[LB433 LB599 LR23]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, March 16, 2011, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LR23, LB599, and LB433. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard; and Norm Wallman. Senators absent: Bob Krist.

SENATOR CAMPBELL: Good afternoon. I'm going to start and welcome you to the public hearings for the Health and Human Services Committee. Today represents, for the committee, a milestone in the fact that these are our last bill hearings of this session. We still are meeting tomorrow for some appointments, but today represents lots of bills. I represent the 25th Legislative District here in Lincoln, and I'm going to go to my far right and let the senators introduce themselves.

SENATOR COOK: I'm Tanya Cook. I represent the 13th Legislative District in Omaha and Douglas County.

SENATOR WALLMAN: I'm Norm Wallman, District 30, southern Lancaster and Gage County.

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

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

SENATOR HOWARD: Senator Gwen Howard, District 9 in Omaha.

SENATOR CAMPBELL: And we'll go back to my far right.

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

SENATOR CAMPBELL: And on my far left is Diane Johnson, who serves as the clerk for the committee. I'm going to go over a few tips on reminders for the audience. First of all, please silence your cell phones, so it doesn't bother anyone. Although handouts are not required, if you are going to testify today, we would like 12 copies, and if you do not have those copies, it's posted outside where you can obtain extra copies or the pages will direct you. Also, if you are testifying today, there are orange sheets on both sides of the room. You need to complete one of those. Print as legibly as you can, so the clerk can make sure that everything is right. And when you come forward to testify, you can hand the orange sheet to the clerk and any handouts that you have. If you will not be testifying today, you can sign in on the white sheets on either side and say, I support this, or I do not, so you don't have to feel that the verbal testimony...what goes into the record is the testifiers who appear at the table. In the minutes, we'll reflect all the people

who signed the white sheets so. Each testifier is allocated five minutes other than the introducer. They can talk as long as they want. And we do use a light system here, so it's going to be green for a while, and then it goes to yellow, and yellow doesn't last very long, and then it's red. And you're going to look up, and I'm going to be going time, time, time. We try to do that for the...all of the hearings, so that the first testifiers all the way to the end of the afternoon have an equal opportunity before the committee. When you come forward and...to give your testimony, please state your name and spell the name, so the clerk can get it right for the record. And with that, we'll open the hearing on LR23 brought by Senator Smith to recognize pregnancy care centers for their unique and positive contributions. Second time, welcome, Senator Smith.

SENATOR SMITH: (Exhibit 1) Thank you very much. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. For the record, my name is Jim Smith, J-i-m S-mi-t-h, and I represent the 14th Legislative District in Sarpy County, and it's good to be before you again today to introduce one of your last pieces of legislation to hear, and that is LR23. My intent in introducing LR23 is simply to recognize the valuable community service provided by crisis pregnancy centers throughout the state. I did not introduce the resolution to invite controversy or prolong discussion and, quite frankly, I was a bit surprised it was referred to this committee for a hearing. Nevertheless, I believe, along with eight of my colleagues, that these centers deserve some recognition. Crisis pregnancy centers are located in cities throughout Nebraska. These centers rely primarily on donations and volunteers to function, and yet they provide millions of dollars of services at no cost to thousands of individuals across the state. And as their title implies, the people that they serve are people in crisis. Typically, it is a young woman facing an unplanned pregnancy; and oftentimes with limited financial resources or inadequate family support. These centers provide services that include free pregnancy tests; confidential counseling, referrals to community healthcare and support services; and material necessities such as maternity clothes, baby clothes, and furniture. I have a handout that highlights the specific services, and how many people access these services across the state. Pregnancy crisis centers give individuals who find themselves in a difficult situation the option of a safe place to go to get answers and to get assistance. In conclusion, LR23 recognizes Nebraska crisis pregnancy centers; and commends those, both paid and unpaid, who dedicate their time to provide a valuable service to others in need. I know this resolution has little chance of coming to the floor, and those chances are quite challenging. I understand that, but I do please urge you to advance LR23 to give this valuable resource in our state the acknowledgement that it deserves. Thank you so much for your consideration. [LR23]

SENATOR CAMPBELL: Thank you, Senator Smith. Sorry, I had to step out for just a little bit. Any questions for Senator Smith? Senator Howard. [LR23]

SENATOR HOWARD: Well, Senator Smith, you and I had an opportunity to talk just for

a few minutes on the floor, and I had asked you if this includes prenatal clinics such as OneWorld which provides the same services. I mean, I understand, and so, I was just wondering if you could comment on that a little bit, because I know your concern is for the prenatal health and care and that's certainly what facilities like OneWorld and Charles Drew are two that come to mind. I know there are others down here in Lincoln, too. [LR23]

SENATOR SMITH: For other centers, and I'm certain there are so many that it's hard to identify all of them, but for all centers that provide these type of services that we're talking about here, helping those in crisis with the counseling and the care, we certainly would cast that net large and provide...recognize that as well. [LR23]

SENATOR CAMPBELL: Any other comments or questions? Thank you, Senator Smith. Will you be staying to close? [LR23]

SENATOR SMITH: Yes, I will. [LR23]

SENATOR CAMPBELL: Okay, excellent. [LR23]

SENATOR SMITH: Thank you. [LR23]

SENATOR CAMPBELL: How many in the audience wish to speak in favor of the resolution? One, two, three, four. Those opposed to the resolution? Those in a neutral position? All right. That gives us a fair idea. We'll start with the proponents. Welcome. [LR23]

