this stuff, does that put them at risk? What I would ask you is this question: Just because you have...if you have insurance on your car, does that mean you're going to crash your car? It's more preparing...like what Valda had said before, it's more preparing people for situations where they can make the correct decision. So with that, I'll end my testimony and please ask you to consider and advance LB192. [LB192]

SENATOR ADAMS: Thank you. Senator. [LB192]

SENATOR HAAR: Your term for abstinence-plus, you used that, what does that mean? [LB192]

JORDAN DELMUNDO: I don't have the exact description for it, but it is a program...you should be able to Google, look it up. It's a program, a research-based program I believe, that looks at more comprehensive sexual health education. But it just...I think it has that in there just to ensure people that that's part of it. And if you ask most any sexual health educator, abstinence is always part of what you teach because that's an option that helps prevent any of the bad stuff from happening. [LB192]

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SENATOR ADAMS: Okay. Other questions? Seeing none, thank you. [LB192]

JORDAN DELMUNDO: All right. Thank you. [LB192]

SENATOR ADAMS: Next testifier. Welcome. [LB192]

CHRISTOPHER FISHER: (Exhibit 19) Thank you. Good afternoon. Senator Adams, committee members, I am Dr. Christopher Fisher; that's C-h-r-i-s-t-o-p-h-e-r F-i-s-h-e-r. I'm an assistant professor at the College of Public Health at the University of Nebraska Medical Center. I want to thank you for the opportunity to voice my support for LB192 today as a citizen of the great state of Nebraska. I come before you as an individual with seven years' experience in the field of sexual health education and not as a representative of the university from which I am affiliated. As a proponent of good public health policy, it is my belief that a uniform policy such as the one proposed in LB192 will help to solidify a fundamental baseline of education for our young people. This policy will help to ensure that our future adult citizens are literate in the basics of sexual health and well-being. Sexual literacy to me means to have the knowledge of how to engage in healthy relationships that are free from coercion, free from sexually transmitted infections, including HIV, and free from unintended or unwanted pregnancies. The evidence-based, scientifically accurate, age-appropriate criteria proposed in this legislation are in line with, commensurate with the positions of major associations around the country, including the American Public Health Association, the American Academy of Pediatrics, the Society of Adolescent Medicine, the American Medical Association, and the World Health Organization. The effectiveness of the proposed approach to sexual health education in this bill is also supported in the scientific literature. As someone who is somewhat familiar with this literature as it is my focus of research, I'd like to share some of those findings, some of which you've already heard today so I'll try and be brief. There is substantial research to indicate that the education proposed in this bill will not lead to earlier sexual activity. In fact, there is evidence to the contrary, including a national study mandated by the Congress of the United States that shows that a comprehensive sex education program actually can help young adults as they grow into adulthood to avoid the unnecessary evils of sexually transmitted infections and unwanted pregnancies. This education also prepares those who are not yet...prepares those who are not yet sexually active to be responsible adults, as I have spoken to. And also there are several studies that show that the vast majority of adults and parents in this country support comprehensive sex education. It is my understanding that many of Nebraska's schools provide some form of sexual health instruction, though it is inconsistent within and across the districts and often not what is needed for a positive impact on our young people. This policy likely would have a minimal impact on what we already ask of our schools, as they already have some form of curriculum in place, and the costs associated with maintaining a list of curriculum for schools to choose from is small in comparison to the lives that we may improve through this legislation. Thank you for your time and I encourage you to move this bill forward for

further consideration. [LB192]

SENATOR ADAMS: Are there questions? Thank you, Doctor. Next testifier. I don't want to stifle any testimony, but given the hour and we have yet another bill to hear today, if you can bring out the uniqueness of what you have to say compared to what you already heard, that would be helpful. Fire away. [LB192]

PEGGY OLSON: (Exhibits 20 and 21) All right. I'm at three minutes. I timed it, not including what I just said though. Hi. Good afternoon, Senator Adams and committee members. My name is Peggy Olson, P-e-g-g-y O-l-s-o-n, and I'm a health educator with Planned Parenthood of the Heartland. For more than 11 years, I've been providing sexual health education to schools, to students, youth groups, parents, early childhood educators, other professional educators, and church groups. I'm here to express support for LB192 and discuss what constitutes effective sexual health education. Over the years, effective comprehensive sexual health curricula have been developed and rigorously reviewed and studied for effectiveness and impact. They include basic and sound educational principles: principles that are essential regardless of the subject being taught. These tenets include: that information and accuracy and standards are valuable; that lack of information is not effective as a teaching strategy; the teachers should be reliable resources. Central to an effective program, and as outlined in LB192, health education must be medically accurate and age-appropriate. It is not something that is taught one time, occasionally, or sporadically. It needs to be taught throughout the schooling years of children, with additional information provided as the years pass, timed to the development of the students. Speaking broadly, a good sexual health program will include subjects such as human development; healthy relationships, which includes violence prevention; parent-child communication; how to deal with peer pressure; responsible decision-making; the impact of sexually transmitted infections--the facts on how they're contracted and prevention; the impact of unintended pregnancies and information on pregnancy prevention, including contraception methods; and abstinence, which includes strategies for being successful with your abstinence plan. Research has demonstrated that comprehensive sexual health education actually delays the onset of sexual activity. As previously mentioned, education needs to be age-appropriate. Young children, ages five to seven, could be taught to take an active role in managing their body's health and safety and to recognize dangers posed by others. Later, students would learn about puberty and what to expect as their bodies change. As you move into higher grades, additional information is introduced related to sexual activity. Comprehensive sexual health education prepares youth to make healthy choices. It does not leave them in the dark but gives them the facts. Comprehensive sexual health education, coupled with the values and expectations expressed by their parents, benefits our youth and children. All Nebraska students deserve to have access to this essential information as LB192 proposes. This is a position that's supported by the majority of Nebraskans also. A September 2011 poll of Nebraska voters showed there is a strong consensus for teaching comprehensive

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sex education in Nebraska schools. Nearly two-thirds support requiring all schools to teach medically accurate, age-appropriate sex education. Nearly eight in ten believe that young people should be given information about STIs and birth control and how to protect themselves regardless of whether they're sexually active. I have provided you that documentation. Sexual health education is as valuable and necessary as any other subject. Our children need this education in order to do well in the world. It is essential to their health and safety and prepares them to make healthy choices. I urge you to support LB192. [LB192]

SENATOR ADAMS: All right. Are there questions? Thank you. [LB192]

PEGGY OLSON: Um-hum. Thank you. [LB192]

SENATOR ADAMS: Next proponent. [LB192]

JOHN CAVANAUGH: Mr. Chairman, members of the committee, John Cavanaugh; that's J-o-h-n C-a-v-a-n-a-u-g-h, Omaha, Nebraska. I'm the executive director of Building Bright Futures, a private nonprofit organization operating in the two counties, Douglas and Sarpy County, in the metropolitan Omaha area, committed to improving educational outcomes. I don't want to take a lot of time because I think you've had a tremendous amount of informative and accurate information, other than to add that our community-based organization identified these issues in terms of their importance to educational outcomes. And we cannot expect to change and certainly improve our educational success unless we change some of the fundamental and important elements that go into that. Health education, sex education, education on the challenges that young people face in our current society are essential to having not only successful students, but successful citizens. I want to commend Senator Council for taking on a very vital and critical issue, and for all of you for the deliberation that you're giving to this. I would urge you to advance this bill. Regardless of the political challenges that it faces, this state will be stronger and better when we can address these issues in public, comprehensively, and with intelligence and good sense. This is good common-sense legislation which makes good public policy, and I urge you to advance the bill. Thank you. [LB192]

