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Health and Human Services Committee
February 23, 2011

[LB456 LB525 LB602]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, February 23, 2011, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB525, LB456, and LB602. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard; Bob Krist; and Norm Wallman. Senators absent: None.

SENATOR CAMPBELL: I think we'll go ahead and start and welcome you all to the meeting of the Health and Human Services Committee. I'm Kathy Campbell, Senator from District 25 in Lincoln. And I'm going to start on my far right and have the senators introduce themselves.

SENATOR BLOOMFIELD: Dave Bloomfield, District 17, up in northeast Nebraska.

SENATOR COOK: I'm Tanya Cook. I'm the senator from Legislative District 13 in northeast Omaha and Douglas County.

SENATOR WALLMAN: Norm Wallman, south of Lincoln to the Kansas border.

SENATOR GLOOR: Mike Gloor, District 35, which is Grand Island.

MICHELLE CHAFFEE: I'm Michelle Chaffee, legal counsel to the committee.

SENATOR HOWARD: Gwen Howard, District 9 in Omaha.

SENATOR KRIST: Bob Krist, District 10, northwest Omaha.

SENATOR CAMPBELL: To my far left is Diane Johnson who is the clerk for the committee. And we have Crystal and Ayisha who are the pages. And with that, we will open the hearing for...oh, I need the housekeeping, sorry, Senator Lathrop. Got to do those lights and all the other stuff. Please silence your cell phone so it doesn't disturb anybody while you are here. Although handouts are not required, we do ask that if you have a handout we'd like 12 copies; if you do not have that many copies, there's information outside of the hearing room on where you can obtain extra copies. Sign in only if you plan to testify on the orange sheets and please print; if you will not be testifying but you want to show your support, you can sign in on the white sheets for support. Each testifier will be allotted 5 minutes. We use the light system, green is there for a fairly long time and then it's yellow very short, and then you're going to look up when it's red and I'm going, time, time, so please watch that. With that housekeeping, we will open the hearing on LB525 which is Senator Lathrop's bill to provide for a Medicaid plan amendment or waiver and transfer of funds relating to the Nebraska Regional Poison Center. Welcome again, Senator Lathrop.

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SENATOR LATHROP: Thank you, Madam Chair. Steve Lathrop, L-a-t-h-r-o-p, I'm the state senator from District 12 and it's my pleasure to be here today in front of the Health Committee to introduce LB525. LB525 directs the Department of Health and Human Services to submit an application for an amendment to the state Medicaid plan or to seek a waiver to permit unused administrative cap funds in the SCHIP program to be used to match funds from the Nebraska Regional Poison Center to assist in funding the center. If approved, UNMC will transfer up to \$250,000 to the Department of Health and Human Services from their cash funds. After this happens, the state match and the federal funds that are generated from the match will be transferred back to UNMC. LB525 would apply only if there are unused funds available. There is also a requirement in the bill that UNMC report to the Legislative Fiscal Analyst on or before October 1 of every year the amount transferred to the department in the prior year, as well as the amount of matching funds received for the poison center in the prior fiscal year. The Nebraska Regional Poison Center is the only poison center in Nebraska and it provides numerous benefits to Nebraska, including bedside care for the seriously poisoned patients, 24-hour emergency telephone service, public education on poison response and prevention, and statewide surveillance and emergency response for disasters. LB525 will allow the center to continue to provide these and other needed benefits to Nebraskans. There will be other testifiers who will follow me who will better explain how LB525 will allow the poison center to continue its important public health role in Nebraska. And just a couple of comments, if I may. I've introduced bills to provide for funding for the poison control center and generally they've gone, I think on two other occasions they've gone into Appropriations Committee. And perhaps because of the way we're approaching it this time, this one has come to the Health Committee. And I think it will provide you with an important opportunity to see what the poison control center does. And you'll hear from some people that will talk about that today and then how this money moves around to make this all happen. [LB525]

SENATOR CAMPBELL: Okay. Questions for Senator Lathrop? Will you be closing? [LB525]

SENATOR LATHROP: No, I'm going to waive so I can get into Judiciary for gun day. I know you're all envious. [LB525]

SENATOR COOK: Yes. [LB525]

SENATOR CAMPBELL: We are, we are. Thank you, Senator Lathrop. With that, we'll go with the first proponent. Good afternoon. [LB525]

WALTER RADCLIFFE: Good afternoon, Senator Campbell, members of the committee. My name is Walter Radcliffe. I'm appearing before you today as a registered lobbyist on behalf of the Nebraska Medical Center in support of LB525. My name is spelled

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W-a-l-t-e-r, last name Radcliffe R-a-d-c-l-i-f-f-e. Just a preview, there are going to be two ladies who are going to follow me who are affiliated with the poison control center, and they'll talk to you about their operations, then two individuals who have had experience there, very positive experiences, who want to present that to you. So just so you know what's coming up. And I think everybody will be brief; if I were you, there are two things I'd want to know about this bill. One is, what is the poison center and what does it do? And I think you will have that information by the time these witnesses are done. It's really a remarkable asset that we have in Nebraska. The second thing is really what this bill does. And I'm going to explain it very briefly. I want to address, if I may, the fiscal note as well, which is not...should not be an issue. Currently, the poison center gets \$200,000 in state General Fund monies. There was a bill Senator Lathrop introduced a number of years ago, it was incorporated into the budget and has remained that way. Obviously, not the time to go ask for more money. But the poison center, through their national networking, discovered that this is something that's just started in California where "unutilized" SCHIP money that is part of the administrative cap in the SCHIP program, in Nebraska the unused portion last year was, I think, a little over \$1 million, is eligible to be transferred to the poison program with a...if there's a state match. What this bill does is it uses the \$200,000 that they are getting in General Funds to put up as a match to get those leftover administrative funds. And it requires HHS to apply for a waiver or plan amendment in order to be able to do so. Pretty simple, pretty straightforward. I mean, I think it's really innovative. I always like clients who come up with ideas instead of just whine about they don't have anything. And this is really a good idea. I just want to mention the fiscal note. The...if you look at the part that was prepared by the university, they show a net loss there of \$175,000. Well, I did not see the note until yesterday. And I talked to Ron Withem this morning. I think what they're saying is if we use \$175,000 as a match, that's going out. Yes, it is a loss, it goes out, it goes to HHS. But then they get the money back, doesn't show that. My accountant is the same way, you know. Just kind of shows what goes out, doesn't...I said, but we got this coming in, no, no, this is what you owe. So...and there is no fiscal impact. I think if you read Ms. Hruska's note on the front side of the fiscal note, that will adequately explain that. I have nothing else to say. I'll be happy to answer questions. I think you'll find the witnesses who follow very informative. [LB525]

SENATOR CAMPBELL: Questions from the senators for Mr. Radcliffe? Thank you very much for testifying. [LB525]

WALTER RADCLIFFE: Thank you. [LB525]

SENATOR CAMPBELL: The next proponent. Good afternoon. [LB525]

KATHY JACOBITZ: Good afternoon, Madam Chair, committee members. Thank you for the opportunity to speak with you. My name is Kathy Jacobitz, K-a-t-h-y J-a-c-o-b-i-t-z. I'm managing director of the Nebraska Regional Poison Center. Our center provides

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service to Nebraska, Wyoming, American Samoa and the Federated State of Micronesia. We're the only poison center in Nebraska. We provide emergency telephone service that is available 24 hours a day, 365 days a year, and we provide immediate assistance to parents, family members, caregivers, and healthcare providers in the management of poisonings. Our staff are nationally certified registered nurse specialists and board certified physician toxicologists that provide assessment, triage, management and continuous monitoring of poisoned patients. We do act as a primary care provider in the home-care setting and we act as consultants to healthcare providers. Our poison center staff is able to handle the majority of the poisoning exposures at home, but in cases where a healthcare facility or emergency transport is needed we promptly recommend that care and then we contact the healthcare facilities and we advise them on the management of the poisoned patient. There's really no other agency that provides these type of healthcare services in Nebraska. We are unique in that way. We also provide...we know the treatment capabilities and the regional poisoning trends within our service area. And I would just like to share an example. There are some newer drugs of abuse called K2 and bath salts which have become a problem in Nebraska; because drugs of abuse such as those typically show up on the coast first and we have a network of other poison centers, we were able to find out very quickly what the concerns were and the types of problems that these drugs cause. Our medical director then wrote up an information sheet, we sent that to all the emergency departments in Nebraska so that when it hit here, which it did, they were ready and they knew how to manage those patients. And, of course, they called us for our assistance as well. According to the Centers for Disease Control, accidental poisoning is the second leading cause of unintentional injury or death in the United States. It's second only to motor vehicle accidents. And each year our poison center handles over 42,000 incoming calls, 27,000 of those calls come from Nebraskans every year. In addition, our poison center makes over 20,000 follow-up calls to homes and healthcare facilities to continuously manage the poisoned patient. The majority of the poisonings do involve young children, 57 percent involve kids less than 6 years of age. And so, each year our poison center helps over 10,000 families that have young children. However, we do also receive calls from adults as well. Our poison center saves lives because we are there immediately to assess poisoning risk and immediately triage the patients to the most appropriate care facility. About 18 percent of our incoming calls are from healthcare providers, primarily emergency departments, intensive care, physician offices and whatnot. They rely on us to provide them with up-to-date information on how to handle poisonings because poisonings change so much. There are new drugs all the time that come out. In addition to saving lives, the poison center also saves money. We do save medical costs associated with treatment of poisoning by eliminating needless visits to the emergency departments, physician offices and urgent care centers. Seventy-five percent of the calls we receive regarding poisonings are able to be managed outside of the healthcare facility: in a home or work or wherever they are when they call us. So in just doing the math there, this results in a savings of over \$16 million in avoided healthcare costs because every year 13,000 Nebraskans with known or suspected toxic