SUZANNE GAGE: (Exhibit 2) Welcome. Thank you. Thank you for having me, Madam Chairman. My name is Suzanne Gage, S-u-z-a-n-n-e G-a-g-e. I am the state director for Americans United for Life. I will try to be brief and not be repetitive with what the Senator has already offered. I do want to talk about the life-affirming impact of pregnancy care centers--and they're also considered crisis pregnancy centers as well, as we've referenced on the women and communities that they serve--and how considerable that impact is. Each year, the region influence of pregnancy care centers grows as more centers open. As public opinion on abortion increasingly shifts to the pro-life ethic, and as centers receive more favorable attention for their important work. Today, thousands of pregnancy care centers operate across the country including here in Nebraska, serving women with compassion and integrity and offering them positive alternatives for unplanned pregnancies. The positive impact that pregnancy care centers are having by supporting women emotionally and financially, by protecting women from the adverse health consequences of abortion, and by helping to reduce the number of abortions performed each year are having a powerful impact on women and on public opinion about abortion. More than 2,500 pregnancy care centers across the United States, including those in Nebraska, provide invaluable free services to hundreds

of thousands of women facing unplanned pregnancies. Services offered by the centers, I think, have already been touched upon, so I won't repeat. They are numerous, and I think the senator has been thorough in covering some of those details. I'm sure we'll hear more from a director or two. Importantly, pregnancy care centers provide women with compassionate and confidential counseling in a nonjudgmental manner regardless of their pregnancy outcomes. Women who have used the services of the center reported a 98 percent effective positive effect, including 71 percent of those who were very positive, according to a study of 630 women conducted by the Wirthlin Group. Of those women who are aware of pregnancy care centers, 87 percent believe that they have a positive impact on the women they serve, including a majority of those who identified themselves as "pro-choice." LR23 provides this Legislature and the people of Nebraska with an important opportunity to voice their strong support for care centers and their unique, positive contributions to the individual lives of women, men, and babies, both born and unborn. [LR23]

SENATOR CAMPBELL: Questions for Ms. Gage from any of the senators? Thank you for your testimony today. [LR23]

SUZANNE GAGE: All right. Thank you. [LR23]

SENATOR CAMPBELL: The next proponent? Good afternoon. [LR23]

PAT McCARTHY: (Exhibit 3) Good afternoon. My name is Pat McCarthy. It's P-a-t M-c-C-a-r-t-h-y, and I'm the executive director for the Lincoln Crisis Pregnancy Center, and have been there for nine years. I would first like to thank Senator Smith and the Nebraska Legislature for drafting LR23. Since 1984, the Lincoln Crisis Pregnancy Center has been providing hope, help, and healing to women with pregnancy-related concerns, and we greatly appreciate the Legislature's willingness to recognize the positive contribution of pregnancy care centers in Nebraska and throughout our country. In light of the fact that our purpose here today is to address the contents of LR23, I would like to provide the details and statistics that will verify this commendation of pregnancy care centers. As stated in the resolution, the impact pregnancy care centers have on women, men, and children is considerable and growing. In 2010, the Lincoln Crisis Pregnancy Center had 5,401 client contacts, and over 4,000 actual client visits to the center. These numbers do not include the children of our clients who benefit from the services of the center. The number of women and young people we serve at the Lincoln Crisis Pregnancy Center has doubled in the last five years. Our statistics also testify to the fact that we serve women of every age, race, and religion without exception. The free, confidential, and caring services provided by the Lincoln Crisis Pregnancy Center include a 24-hour help-line, parenting classes, referrals to community partners for healthcare and supportive services, and character-based abstinence education provided without cost to public and private schools and churches. Last year the Lincoln Crisis Pregnancy Center provided over 1,200 free pregnancy tests. The

center also performed 188 free ultrasounds by our licensed registered nurse, who has received extensive ultrasound training, and is under the direct supervision of a licensed ob-gyn physician practicing here in Lincoln. The ultrasound program equips us to provide complete and accurate fetal development information to young women who are facing an unplanned pregnancy. In addition to the ultrasound program, the Lincoln Crisis Pregnancy Center provides information about all options: parenting, adoption, and even abortion. Although the Lincoln Crisis Pregnancy Center does not refer for or recommend abortion to our clients, we recognize that abortion is a legal option in Nebraska, and we want each of our women to understand the procedures and the inherent risks associated with abortion. The staff and volunteers at the center also stress to each woman that they are always welcome at the Lincoln Crisis Pregnancy Center without judgment, and regardless of the pregnancy option they choose. We also facilitate a post-abortion recovery program that is available to any woman who has experienced an abortion. To ensure accuracy, the information and statistics we provide to women is constantly evaluated and updated by the medical and legal departments of our national affiliates, Care Net and NIFLA. This affiliation also provides a training model for our staff and volunteers that is consistent with our commitment to provide accurate information and compassionate care to our clients. In 2010, the Lincoln Crisis Pregnancy Center had over 2,000 local women come to us for diapers, formula, baby clothes, and other materials. Our free parenting classes were attended by over 100 new moms and dads, and we started an additional parenting class for older children last year. The Lincoln Crisis Pregnancy Center operates all these programs and services, thanks to the generous donations of individuals, churches, and corporations. Our staff of 10 and more than 25 volunteers provide hope, help, and healing here in Lincoln without any tax dollars or government funding. In closing, I would offer these exit surveys...I have two boxes here full of exit surveys from our clients. We have our clients complete those anonymously, so we can better serve the women who come to the center. On behalf of the Lincoln Crisis Pregnancy Center and all life-affirming pregnancy care centers throughout our state and our country, I want to personally thank the One Hundred Second Legislature of the state of Nebraska for recognizing the unique and positive contributions of pregnancy care centers to the individual lives of men, women, and children. Thank you. [LR23]

SENATOR CAMPBELL: Any questions for Mr. McCarthy? Thank you. Thank you very much. [LR23]

PAT McCARTHY: Okay. [LR23]

SENATOR CAMPBELL: Next proponent? Good afternoon. [LR23]

SHANDIE STEWART: Good afternoon. My name is Shandie Stewart spelled S-h-a-n-d-i-e S-t-e-w-a-r-t. I'm a senior at the University of Nebraska, and I'm 24 years old. Almost six years ago, I entered the door of the Lincoln Crisis Pregnancy Center. I

walked in terrified and alone, facing not only a crisis pregnancy, but a pregnancy that was not consensual. I was humiliated and refused to tell anyone, but I knew I needed help. After not attending an appointment I made for an abortion in Omaha, I went to an adoption agency that referred me to a crisis pregnancy center. For the five months before I told my family about my pregnancy, the men and women that worked at the center walked with me through the heartbreaking process of deciding what I wanted to do with my pregnancy. As I struggled to understand what the right path was, they never stopped assuring me that they were there to support me; and I knew that no matter what decision I chose, I had a safe place to sort out my options. I not once felt like a number on a piece of paper. I, as a teenager, was treated with respect instead of being looked down upon. For the time my family did not know about my pregnancy, the Crisis Pregnancy Center was my only support system. They were the only place I had to grieve about the loss of my youth, the pain of my present, and the fear of not knowing my future. My experience being a client at the center touched me so deeply that after many months of volunteering, I took the training to become a client educator. I wanted to give back to the place that gave me so much. Not only had they healed my heart, they gave me a way to help others that were in my position. I was and am still impacted by the unfailing compassion and dedication I have witnessed there, and I am so blessed to be able to help other men and women walk through the process of an unplanned pregnancy. As for my pregnancy, I received two ultrasounds and countless diapers. My beautiful daughter, Burlynn, turns five on the 29th of this month. It is not just I, but my daughter that is a testimony to the work that is done at the Crisis Pregnancy Centers of Nebraska. The center supported my decision; they supported my healing, and showed me unlimited compassion. Thank you for your time. Any questions? [LR23]