SENATOR ADAMS: Thank you, John. Are there questions for Mr. Cavanaugh? Thank you. Next testifier. Good afternoon. [LB192]

SUSAN GOODMAN: (Exhibits 22 and 23) Good afternoon, Senator Adams and committee members. I'm Susan Goodman and I'm speaking in support of LB192 on behalf of the Family Planning Council of Nebraska. I am a health educator at Central Health Center in Grand Island, and we also serve patients in Ainsworth, Broken Bow, Kearney, Lexington, Minden, and Holdrege. As far as Nebraska and the law, it is virtually silent, the decision of whether or not to teach the subject of sexuality education

and what to teach if such a curriculum is adopted is up to each school district. And there is a tendency toward abstinence-only education as directed by our Nebraska Board of Education. I can't say exactly what is happening in all of the school districts across the state. But, given that individual school districts determine what is taught to students, we know that not all of them are receiving the medically accurate, evidence-based and age-appropriate comprehensive sexual health education. And in the 25 years that I have been doing this, my own experience tells me this. We do provide sexual health education when invited to schools. However, each has particular restrictions, so we are not able to provide all of the students with the information they may need to stay healthy and to avoid sexually transmitted infections and pregnancy and to make well-informed and responsible decisions. And that troubles me greatly that students do not have essential information, dependent upon where they happen to live, what district they live in, or what school that they attend. I well know that talking about sex can make people uncomfortable and people become even more uneasy when thinking about teenagers engaging in sexual activity. But we are adults here and you are the policymakers. The facts speak for themselves. Too many youth, like has been stated before, are contracting sexually transmitted infections which can be devastating. Too many teen girls are becoming pregnant, which can be and is often life-altering, and their children are more likely to be at a great disadvantage. And although the aforementioned are of my gravest concern, we do need to think about the impact on our economy and our state's budget. Our kids are getting an education. They get it from television shows, movies, ads, music, and from their uneducated peers. It is incumbent upon us to provide them with the truth about sex. The development about their bodies, the hormonal changes that occur, and that abstinence is, of course, the utmost best 100 percent option for avoiding disease and pregnancy. But we need to give them information on how to best protect themselves if they do decide to engage in sex, the skills to talk with their parents, and the confidence to stand up to peer pressure. To do less than this is doing a disservice to our youth. I urge you to advance LB192, and I thank you for your time and attention. And I do want to make one other comment. I did enclose in the information I gave you a sexual health exposure chart, because that is one of the things that I do want you to know that I take to the schools, to colleges, when we do the sexually transmitted infection presentation. And that brings the students to start talking about, oh, you know, I've had three partners or I've had five partners, and how do you mean? That means I've actually...if I've had three, I've had 7 partners already, and how does this all happen, so. Thank you for your time. [LB192]

SENATOR ADAMS: All right. Senator. [LB192]

SENATOR HAAR: And, of course, this chart refers to STIs, right? [LB192]

SUSAN GOODMAN: Yes. That refers just only to sexually transmitted infections. [LB192]

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SENATOR HAAR: And it's not just sexual intercourse. It's other... [LB192]

SUSAN GOODMAN: Right. Exactly. But a lot of the teens do not look at oral sex as an act of sex. They do not look at that, and that being harmful. [LB192]

SENATOR HAAR: And neither did President Clinton. [LB192]

SUSAN GOODMAN: (Laugh) Exactly, you know. So in that aspect, then, you know, we have to talk with them. [LB192]

SENATOR HAAR: That's part of the education, yeah. [LB192]

SUSAN GOODMAN: And that's part of the education. That's part of talking with them about what they need to know. You know, because of course, you know, with oral sex, I can't become pregnant, so then maybe that will be okay; at least I'm not becoming pregnant, you know, that type of thing. [LB192]

SENATOR HAAR: Interesting. I have never seen this chart before. [LB192]

SENATOR ADAMS: Other questions? Thank you. [LB192]

SUSAN GOODMAN: Thank you. [LB192]

SENATOR ADAMS: Next testifier. [LB192]

ANGI TRAN: (Exhibit 24) Good afternoon, Senator Adams and committee members. I am Angi Tran, A-n-g-i T-r-a-n, and I'm speaking in support of LB192. I'm a sexual health educator at Northeast Nebraska Family Health Services. We're a nonprofit corporation with clinics in Fremont and Norfolk, and provide reproductive healthcare to women and men in 17 counties. I provide education to high school and college students, groups, churches, clients, and more. I educate some students in one of the two Fremont high schools. Unfortunately, the numbers I'm able to reach is very limited. Norfolk Public Schools has an abstinence-only policy and I am not able to teach there, despite the high rates of pregnancy in their high school. I also coordinate a teen mother's group in Fremont called Y-MAC, which stands for Young Moms and Children. On average, at each class, there's about 15 girls, which represents a small number of the teens that we have in the area--the pregnant teens. In 2010, I received over 100 referrals for my program. It is fortunate that we do have this service available. It's unfortunate that it is so needed. In working with these teens, it is evident that many or most of these pregnancies could have been avoided if these girls had had comprehensive sexual health education. Among the things I have heard from over the years are: you can get an STD from sitting on a toilet seat; you cannot get pregnant the first time you have sex. Peer pressure has played a part in their lives; media messages have a significant

influence on their behavior. Not only do they lack education from their schools, but parents provide little or no information. It seems that many parents assume or expect that health education is being taught in the schools. Many have no knowledge of pregnancy or how it even occurs; they think it would be fun to have a baby--it's very cute to dress up; some are victims of coercion and violence; and for many, their parents were also teen parents. I currently have multiple 14-year-olds in my program, one who was raped by a family member. I also have a 13-year-old. And although not in my program, I am aware of a 13-year-old who is pregnant with her second child. These are children having children; young girls who are not physically ready to bear children and who are many years from having the emotional, mental, and financial wherewithal to be parents. I am routinely confronted by the fact that our young people are not being given the education and the information they need. It's imperative that youth receive medically accurate and comprehensive information about their sexuality, the consequences of sexual activity, and how to protect themselves, including adhering to abstinence. Our young people need comprehensive sexuality education and they need it soon. Please do not ignore this essential component of education. Please put your support by LB192 to work to have effective sexual health education implemented in our schools statewide. Thank you. [LB192]

SENATOR ADAMS: Thank you. Senator. [LB192]

SENATOR HAAR: It would be fun to have a baby; they are cute and fun to dress up. Really? [LB192]

ANGI TRAN: That's what we hear, yes. [LB192]

SENATOR HAAR: Wow. Thank you. [LB192]

SENATOR ADAMS: Other questions? Thank you for your testimony. Next testifier. [LB192]