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exposures did not need to seek emergency care. So if you think about young children the cost-savings is even greater, 90 percent of young children are able to be managed outside of a healthcare facility setting. And those parents do not need to take their children to the emergency department nor do they need to call 911 and use a rescue squad. Poison centers really are second only to childhood immunizations in their ability to provide cost avoidance in public health delivery. And several studies have shown the cost benefit of poison centers. In 1996, cost savings were estimated at \$175 per call, but a more recent study found when they surveyed parents that 70 percent of patients treated at home with the help of a poison center would have gone into an emergency department if that service was not available. And so that study estimated that \$36 in unnecessary healthcare charges were prevented for each dollar spent supporting a poison center. But despite their cost-effectiveness, poison centers are facing closure due to lack of funding. Our poison center nearly closed in 2003. And since then the Nebraska Medical Center and University of Nebraska Medical Center have collectively contributed over \$5.5 million in funding to support the poison center. And this support was intended to be temporary and cannot be continued at this level. Our poison center has done numerous things in an attempt to receive more funding. In 2009, we initiated a fee-for-service structure for Nebraska hospitals and 35 percent of those hospitals have signed an annual agreement where they contract to support our poison center. And the remaining hospitals pay by the call, so they pay \$200 for a consultation and follow up every time they call. So that support is greatly appreciated and very helpful. But our poison center still faces an annual funding deficit of about \$660,000. So fortunately there's now an opportunity for poison centers to obtain the federal funding support through the SCHIP program. And that was initiated through the efforts of the California Poison Center and also the state of Washington was able to do that as well. So we are very grateful for that and we just hope that, you know, this is something that we can continue. This is an opportunity for the state of Nebraska to support its poison center and keep its lifesaving and cost-effective healthcare services available to the 27,000 Nebraskans that use it every year. Thank you very much. [LB525]

SENATOR CAMPBELL: Questions? So you still take individual phone calls... [LB525]

KATHY JACOBITZ: Absolutely. And... [LB525]

SENATOR CAMPBELL: ...if someone calls in. [LB525]

KATHY JACOBITZ: ...the calls from the general public are free of charge. Yes. [LB525]

SENATOR CAMPBELL: Many, many years ago I had to use that service. Our son was building model airplanes and his young sister got a tube of it and started chewing on it. And my son could read and said, oh my, it says, fatal if swallowed. And so his sister kept running after him saying, what does fatal mean? (Laughter) And in any case, we got great advice when we called and we did not go to the 911, didn't call 911 and didn't

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go to the emergency room. And so it's a family story and the kids still talk about the poison control center so. [LB525]

KATHY JACOBITZ: That's great. [LB525]

SENATOR CAMPBELL: You've been in business a lot of years. [LB525]

KATHY JACOBITZ: Since 1957, yes. [LB525]

SENATOR CAMPBELL: Okay. Any others? Thank you very much. [LB525]

KATHY JACOBITZ: Thank you very much. [LB525]

SENATOR CAMPBELL: Another proponent? Good afternoon. [LB525]

JANE STONE: Good afternoon. Thank you for listening to us today. My name is Jane Stone, J-a-n-e S-t-o-n-e. I am a registered nurse with my bachelor of science degree from the University of Nebraska at Kearney. I've been practicing clinical nursing for 23 years and, of those 23 years, 15 of them have been at the Howard County Medical Center in St. Paul, Nebraska. I work both emergency department-acute care and outpatient specialty clinics. The Howard County community hospital is small but we use the poison center numerous times a year. The nurses and physicians in our emergency department call the poison center every time our hospital receives a child or an adult that has overdosed on drugs or has been exposed to any type of poisonous gas, chemical or household product. When we call the poison center, nurses quickly obtain information on the patient's status. They then assess the severity of the poisoning and provide us with immediate detailed information on how to treat the patient. They also make follow-up calls on a regular basis to check on the status of the patient. We really appreciate their follow-up calls because a poisoned patient's condition can obviously quickly deteriorate. It is reassuring to know that the help from the poison center is literally just a phone call away. It is very important that our hospital and all hospitals in Nebraska continue to have 24-hour access to the poison center's registered nurses and toxicologists. They are the experts on managing poisons. There is no way that any hospital, large or small, can keep up with the latest poisoning trends and all of the new drugs that people can possibly overdose on. Our hospital has a contract and pays a monthly fee to support the Nebraska Regional Poison Center. We gladly support them because they are such an important resource for us. They help us to provide the best care possible for our poisoned patients. They are also a valuable service for the people in our community. And as Kathy mentioned, we receive a lot of calls into our emergency department on what a child may have ingested or a plant they have eaten. We refer to the poison center right away and it does avoid 911 calls and emergency visits tremendously. They also are a valuable service to our entire community; if the poison center closed, the people of St. Paul would not have the ability to call for immediate

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advice. Again, instead they would all come to our hospital and we'd have to manage their poisonings without any assistance. This would be a great loss for our community and our state. I strongly encourage you to support LB525 so that hospitals and families throughout Nebraska can continue to receive valuable poison center services. And in closing, I'd like to read a statement from our emergency room coordinator that was not able to be here today but she would like to share this with you. "Working in our emergency room in a rural critical-access hospital, we rely tremendously on the poison control center to guide us in determining the best treatment practices for all ingestions. Just last week, we utilized the poison control center to assist us in developing the plan of care for an individual who had ingested a large amount of Benzodiazepines. With their assistance, we were able to provide the patient with appropriate treatment in a timely manner, which in turn greatly improved the patient's outcome. It worries me to think how patient outcomes will be impacted by not including the poison control center when developing a patient's plan of care. As a nurse and a manager of a rural emergency room, I want every patient that walks through our doors to receive the best care possible. Having the poison control center just a phone call away provides me and our staff with the peace of mind knowing that we can call them any time, day or night, and they will be there to assist us, and more importantly to assist our patients." And that was written from Janelle Morgan, she's a registered nurse, ER and acute care coordinator at St. Paul. [LB525]

SENATOR CAMPBELL: Thank you, Ms. Stone. Questions from the senators? Thank you for coming today. [LB525]

JANE STONE: Thank you. [LB525]

SENATOR CAMPBELL: Any other proponents? Good afternoon. [LB525]

VICTORIA BRANNON: Good afternoon. [LB525]

SENATOR CAMPBELL: We're going to, did we get the orange sheet? There we go. Okay. And your name is... [LB525]

VICTORIA BRANNON: Victoria Brannon. [LB525]

SENATOR CAMPBELL: Would you spell the name for us. [LB525]

VICTORIA BRANNON: B-r-a-n-n-o-n. [LB525]

SENATOR CAMPBELL: Okay. And go ahead with your testimony. [LB525]

VICTORIA BRANNON: I'm a mother of five and I've lived here in Lincoln for five years now. I've never had to call the poison control center before, never had issues in that

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area. But one evening I was using some rubbing alcohol, cleaning some movie disks off so I could watch a movie. And I got up to put the movie in the player and my 2-year-old son, Ashon (phonetic), he picked the bottle up and put it in his mouth and drank some of it and then spit it out. And I was terrified. I took the bottle away and I didn't know what to do except for call the poison control because I didn't know what alcohol would do to a child. So the nurse I spoke to, she was so helpful and she was calm, which I wasn't, but she was. She was responding to all the questions I had and the concerns, as every parent, you know, when you're in a situation like that, and she told me what to do and what to watch for in the next 24 hours if anything else happened to him and that it would be all right for me to sit at home and take care of him there and that the trip to the ER wouldn't be necessary. And I'm very, very grateful to the poison control center and their staff for how they treated me, what they told me and how prompt everything was. And they did call back a few days later and asked how my son was. So that's really my story. Thank you. [LB525]

SENATOR CAMPBELL: Great story. Any questions from the senators? How is he doing? What's the end of the story? [LB525]

VICTORIA BRANNON: Ornerly, he's still ornerly, it didn't change anything. (Laughter) You just got to pay more close attention, so it just rose my awareness a little bit better. So it was a good thing, all positives at the end. [LB525]

SENATOR CAMPBELL: Good, very good. Okay, thank you for coming today and sharing your story. [LB525]

VICTORIA BRANNON: Thank you. [LB525]

SENATOR CAMPBELL: Any other proponents for this bill? Welcome. [LB525]

ANNIE WEGNER: Hi. My name is Annie Wegner, it's A-n-n-i-e W-e-g-n-e-r. And I live here in Lincoln with my husband and I have four children, ages 10, 7, 5 and almost 2, and then an 8-month-old foster son. And I don't personally know anyone who works at the poison center. The poison center nurse just asked me to testify to support the poison center because we had recently had a couple of experiences, unfortunately, with our almost 2-year-old who's also ornerly. And I just wanted to make sure that this valuable service continues to be available. The two experiences that we had have been within the last year. The first occurred when we were at a restaurant and my nephew arrived. He is seven and, unknown to us, had just tried to Super Glue his broken glasses so that he could wear them to a soccer game and hugged my almost 2-year-old, didn't realize that he had done that, and he went to order his food and I turned around, she was sitting in a highchair beside me, and her eye started crusting over with a white film and she couldn't open it. And I immediately recognized the smell of Super Glue. And I wasn't sure where it had come from or what to do, but I called the