SENATOR CAMPBELL: Are there any questions? Thank you so much for sharing your story. Is your daughter ready to go to kindergarten? [LR23]

SHANDIE STEWART: She's very excited. She's ready to go. We got to pick out a new book bag soon so. [LR23]

SENATOR CAMPBELL: Tomorrow probably. [LR23]

SHANDIE STEWART: Yeah, exactly, exactly (laughter). [LR23]

SENATOR CAMPBELL: Thank you for coming. I know that's difficult to share your story. I appreciate it very much. [LR23]

SHANDIE STEWART: Thank you. [LR23]

SENATOR CAMPBELL: The next proponent? [LR23]

GREG SCHLEPPENBACH: Good afternoon, Senator Campbell, members of the

committee,... [LR23]

SENATOR CAMPBELL: Good afternoon. [LR23]

GREG SCHLEPPENBACH: ...my name is Greg Schleppenbach, S-c-h-l-e-p-p-e-n-b-a-c-h. I'm here on behalf of the Nebraska Catholic Conference in support of this resolution. Also, a little surprised that it was sent to a committee, but since it is, we wanted to be on record in support of the great work that the Crisis Pregnancy Centers throughout the state do. There are 31 here either in Nebraska or on the borders of Nebraska that serve Nebraska women in a variety of ways. And in addition to the larger ones like Lincoln Crisis Pregnancy Center and several large ones in Omaha that have paid staff, the vast majority of them throughout the state operate entirely with volunteer help...just concerned women and men in their communities trying to reach out and help women through crisis pregnancies provide a variety of amazing services. Just last year, my office gave an award--an annual award that we give out to recognize exemplary service, and last year one of them was to Bernadine Overman, who started Birthright of Scottsbluff, and served in that capacity for 30 years, all volunteer, serving the women in that area. And one of the things that she does, is every year is that she sees that there are at least two scholarships available each year to the local community college for those who have had their babies and need help with education. This is just a glimpse of the kinds of great work that these pro life crisis pregnancy centers do. If ever there was a point of commonality of unity of agreement, it should be in support of the great work that these centers do in trying to support women, and truly make abortion unthinkable. This is the ultimate goal...it should be the ultimate goal to not just make it illegal but to make it unthinkable. And these organizations do such great work in helping to do that, so encourage you to support the resolution. Thank you. [LR23]

SENATOR CAMPBELL: Questions for Mr. Schleppenbach? Thank you very much. [LR23]

GREG SCHLEPPENBACH: Yeah. [LR23]

SENATOR CAMPBELL: Next proponent? Any other proponents for the resolution? Anyone who wishes to testify opposed to the resolution? Those who wish to testify in a neutral position? Seeing no one, Senator Smith, would you like to close on your resolution? [LR23]

SENATOR SMITH: Yes, I would. Thank you, again, Senators, and this is definitely an emotional issue. And, you know, I look at my...I have a 17-year-old son and I have a daughter that just turned 21 a couple weeks ago. And I'd look in their faces, and I'm very thankful for them that they have a good support system. But in so many cases, with our young people, there's not a strong support system. And just looking at my own

children, I realize how critical and important that is during times of crisis. And that makes me just very appreciative and thankful for organizations that we have in our communities and our state, such as the crisis pregnancy centers, to be able to provide that type of support that is critically needed. But something else, and I know I'm a new senator here, but anyone that's spent any time with me, you know that one of the defining, I guess, characters of me is that I'm a strong believer in efficient government. And I'm a big believer in private-public partnerships, and what can be in our communities. And so in addition to helping those that are most in need, those that are in crisis...the crisis pregnancy centers help our state and the taxpayers in our state, by providing services that, most likely, would otherwise fall to public funding. This resolution is to send a message that we need and appreciate this private partnership that they provide us with community services. So, again, thank you for allowing me to be here for one of your last bills, and I would greatly appreciate your consideration of advancing this to the floor. Thank you. [LR23]

SENATOR CAMPBELL: (Exhibit 4) Thank you, Senator Smith. Any other comments from the senators? If not, we will close the hearing on LR23, and I've asked Senator Gloor to take over as Chair as we begin the next hearing. [LR23]

SENATOR GLOOR: Whenever you're ready, Senator Campbell.

SENATOR CAMPBELL: Thank you, Senator Gloor. It certainly is my privilege to once again introduce a prenatal service through CHIP to the Health and Human Services Committee. My name, for the record, is Kathy Campbell, K-a-t-h-y Campbell, C-a-m-p-b-e-l-l. LB599 is the same as last year's LB1110 as it was advanced from the Health and Human Services Committee with amendments. LB599 would allow Nebraska to offer prenatal services to unborn children of low-income women. The bill directs the Department of Health and Human Services to establish a separate state program under the targeted low-income child health option of CHIP. Program services shall be prenatal, and pregnancy-related services connected to the health of the unborn child. The program is solely for the unborn children of mothers who are ineligible for coverage under Medicaid. Children's eligibility for services will be determined, using an income budgetary methodology of no greater than 185 percent of the federal poverty line. Services not included are medical issues separate to the mother and unrelated to pregnancy. The bill requires the department, within 30 days of LB599's passing, to seek approval from the Centers for Medicare and Medicaid Services, CMS, on a state plan amendment or waiver for the program. For well over 20 years, the practice in Nebraska has been to cover the cost of prenatal care of the unborn child of low-income women. It is important to note that CMS, in its letter to the state of Nebraska on November 30, 2009, did not say this practice could not continue. What it did say was that Medicaid funding could not be used. In the same letter, it did point out an alternative source of funding, utilizing federal dollars with a state match should the state choose to do so. This is clearly a policy issue, not an administrative issue. And so it makes sense for the