KYLE PESEK: (Exhibit 25) Chairman Adams and committee members, I'm Kyle Pesek, K-y-l-e P-e-s-e-k, and I'm speaking in support of LB192. I am 20 years old and a junior at the University of Nebraska at Lincoln, and I want to address LB192 from the perspective of one who did not receive comprehensive sexual health education in school. I myself went to Bellevue. The only sexual health education provided was a PowerPoint slide show on sexually transmitted infections when I was in the tenth grade. And, unfortunately, neither of my parents had the talk with me. The only...the one and only time my father addressed it was to say if I ever needed condoms that he would get them for me. I'm not being critical of him. I think...well, I know that many parents are uncomfortable, very uncomfortable talking about sexuality with their children. During high school it seemed to me that about 50 percent of students were sexually active. Many were vocal about their relationships, which seemed to encourage others to try it

for themselves. There was an attitude among some that if you weren't sexually active, something was wrong with you. Many students became sexually active in a reckless way and for all the wrong reasons, such as a way to gain favor with their peers. Many seemed to have very cavalier attitudes about what they were doing. They seemed oblivious of the potential consequences of their activity, and this collective misunderstanding of the nature and effects of sexual activity created an environment disruptive to learning, both inside and outside the classroom. With the noninvolvement of teachers and administrative officials, misconceptions flourished and resulted in no less than 19 pregnancies by the time I graduated. It is disheartening to see the pregnant girls receive either superficial support or judgment from their fellow students. In particular, those who originally exerted peer pressure to engage in sexual activity often were the first to ostracize a friend when she became pregnant, and only a lucky few received support from the boys who impregnated them. Their experiences were traumatic and largely solitary, at a time when they needed more support than ever. I support LB192. Not only will this bill reduce unintended pregnancies, which forever impact the lives of teenagers and the children they bear, but it ensures that teenagers have the information they need to make important life decisions in a healthy way. Demonstrating the nature of healthy relationships to youth in an educational setting enables them to choose not to engage in promiscuous sexual activity and resist related peer pressure. Furthermore, it works to reduce the spread of sexually transmitted infections across the state, thereby taking an essential step toward fighting back the STI epidemic that has been present in Douglas County since 2004. Thank you for your time. And again, I urge the committee to support this bill. [LB192]

SENATOR ADAMS: Thank you, Kyle. Questions? Seeing none, thank you, sir. [LB192]

JANINE BRIGNOLA: (Exhibit 26) Good afternoon. My name is Janine Brignola. It's J-a-n-i-n-e B-r-i-g-n-o-l-a. I am a 28-year-old woman and mother. I'm a college student majoring in clinical laboratory science, and I'm an HIV advocate and I am HIV positive. During the span of my early education, I attended a country school outside of Ord, Nebraska, Ord Junior and Senior High, Lincoln Northeast High School, and Bryan Community Center in Lincoln, Nebraska. As I think back on the time I spent at those schools, only once at Bryan was I ever told about HIV, and even then I was not educated completely on what HIV is or what STDs are. And as I look back on that, I feel saddened by that fact. I do not blame the lack of education as being the reason that I am now HIV positive, but I do, however, consider it to be a factor because I was naive and I genuinely thought that Nebraska was not a place that that type of thing happened. I know that the actions leading to my being infected are my actions and I take responsibility for those actions, but I believe that if I had been more informed I would have maybe realized that just because I was a sweet and somewhat naive girl from Nebraska, that it did not mean that I was immune to HIV or STDs. The only information that I knew of HIV before I was infected with it were the assumptions of my peers, and they were simply that HIV is bad, that I would die if I got it, that it is a dirty disease. I

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thought that you had to be promiscuous to catch any STD, let alone HIV. I really only thought that junkies or prostitutes got HIV. All the things that I thought, were sadly untrue, inaccurate, and wrong. Now that I have educated myself to the truth that is HIV, I feel like how could they not give this information to young people? Why was I never educated properly about this when I was in school? Why did I only attach the popular stigmas to STDs or HIV and not the realities? Lack of education, while knowing and understanding what STDs and HIV are, will not help you get into a better college. It will carry you through life and it will help you to protect yourself and also help people to understand the truth of what these things are and not the stigmatized media version of them. I feel that it is my duty to do all I can so another young person does not find themselves in my situation. But the truth is that young people are the ones being infected. We know that whether we like it or not, young people are having sex, so not only is it our duty but it is our responsibility to inform them of what can happen. I want you to pass this bill forward. I want you to send a message that it is the responsible thing to do. I want Nebraska to be an example of what needs to be done in so many other states. I want to know that we are doing all we can for our youth and that we will not sit by and hope that they will be all right, but we will give them the education to provide them with the tools to rise above becoming a statistic and the understanding that allows one to be compassionate toward people like myself that are living with HIV or other STDs. [LB192]

SENATOR ADAMS: Thank you. [LB192]

JANINE BRIGNOLA: Thank you for your time. [LB192]

SENATOR ADAMS: Are there questions for the testifier? Thank you. [LB192]

JANINE BRIGNOLA: All right. Thank you. [LB192]

AMY MILLER: (Exhibit 27) Good afternoon. My name is Amy Miller. It's A-m-y M-i-l-l-e-r. I'm legal director for ACLU-Nebraska, and on behalf of our 1,500 members across the state, we urge you to advance LB192. We heard at the outset some skepticism about whether the bill will even make it out of committee, and I think that's particularly shocking, given the fact that it is not a controversial bill in the eyes of the average voter, true in Nebraska, as well as across the nation. As you'll see on the first page of my testimony, according to the Harvard University survey, more than 85 percent of Americans believe it is appropriate for school-based education programs to teach students how to use and where to get contraceptives. This study that Peggy Olson handed out to you from the Anzalone Liszt Research group indicates that that same support can be found here in Nebraska. We also know that it would be surprising if LB192 didn't advance and didn't have great support, given the fact that it's accurate and helpful information. You already heard from Dr. Fisher and from Nurse Ford that this is helpful information. Early on, Senator Sullivan asked whether or not this sort of

education would impact teen behavior, bringing down both pregnancies and sexually transmitted diseases. And the answer is yes. Again I'm sure you had it in Dr. Fisher's testimony, but Footnotes 5-7 have agonizing small print citations to the sources that answer your question, Senator Sullivan, about it actually having a positive impact on teen behavior when you have comprehensive sex ed. Senator Haar also asked the question: Does sex ed lead to more sex and more risky sex, because now they've had their minds lighted up with the ideas. Footnote 4 also identifies the surveys that have said the answer is, no, and again you have heard the same testimony from other testifiers. I'm going to conclude with the explanation why this is an ACLU issue. Because children have the right to have accurate information access, ironically if this was a case about a book sitting on a school bookshelf or a public library shelf that was about sex education, and someone wanted to remove that book because for political reasons or for religious reasons they were uncomfortable about having that comprehensive sex ed book on the shelves, the U.S. Supreme Court has already spoken and said you can't remove information from children's eyes, including information about sex, because they have that right to receive information as an inherent corollary to the rights to free speech. That's from a 1982 U.S Supreme Court case called Island Trees v. Pico. The court wrote, "The right to receive ideas is a necessary predicate to the recipient's meaningful exercise of his own rights of speech, press, and political freedom...Our Constitution does not permit the official suppression of ideas." I tried to think of some other example where we say this is true, accurate, and helpful information, but we're not going to let kids have access to it. I wanted to deliver a powerful metaphor about how we don't do that in these other areas. I can't come up with one. I suppose it's possible, and the only metaphor I can give is perhaps if as white people we felt uncomfortable about a reminder of slavery in this country, would we allow then American history teachers to omit from the Civil War discussions about slavery? We wouldn't. We would shake our heads at such a foolish idea. For that reason, we suggest it's foolish to omit accurate information. Children have the right to that. [LB192]