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poison center and they were able to assist me with looking for signs of if it actually had touched her eye or if it had been on the surface and then how to get it off in an unpainful, relatively unpainful way for her with oil and working it off. And I was so thankful to have someone I could ask questions of without having to make a trip to the emergency room. Obviously, we would have gone if that would have been the best course of action, but it wasn't necessary. It was nice to know another option. The second instance happened this last December. My husband and I had been discussing our plans for the evening and sent our four children to clean up their toys from the basement. And about two to three minutes later, my five-year-old asked where her sister was. And, of course, my husband and I began calling her name and searching around the house immediately. And she was up on the counter in the upstairs bathroom. In the matter of two to three minutes she had climbed onto the counter, gotten into the medicine cabinet, opened a childproof bottle of liquid ibuprofen and it was empty. And so obviously, my husband and I began to be very concerned. I immediately ran and called poison control. And they were able to walk me through how much she weighed, how big the bottle was, how much she would have had to drink in order to have it be harmful for her, and let me know what signs I needed to look for. And they were able to calm my nerves and help me decide what to do next. On both occasions I received a call back from a nurse at the poison center within a few hours, checking on my child and finding out whether she needed further action. They were very concerned and involved in my specific case, in my specific family. So I just...the poison control center helped our family during a stressful situation. It also saved us time and money. Both times I was able to receive immediate help and advice on how to care for my daughter; if the poison center was not available, I would have not known exactly what to do. I would have taken my daughter to the emergency room. Instead the poison center was able to help me care for my daughter at home. It's important that families and medical professionals in Nebraska continue to have access to the poison center 24 hours a day where they can get immediate expert advice. It has been a huge blessing to have the poison center available to our family. I have several friends and siblings that have been helped by it as well. I urge you to support LB525 so that families throughout Nebraska can continue to receive these valuable services. Thank you. [LB525]

SENATOR CAMPBELL: Any questions from the senators? And they're all well and good? [LB525]

ANNIE WEGNER: They're all well and good and busy. [LB525]

SENATOR CAMPBELL: Thank you for being a foster parent. [LB525]

ANNIE WEGNER: Thank you. [LB525]

SENATOR CAMPBELL: (Exhibits 1 and 2) Any other proponents? Anyone who wishes to testify in a neutral position? Anyone who wishes to oppose the bill? Okay. Senator

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Lathrop had waived closing. And so we will close the hearing on LB525 for the day. And Michelle Chaffee, who is legal counsel to the committee, will open the hearing on LB456, the Health and Human Service Committee's bill to change provisions relating to Health and Human Services. And good afternoon. [LB525]

MICHELLE CHAFFEE: Good afternoon. My name is Michelle Chaffee, C-h-a-f-f-e-e and I'm here to open on LB456, the Health and Human Services Committee bill and the cleanup bill for the Department of Health and Human Services. I believe that there is someone here from the department to answer any questions. But just briefly, the cleanup bill makes a number of changes. One is to change the state law regarding references to the Social Security Act and Medicaid statutes that need to be yearly updated and to be incorporated by reference. Additionally, this section authorizes the department to adopt and promulgate rules and regs and takes other action as necessary to secure federal funding matches under the provisions. It also adds provisions in law to the sharing of communicable disease, illness or poison information to control or prevent the spread of serious diseases or to diminish an imminent threat to public health. Thirdly, it changes the law relating to electronic benefits and updates in dealing with the SNAP program. It also, the bill also eliminates the advisory committee for the State Unit on Aging and it eliminates the Nursing Home Advisory Council. I believe there will be someone here from the department to provide more in detail regarding the bill. [LB456]

SENATOR CAMPBELL: Okay. With the opening on the bill, I see Mr. Winterer almost ready to stand. I'm assuming that he is here to provide testimony from the department on LB456. Welcome. [LB456]

KERRY WINTERER: Good afternoon. [LB456]

SENATOR CAMPBELL: Good afternoon. [LB456]

KERRY WINTERER: (Exhibit 3) Senator Campbell, members of the committee, the HHS Committee, first of all, I'd like to thank the Health and Human Services Committee for introducing this bill on behalf of DHHS. I am here today to testify in support of LB456. This bill contains several changes that we feel should be made to provide more effective and efficient delivery within state government, service delivery within state government. All of these changes we consider to be technical in nature and we believe reflect a cleanup of existing statutes rather than changing or prescribing any new policy. These changes include the following: Section 1 references to the federal Social Security Act and state Medicaid statutes. Nebraska Revised Statute Section 68-906 adopts by reference the federal Social Security Act as it existed on January 1, 2009. Nebraska case law provides that a state statute may incorporate by reference a federal statute, but only as to the date such state statute became effective and not all future changes in federal law. Therefore, this statute must be updated each year so any federal Medicaid

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changes that have been made are incorporated therein by reference. Section 3 of the bill relates to changing provisions relating to communicable disease and other reportable diseases. Section 3 adds provisions to Nebraska law, Section 71-503.01, related to the sharing of communicable disease, illness or poisoning information to control or prevent the spread of serious disease or to diminish an imminent threat to public health. First, this section allows the sharing of such information with Native Tribes to allow for coordination and response. Second, this section provides explicit authority to the Chief Medical Officer of the Department of Health and Human Services to release such information to the extent necessary to protect the public. This will allow DHHS to enlist the public's help in the event a particular source of contagion, such as an individual unaware of being inflected or a noncompliant patient, needs to be located. It has come to our attention that local public health departments want notice in these types of situations, so we therefore provided AM424 to address this concern. Given the potential of natural and man-made disease, illness and poisoning threats to humans, this section is important because it provides clear authority to share information to detect and locate sources of serious disease, illness or poisoning to control, prevent or diminish its effects. Section 6 of the bill changes a reference to the Supplemental Nutrition Assistance Program. The 2008 farm bill was enacted on June 18, 2008. This bill included a name change for the Food Stamp Program to the Supplemental Nutrition Assistance Program or SNAP. Nebraska Revised Statute Section 77-2704.54 relates to the purchase by electronic benefits transfer of food stamps. SNAP no longer references food coupons or food stamps. This bill will simply update the reference to the proper name for the federal program. Sections 7 through 9 of the bill eliminate the Division of Medicaid and Long-Term Care Advisory Committee on Aging. The Advisory Committee for the State Unit on Aging, also referred to as the Division of Medicaid and Long-Term Care Advisory Committee on Aging, historically played an influential role in the development of aging services in Nebraska. As the planning service areas were being configured and the Area Agencies on Aging were forming, the committee helped guide statewide review processes that ensure state-level oversight of the newly formed network. Currently, AAA advisory committees provide stakeholder input to the local and regional level. In recent years, it has been difficult to identify interested individuals to fill vacancies on the advisory committee, and currently three vacancies remain unfilled. This in turn creates difficulties. During this time of particular economic stress, elimination of the advisory committee would provide a cost benefit to the state, while the majority of the functions of the committee would continue to be carried out by other existing entities. Finally, Sections 2, 4 and 5 eliminate the Nursing Home Advisory Council. This is advisable since the Division of Public Health has established a long-term care provider group which is composed of representatives of nursing homes from across the state. This group's composition is not limited in size and attendance and can range from 15 to 25 participants. In other words, it essentially replaces the need for the Nursing Home Advisory Council by this larger and responsive group. I'd be happy to respond to any questions you may have. [LB456]

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SENATOR CAMPBELL: Questions from the senators? Mr. Winterer, I noted in the bill, on page 2, that it talks about the department will take such other actions are necessary to secure federal matching funds under the applicable provisions. Any specific ideas there about what we may be going after? [LB456]

KERRY WINTERER: Well, this is the provision, let's see here,... [LB456]

SENATOR CAMPBELL: Under the Social Security Act, I'm assuming that we're talking about any federal programs that would fit under that act. I just thought that there was something specific that we might be... [LB456]

KERRY WINTERER: No, this is just intended to, I think, change this reference. [LB456]

SENATOR CAMPBELL: I just want to make sure. Trust me, I got all excited that we might be finding additional funding. (Laugh) [LB456]

KERRY WINTERER: I think...I hate to disappoint you about that. [LB456]

SENATOR CAMPBELL: Sorry. Any other questions? But I had to check. [LB456]

KERRY WINTERER: Yes. [LB456]

SENATOR CAMPBELL: Okay. Thank you very much. [LB456]

KERRY WINTERER: You bet. [LB456]

SENATOR CAMPBELL: We will now take proponents for LB456. Anyone in the hearing who wishes to testify in favor of the bill? Anyone in the room who wishes to testify in opposition to the bill? Good afternoon. I know I always mix it up, just to see if people are awake when I call opposition or neutral. [LB456]

JAMES GODDARD: (Exhibit 4) Madam Chairwoman, committee members, my name is James Goddard, that's G-o-d-d-a-r-d. I'm submitting testimony today in opposition to LB456 on behalf of the undersigned organizations, all of whom have a direct interest in the transparency and accountability of the Nebraska Department of Health and Human Services or HHS. As you know, Medicaid is a jointly funded federal and state program that provides medical assistance to low-income individuals. Medicaid is not required, it's an optional program. But once the state chooses to participate, they have to follow federal Medicaid law. The state can also get federal matching funds to operate their programs. LB456, Section 1, would appear to provide HHS with a new broad and open-ended authority to adopt and promulgate rules and regulations and, quote, take such other actions as are necessary to secure federal matching funds under Medicaid in the Children's Health Insurance Program. This change raises some serious concerns for