Legislature to consider it. I believe Nebraska's practice of funding prenatal care of the unborn child of low-income women should return, including the unborn child of an undocumented woman. The child will be a U.S. citizen at its birth. Would not we want this child to be healthy? We certainly know the importance of prenatal care--without it, significant problems can arise. Colleagues, we held an interim study this summer on this very issue to continue the dialogue and to continue checking in on what was happening to these women and their children. I chose to introduce a bill in this session for the primary purpose of continuing to monitor what is happening to these children and their mothers, to gather more information and to continue to be very vigilant at what point would it be advisable for us, once again, to consider to take this to the full Legislature. Realizing that money is a very prized commodity this session, that may be very difficult. But that doesn't mean that we shouldn't continue to gather good information on the children and their mothers and be ever watchful for when that opportunity could arise, and we could, once again, cover these through our CHIP program. With that, Senator Gloor, I'll finish out my opening comments. [LB599]

SENATOR GLOOR: Thank you very much, Senator Campbell. Are committee members with questions? Senator Howard. [LB599]

SENATOR HOWARD: Thank you, Senator Gloor. Thank you for bringing this to us again. I think I signed onto this with you, didn't I? Thank you. This is so important, and it's something that really requires and deserves our diligent attention. People can stand up and talk about the rights of the prenatal infant, but taking care of the baby...taking care of the prenatal infant, providing the medical coverage and offering that, and this is such a step in the right direction. The baby doesn't know what country he's in or she is in, but we do, and we are good people. Thank you. [LB599]

SENATOR CAMPBELL: And that, Senator Gloor, was my closing (laughter) on it. I could not have said it better. [LB599]

SENATOR HOWARD: All right, give me five (laugh). [LB599]

SENATOR CAMPBELL: (inaudible) five, but I certainly want... [LB599]

SENATOR GLOOR: Well, ask Senator Howard to change places with you. [LB599]

SENATOR CAMPBELL: Yes. But I certainly wanted the many people who came today to add additional information, so that the record can continue, and I thank Senator Howard for those comments. [LB599]

SENATOR GLOOR: Are there other questions? I would ask you a question. One of the concerns that we had last year was that we were penny wise and pound foolish, but other than what we thought would be adverse outcomes that would cost the state far

more money in the long run, we didn't have a lot to get our hands around. Was that part of the fact finding that was done over the past year? And will there be testifiers who will speak to adverse outcomes sadly...about adverse outcomes and expenses associated with that? [LB599]

SENATOR CAMPBELL: Yes. I think you'll continue to hear that. That's a great question, Senator Gloor, and I think at the initial onset, after we finished out with LB1110 last year, I think I was really naive to think that we could just begin collecting numbers, and we would see this all quite easily. However, this summer we spent time trying to talk to people in Lincoln and Omaha, but primarily in Omaha, and began realizing that the numbers one person had were apples, and then we had onions, and then we had grapes. I mean, we just really didn't have those comparisons. We continued to work on what that model might be, and I think today you will hear an update on some of those numbers and certainly anecdotal information. And what we hope to do is instead of trying to compare everyone in the large aggregate, what we hope to do is begin paying very close attention to watching each situation, because each hospital, each clinic, they gather their statistics, and as they go through it, may be far more interesting and helpful to the Legislature to see what has happened in each of those than to worry about making a total composite if I'm clear about that. But you will begin to see, I think, some patterns from some of the clinics and certainly from the testifiers. [LB599]

SENATOR GLOOR: Other questions? Thank you very much. [LB599]

SENATOR CAMPBELL: Thank you, Senator Gloor. [LB599]

SENATOR GLOOR: Could I see a show of hands of people who would like to speak as proponents for this legislation? Okay. Opponents for the legislation, and anybody who would like to speak in a neutral capacity? Okay. I would ask proponents, since there's so many of you to, as the chairs up front begin to vacate, to please try and move forward a little bit, so that we don't spend a lot of time with people moving to and fro, if you would. So first proponent, please. [LB599]

CARON GRAY: Hi. My name is Dr. Caron Gray, C-a-r-o-n G-r-a-y. I am a full-time faculty of the department of OB/GYN at Creighton University. I'm here to represent Creighton University, not only really in all aspects including the clinics, the hospital, as well as the medical school itself. I am here, of course, to discuss and be a proponent of LB599, previous LB1110, and I want to thank you all for giving us the opportunity to come talk with you again. If I could ask, last year at this time, I know Senator Campbell was here. I'm trying to recall who else was sitting around the table, as well Senator Gloor, Senator Howard. Okay, because there's a couple, I know, that aren't here. There is so much to say, and what I wanted to do was drive it down to the real transparent, important points that we have learned since February of last year when we were sitting here discussing what we should do. I think since I have my talk here from last year, that

the statistics haven't changed as far as prenatal care and what benefits it provides and cost savings it provides. What has changed, and what we have learned is that this really isn't a matter of dollars and cents, because we know last year there was an opportunity with donations from private donors to help out with the state's portion, and that the CHIP federal would take care of the remainder of the cost. And it was still chosen not to move forward with that opportunity. So I want to be on the record for saying we can sit here and talk about costs as much as we would like, but I think we really need to be honest about what this is truly about, and that is truly about political beliefs and standing on what to do with immigration. Now, having said that, I'm going to move towards some medical facts that we have found out as we have taken care of patients. We ourselves in our institutions have spent much more money taking care of patients without prenatal care in this past year than we were when they had the prenatal care benefits to them. I have lists and lists of patients I can share with you who presented to labor and delivery with no care in which we spent a lot of money getting labs, ultrasounds, extra tests, and then from there not seeing them again until they came closer to their due date. We have delivered babies at...and I know Andrea will come up and attest to this...we've delivered babies at OneWorld Community Health Center; we've delivered more babies in ambulances, because the patients are frightened because they don't want to get to the hospital and have it not be qualified as an emergency, and not have their care paid for. So they're putting their health and their babies, the U.S. citizens' health, at risk because of the fear of what they are going to have to pay when they get to the hospital. We've averaged around 30 deliveries per month since this came into play of undocumented women and, to this point, we have about 30 percent, maybe 40 percent that have even been paid for the emergency Medicaid. So let me wrap up with one other fact that I really want to share with you. As many of you know, 17-Hydroxyprogesterone which is an injection to prevent pre-term labor, is a medication that recently was...it's been used for many...a couple of years since the good evidence-based medicine showed that it prevents pre-term births, keeping babies out of the NICU. Recently, unfortunately, as a symptom of what has become, in our society, the FDA approved it, and one company is now going to make it. And instead of costing $70 for five doses, it will cost $1,500 for one dose. That's about $30,000 to prevent a pre-term birth which, of course, is nothing compared to a day in the NICU. Admirably so and nobly so, Nebraska Medicaid has agreed to cover those costs for Medicaid patients, and I think that is wonderful, and I commend you on that. I want to mention that the cost of one patient that does not qualify for Medicaid, the cost of her prenatal care and her delivery is approximately $1,500. That's what we get reimbursed by Medicaid prior to this. So I just want you to weigh those factors as we keep babies out of NICUs, thank God, that then there's other babies that are going to keep going to NICUs, and actually would cost less than if we end up, nobly so, reimbursing for the 17-Hydroxyprogesterone. Thank you. I'm sorry, I went over my time. [LB599]