SENATOR ADAMS: Are there questions? Senator. [LB192]

SENATOR HAAR: Well, (inaudible) statement. I apologize for predicting how any group is going to act on this. That was inappropriate of me. Does your group have any thought on, absent this kind of education in schools, what's the solution? Or do you just look at this as sort of a freedom of information issue? [LB192]

AMY MILLER: I think it's a freedom of information issue. Again I can't think of another example of information that we knowingly and intentionally withhold from students. Certainly there is the idea that you can't teach everything, and someone might say, well, we're not teaching high-level physics to middle school kids. But we are teaching information about sex ed up to a certain point, and then omitting the rest because of some people's political or religious agenda, and I can't think of another example outside of the category of this health information. And so that is someone making a decision

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about what information we will allow access to that we think violates the First Amendment. [LB192]

SENATOR HAAR: Interesting. Thank you. [LB192]

SENATOR ADAMS: Other questions? Thank you. Any other proponents? Then we'll take opposition testimony. May I see a show of hands of how many wish to speak in opposition? [LB192]

ANN MARIE BOWEN: (Exhibit 28) Senator Adams and other members of this committee, I thank you for the opportunity to be here. My name is Ann Marie Bowen; that's Ann without an E, Marie, Bowen, B-o-w-e-n. Technology has brought us into an age when information flows easily to and from every point on the globe. What has been more difficult to transmit over fiber optic lines is the human element. When our youth look to their teachers for guidance and get only raw information back, then it enables dangerous behaviors that are long-lasting. This bill cynically requires the instructor to begin teaching the lesson of sexual abstinence, but only to switch gears, toss up their hands, and spend the rest of their time discussing their options--or once these students give up on their ideals, that is. This is not the sort of education environment that we expect and it's not one for our children that they deserve. Turning away from the safeguards many school districts have set, LB192 allows an instructor to deviate from the curriculum on page 4, line 2, "answer in good faith any questions initiated by a student that is germane to the material of the course." This essentially gives free license to an instructor to give whatever answer they see fit without any thought to the consequences of their words. What do the proponents of this bill imagine the instructors would say that would require specific legal protections from the school districts? In 2007, a Planned Parenthood fact sheet opposing abstinence-only policies gives some insight into this. In this story, Planned Parenthood complains about a teacher who was disciplined for showing his classroom a student-made video called "Condom Man and K-Y Commandos." Clearly, what is acceptable to parents differs greatly from what that of some instructors or organizations that push such agendas. In a state that values life and family, new life under any circumstances is widely viewed as blessings. So to drum up the type of hysterical reaction that would cause the state to strong-arm its small communities, the bill is promoted as a way to protect youth from life-threatening diseases. But if diseases such as HIV are the issue at hand, why is a scant amount of time spent on abstinence and even the limited protection on condoms in favor of other forms of contraception which offer no protections from the disease? We cannot accept a law that regards fertility as a disease. We oppose this law because it removes the right of the community to decide for themselves how best to approach the issue of teen sexuality. It violates the right of the morally sensitive student. I'll finish with the age-appropriate lesson for our children regarding sex is covered in abstinence education. It is a lesson of dignity, respect for themselves, and the true meaning of love. The sex lives of teens may be big business for some, but we hope that Nebraska will

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continue to allow communities to put up a sign that says "Not for Sale." Thank you.
[LB192]

SENATOR ADAMS: Questions? Thank you. [LB192]

ANN MARIE BOWEN: Thank you all very much. [LB192]

SENATOR ADAMS: Next testifier. [LB192]

SIBYL SPAHN: Hello. My name is Sibyl Spahn, Sibyl, S-i-b-y-l, Spahn, S-p-a-h-n, from Norfolk, Nebraska. And I am very grateful for this opportunity to talk to you, and I really appreciate Senator Council's bringing a really serious problem to the forefront. But I object to this bill for several reasons. The first is that the state should not mandate what is a local community issue. Each community is different and serves a different population. I was the project director of a community-based abstinence education program in northeast Nebraska. We served 70 different school districts and we spoke to 13,000 different students every year. In my experience, the comprehensive sex message is not one that most parents in my part of the state would advocate for their kids, and they would not...and they should not be told that this is the message they must give. My second concern relates to what the comprehensive sex message is. It's a mixed message and it targets a very small percentage of the kids. It's a mixed message because it does give lip service to abstinence, but the majority of the time is spent saying to kids, "But you're probably not going to be able to do this, so here's what you need to know." I feel like it's really short-selling teenagers on their ability to practice self-control. It's interesting to me that when we talk to kids in the classroom about drugs, alcohol, tobacco, and violence, we set a standard of no. But when it comes to their sexual behavior, we get wobbly. The comprehensive sex message also just targets a small percentage of kids. In our programs, we look at kids using the bell curve, 20 percent, 60 percent, 20 percent. And it says that 20 percent of the kids without intervention are inclined to abstinence because of their parental values, their religious values. The other 20 percent are greatly at risk for sexual activity. Maybe they've been abused, their family is dysfunctional. And the 60 percent in the middle we call the persuadables. And so if you give a comprehensive sex message, you've totally eliminated those low-risk kids. The persuadables, you've opened the door for this is probably going to be normal and you're probably going to end up having sex. And you've left those high-risk kids trapped in a behavior that's destructive to themselves. But if you give a save, s-a-v-e sex message, you've talked to all the kids. You affirm the low-risk kids, you persuade some of the 60 percent, and those high-risk kids, you've given them hope that they don't have to be trapped in that behavior. Now I so appreciate all the emphasis on STIs because they are a huge deal for kids today and it is an epidemic. And true, condoms, if used 100 percent of the time, consistently and correctly, can reduce the risk--not eliminate, but reduce--the risk for some STDs. It's kind of like slapping a Band-aid on a broken leg, because in my experience many of the

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kids who are sexually active do risky sex and have multiple partners; do so not because they lack the information but because they lack people around them coaching them to make good decisions. So I would strongly encourage you to don't get wobbly on this bill, but to vote against it, because we need to give those high-risk kids a hope for the future not only for themselves but for generations to come. Thank you. [LB192]

SENATOR ADAMS: Are there questions? Thank you, ma'am. Next testifier. [LB192]