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the organizations on this letter due to its broad delegation of authority. Section 1 is so broad it could be interpreted to allow HHS to take any number of different actions, which speaks to your question that you just asked Director Winterer, Senator Campbell. For example, this could be interpreted to allow HHS to circumvent the rule-making process whenever HHS alone deems federal funds to be in jeopardy. While it's very clear that securing federal matching funds is vital to the existence of the Medicaid program, securing this funding can and should be accomplished through the normal rule-making process required by law. LB456, Section 1 could create less transparency and less public input in that process. Indeed, HHS has already set some concerning precedents in this area. Just last year, HHS effectively repealed several provisions of the Nebraska Administrative Code, without following the rule-making process, when it eliminated medical assistance for unborn children. That's just one example. Several of the signatories could provide other examples. These actions took place without a law that sanctions the bypass of the rule-making process. And LB456 creates a greater likelihood of similar actions in the future. In addition, the Medical Assistance Act currently says the state of Nebraska "assents and accepts" all applicable provisions of Medicaid and the Children's Health Insurance Program. That provision adopted by reference all the relevant provisions of Medicaid and CHIP, which essentially writes those provisions into Nebraska law. Each year the HHS omnibus bill adopts those provisions anew into Nebraska law. But this year, LB456 would no longer do this. It eliminates the adoption by reference by removing the "accepts and assents" language. It's unclear what purpose that change is meant to serve, but adopting federal law by reference on a yearly basis ensures that Nebraska's medical assistance program is consistent with any changes that may have occurred in federal law during the preceding year. There seems little reason to eliminate such an efficiency. For all of these reasons, we respectfully urge this committee not to advance LB456. Thank you. [LB456]

SENATOR CAMPBELL: Questions? Senator Krist. [LB456]

SENATOR KRIST: Concisely and eloquently outlining the areas of your concern, and I appreciate your testimony. Did you go to HHS about these concerns to see if they had answers for your questions? [LB456]

JAMES GODDARD: No, no we did not. [LB456]

SENATOR KRIST: Can I ask why? [LB456]

JAMES GODDARD: Well, Senator, it's something of a long answer. Part of that answer would be and part of my answer has to be I'm speaking for other organizations. Though all of those organizations didn't get together and talk about that until recently, so that wouldn't have been possible. So I can't speak for other organizations, I can only speak for my own. And we did not go and discuss this with HHS. And part of the reason for that, Senator, is because it seems...I feel that I understand the reason for this change,

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and that is in order to make very certain that you can receive...you're definitely going to get federal funding. And our concern...we agree that that's important. Our concern is that the rule-making procedures be followed in order to secure federal funding. So in a nutshell, I believe that my organization and Health and Human Services might have a difference of opinion on what can and cannot be done in order to secure federal funding and that is playing out in current litigation. [LB456]

SENATOR KRIST: Okay. Thank you for your honesty. [LB456]

SENATOR CAMPBELL: Senator Cook. [LB456]

SENATOR COOK: I think you might have just answered what question I had. Would you, just representing Nebraska Appleseed today, be able to craft a proposed amendment to this bill that the committee might consider or would your litigation be in the way of that? [LB456]

JAMES GODDARD: No, I don't believe so, Senator. Again, only speaking for Appleseed, I can't speak for anyone else, the way to amend it would be essentially to leave everything the same except for crossing out the year and changing it to 2011. That would be our position on how to address the concerns that I just mentioned, meaning you continue to adopt all of the relevant federal provisions and that's updated to this year. That would be the amendment that we would suggest. [LB456]

SENATOR COOK: Okay. Would you be willing to have it crafted and talk about that with the agency, just speaking for Appleseed or putting together as many of these folks as possible to get something together as we go forward? [LB456]

JAMES GODDARD: I believe so. [LB456]

SENATOR COOK: Okay. Well, thank you. [LB456]

SENATOR CAMPBELL: Follow-up questions to Senator Cook? I have a follow-up question. Mr. Goddard, you were talking that change would only need to be on page 2 in the section that's referenced. Correct? [LB456]

JAMES GODDARD: Yes, Senator. I can't speak to any of the other sections. The only authority I have is to speak to Section 1. [LB456]

SENATOR CAMPBELL: Okay, okay. Any other questions? Okay, thank you, Mr. Goddard. Others who wish to provide testimony in opposition? Good afternoon. [LB456]

BRENDON POLT: (Exhibit 5) Good afternoon. My name is Brendon Polt, B-r-e-n-d-o-n P-o-l-t. I'm representing the Nebraska Health Care Association and its membership of

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over 200 nursing homes and 200 assisted-living facilities, both proprietary and nonproprietary. I do want to point out that my testimony in opposition to LB456 only pertains to the sections that eliminate the Nursing Home Advisory Council. I also want to say on the record that our organization appreciates that we were consulted before the department moved forward with this bill. Sometimes you agree to disagree. My testimony will explain why I think the Nursing Home Advisory Council is distinguishable from the long-term care provider group. Nevertheless, they didn't just do this, they asked us first and we're left with a difference of opinion. That's life. The long-term care provider group, as Director Winterer indicated, is a group that our members value. It's a large group of providers that seems to be growing, estimated 25 to 30 people can go. No one is turned away. Anytime you can bring a group of providers together to talk about issues of importance to that provider group there's going to be value to that provider. The Nursing Home Advisory Group, on the other hand, includes not just nursing home administrators but, per statute, also includes a nurse, a physician, a surgeon, a dentist, a pharmacist, state and local government representatives, the public, and also providers. And we have two members that are members of that organization. And they can speak to why they see it is valuable to bring that expertise together to talk about high level issues: survey, regulation, how nursing homes should operate. And there's a lot of expertise in the room when those meetings are held. So it's distinguishable on what takes place, whereas the long-term care provider group is: here are some updates about things going on this year, what do you think about it. There's no requirement in statute that that organization or that workgroup exists, so it could be pulled at any time. So, I guess, I don't want my testimony to be interpreted as get rid of the long-term care provider group, we want to keep the advisory group; if we can keep them both, let's do it. Important to my testimony is the fiscal note. Any costs associated with the Nursing Home Advisory Council are not paid by the state. When that group was created it was agreed and it's in statute that the trade associations will pay any costs. So we're not here saying we don't want to see any efficiencies. If there's no cost savings, the nursing homes will tell you that they find it valuable. We'll also, we can just...if you look at the statute and look at the expertise in the room when that group meets you can see why there would be value to providers to have that level of expertise. So we would ask that you visit the notion that there is...it's purely technical to get rid of that council. That's certainly not the way our members see it. And I can entertain any questions. [LB456]

SENATOR CAMPBELL: Questions from the senators? Could you...Mr. Polt, how many people serve on the provider group? And I may have missed that. [LB456]

BRENDON POLT: The long-term care provider group does not have an official membership, it has been by invitation. I don't know if they restrict that invite. I know that just based on the size of the room, it has always been about 30 people. But as I understand it, it's kind of an open meeting, if you're interested, you can get on the list. [LB456]

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SENATOR CAMPBELL: And how often do they meet? [LB456]

BRENDON POLT: I'm going to let someone behind me correct it, but I want to say that's...no, I better not answer that question. I'm not certain. [LB456]

SENATOR CAMPBELL: So its intent is to bring any interested provider who would like to come to the meeting to hear updated information, right? [LB456]

BRENDON POLT: Yes. And as the two members of the Nursing Home Advisory Council will tell you, they usually have the meetings at the same time so the people that are here representing the Nursing Home Advisory Council can also speak to what takes place at the provider meetings, because they're right...my understanding is they're always right before them. So I have not, myself, been to the provider group meeting. But I just...you look through all the bills and I saw this one, it just strikes the code. You don't see it right off the bat what happens in this bill. The more people I talked to, the more I said, you know, we better have some people come that sit on these panels so you can ask them questions. [LB456]

SENATOR CAMPBELL: Right. Would all of the providers who attend the provider meeting be precluded from attending the other advisory group? [LB456]

BRENDON POLT: No. In fact, the members of the...the nursing home provider members of the advisory council attend the provider group meeting too. I think they're right before. So then it's just a different agenda. The advisory council will look at things like formal changes to regulations and talk about whether or not that would be good or bad for the care of seniors in the state. Whereas there would be updates that the department would like to communicate to the provider group...would be in the provider group meeting. [LB456]

SENATOR CAMPBELL: Okay, thank you for your testimony. Others in the room who wish to testify in opposition? [LB456]

JOHN TURNER: Good afternoon. My name is John Turner, T-u-r-n-e-r. I am nursing home administrator at Huntington Park Care Center in Papillion. I'm also a member of the Nursing Home Advisory Council. I'm here to testify in opposition of that part of the language only. At our last Advisory Council meeting, as a collective group we weren't sure what was going to happen and voted that we come forward and let you guys know that we think the Advisory Council does matter and we would like to see it continued from that standpoint. The long-term care provider group though meets, is informational only. It doesn't really discuss impact issues and how we might address concerns to Health and Human Services specifically from that standpoint. So there is a clear difference from that standpoint. So I'm just here to testify in opposition. Questions?