SENATOR GLOOR: Thank you, Dr. Gray. Are there questions for Dr. Gray? I'd have a question. Has the pharmaceutical companies come forward with any sort of program

that might help cover some of this expense since they're jumping the dollar price so dramatically? [LB599]

CARON GRAY: This just came out last week, and so, of course, there will be a patient assistance program, the total degree of which that would be covered, will be interesting. Insurance companies, obviously, won't pay the full $1,500 because of deals, obviously, as you all know, but self-pay patients won't have a choice. [LB599]

SENATOR GLOOR: Okay. Thank you very much. [LB599]

CARON GRAY: Thank you. Thank you all. [LB599]

SENATOR GLOOR: Next proponent. [LB599]

CHUCK BENTJEN: (Exhibit 5) Senator Campbell and members of the Health and Human Services Committee, first of all, I'm proud to say that I am represented in this great body by Senator Norman Wallman and that, indeed, I have voted for him twice (laughter). [LB599]

SENATOR GLOOR: Could I ask...thank you...could I ask you to introduce yourself to Senator Wallman and spell your name. [LB599]

CHUCK BENTJEN: Yes. I am Reverend Dr. Chuck Bentjen, C-h-u-c-k B-e-n-t-j-e-n, and I serve as director of the Manna and Mercy Center for Faith in Public Life, a Nebraska interfaith organization dedicated to promoting justice for all. It is often with a great deal of pride we Nebraskans proclaim that our public policies reflect or should reflect values as people of faith. Without question, faith is important to a majority of Nebraskans. According to the Association of Religious Data Archives, at least 1.4 million Nebraskans, or 79 percent of the population, claim affiliation with an established religious organization, and 90 percent of those profess Christianity. Thus, those in leadership roles in the faith community deem it important that we raise our voices in relation to the faith perspectives on public policy proposals. Since the people of Nebraska are predominantly Christian in their understanding, I offer this testimony from that perspective. Christians profess to follow the teachings of Jesus the Christ found in the gospel accounts of the Holy Bible. In Matthew 22:37-40, Jesus said: "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the greatest and first commandment, and the second is like it. You shall love your neighbor as yourself. On these two commandments hang all the law and the prophets." And in Matthew 25:40, Jesus said, "Just as you did it unto the least of these who are members of my family, you did it to me." It follows that the above-mentioned passages should be of paramount importance in analyzing whether public policies, indeed, reflect the Christian values we so proudly proclaim. If so, these questions come to mind: Does our policy reflect love of neighbor, and would we treat Jesus the way we propose to

treat others through our public policy? For more than two decades, Nebraska provided prenatal care to low-income women not otherwise eligible for Medicaid through the Medicaid program. A few years back, federal Medicaid officials informed Nebraska that it could not provide such services through Medicaid. However, they also informed Nebraska it could continue to provide such prenatal care services through the CHIP program. All Nebraska need do is apply for the funds, which the current administration refuses to do, because to do so would mean that women who are in the state illegally might be provided with medical services and this administration is adamant that no tax dollars will be used to provide services or benefits to people who are in the state illegally. There's a popular saying among Christians today, "What would Jesus do?" In fact, many Christians wear bracelets with the slogan, WWJD, to remind themselves of that saying. I want to ask a different question: "What are we going to do to Jesus?" I ask that question, because that's exactly what Jesus tells us to ask when we consider such things as providing prenatal care for the unborn in Nebraska--to see him when we look at those women and children. So what are we going to do to Jesus? Are we going to show him we, indeed, love him by loving those women and children or are we going to turn our backs to him, because we believe a handful of those who would benefit are not worthy? Clearly, the current policy regarding providing prenatal care to low-income women in Nebraska does not reflect those Christian values we so proudly proclaim to be ours. Passing LB599 would bring our policy closer to those values. Therefore, I urge you to pass LB599 on to the full Legislature. [LB599]

SENATOR GLOOR: Thank you, Dr. Bentjen. Questions (inaudible)? Senator Bloomfield. We do have a question. [LB599]

CHUCK BENTJEN: Oh, yes, yes, sir. [LB599]

SENATOR BLOOMFIELD: Thank you for being here, and not to sound the way I shouldn't probably sound. My question is, I'm a firm believer in Christian charity. [LB599]

CHUCK BENTJEN: Yes. [LB599]

SENATOR BLOOMFIELD: I believe I should be able to give, and I can give all I want. I do question whether or not I should or do have the right to force somebody else to give for something that I believe in. Do you have a response? [LB599]

CHUCK BENTJEN: Yes. I believe that as a society that professes itself to be Christian, that...and predominantly Christian, if we are going to hold up those values, that when we come together as a society, it's important that our values reflect those values of our Christian faith. Now, using tax dollars is also a matter of morality, and our budgets need to reflect that morality. So I think if we, indeed, profess Christianity, then, yes, it should. [LB599]

SENATOR BLOOMFIELD: We are told over and over again that we cannot teach Christianity in school, because we're using government funds. I see a connection there, and we may just have a difference of opinion there. [LB599]

CHUCK BENTJEN: I understand that. Thank you, sir. [LB599]

SENATOR GLOOR: Thank you again. Next proponent, please. [LB599]