BRIAN HALE: I aspire not to see the red light. Senator Adams, members of the committee, my name is Brian Hale. I represent the Nebraska Association of School Boards. Primarily, we don't deny that there are, obviously, community issues involved, but we've been listening to the work of this committee for a few weeks now. Next year...the next couple of years are shaping up to be years that schools are going to be asked to do more with less as it is. This, we believe, has the potential of throwing yet another log on that fire. In addition, it prospects to thrust school teachers, administrators, school boards, into the middle of a diverse set of social values around the state. The bill allows or encourages discussion about other germane issues that come up, and it doesn't take long in that list of germane issues to get to things that are very touchy and put school teachers, certainly, in a tough position in answering that. This is a communitywide issue. We heard a lot of discussion earlier about there's been a lot of talk and very little money committed to the cause. Everybody is waiting for somebody else to do it. Of course, the natural result is, let's turn to the schools. We believe that without parental and community support, our success in educating our kids about sex will likely parallel our success that we have teaching reading, writing, and arithmetic without parental and community reinforcement. It is a community issue and a community problem that we think schools certainly have a role as a partner, and we do certainly break the ice. In some cases, we're the only sexual education that kids get about the reproductive system, other sorts of things. But it needs to be a partnership. And then our other concern is this bill really borders on prescribing curriculum. And if we are going to head down that path in other disciplines throughout the school day, Section 79 is going to get very large. So with that, I'll close my testimony and take questions. [LB192]

SENATOR ADAMS: Are there questions for Brian? Thank you then. Next testifier. [LB192]

GREG SCHLEPPENBACH: Good afternoon, Senator Adams and members of the Education Committee. My name is Greg Schleppenbach; that's spelled S-c-h-l-e-p-p-e-n-b-a-c-h, and I'm here on behalf of the Nebraska Catholic Conference to urge you to oppose LB192. The conference understands Senator Council's concern about the problem of sexually transmitted diseases and commends her effort to spur dialogue on the issue. We want to be a part of that dialogue because we believe that whatever public policy is adopted in our state can have serious moral, health, and social

consequences. For a variety of reasons, however, we believe that LB192 is the wrong approach to address the problem. So-called comprehensive sex education that emphasizes or even promotes contraception embodies a certain defeatism that presumes young people are incapable of controlling themselves sexually and, therefore, tends to reduce expectations and education to the lowest common denominator. This approach also presumes that communicating, directly or indirectly, an expectation or even acceptance of out-of-wedlock sexual activity has no effect on increasing that activity. This seems contrary to accepted evidence in other areas of risky behavior. There was a Nebraska risk and protective factor survey done in 2005--probably one since then--which found that young people are two to four times more likely to use alcohol and other drugs if parents show any acceptance of alcohol use. Are we to believe that this phenomenon does not apply to sexual activity? In my observations and the study of young people today, it's clear to me that they are capable of and they desire self-control in this important area of their lives. And they want their parents' and society's help to achieve it rather than be abandoned to the mediocrity of risk-reduction strategies--strategies that don't even purport to address the emotional, psychological, and spiritual consequences of sexual activity. We believe that abstinence-based education takes a truly comprehensive approach to human sexuality, conforms better to human dignity and human nature. This approach recognizes and addresses all the dimensions and consequences of sexual activity: the physical, the emotional, psychological, spiritual, social, economic, and educational consequences. I have to say that I seriously take issue with and find somewhat offensive this notion that this is a debate between ignorance and education. We don't believe that and I don't think anybody who understands fully abstinence education in its true sense would believe that. I'll wrap up with this particular point, that I think we believe any serious effort to reduce STDs and other consequences of teenage sexual activity must work to reduce the activity that produces these consequences. No program or curriculum alone can do this. Whatever one believes about the best way and when to teach students about sexuality, it seems we all agree that we need bold measures and commitments by all sectors of society in order to counter the powerful cultural forces that exploit and cheapen sex, often portraying it without consequence. As illustrated by antismoking campaigns, we believe our society can do this if we make that commitment. Thank you. [LB192]

SENATOR ADAMS: Questions? Thank you. Next opponent. How many more opponents will there be? Okay. [LB192]

MARY JANE ZIOLA: (Exhibit 29) My name is Mary Ziola and I'm with Nebraskans United for Life. I live in La Vista, Nebraska, and I'd like to read an article from Medical News Today. "An April 2009 study by Jessica Dolle of the Fred Hutchinson Cancer Research Center examining the relationship between oral contraceptives and triple-negative breast cancer in women under age 45 contained an admission from U.S. National Cancer Institute researcher Louise Brinton and her colleagues that abortion

raises breast cancer risk by 40 percent. Additionally, Dolle's team showed that women who start oral contraceptives before age 18 multiply their risk of triple-negative breast cancer by 3.7 times, and recent users of oral contraceptives within the last one to five years multiply their risk by 4.2 times. Triple-negative breast cancer is an aggressive form of breast cancer associated with high mortality...Obviously, more women will die of breast cancer if the National Cancer Institute fails in its duty to warn about the risks of oral contraceptives and abortion and if government funds are used to pay for both as a part of any healthcare bill." Since Margaret Sanger and Planned Parenthood began spreading their philosophy of sex, birth control, and marriage with such great success, the divorce rate in the United States rose almost 500 percent between 1913 and 1977. In 1971, Dr. Phillips Cutright, an Indiana University sociologist, observed that government sex education programs were a form of propaganda for contraception. Between the years 1971 and 1978, the amount of federal funding for family planning services increased 198 percent, from \$129 million to \$384 million, and the number of teenagers attending sex education programs quadrupled, from 300,000 to 1.2 million. The number of teenagers using contraceptives increased 62 percent. From 1971 to 1979, there was a 50 percent increase in premarital sex among all teenagers and an 80 percent increase among white teenage girls. Out-of-wedlock pregnancies went up 90 percent among all teenage girls, and among white teenage girls the rate of illegitimacy rose 140 percent. And despite an increase in the number of abortions, the actual number of live births also rose. Adding to the problem of increasing promiscuity and social acceptance of premarital intercourse, it was found that contraceptives had failed in action. Of the white adolescent girls who became pregnant in 1976, 23.5 percent were using birth control drugs or devices when they conceived. In 1976, 50 percent of the 15- to 19-year-olds who sought abortions had been using birth control drugs or devices when they became pregnant. Among unmarried teenage women between 1971 and 1979, the proportion who became pregnant while using contraceptives to avoid pregnancy rose 266 percent. Government-funded birth control programs have never promised to eliminate promiscuity; however, it is highly questionable whether tax monies should be spent for programs that actually increase promiscuity, pregnancies, abortions, and illegitimate births. [LB192]

SENATOR ADAMS: Ma'am, would you finish up, please? [LB192]

MARY JANE ZIOLA: Okay. I'm finished. [LB192]

SENATOR ADAMS: Okay. Thank you. Are there questions? Senator Haar. [LB192]

SENATOR HAAR: I'm sorry. I didn't get your name. [LB192]

MARY JANE ZIOLA: Mary Ziola. [LB192]

SENATOR HAAR: How do you spell your last name? [LB192]

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MARY JANE ZIOLA: Z-i-o-l-a. [LB192]

SENATOR HAAR: Thank you. [LB192]

SENATOR ADAMS: Are there other questions? Thank you. You first. [LB192]

MARY DAVIS: Hello, Senators. My name is Mary Davis and I live at 4321 Gertie Avenue. I do not have an outline ahead of me, but I was very moved to hear about this issue. [LB192]

SENATOR HOWARD: Could you spell your name so we've got that? [LB192]

MARY DAVIS: Sure. It's Mary Davis, D-a-v-i-s. Okay? [LB192]