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[LB456]

SENATOR CAMPBELL: Questions from the senators? So at this point, you don't necessarily see the two agendas as meshing? I mean, if the meetings are open to anyone who wants to come,... [LB456]

JOHN TURNER: For the provider group, correct. Yeah, the other is a set agenda for the Nursing Home Advisory Council. So there are separate agendas for that. So the convenience part is that a lot of times we're coming together for the long-term care provider group and we'll just stay after for the Nursing Home Advisory Council because of convenience versus coming back again. [LB456]

SENATOR CAMPBELL: Do all the providers stay? [LB456]

JOHN TURNER: No, no, just the designated members on the Advisory Council. [LB456]

SENATOR CAMPBELL: So you have to be designated as a member on the Advisory Council? [LB456]

JOHN TURNER: Correct. [LB456]

SENATOR CAMPBELL: The meetings are open, I'm assuming, from the open meetings law? [LB456]

JOHN TURNER: Correct. [LB456]

SENATOR CAMPBELL: But the provider that's sitting there who's not a member could not participate, could not raise their hand and say, I'd like to speak to this issue? [LB456]

JOHN TURNER: They haven't at this point in time. [LB456]

SENATOR CAMPBELL: Okay. So it has really been kind of the members only of the Advisory Committee. [LB456]

JOHN TURNER: Correct. [LB456]

SENATOR CAMPBELL: Okay. Any other questions? Thank you for coming today. [LB456]

JOHN TURNER: All right, thank you. [LB456]

SENATOR CAMPBELL: Others in the hearing room who would like to testify in

opposition. Welcome. [LB456]

PAMELA GRIFFIN: (Exhibit 6) Thank you. Good afternoon. Thank you for the opportunity to speak to you, Senators. I am here in opposition of LB456. My name is Pamela Griffin, P-a-m-e-l-a G-r-i-f-f-i-n. I am a long-term care administrator and I am also an independent owner of Birchwood Manor in North Bend. And I've served on the Long-Term Care Advisory Council, as a governor-appointed position, since 2005. My testimony is in opposition to LB456 in which it relates to the elimination of the Nursing Home Advisory Council. Very important in the information to be provided is the history of the Long-Term Care Advisory Council most recently. Since 2005, the Long-Term Care Advisory Council, under the direction of the Department of Health and Human Services, has only been a participant in the long-term care provider group. As a participant in the long-term care provider group, we are there to receive information, provide some input (inaudible), but really very little advising is being done. The long-term care provider group is a group of 25 to 30 people, some by invitation, but it is an open meeting. And as you can imagine by your small group here, to utilize a group of 25 to 30 people as a functional advisory system is not very functional. So the long-term care advisory group does serve a purpose separate from the long-term care advisory...(laugh) I'm going to get those two screwed up at some point. The long-term care provider group is not as functional as an advisory council. And again, that's not our recommendation that we combine the two or one replaces the other, but they both actually have a purpose. In 2009, it became evident, through representatives of the Department of Health and Human Services that were leading the long-term care provider group, that the Long-Term Care Advisory Council was not functioning in the capacity that it should have been. And that was brought to the attention of the members of the Long-Term Care Advisory Council. At that time, the Long-Term Care Advisory Council did step forward and take interest and action on the intent of their committee. They met, they elected officers and they began to evaluate those things that they could take a positive role in the industry by devising through their intended positions on the council. The council is an interdisciplinary council and has a vast majority of representation, as Brendon had mentioned. And that also allows other than the long-term care provider group to ensure an interdisciplinary approach to the information that's being reviewed, recommended and advised that it has made. I do also want to point out since budget is such a significant issue this year that this is not a budgetary impact issue for the Department of Health and Human Services. So I just want to make sure that there's not any misconception that it is possibly a factor of budgetary impact in the consideration of eliminating this committee. The long-term care provider group is not a substitute, as I mentioned before, for the Long-Term Care Advisory Council. The long-term care providers and the interdisciplinary groups that support long-term care in our state, I feel, have the right to have an advisory council that supports its position, evaluates information that is distributed by the Department of Health and Human Services and is allowed the opportunity to have feedback. The long-term care provider group is being done at the voluntary commitment of the Department of Health and

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Human Services employees. Should that employee change or should the position of the Department of Health and Human Services change on the need for the Long-Term Care Advisory Council and the...on the need for the long-term care providers group and in addition, the Long-Term Care Advisory Council be eliminated then the long-term care providers would no longer have a source of receiving information, evaluating information and providing feedback in a way that's appropriate for their industry. I'm open to questions. [LB456]

SENATOR CAMPBELL: Questions? Senator Howard. [LB456]

SENATOR HOWARD: Thank you. Thank you, Chairwoman. The question is so obvious. Why do you think that they're proposing an elimination? [LB456]

PAMELA GRIFFIN: The only thing that I can think of is maybe there was a question of what has this council done. And the answer to that question may have been very little. At the same time, those that were appointed to the position were responding to the recommended obligations that they had. Those recommendations were being provided to us by Department of Health and Human Services. Once we had the opportunity to do more we did. But it has only been a year. So to say that it's a dysfunctional committee that does not have purpose, I don't feel that there is enough history or reasonable information to make that decision. [LB456]

SENATOR HOWARD: So it sounds like there's two things here. First off, this hasn't really had a chance to prove its worth in this limited period of time. And second, it does sound like you're doing a lot with what you have in terms of sharing information with one another. [LB456]

PAMELA GRIFFIN: Yes. And the ability of those on the Long-Term Care Advisory Council to be participating in the long-term care provider group is a very functional relationship. [LB456]

SENATOR HOWARD: Okay. [LB456]

PAMELA GRIFFIN: But at the same time, the provider group is not a good advisory council situation. [LB456]

SENATOR HOWARD: Okay. Well, thank you for the information. [LB456]

PAMELA GRIFFIN: Um-hum. [LB456]

SENATOR CAMPBELL: And you said that because the provider group would not have the representation of other health disciplines? [LB456]

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PAMELA GRIFFIN: Right. There is no statute requiring the provider group. There is no statute requiring the interdisciplinary participation on the provider group. And because there's no limit to those who participate in the provider group, it's not a small enough group to be conducive to making real decisions that can be applied. [LB456]

SENATOR CAMPBELL: Any other questions? Thank you for your testimony today. [LB456]

PAMELA GRIFFIN: Thank you. [LB456]

SENATOR CAMPBELL: Others who wish to provide testimony in opposition? [LB456]

JOHN LINDSAY: Senator Campbell, members of the committee, my name is John Lindsay, L-i-n-d-s-a-y, appearing as a registered lobbyist on behalf of the Nebraska Association of Trial Attorneys. We take position only with respect to Section 3 which includes an immunity provision, immunity from liability provision in it. And frankly, one I didn't catch when I was reading these, because it's an existing immunity provision. And that's, Senator Campbell, because it was brought to my attention a little late. I apologize for not giving you a heads-up of my position ahead of time. The immunity provision is on page 5, lines 9 through 13. And it is in existing law, which is why I didn't catch it, it wasn't a change. But that provides immunity from liability for any of the activities in Section 3. If we look at Section 3 and it starts on the prior page, it is protecting actions of basically government entities taking action with reports internally. If you'll note, at the bottom of page 3 it talks about that the reports or notifications and resulting investigations shall be confidential. It talks further, they're not subject to subpoena, they're privileged, they're inadmissible, taking pains to make sure that this information, because it is information about communicable diseases, sexually transmitted diseases should be, I believe, treated confidentially except in the most extreme cases where the public health is at risk. If we go down further, and this is the original reason why that immunity from liability exists. It's on page 4, lines 5 through 12. It's the reports that they disclose, HHS would disclose to CDC. And if you note, on lines 11 and 12, those reports are made in such a manner as to ensure that the identity of any individual cannot be ascertained. So the Legislature, when previously drafting this area, was very concerned about the privacy of individuals and the disclosures of those...of the type of information. The problem we see with this particular provision is that now in the new language we're talking about public disclosure. We're talking about taking that information that the state has in the past made...the Legislature has in the past taken pains to make sure remains confidential is now authorized, the department is now authorized to publicly disclose that information. And because of its placement in the statute, it is covered that if they make the wrong call, if they say Joe Smith has this particular disease and do a public attempt to locate him, if they got it wrong, you're not going to unring that bell. That bell has been rung and there's nothing they can do about that. But the department, even if totally negligent, just blew it, would not have any responsibility for that action. So we

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have a concern with expanding this existing immunity provision. Would suggest that if it's important that the department be authorized to take this action that it be in a stand alone area where it is not subject to that liability, so that there is that pressure that as the department is deciding whether to make that public call that they make sure that they have to jump through every hoop to make sure they get it right, because as our standing position is with immunities from liability is that when you're not accountable for your actions you're less likely to be very careful in taking those actions. Be happy to try to answer any questions. [LB456]

SENATOR CAMPBELL: Questions? Mr. Lindsay, are you saying that the new portion that is on page 4 should be separate from the...from Section 3? [LB456]

JOHN LINDSAY: That is one way drafting wise, one way to make it separate from that immunity provision that's already existing in Section 3. [LB456]

SENATOR CAMPBELL: Okay. [LB456]

JOHN LINDSAY: There are other ways, drafting wise, I think, that you could say that those...this particular...this new language is not subject to the immunity provision that follows. That's a drafting issue. But that's...how it gets drafted to that position we don't have a particular concern about. [LB456]

SENATOR CAMPBELL: It could be its own section? [LB456]

JOHN LINDSAY: I would presume so, that drafting wise it could be done. I think that is one way to take out that nexus between the immunity and the new language. [LB456]

SENATOR CAMPBELL: Questions? Senator Wallman. [LB456]

SENATOR WALLMAN: Thank you, Chairman Campbell. Thank you for being here, Counselor. Do you have any concerns about the advisory council having any liability on themselves or not? [LB456]

JOHN LINDSAY: I don't, I mean, it's advisory by nature. I can't imagine where liability would step in. The department ultimately would have the right to act on whatever advice they give. [LB456]

SENATOR WALLMAN: It would be on the state or whatever? Yeah, thanks. [LB456]