DAWN BALLOSINGH: (Exhibit 6) Good afternoon, all. My name is Dawn Ballosingh, D-a-w-n B-a-l-l-o-s-i-n-g-h, and I am representing the Nebraska Dietetic Association. I am a registered dietitian and licensed medical nutrition therapist, who has worked in the maternal child nutrition area for the past six years. As a representative of the Nebraska Dietetic Association, I am here today in support of LB599. It is a very important piece of legislation that would provide necessary services to the unborn. It is wise from both a human and financial perspective. Our concern is that nutrition is not mentioned in the bill. We are testifying today to emphasize the important role of nutrition in prenatal care. The Nebraska Dietetic Association would like to recommend that the language regarding prenatal care in Section 4 be strengthened to include medical nutrition therapy services for pregnant mothers. Medical nutrition therapy provided by a licensed registered dietitian is essential to help unborn children thrive as they develop. It is most crucial in cases of gestational diabetes, preexisting diabetes, both Type I and Type II, and in situations where the mother has gained too much weight or not gained enough weight. These conditions put the child at risk for complications which include congenital abnormalities, macrosomia or large birthweight babies, spontaneous abortions, stillbirths, and obesity later in life. Proper nutrition improves the likelihood of normal fetal and placental growth and reduces risk of complications. A child given proper nutrition in utero is less likely to need expensive medical treatment after birth. A 2010 St. Elizabeth's Regional Medical Center report states that the average cost of room and board in the neonatal intensive care unit is approximately $2,200 a day. This does not include physician, ancillary, or specialty costs. This is only one figure that supports the high value of prenatal care, which lowers the risk of premature infant hospitalizations. Registered Dietitians are trained to treat patients throughout the life cycle, including during pregnancy. Our expertise should be utilized in this area to ensure the best care and outcomes for the babies physically and for the state financially. The Nebraska Dietetic Association requests that LB599 specifically include medical nutrition therapy for unborn children to mothers who are at risk. I have with me recommended language to strengthen the proposal by Senator Kathy Campbell. I would be happy to take any questions at this time. [LB599]

SENATOR GLOOR: Thank you, Ms. Ballosingh. Do you have copies for all of us or just a single copy? [LB599]

DAWN BALLOSINGH: Yes, for everyone. [LB599]

SENATOR GLOOR: Okay. Why don't you be sure and hand those to the pages before you leave? Other questions? Do we have...I'm so busy listening, I didn't look (laughter). I do have a question. I want to make sure I'm clear. Is the association in support of LB599 even if these additions aren't made? [LB599]

DAWN BALLOSINGH: Well, provided are the options, so that if the language is not made in the bill itself, we have two other options for you to consider. [LB599]

SENATOR GLOOR: Okay. Thank you. [LB599]

DAWN BALLOSINGH: Thank you. [LB599]

ANDREA SKOLKIN: (Exhibit 7) Madam Chair, hi, good afternoon, members of the committee. Thank you for the opportunity to speak today in favor of LB599, restoration of reimbursement, Medicaid coverage for the unborn. My name is Andrea Skolkin, S-k-o-l-k-i-n, and I am the chief executive officer of OneWorld Community Health Centers, located in Omaha and one of six federally qualified health centers in the state of Nebraska that form a safety net of clinics for Nebraska. We all know that access to prenatal care can improve outcomes during infancy as well as throughout the child's life. Healthy babies and children require less medical care than those that are not. It has been one year, almost to the day, that coverage was lost for unborn babies, and those first babies are just now in the beginnings of being born, so we really don't have all of the outcome information I think that you desire to look at. Nonetheless, there have been impacts. Since March 2010, we as a community health center have provided prenatal care for 1,057 women, just under 500 babies born during the year at the...through care; 54 percent of those women received prenatal care in the first trimester as compared to 84 percent of women that were enrolled or that were insured. And our prior numbers from prior years were ranging at the 84 percent mark, so we've seen a big decrease. The percentage of pregnant, uninsured mothers receiving care at our center from areas outside our service area increased by 5 percent. We've had mothers come long distances from Grand Island, Nebraska City, Fremont, Lexington, and a side story about Lexington. I was just there to visit, to share information about our school-based health centers, and the hospital was at the table and shared a story with me that, in fact, they have women coming to the hospital delivering that have not had care, and other women that are traveling miles, as you'll hear from Becky Rayman today, to the Columbus Health Center in order to get their care. We've seen nine premature births, four uninsured women as compared to five of those women who had insurance. We had two babies born at the health center. Great news is one of those was a healthy baby. These were unexpected and unplanned at the health center. The bad news is one of those was a baby at 20 weeks, who had not received prenatal care. Both of these mothers came, as you heard from Dr. Gray, to the health center because they were afraid to go to the hospital, afraid they were not in labor, and that they would be charged for that

care. Additionally, we've had four babies born at home, again unplanned, but fear of going to the hospital that they really weren't in labor. We hear uncertainty and concern all the time from mothers not knowing when to go to the hospital; 44 percent of our uninsured moms received adequate prenatal care, according to the index that is used which means, on average, five visits. Now, five visits for prenatal care means that they are coming, on average, every other month instead of the recommended number of visits. This number is compared to 79 percent of women who have insurance or Medicaid in terms of how they're accessing prenatal care. In addition, in terms of some of the screening, only 8 percent of our uninsured women received quad screening, and less than half received the test for gestational diabetes on time. So there are impacts in the care of women. Additionally, we've had more Cesarean sections for women who are uninsured, which is interesting, and, of course, as all providers will tell you, our payer mix changed to primarily self-pay women with 23 percent of our women now being on Medicaid as compared to about 90 percent. It has had a ripple effect, meaning that there's been additional processes that have had to be put in place as you listen to on another bill related to emergency care for the delivery which has become a very lengthy process, staff intensive from both the state side, the hospital side, as well as provider side to get women enrolled so that we can be paid. The best thing for the healthcare of babies in the future of Nebraska's rural and urban communities is that Medicaid coverage for the unborn is restored, and we ask your support of LB599. I'd like to thank you for the opportunity to testify. I know my time is up, but I do want to share one other anecdotal story, which was shared with me last evening from a patient. The patient was pregnant; the daughter was pregnant; the patient had diabetes. We referred that patient...complicated patients to the hospital for care. The mother received all her care, but the daughter did not. The daughter lost the baby. So these are the types of consequences that are not really documented yet, but will be, and the impact that the loss of care...and the mother was making choices between her care and the baby she was having, and the care that her daughter would receive. So I thank you for the opportunity. [LB599]