SENATOR HOWARD: Thank you. [LB192]

MARY DAVIS: You bet. But I was very moved from the last bill, LB149, that was being placed in front of you and the audience as well. And part of that was mentioned was that the education rule is to abstain from any risky behavior, correct? Just to correct? That's a rule, right, the educational rule? [LB192]

SENATOR HOWARD: Actually we don't answer questions. We take your testimony (inaudible). [LB192]

MARY DAVIS: Okay. All right. That is what I heard and that is what moved me to speak on this. And the example that was brought up for that was smoking, because smoking has been found and determined to kill lives. Okay. Abstinence does not. It just does not. And by promoting anything through taxpayers' money, or whatever, to the education and calling it sex education, exactly, an instructor might say something about abstinence. I've heard some of them speak. But they move on right into their agenda about speaking about sexual protection and sexual education, and everything else. It does kill lives. There's a...it leads to abortion. And I'm going to say that loud. It is a religious and a moral issue, and if it's neglected things are only going to get worse. You know, an issue was brought up a little while ago about why is it, because God is being left out. And I know this is not an issue right now about speaking about God and morality, but it is, and things are only going to continue to get worse. And if we can push the nonsmoking because that's killing lives, I am so for the abstinence because abstinence will not. And I beg you. I will send you this article. It was in the Omaha World-Herald on this last Friday. It was from Douglas Abbott and he spoke about the teenage pregnancies that have been going on and the immorality that has been happening. And he researched for the last three years that two-thirds of the girls interviewed had said they wished they never would have had sex. And this is all in his

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issue. There's a number of things going on here. But I beg you to listen to my "opposal."
Sorry. But anyway that's all I wanted to say. [LB192]

SENATOR HOWARD: Thank you. Thank you, Mary. [LB192]

MARY DAVIS: Are there any questions? [LB192]

SENATOR HOWARD: Do we have any questions for this testifier? No, we don't, Mary.
Thank you for coming in. [LB192]

MARY DAVIS: Okay, you bet. Just a concerned parent. [LB192]

SENATOR HOWARD: Thank you. Do we have any other opponents? Do we have
anyone who would like to speak in the neutral? Come on forward. Welcome to the
Education Committee. [LB192]

AL RISKOWSKI: I'm getting educated. Thank you. [LB192]

SENATOR HOWARD: Yes, and you've been very patient. [LB192]

AL RISKOWSKI: (Exhibit 30) Thank you. Al Riskowski, R-i-s-k-o-w-s-k-i, executive
director of Nebraska Family Council, and here on behalf of Nebraska Family Council as
well as Femi Awodele, and I will spell that: F-e-m-i A-w-o-d-e-l-e. Femi does...lives in
north Omaha and does marriage seminars across the world. As we looked at this
problem, we realize it is that. It is a major problem. Nebraska Family Council deals with
families and their problems all the time. Prior to taking a position at Nebraska Family
Council, I was a pastor for over 25 years. And this is an alarming problem; we recognize
the problem. And to sit and to do nothing I don't believe is an alternative. As you listen
to both sides, it's very clear we have a major problem before us. We come with some
reservation to this piece of legislation. Number one would be, who would prepare the
curriculum? Just to assure the curriculum that is out there. And Senator Council even
referred to The Art of Loving Well that is a program that not only speaks to the problems
with sex, being active sexually, but it helps prepare young individuals of how to prepare
a proper relationship and not to put yourself in a risky situation. One aspect that hasn't
been talked about is teen rape and the problems that are involved in putting yourself in
a risky situation. I think it's important that the curriculum be certainly such that it would
include some of that. The other aspect that I'll just touch on is just the nondiscrimination
paragraph. And I believe I understand what Senator Council is referring to in that, that
no one group should be looked down upon when this type of education is put forward.
And I believe she is also stating that whether it's opposite sex or same-sex sex, that in
either way STDs can be concocted because of that type of activity. Just one last
comment: STDs is a symptom. We have some core problems in our society. Education
does have a place to help with our core problems, and I believe that our school system

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reflects that. But not only do we have the symptoms of the STDs and our children being so sexually active, we have the breakdown of the family. We have the peer pressure that's adding to the problem. We have the media that's promoting premarital sex. I'll challenge you over Valentine's Day to watch one love story that doesn't promote sexual activity. And so it's an overwhelming problem. The only bright side is...I gave you two pieces of information. One is a Lincoln Journal Star article talking about what they're doing in their comprehensive program. The other is the only bright spot we have is in the other article. It lists that Nebraska is one of the lowest in the nation in regard to, as bad as it is, at least we're not as bad as some others. But that's the only bright spot we have. It is a major problem and I hope that this Education Committee and others will work together to help us lower this incidence and attack this problem in a way that will help our state. [LB192]

SENATOR ADAMS: Are there questions? Thank you then. [LB192]

AL RISKOWSKI: Thank you. [LB192]

SENATOR ADAMS: Is there any more neutral testimony? Please. [LB192]

ANN NICKERSON: (Exhibit 31) Good afternoon; maybe good evening. My name is Ann Nickerson, A-n-n N-i-c-k-e-r-s-o-n. I'm speaking on behalf of the Nebraska PTA. On January 28, the board of directors discussed LB192 at length. There is much in the bill that's extremely worthwhile. The PTA board noted, in particular, that under current regulations the content of any curricula regarding sexual health is determined by individual school districts. For fear of sparking a firestorm in the community, some districts choose to omit any discussion of sexually transmitted disease or pregnancy prevention. LB192 would give cover to school board members, allowing them to institute a balanced curriculum regarding sexual health because it would be a state requirement. And a balanced curriculum is what we will require. The Nebraska PTA commends Senator Council for including not only topics such as contraception, but also negative effects associated with drug and alcohol use on decision-making, as well a social pressures which lead young people to engage in sexual activities. Covering these topics in a classroom setting does not usurp parental prerogatives, but takes the discussion from hushed and possibly misinformed voices in a locker room or in a booth at a fast food restaurant, to a guided discussion where the information shared is correct and scientifically sound. There is a provision allowing parents and guardians to review the materials and ask that their student be excused, and that protection will be important to some. However, the Nebraska PTA has serious concerns about the fiscal note that accompanies LB192. The Education Committee already advanced to the floor LB333 which cuts funding in the Department of Education and redirects funds. It seems unlikely that there will be no cost to the Department of Education in implementing this legislation. Therefore, absent any realistic cost analysis, and despite our beliefs in the merits of the bill, the Nebraska PTA takes a neutral stance on the LB192. Thank you.