SENATOR CAMPBELL: So, Mr. Lindsay, I just want to be very clear as to you're saying that the person who is making those announcements should not be immune from...actually, should not hold immunity? [LB456]

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JOHN LINDSAY: That would be correct. [LB456]

SENATOR CAMPBELL: And because of the public nature that they're disseminating the information? [LB456]

JOHN LINDSAY: Yeah, the difference...the original language is a release of information to CDC,... [LB456]

SENATOR CAMPBELL: Yes. [LB456]

JOHN LINDSAY: ...which presumably has its own internal controls on dissemination of information. That's why that immunity from liability, releasing it to an entity which itself would use it internally, that's why that immunity is not, I guess, as bad to us as disclosure to the public at large of that same information that we've tried to protect in the past. [LB456]

SENATOR CAMPBELL: Or to a particular group in order to identify someone. I'm assuming that you're also talking about if they send out information to hospitals trying to identify a particular patient who might have a disease. Am I using a correct example there? [LB456]

JOHN LINDSAY: I think that would be. I assume that there is a...and I'm by far not an expert in this area at all, I'd defer to the department on how those types of notifications are made. I assume they would have a series of options, depending on whether it was limited to a particular practice group in a particular community on up to hospitals within a community, statewide, public dissemination of information. I would assume there's a whole series of actions. But I think we have to, from a legislative standpoint the Legislature has to act within the most serious, even if it's rarely if ever used, have to be aware that that could be used in, like I say, for the person that it's improperly used against, it's a big deal. [LB456]

SENATOR CAMPBELL: (Exhibit 7) I understand. Okay. Any other questions? Thank you very much, Mr. Lindsay. Others in the hearing room who wish to testify in opposition? Okay. Anyone who wishes to testify in a neutral position? Okay. Ms. Chaffee or Mr. Winterer, do you have any closing comments? Okay. With that, we will close the public hearing on LB456 and I'll ask Senator Gloor to take over as we move to LB602. [LB456]

SENATOR GLOOR: You may start please and be sure and spell your name. (Laughter)

SENATOR CAMPBELL: Okay. Good afternoon, colleagues, on the Health and Human Services Committee. I'm Kathy Campbell, K-a-t-h-y C-a-m-p-b-e-l-l. And I introduced LB602 regarding Medicaid amendments, options and waivers. LB602 is intended to

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save state General Funds by directing the Department of Health and Human Services to apply for Medicaid waivers, amendments and options that would reduce General Fund expenditures. There are a myriad of waivers available through the federal Medicaid program, but I am not sure how many of them would reduce General Fund expenditures. One purpose for introducing the bill is to receive information from the Division of Medicaid and Long-Term Care on what waivers, amendments and options are available. This bill was also meant as one mechanism to deal with the budget shortfall. If the committee would determine it wise to proceed, I have indicated to Director Chaumont that we would have a discussion with her on any options that she may see coming forward, because if we're going to use this from a budgetary standpoint we'd need to know that. While I appreciate the operation cuts that the Department of Health and Human Services will have, and people have mentioned to me their concerns about that, the restraints on staff that those operation cuts may entail, I do believe we are at a period to look creatively for waivers and programs that could help the state of Nebraska and at the same time our citizens. I realize the bill is a very broadly worded bill, but when it was introduced we did not know at that point exactly how we were going to proceed on the budget. And we so often hear in the state there...boy, there are programs that we should be applying for that we think would save us money. On the other hand, we need to be very cognizant that we can't just say to the director, well, start researching everything from A to Z and then come back and tell us. I mean, we recognize that that's a very, very long laundry list. However, should we be at a point as a committee, and we really are searching and need help for budget-creative ideas that might save us some money, I would certainly hope that the committee could utilize this bill in discussions with the director to come up with some ideas. And with that, there are some people I think who have come to testify today who may have some ideas about some programs. And I have encouraged Director Chaumont not to feel one whit guilty if she wished to testify in opposition and outline what she may see as some concerns, because I want the committee to understand the full picture here. This is one option for us to look at. Thank you. [LB602]

SENATOR GLOOR: Are there any questions? Senator Krist. [LB602]

SENATOR KRIST: Thank you. I'm having a problem differentiating fundamentally, philosophically between LB602 and LB540. It seems to me that the two bills fundamentally are doing the same thing. One may be a little more focused than the other. Can you speak to that. [LB602]

SENATOR CAMPBELL: I think one is very focused, Senator Krist. This one was probably more broadly written in case we needed to deal with it from a budget standpoint. But, no, I think LB540 is very focused. [LB602]

SENATOR GLOOR: Other questions? Senator Bloomfield. [LB602]

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SENATOR CAMPBELL: Did I not answer that, Senator Krist? [LB602]

SENATOR KRIST: I'll... [LB602]

SENATOR CAMPBELL: Tell me how you would look at LB540. Maybe I'm missing something there. [LB602]

SENATOR KRIST: Okay. LB540 relates to the state Medical Assistance Program, Medicaid. The bill requires the Department of Health and Human Services to apply for Medicaid waiver or an amendment to an existing waiver for the purpose of providing, dah, dah, dah, dah. The bill requires the department, LB602, the bill requires the department to choose between, and again, shall apply for and use to the maximum extent possible all the amendments, options and waivers available to the state of Nebraska. We're asking them to go out, in this case, fundamentally and look at just a focus. This one we're asking them to go shotgun it and do the whole... [LB602]

SENATOR CAMPBELL: And I suppose, Senator Krist, I view this bill more as a shell bill in order to say when we get down to it with the budget and we need to sit down and talk to the department, and is there any other waiver out there, is there anything else that we should be looking at? That's what I'd hoped to use this bill for. [LB602]

SENATOR KRIST: Okay, thank you. [LB602]

SENATOR CAMPBELL: Um-hum. And I apologize for...I wasn't clear about that. [LB602]

SENATOR GLOOR: Senator Bloomfield. [LB602]

SENATOR BLOOMFIELD: Thank you. I have a little question around "any and all." Seems like there's something that we don't like, we're kind of tying ourselves into using it anyway? [LB602]

SENATOR CAMPBELL: Could you tell me, Senator Bloomfield, I didn't bring the bill up, I apologize. [LB602]

SENATOR BLOOMFIELD: The department shall apply for and use to the maximum extent possible any and all amendments, options and waivers available to Nebraska under the Medical Assistance Program. [LB602]

SENATOR CAMPBELL: Yes. [LB602]

SENATOR BLOOMFIELD: So if there is something that we really detest are we still obligated to it? [LB602]

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SENATOR CAMPBELL: Oh, if there's something we really detest, no, I think we'd all have to agree on bringing it forward. I can't imagine that seven of us would detest something, and then still take it to the Legislature, that we couldn't discuss on the floor. But if in discussions with the director, and the director came forward and said, well, if you need this for our budget, let me suggest that we might look at this piece. And all of us sitting on this committee went, no, I don't want to look at that, I think it's highly doubtful that we'd bring it forward. But at some point I thought we might need a bill such as this and that's why I put the bill in. [LB602]

SENATOR BLOOMFIELD: I would wonder about changing "shall" to "may" then. [LB602]

SENATOR CAMPBELL: You know, Senator Bloomfield, we could do that, although we're going to hold LB602 unless we...and look at very specific ideas rather than just saying to the Legislature, we're going to have them look A to Z for absolutely everything. I think we'd probably want some parameters on that. [LB602]

SENATOR BLOOMFIELD: Okay. [LB602]

SENATOR GLOOR: Other questions for Senator Campbell? Thank you very much. [LB602]

SENATOR CAMPBELL: Thank you. [LB602]

SENATOR GLOOR: Testimony, proponents for this bill. [LB602]

JENNIFER CARTER: (Exhibit 8) Good afternoon. My name is Jennifer Carter, that's C-a-r-t-e-r. I'm the director of public policy and healthcare access at Nebraska Appleseed and also their registered lobbyist. And we're here to testify in support of LB602. And I apologize as maybe we had a different initial interpretation of the bill. What we thought was so helpful about it is that as Appleseed has worked on Medicaid issues for about 15 years, we have, throughout those years, often worked in conjunction with providers and advocates and other direct service providers to encourage the department to take advantage of opportunities under federal Medicaid law that would increase efficiencies in the program while still improving care for recipients. And a lot of times these can lead to long-term savings. There have been, you know, oftentimes where that has been met with some resistance. I think one example is for about 15 years we've been covering legal immigrant children in Nebraska using state-only funds. An opportunity arose with the passage of the Children's Health Insurance Reauthorization Act in 2009 to actually get federal funding at a 70 percent rate, in general, to help pay for coverage of those children. That was not something that the department chose to voluntarily take up, despite significant savings to the state. And