SENATOR GLOOR: Thank you, Andrea. Questions? Senator Wallman. [LB599]

SENATOR WALLMAN: Chairman, thank you. Yeah, thanks for coming. You know, I look at the C-section here, and what do you think is the reason for that? [LB599]

ANDREA SKOLKIN: Senator Wallman, I don't have an answer for that. It needs some investigation, I believe. I am not sure of the answer. [LB599]

SENATOR WALLMAN: It seems out of whack, you know. [LB599]

ANDREA SKOLKIN: It is out of whack. [LB599]

SENATOR WALLMAN: Thank you. [LB599]

ANDREA SKOLKIN: Um-hum. [LB599]

SENATOR GLOOR: Senator Howard. [LB599]

SENATOR HOWARD: Thank you, Senator Gloor. Again, I just have to thank you for everything that you do down there. I don't know where we would be, and I'm sure these moms don't know where they would be without you. [LB599]

ANDREA SKOLKIN: Thank you, Senator. [LB599]

SENATOR GLOOR: Thank you for taking the time, again, to be down here. [LB599]

ANDREA SKOLKIN: Thank you for continuing to shine the light on prenatal care. [LB599]

SENATOR GLOOR: Next proponent, please. [LB599]

REBECCA RAYMAN: (Exhibit 8) Good afternoon. My name is Rebecca Rayman, R-a-y-m-a-n, and I'm the executive director of the East Central District Health Department and the Good Neighbor Community Health Center located in Columbus, Nebraska. I would like to thank Senator Campbell and the other honorable members of this committee for the opportunity to report today. And I'm here to report to the committee how March 1 changes in Medicaid have affected our agency and those we serve. And I came before this committee with LR501 in the fall, and I didn't put in some of the same information, but I will kind of add to this testimony or pick up some of that information. First of all, I really want the committee to understand that the change in Medicaid has had a drastic effect on our entire clinic. It's not just the prenatal clinic that's been affected, but the rest of the clinic. So the loss in Medicaid revenue has resulted in decreasing the number of behavioral health services in our agency and, thus, the number of behavioral health services available in our area, as we looked at how we could shift funds over into the prenatal program to make up for the loss. A year ago, we provided psychiatric visits 24 hours a week. We now provide psychiatric services 24 hours a month. One year ago, we had a certified alcohol and drug counselor. Today the position is vacant, and most likely will remain vacant. One year ago, you could access Behavioral Health Services with a three-week wait. Now we don't even take patients' names on a waiting list. We don't take any new patients at all into the behavioral health program, and I think it's important that the committee understands that this has had a ripple effect throughout our clinic as we've tried to cope with the loss of income. The number of women that we saw in our clinic went from about 50 a month to a hundred a month. That's quite a change, and it was quite a sudden change for us. So we doubled the number of patients we served while our income was just shredded. Our health center ended the year last year in the red for the very first time in our history,

losing $167,530 in 2010. We had, over the course of the year, four infant deaths in utero, and I want to say infant deaths in utero, because I want the committee to understand that these were not miscarriages. One was 38 weeks; one was 36 weeks. These were infants that normally could have been viable. That was very, very upsetting for us. In the previous seven years, we had never ever had an infant death in utero. So I would certainly relate that to the changes in Medicaid. The practice providers who deliver our infants have also been strongly affected in how they can perform the jobs that they do. It's very difficult, because you can't really plan C-sections; you can't induce women into labor. It places those women at risk. As you're all aware, we have 93 counties in Nebraska, and we have seen women in our clinic from 22 of those counties. That's 24 percent of all the counties in Nebraska. I remember hearing when the Medicaid change occurred that the local medical providers would pick up the cases. I have supplied for you a calendar on page 2 of the document that I've given you that shows you the increase in the number of women who are traveling for care. We had last just oh, probably about two weeks ago, we had a young lady in our clinic. And as Andrea was talking about the...going and talking to people at Lexington, we had a 16-year-old from Lexington who was 38 weeks pregnant, who had had no prenatal care. She had to travel 155 miles. The school counselor and the teacher had tried to find her prenatal care in the area and could not, and this is not uncommon. We're seeing a lot of women who are driving. I can remember watching a news report once and hearing that women in Third World countries have to go more than a hundred miles for prenatal care. I remember thinking how tragic that was; but now in Nebraska, we have women traveling 155 miles for prenatal care, often in transportation that is not reliable. Babies, as Andrea said, born to mothers who receive no prenatal care are three times more likely to be born at low birthweight. And I know my time is growing near. In our first year that we provided prenatal care, 60 percent of our women received care in the first trimester. In subsequent years, we got over 80 percent of women receiving care in the first trimester. In the last six months of last year, we're at 33 percent. And, you know, the goal for our nation is 90 percent of women will receive early prenatal care. So this has had a terrible drastic change on our clinic. And thank you for the extra time. [LB599]

SENATOR GLOOR: Thank you for the testimony. Questions? Senator Wallman. [LB599]

SENATOR WALLMAN: Thank you, Chairman. Yeah, thanks for coming. Do you have any idea what the average age is of this? [LB599]

REBECCA RAYMAN: We do keep track. A lot of these families, you know, we have quite a few teens, and I wish I had brought those statistics with me today. But most of these are the same people who are delivering everywhere else. I know that one of our...I'll just give you an example. One of our infant deaths was born to a family who had been in Nebraska for 11 years. Both the mother and father were working in Nebraska. These are just families like any other family. [LB599]

SENATOR WALLMAN: Thank you. [LB599]

SENATOR GLOOR: Thank you, Ms. Rayman. [LB599]

REBECCA RAYMAN: Thank you. [LB599]

SENATOR GLOOR: I appreciate it. [LB599]

HOWARD DOTSON: (Exhibit 9) Good afternoon, Chairman Campbell and fellow senators. My name is Reverend Howard Dotson. I serve as a Presbyterian pastor in Omaha, and as the chair of my social justice committee for my presbytery. We interpret... [LB599]

SENATOR GLOOR: Reverend Dotson, could I stop you for just a second? Would you spell your name, please, for the record? [LB599]