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[LB192]

SENATOR ADAMS: Thank you. Are there questions for this testifier? Thank you then. Any other neutral testimony? Senator Council to close. [LB192]

SENATOR COUNCIL: Thank you very much, Senator Adams. I will be brief. I just want to thank everyone who offered testimony this afternoon, those who were supportive of LB192, those who opposed LB192, and those who testified in a neutral capacity. And I hope to have an opportunity to talk with some of the opposition testifiers to dispel them of any misconception they may be operating under with regard to what the bill says in terms of curriculum. The bill does not set out any time periods or allocate amounts of instruction per subject area. So the suggestion that abstinence would be given short shrift, while it would be concentrations on the other aspects of prevention and protection, I just don't know where that comes from because there's nothing in the bill to suggest that. And I especially want to have an opportunity to speak at some point in time with my colleague from the Catholic Conference because at no time have I given any indication that this is a situation that is between ignorance and abstinence, and if someone walked away thinking that, then we certainly need to sit down and have dialogue because that's not what it's about. My only hope is that the committee gives LB192 full and thorough consideration. I firmly believe that if we are going to address the issues that are affecting our young people in so many ways, and I know the focus has been on sexual activity but I'm talking about comprehensive, medically accurate, age-appropriate, sexual health education. And I think one of the earlier testifiers spoke to having young people learn how to feel good about themselves as probably the number one way to protect themselves from all of the horrible risks associated with sexual activity. And I didn't have a chance to get these charts copied, but I will provide the committee...these are the latest figures on chlamydia, gonorrhea, and syphilis cases in every county in Nebraska, and I will make sure that the committee has that. And with that, Chairman Adams, I would appreciate the opportunity now to move on to LB204. [LB192]

SENATOR ADAMS: All right. We'll do that. That will end the hearing on LB192. If you're going to leave, we ask that you expedite so that we can keep going. (See also Exhibits 37, 43, and 44) And we'll now, Senator Council, let you open on LB204 if you don't mind a little background noise. [LB192]

SENATOR COUNCIL: (Exhibits 38, 39, and 40) Thank you again, Chairman Adams, members of the Education Committee. And I will absolutely try to be brief here. I know there are some people who are present who wish to testify, and, quite frankly, as demonstrated by the last bill and its testifiers, many of them can present the issue far better than I. LB204 is a bill that was introduced in a different form last year. And what LB204 does, is simply, in my opinion, is to require that as a part of the immunizations that children receive before entering kindergarten, that at the time they're receiving

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those immunizations that they also be screened for lead poisoning. I shared with...and as I look at the committee, since Senator Schilz isn't present, everyone who is on the committee now heard the opening on this same bill last year. And I spoke to all of the evidence showing the developmental effects of lead poisoning on children. I can share with the committee that the blood lead testing rates, for example, in Douglas County, and to about the same degree across the state, blood lead screening of children has increased. And it's due in large part to education. And what people have been seeing is that they see the lower numbers of children being found to have elevated blood lead levels but it's due as much for those statisticians, the more you test, your incident rate numbers tend to go down. And that's what we're seeing in many respects in Douglas County. I have information that I previously provided the committee last year that shows the blood lead testing that's occurring in each county. It also shows the number of children found with elevated blood lead levels. I reintroduced LB204 after the committee decided last year not to take any action on this matter, and the committee asked several questions. LB204 has been drafted to address some of those questions. One of the questions that was posed last year was: So what do you do after you discover that a child has an elevated blood lead level? Now at certain levels, the child has to be treated medically to remove the lead from their blood. But once a child has lead poisoning, the developmental effects are present. What LB204 now does is link that child and that family to the Department of Education resources that are found through the program called Child Find. And Child Find is the program that is implemented basically under the U.S. Department of Education special education rules and regulations that provide...and provide funding and allow for public schools to provide educational services for children with developmental disabilities from 0 to age 21. So if a child under LB204 is tested and the test reveals an elevated blood lead level, LB204 would require the Department of Health and Human Services to notify that family of the resources available to them, the educational resources available to them as a result of the fact that their child has a potential developmental issue, that they could receive services under the Child Find program. So that's how to link that. The other part of the purpose of linking it to the time in which children are being immunized is that we provide parents with information so parents know that before their child enters kindergarten the child must be immunized. Well, this also provides an opportunity to notify those parents that they need to be taking preventive measures in their home to reduce the risks that their child is being exposed to lead and lead poisoning. Also the Department of Health and Human Services, under LB204, would be obligated to provide information regarding resources and services available to those families to help them to remediate their homes to eliminate the lead hazards that may have been the cause of the child's blood poisoning. Now I also think LB204, in its 2010 version, fell victim to death by fiscal note. And I want to take a brief time to address that because the Department of Health and Human Services, in providing the information for the fiscal note, in my opinion is not being forthright with this committee. And they're not being forthright with this committee because the fiscal note suggests that LB204, it causes in and of itself an increase in the amount of children who would have to have blood lead tests. The fact of the matter is

that under the Medicaid program children who are Medicaid-eligible are to be tested for blood lead levels at ages one, two, and three--under the existing Medicaid guidelines. Now we're not testing children at that percentage. As the fiscal note by the Department of Health and Human Services' own admission, they don't test that many children. And one of the reasons they don't test that many children is because the medical service providers are conducting the very questionnaire that is set forth in LB204. They are determining in the first instance whether or not the child is at risk of blood lead poisoning. And if, on the basis of that questionnaire, that physician determines that the child is not at risk of blood lead poisoning, there's no blood lead screening. And that has been going on for years under the Department of Health and Human Services policies. Now I read...and if I appear upset it's because I am. HHS says that they believe that the fiscal impact is based upon an assumption that medical personnel would not sign statements showing children...allowing children to opt out of testing, where those same medical providers are supposed to be signing documents establishing why they didn't administer a blood lead test. HHS goes on to say, HHS assumes that medical personnel will not sign it due to the stringent requirements in the bill. The requirements in the bill were taken from the Centers for Disease Control that establishes the questionnaire that the medical providers are supposed to be following now. So for DHHS to state that they don't believe that medical providers will simply sign a statement saying the child is not at risk of blood lead poisoning, when they ought to be providing that information in that child's file now, under current Medicaid guidelines, baffles me. So I'm not sure why DHHS has given the fiscal note that they have. But the reason they're not testing the number of children that they're testing, that they conceivably could test, which they say is 8,000 of entering kindergartners, they're not doing that now because medical providers are making a determination using the same criteria that's set forth in LB204 to conclude that that child is not at risk of blood lead poisoning. And that's principally because of where the child lives. If the child lives in an area where there are not high concentrations of housing constructed before 1978, that's one of the factors to be considered whether there's high risk of exposure. So I just want the committee to be aware of what the current situation is and how LB204 does little to alter that situation with the exception of providing more education to parents about the risks of lead poisoning. I would like to offer into the record letters of support that I have received with regard to LB204. The first is a letter submitted by the Public Health Association of Nebraska that supports the screening. The second is from the Friends of Public Health in Nebraska that supports LB204. And the next is from the Health Department for South Heartland District in Nebraska. South Heartland District has gathered data on Adams, Clay, Nuckolls, and Webster Counties. And the last letter is from Garry Gernandt who is the president of the Omaha City Council who is supportive of LB204. And with that, Mr. Chairman, I will step aside for those who are prepared to testify in favor and in opposition of LB204. [LB204]

SENATOR ADAMS: Do you have some questions? Senator. [LB204]

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SENATOR COUNCIL: Oh, questions. Yes. [LB204]

SENATOR SULLIVAN: Can I ask you a quick question? Senator Council, I don't see anybody from the Department of Education here, and maybe you don't know this answer, but apparently according to Rule 51 a child with lead poisoning may qualify for special ed services. [LB204]

SENATOR COUNCIL: Correct. [LB204]