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LB1106 needed to be passed last year in order for them to take advantage of that. And we're very happy to say that they have. So I think what we thought LB602 would do was provide some kind of authority and guidance, and I think the guidance is really important here, that HHS would be able to pursue those opportunities without needing a specific piece of legislation every time. But having said that, I think what becomes really important is that there needs to be clear standards. And so we had a few thoughts about the language in this bill that maybe...just to make sure we don't...that the different standards don't create a conflict. So the first section that requires HHS to reduce and maximize General Fund dollars makes sense. I think sometimes we were worried that would be a conflict in and of itself because there are times where you can maximize and leverage your state dollars without necessarily reducing the General Fund dollars. You don't necessarily increase it, but you'd be maximizing. And it does have to happen both at the same time. Our other concern was whether that provision to "reduce and maximize" might create a...be in conflict or a little bit confused with the other standards that we think are important, that any choice of amendment, option or waiver result in the greatest number of persons becoming eligible and the greatest amount of federal funds coming to the state, which we think are good standards. But there are times where I think you could interpret "reduce and maximize" to just scale back the program. And that would not necessarily make the greatest number of people eligible or maximize federal funding. So we wondered if it should be "reduce or maximize." I also thought that perhaps the conflict comes in part because the standards of making the greatest number of persons eligible and maximizing federal dollars only seems to apply if there are choices that they're trying to decide between. And it seems that maybe what this needs to apply to, those standards just should apply to any amendments or waivers or options that they're looking at, that they're always going to be weighing: is this going to make people eligible? Are we going to maximize federal dollars? And look at all of those together. And that those language tweaks might help resolve conflicts and make it clearer to the department what kind of standards they might want to look...what lens they want to use as they're looking at these options. The only other thing we were concerned about is that we would love to have it be clear that this would allow HHS to take advantage of opportunities that invest in the program. So those are the kind of things that might maximize the General Fund dollars but may not show an immediate reduction in General Fund dollars, but in the long run we'd see really significant savings and more efficiencies in the program. And so, we'd love to see those kind of things included. I see my yellow light is on. The only other thing I would say is we weren't totally clear on the fiscal note, why a separate program analyst would be necessary since as just participating in the Medicaid program it seems like these are things that I would expect the department is always looking at as opportunities already. So in general, we obviously don't want to lose any transparency or oversight over the Medicaid program. But I think LB602 with clear standards wouldn't sacrifice that and that could still happen but might provide an opportunity where we're not having to pass specific legislation to get things done every time. I'm happy to take any questions.

[LB602]

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SENATOR GLOOR: Thank you. Are there questions for Ms. Carter? Apparently not. Thank you. [LB602]

JENNIFER CARTER: Thanks. [LB602]

SENATOR GLOOR: Other proponents. [LB602]

JULIE ERICKSON: (Exhibits 9-11) Senator Campbell and members of the Health and Human Services Committee, my name is Julie Erickson, it's J-u-l-i-e E-r-i-c-k-s-o-n, and I am a registered lobbyist and representing the Nebraska Psychological Association today. I am also passing out a letter in support of LB602 from the Nebraska Association of Behavioral Health Organizations. And we take a little bit different perspective of this bill. So I just wanted to kind of give you a little flavor. The Nebraska Psychological Association represents a little bit more than 300 Ph.D. licensed psychologists in the state of Nebraska. And we want to thank Senator Campbell for introducing this because I think it gets a real important issue out here and, hopefully, it will garner some collaboration between the legislative and executive branches of state government. In particular, we rely on this system for behavioral health services in the state of Nebraska. And in the case of a lot of services in this area, we rely more heavily on the public system. Medicaid was enacted by the federal government to help states fund health services to low-income individuals. And in some cases the match rate can be as much as 90 percent federal funds, 10 percent state funds. So it makes a lot of sense to put a program together that saves money and hopefully provides and increases access for Nebraskans that need these services. In behavioral health, Medicaid is even more important because these services many times were not covered in the private insurance market until a parity amendment was enacted over ten years ago and recently reenacted at the federal level. We still have a long ways to go to ensure that families do not struggle to get coverage. But progress certainly has been made in the last ten years in particular. In 1995, the Nebraska Legislature passed legislation that directed the state of Nebraska to apply for what was called the Medicaid Rehabilitation Option. This was the first real mental health reform measure, leading the way to behavioral health reform passed in the form of LB1083 just a few years ago. Way back in 1995, psychiatric rehabilitation services were a modern technology for helping people with disabling psychiatric conditions to lead productive lives. Languishing in state hospitals and living marginal lives was no longer acceptable and certainly is not today. The Medical Rehab Option would allow these adults to access community-based services and dramatically change the status quo of 16 years ago. It was an important change because the state could draw down more federal dollars while putting up a reduced match while these dollars would be used specifically to make community-based rehab services with the goal of getting the mentally ill back into society with the skills, treatment and medication needed to make them productive citizens. The state of Nebraska originally refused to apply for the waiver needed to implement this optional service. We worked over three

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years to educate, at the time, the Department of Social Services, which is what it was called then, to make such needed change. Finally, we went to the Legislature and eventually won over the administration and Governor Nelson signed the mandate into law and the option was applied for and approval was given by the federal government. Although actual implementation was not necessarily an easy task, some new community-based psychiatric rehabilitation services developed across the state because of the new funding. As with any reform, it continues to be tough going, but it was the precursor to LB1083, which reformed the behavioral system overall. Ultimate success in those efforts cannot yet be judged, but for us, doing nothing was not an option. Being able to identify alternatives to draw down more dollars in Medicaid takes some extra time and energy, but we believe it should be something that is done right now. Clearly, the LB602 fiscal note says it is not. We are so focused on the bottom line in Medicaid we don't see the opportunities that will allow us to save dollars. The federal government actually provides those opportunities--knowing what they are and taking advantage of them seems to be our dilemma. LB602 sets a priority of finding these opportunities and working with the executive branch. And if we didn't have to move mountains to get there, we could devote our energy in getting quality health services to Nebraskans rather than wasting time and money to getting the Department of Health and Human Services to even look at the options. Right now we look at Medicaid as an ugly stepsister that costs too much money and needs to be cut out of the family fortune. In reality, it should be looked at as an asset that with the right expertise can be used to not only serve Nebraskans, but actually save state dollars in the long run. I have also passed out a sheet that is...it's actually fiscal year 2006, "Nebraska Medicaid General Information." It lists all of the program changes from 1985 to present. And if you look on page...the second to the last page, item number 41, you'll see when the department implemented the rehab option in Medicaid. And in fact, it took another year and a half to get the regulations in place. And I will say that we still continue to have issues with those regulations. [LB602]

SENATOR GLOOR: You had said from 1985 to present, you mean up until and through fiscal year '06? [LB602]

JULIE ERICKSON: Two thousand six, yes, this sheet is from '06. I do not know, this is what we can find, if you've received an update on this sheet in recent years or not. So this is the most recent one we could find. [LB602]

SENATOR GLOOR: Okay. Are there other questions? Senator Krist. [LB602]

SENATOR KRIST: In your opinion and representing the psychological behavioral health area, are there enough consistent programs out there on the federal level so that we don't create another cliff in a particular area if we go out and find funding for a particular program, we meet the federal regulation and with the changes in healthcare that program or programs are yanked away, are we creating a chasm or cliff that we can't

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fill? [LB602]

JULIE ERICKSON: I think what you see now is a realization that behavioral health services, so mental health and substance abuse services, have not been supported financially in the private sector particularly well. We have private insurance that did not step up until recent years to really cover those services. And so the public sector really had to cover them. And that is why you've seen a lot of particularly children and young families that ended up in the public system, not only because they were low-income but because they couldn't buy insurance to cover these services that they needed. And usually it got to the point where they were desperate and they had to go somewhere. And I think you see this in the foster care system, too, that there was nowhere else to go, so this is where we had to go. The federal government actually has implemented healthcare reform that does establish the opportunity for insurance exchanges to be implemented in the state. And in that legislation I want to recognize that there is mental health parity. They have to cover both physical and mental health services. And we're hoping that that will shift some of the cost and the coverage back into the private sector, where it really should be in a lot of circumstances. And families shouldn't be forced into the public system so much. And so I would say there has been a recognition that something needed to be done, and that hopefully we aren't going to see a cliff effect. Hopefully, we're going to see a private market open up so that some of these services can be private for private insurance. [LB602]

SENATOR KRIST: Thank you. [LB602]

SENATOR GLOOR: Other questions for Ms. Erickson? Thank you, Julie. Other proponents. [LB602]

KORBY GILBERTSON: Good afternoon, Vice Chairman Gloor, members of the committee. For the record, my name is Korby Gilbertson. That's spelled K-o-r-b-y G-i-l-b-e-r-t-s-o-n, appearing today as a registered lobbyist on behalf of the Family Planning Council of Nebraska and the Nebraska Health Care Association in support of the legislation. I'll start with Senator Krist's question about LB540 and is this just LB540 in another version. I think you've seen by the other testimony that it's not. And I think, in fact, you've seen another bill today on the poison control money that that's another form of Medicaid waiver that the state has to apply for. And I think that we've seen through...since 2005, when the state did the Medicaid Reform Task Force, and that group met for a very long time, Senator Campbell was on that group as was Senator Don Pederson, that they came up with numerous recommendations. I think less than a handful were actually done, taken through by the state to do anything with those recommendations. So I think it's...when I look at this bill I thought more of it's the Legislature saying, wait a minute, we need to find out a way to figure out how to maximize our General Fund dollars and look what the feds can give us insofar as matching funds. I know that there...several years ago the Legislature did a Medicaid

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waiver for food stamps that, obviously, came from an outside group. So, I guess, one of the other questions that I would ask is, is it the Legislature's job to be looking at this or is this something that HHS should be looking at? To continually try to look at options to go with our Medicaid plan that we have right now, based on the fiscal note it would cost about \$35,000 to have someone there that could do this on a full-time basis. So I think that that's something else to look at. I did want to touch on the family planning amendment or waiver that would be available, because obviously the Family Planning Council, that's something they are very interested in. I won't try to repeat everything they said on LB540, I just wanted to point out a few things. The Family Planning Council represents clinics all over the state of Nebraska: Grand Island, Fremont, Gering, Chadron, Columbus, Tecumseh, Hastings, North Platte. These obviously are places where there aren't a lot of other options for these people to get healthcare and it's basic preventative healthcare. I think too often we get focused just basically on birth control, abortion. Abortion has nothing to do with this at all. The money can't be used for it, it can't be used for counseling for it, the issue of what are these services. These are services for basic STD tests, basic preventative care like PAP and chlamydia tests, make sure people don't have cancer. And in many states their family planning is even extended to men to do basic checkups, annual checkups for men. And that would be one thing that would be an option if we chose to do the amendment. The Health Care Association also supports this bill. There is a current Medicaid waiver program for elder care. There are also home and community-based waivers for Medicaid that are active and ongoing. So those are just other options. And we think the state should continue to look for more ways to save money, especially in light of the cuts we're looking at right now. I'd be happy to try to answer any questions. [LB602]

SENATOR GLOOR: Are there any questions from the senators? Seeing none, thank you. [LB602]

KORBY GILBERTSON: All right, thank you. [LB602]

SENATOR GLOOR: Other proponents. Anyone who would like to speak in opposition? [LB602]

VIVIANNE CHAUMONT: (Exhibit 12) Good afternoon, Senator Gloor and members of the Health and Human Services Committee. My name is Vivianne Chaumont, V-i-v-i-a-n-n-e C-h-a-u-m-o-n-t, and I'm the director of the Division of Medicaid and Long-Term Care with the Nebraska Department of Health and Human Services. I'm here to testify in opposition to LB602. The department is not clear regarding the intent of LB602. Under current law, the department has the authority to evaluate the options available under federal law and determine on a case-by-case basis which options merit application. This bill requires the department to apply for any and all options available to Nebraska to ensure that Nebraska reduces and maximizes expenditures from the federal government; if there's any question about which options to apply for, the bill

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requires the department to apply for options that result in the greatest number of persons becoming eligible for benefits or the greatest amount of federal funds coming to the state. By legislating that the department "shall" apply, the bill has the potential of requiring the department to apply for programs that the Legislature has decided it will not support. Some options include an up-front cost to implement the option with the hope of achieving savings years after implementation. I believe current practice...current law provides the department with the flexibility to make changes to the Medicaid and CHIP programs for the benefit of Nebraskans while maintaining fiscal restraint. I appreciate Senator Campbell's efforts to improve the Medicaid and Chip programs. However, I have concerns that LB602 will expand eligibility for Medicaid and CHIP; if that is the case, this bill would result in Medicaid and CHIP expansions that the department cannot support. I would be happy to answer questions. [LB602]

SENATOR GLOOR: I would have a couple. One would be that your next to last sentence is, "if that is the case, this bill would result in Medicaid and CHIP expansions that the department cannot support." Would that be...would it be appropriate to paraphrase that and say "cannot afford?" [LB602]

VIVIANNE CHAUMONT: We can't support it because we can't afford it. [LB602]

SENATOR GLOOR: Okay, so we can say both. [LB602]

VIVIANNE CHAUMONT: Yes. [LB602]

SENATOR GLOOR: Do you think the bill is...and I think the intent of the bill was to be a little more collaborative, but clearly you see it as dictatorial and inflexible in terms of what the expectations are of the department under this bill. [LB602]

VIVIANNE CHAUMONT: I understand after talking to Senator Campbell what the intent was. But the language is pretty clear, the department "shall apply for any and all options." [LB602]

SENATOR GLOOR: But you wouldn't have any problem to approach this in a more collaborative way if the legislation, assuming this is a placeholder, were to be...if the language were to be changed in a manner that makes it more collaborative as opposed to dictatorial? [LB602]

VIVIANNE CHAUMONT: We'd be happy to work with the committee on any kind of language changes. [LB602]

SENATOR GLOOR: Okay. Other questions? Senator Cook. [LB602]

SENATOR COOK: Yes, thank you, Mr. Chair. I have a question about the language

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related, in the fourth paragraph, "requiring the department to apply for programs that the Legislature has decided it will not support." How does the agency make the determination that the Legislature has decided it will not support something? You just look at law that's currently on the books or how do you make that determination?
[LB602]

VIVIANNE CHAUMONT: Well, in the past, there have been bills before the Legislature that haven't passed, bills where people come in and say that long-term adding this benefit, adding this group, adding this, adding that will in the long-term save money. The bills that have come forward have not, some of them, gone past this committee. Some of them have gone to the floor and not been passed. But this says that if I think, the department thinks that this will save money, I shall go ahead and apply for it. And I presume then that that means I shall go ahead and implement, because why would you want to have me apply and not implement a program that potentially the Legislature has not approved and potentially that has a fiscal impact that hasn't gone through any kind of legislative appropriation hearing. [LB602]

SENATOR COOK: All right, thank you. [LB602]

SENATOR GLOOR: Senator Howard. [LB602]

SENATOR HOWARD: Thank you, Senator Gloor. Vivianne, could you kind of, I don't know how it works right now. I don't know if there's a bulletin that comes out and says these grants shall be available for this window of time and then you sort through that and see, well, this would be something we'd be interested in. Can you just tell me how...who applies for the grants and how it comes about. [LB602]

VIVIANNE CHAUMONT: Well, there's grants, there's...so we get e-mails from CMS about options that are available. You know, whether they're waiver options, state plan amendment options for either Medicaid and/or CHIP, sometimes there are grants out there. We look at those and determine what we can do. You know, a lot of these take a lot of work. It's not just, other people will tell you when they testify it does not just involve checking a box on a state plan and sending it on. Even when it's that simple, we get questions back from CMS, it's back and forth. That all takes staff time and staff resources. But there are...we get e-mails and, you know, other notifications of new programs. Every time Congress passes a law there's a myriad of new programs to apply for. [LB602]

SENATOR HOWARD: And there are staff that are designated to follow up on things you feel would be worth pursuing? [LB602]

VIVIANNE CHAUMONT: The same staff that I have, you know, have to then, if I say let's pursue that one, then they add that to the work that they have. [LB602]

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SENATOR HOWARD: Okay, well, thank you. [LB602]

SENATOR GLOOR: Senator Krist. [LB602]

SENATOR KRIST: Same question, different phraseology that I asked before. My concern is that we have a federal healthcare system that we really can't pin down. It's kind of Jell-O. We don't know in terms of implementation dates, constitutionality, all those things that are out there. You go out and find a program and you say, hey, this is a great thing because I get a 70-30 split. You attract people to get into that program because it's good for our citizens and it's good for the treatment of all 6-year-olds who get dental care. The program goes away as the constitutionality is challenged or our now national healthcare plan disappears in 2013. Who's going to pickup the...is that a concern, first of all, on who picks up the funding and how do we continue on? [LB602]

VIVIANNE CHAUMONT: Well, I think that's always a concern, because once you've given benefits to people, once you've added populations and given benefits to people, you all sat on this committee and have learned how hard it is to, not just to take them away but to scale them back. [LB602]

SENATOR KRIST: Absolutely. [LB602]

VIVIANNE CHAUMONT: It's a difficult proposition. So, yes, that's definitely always a concern. [LB602]

SENATOR KRIST: And I think the precedent that we have for that publicly, I'd like to say, is the Health Care Cash Fund. We found money and we funded programs and they're good programs. But we'll continue to spend that money because we have to, because the program is in place. And any, any attempt to scale back on that causes a ripple effect at services and respite care, etcetera, etcetera. So it's a matter of how far do you reach and how much do you try to offset to stretch your dime and your dollar. And that was my concern. Thank you for your response. And if you have anything else to say, please do. [LB602]

VIVIANNE CHAUMONT: You know, the only thing that I like to talk about is everybody talks about maximizing federal funds and how wonderful it is, you know, and if we'd just spend \$1 here we'll get \$9 over here. You know, but I like to say, you know, it's a great, sorry for the gentlemen in here, but it's a great bargain when you find a \$1,000 dress for 100 bucks. But if you don't have 100 bucks, (laugh) that's not a bargain and it doesn't do you any good. So you have to always worry about what funds and what resources you have available and not be thinking about what more you could get. [LB602]

SENATOR KRIST: Thanks. [LB602]

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SENATOR GLOOR: Other questions? [LB602]

VIVIANNE CHAUMONT: Applies to suits too. [LB602]

SENATOR KRIST: Ties more for me. (Laughter) [LB602]

VIVIANNE CHAUMONT: Or sports cars. [LB602]

SENATOR GLOOR: Points well taken. Thank you for your testimony. [LB602]

VIVIANNE CHAUMONT: Thank you. [LB602]

SENATOR GLOOR: Other opponents? [LB602]

GREG SCHLEPPENBACH: Good afternoon, Senator Gloor, members of the committee. My name is Greg Schleppenbach, spelled S-c-h-l-e-p-p-e-n-b-a-c-h. I'm here on behalf of the Nebraska Catholic Conference. We want to express our opposition to this, but based only on a very specific concern. On February 9, I came before you in this committee and presented our conference's opposition to LB540, which proposes, of course, to require Medicaid waiver of plan amendment to expand Medicaid coverage of family planning. It appears to us that LB540 would fall underneath the broad and more general scope of this bill. To the extent that is the case, we want to be consistent and protect the record regarding that opposition. Our position is that the family planning waiver amendment should be carved out of this bill for that reason stated in my testimony on LB540. I just wanted to put that on the record. [LB602]

SENATOR GLOOR: Thank you. Any questions for Mr. Schleppenbach? Seeing none, thank you, Greg. [LB602]

GREG SCHLEPPENBACH: Yeah, thank you. [LB602]

SENATOR GLOOR: (Exhibits 13 and 14) Other opponents? Anyone who would like to speak in a neutral capacity? Senator Campbell. Senator Campbell waives closing. And that ends the hearing on LB602. And that ends the hearing. [LB602]