SENATOR SULLIVAN: It doesn't say, though, how they determine the need for those other than...well, apparently they determine the need for those services on behavior exhibited. I don't know if you know what that behavior is. And if they do exhibit the behavior, if that then ultimately leads for verification through testing? [LB204]

SENATOR COUNCIL: Yes. Well, as I understand how Nebraska Child Find...from the information they give parents in terms of whether or not there's a potential that your child has experienced a developmental delay, and the guidelines, for example, for zero to one year old, the child is expected to hold the head up by four months, pick up objects by six months. And if they're not doing those types of things, they can request that the child be evaluated. And if the evaluation shows some developmental delay, then they're eligible for the services. [LB204]

SENATOR SULLIVAN: Does that evaluation then...could that include testing for blood levels...lead? [LB204]

SENATOR COUNCIL: No. No. It's the result of the blood tests that gives rise to them being eligible for going through that evaluation process. Because they have evidence that their child may have been exposed or may have otherwise been developmentally affected, so that the elevated blood lead test itself provides the criteria for Child Find to then conduct the evaluation, or the other doctors' statements confirming a particular developmental disability or some medical condition that is ordinarily and customarily associated with a developmental disability. [LB204]

SENATOR ADAMS: Other questions? Thank you, Senator. First testifier in support. [LB204]

DOUG CLARK: (Exhibit 41) Thank you, Chairman Adams and members of the committee. My name is Doug Clark, D-o-u-g C-l-a-r-k. I live at 405 Brentwood Drive, Gretna, Nebraska. I'm the environmental health division chief for the Douglas County Health Department in Omaha, and I'm here testifying in support of the bill on behalf of the department and on behalf of Dr. Adi Pour, Health Director. Childhood lead poisoning is the number one environmental disease that affects children and it is completely preventable. Lead has no function in the human body but unequivocally has shown to

affect the developing nervous system and is associated with reduced intelligence, academic failure, behavioral problems, and learning disability. Higher blood lead levels can result in more serious health effects, including coma and death. This country has made great strides in addressing lead in the environment by prohibiting leaded gasoline, lead-based paint, and having more stringent ambient air quality levels, just to name a few. However, lead is still with us and will be part of our environment for many years to come. On the other hand, research is telling us that the adverse effects of lead on a young child occur even at lower levels; therefore, this bill is necessary. Just to give a few bullet points: The only way to tell if a child has an elevated blood lead level is through a simple blood test. Most children with elevated blood lead levels do not have any signs or symptoms, therefore go undetected. Blood lead testing will facilitate early detection and referral for treatment of lead poisoning as well as recognition and remediation of the lead exposure. At this time, Medicaid requires that children be tested for lead at ages one and two. Medicaid will pay for blood lead tests and so do many insurance plans. Even with this mandate and extensive outreach to physicians, only 33 percent of the children on Medicaid in Douglas County are being tested. This leaves out 66 percent, or two of three children on Medicaid, that are not being tested, and therefore we do not know their status. This bill would require parents and physicians to have the discussion, hopefully early, around two years of age, what the requirements are to enter school, and at that time with all the different immunizations that are being required, a blood lead test would also be added. This is much simpler than adding another immunization, no concerns over side effects of a vaccine, just a simple finger stick or a venous draw, potentially preventing irreparable damage in a child's life. This bill promotes the importance of reducing exposure to lead as an integral component of preparation for school and learning. So thank you, and I urge your support of this bill. I see my red light is on. [LB204]

SENATOR ADAMS: Perfect timing. Are there questions? Thank you, sir. [LB204]

DOUG CLARK: I only have one copy of this, but if you would like copies I can... [LB204]

SENATOR ADAMS: Why don't you give it...maybe the page could pick up that copy from you. Thank you. [LB204]

JOHN CAVANAUGH: Mr. Chairman and members of the committee, John Cavanaugh, J-o-h-n C-a-v-a-n-a-u-g-h, again representing Building Bright Futures. If LB192 is hopefully a concept whose time has come, LB204 is an essential part of our public policy whose time is long past. It is absolutely essential to early identification of lead poisoning in every child if we are going to meet their particular educational needs and help them to achieve their full educational potential. This bill is simple and yet complex in terms of the importance that it has in terms of impact on each child affected. The early identification and then the implementation of the remedial effects and the appropriate educational supports for these children is absolutely vital, and there's no

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reason, costwise or otherwise, because every nonproperly diagnosed child is going to cost us a lot more in terms of their eventual outcome and success and productivity than this simple early identification and then followed by the right kind of implementation. If there was ever a penny saved, pound foolish, it is by not doing this when we have the power to do it. And no matter what the financial conditions--and they're modest--there is no justification for not doing it. So I strongly urge this committee to advance LB204, and again commend Senator Council for staying with this very important issue, and it's an issue that I know that she's brought many, many years of commitment to advancing and resolving. So thank you. [LB204]

SENATOR ADAMS: Thank you, John. Are there questions for John? Thank you. Next testifier. [LB204]

CRYSTAL RHOADES: Hello. Crystal Rhoades, R-h-o-a-d-e-s. I currently work with the Omaha Advisory Group on the Lead Superfund site in Omaha, and will tell you that I've learned a tremendous amount about lead poisoning as a result of that. What we know is that any child that visits any building built before 1978 is at risk for lead poisoning. What we know is that any child that resides in any community where lead gasoline was used is at risk for lead poisoning. What we also know is that lead poisoning can lead to learning disabilities, a number of health problems, behavioral problems. And undiagnosed and untreated children are more likely to drop out of school, have a difficult time finding employment, and end up incarcerated as adults. Testing our children for lead poisoning makes it possible to intervene with resources that can assist those families and help those children before some of those negative impacts occur for them. By requiring the tests, we also have an opportunity for healthcare providers to work directly with parents of children who perhaps have not yet been poisoned but are at risk for being poisoned to educate them about how they might prevent that in the future. In this day and age, it's a little bit surprising that we're even discussing whether or not we want to require a test to find out if our children are poisoned, given the number of children that are at risk for the poisoning. That being the case, I would strongly encourage you to please consider supporting this bill. Thank you. [LB204]

SENATOR ADAMS: Are there questions for Crystal? Thank you. Next testifier [LB204]

JOHN LINDSAY: Senator Adams, members of the committee, my name is John Lindsay, L-i-n-d-s-a-y. I'm appearing as a lobbyist on behalf of the Omaha Public Schools. If I've learned one thing over the last 20 years, is at 25 till 6:00 you don't testify very long, so I'll...I think Senator Council and the other testifiers laid out the story. Omaha Public Schools, the Lead Superfund site in Omaha sits right on top of Omaha Public Schools or within their boundaries. The...it...lead poisoning can lead to learning disabilities, behavior problems, other things that affect the classroom, so we do think it's important that educators have that information. Would ask that you advance the bill to the floor. [LB204]

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SENATOR ADAMS: Thank you, John. Are there questions? Other proponents? We'll hear opposition testimony then. Neutral testimony? Senator Council, you can end our day. Make our day. [LB204]

SENATOR COUNCIL: I want to have a good impression on my new committee members. I waive. [LB204]

SENATOR ADAMS: And that will end our hearings for today. Thank you, Senator. (See also Exhibits 42, 43, and 44) [LB204]