HOWARD DOTSON: H-o-w-a-r-d D-o-t-s-o-n. I serve as the chair of the social justice committee for my presbytery, which is 53 churches in Iowa and Nebraska. And the decision last year to "defund" the prenatal care for 1,600 moms runs counter to several of the immigration reform policies in my denomination, and I know there's senators on your committee that are Presbyterian, and I'm grateful for your service and witness. We need to be pro-life from cradle to the grave, to err on the side of compassion, and stay grounded in family values. And I ask that we take a moment to remember the five babies we've already lost. We had a vigil at the steps of the Capitol; and unfortunately, we don't have the names of those babies, but they're not numbers. They're precious children of God, who perished because of a failed policy. We're all children of God. We remember the question, "Am I my brother's keeper?" I spent seven years, two years in global mission, working in developing countries, and I would bless these babies as the first thing I do at the hospital as a chaplain. And to hear that we have numbers and distances comparable to developing countries is very troubling. For six years, I've served in Latino communities in the barrio. These families are being demonized by anti-immigrant legislation, and it is a scorched-earth strategy that is playing out. These families are economic refugees who are merely here to put food on their table for their babies. These babies are U.S. citizens at the moment of conception; and regardless of a parent's status, I urge you to reinstate prenatal funding for these indigent and undocumented mothers. These children are going to be U.S. citizens; it's a civil rights issue. These babies had no control over what happened, and they're being punished for something they should not be punished for. And as you hear from the testimony from OneWorld in Columbus, we're shifting this to the federally-funded clinics. And behavioral health for my community in south Omaha is being compromised because of this. And as Rev. Bentjen said, our budgets are moral documents. We measure the morality of a society by how we treat the least and the most vulnerable among us, and we cannot

balance our budget on the backs of these precious children. As children growing up in the church, we were taught to sing, "Red, and yellow, black and white, they are precious in His sight. Jesus loves the little children of the world." We need to update that song to add brown. These precious lives should not be lost as we try to be penny-wise and a pound foolish. How can we say we're pro-life and pro-family; and I ask my colleagues, where is the outrage? Is it because these babies come from a mixed status family, because they're poor and people of color, that brown babies don't count? My grandma came here from Finland; and as a Midwest Scandinavian, we looked to Scandinavia for guidance. And in Finland, Sweden, Norway, there are basic givens. One of them is access to healthcare. We should not have to be doing this. And this has been a very difficult year, and we hope to have another fund-raiser for OneWorld Prenatal Clinic. Remember Ash Wednesday when we read from Isaiah 58: "Is this not the fast I choose? To loose the bonds of injustice, to undo the thongs of the yoke, to let the oppressed go free?" The light that shined (sic, shone) for Abraham shines now, and we need to realign, so that our basic Judeo-Christian values are being practiced in how we set our moral documents, especially our budget. I'd be happy to answer any questions. [LB599]

SENATOR GLOOR: Are there questions for Rev. Dotson? Seeing none, thank you, and I will pass along your regards to the Presbyterian member of our committee. [LB599]

HOWARD DOTSON: Excellent. I try not to preach. It's a vocational liability (laughter). [LB599]

SENATOR GLOOR: Thank you. [LB599]

HOWARD DOTSON: It's not a bad (inaudible) (laughter). [LB599]

SENATOR GLOOR: Good afternoon. [LB599]

KATHLEEN GRANT: (Exhibit 10) Good afternoon. My name is Kathleen Grant, K-a-t-h-l-e-e-n G-r-a-n-t. I'm here with members of our group, Omaha Together, One Community, a clergy and leadership, this community-based, faith-based organization of 27 congregations, schools, and community organizations in the Omaha area. I am a physician. I'm on faculty at Creighton, the University of Nebraska Medical Center, work at the VA Hospital, and have been a volunteer physician at OneWorld Community Health Center. We are here to express our strong support for LB599. The state of Nebraska has a tradition of enacting laws that demonstrate a commitment to support families. In 2010, however, the Nebraska Legislature allowed LB1110 to die after Governor Heineman expressed his opposition to the bill. LB1110 would have continued prenatal care for all low-income women and their unborn children without regard to their immigration status, an investment in families that the state has been making for over 20 years. Omaha Together, One Community opposes decision to discontinue prenatal care to over 1,600 low-income women including U.S. citizens and legal residents and their

unborn children on both moral and practical grounds. As people of faith, we are troubled that some of the most vulnerable families in Nebraska are being denied vital prenatal care that would contribute to the health and long-term well-being of both mother and child. We are concerned that the legislative decision in 2010 was driven by anti-immigrant sentiment and political expediency rather than by a commitment to the common good or common sense. Over the last year, medical providers in social service agencies across the state have confirmed that the decision to deny prenatal care to some low-income women have contributed to a climate of fear among all immigrants. Within weeks after the Legislature's decision, I learned of a pregnant woman whose prenatal care had been discontinued. She had a seizure at home and was hospitalized with eclampsia which could have been prevented. In a recent OTOC house meeting in south Omaha, a woman who was 5.5 months pregnant said she was afraid to seek any prenatal care and didn't know where she was going to deliver her baby. Imagine any one of us or our daughters or granddaughters almost six months pregnant, afraid to get prenatal care, and unable to plan for the birth of our baby. What does that say about Nebraska? What does that say about us? Prenatal care, we've already heard, saves lives and monies. In addition to the medical complications, low birthweight babies are more likely to have cerebral palsy, problems with lung function, impaired vision, and hearing. They are also at increased risk for disabilities which impair school performance that persists throughout their childhood and adulthood. If we deny prenatal care to any woman, we are effectively saying to that woman and her child that they are not worth the basic routine healthcare afforded to you and me. Is that consistent with the value we place on human life? LB599 is a simple and effective mechanism to restore prenatal care to all low-income women, regardless of their immigration or income status. OTOC joins Nebraska medical organizations and the Nebraska Catholic bishops by stating in the strongest possible voice that prenatal care for all low-income women is a moral imperative and an investment in the future of Nebraska. Any questions? [LB599]

SENATOR GLOOR: Thank you, Dr. Grant. I noticed the editorial, guest editorial, one of the coauthors was Sister Norita Cooney who was a peer and friend of mine, and I think she would be quite honored that you would include this in your testimony today. [LB599]

KATHLEEN GRANT: Yes. I agree. Thank you. [LB599]

SENATOR GLOOR: Any other questions for Dr. Grant? Thank you very much. [LB599]

KATHLEEN GRANT: Thanks. Um-hum. [LB599]

SENATOR GLOOR: Good afternoon. [LB599]

JUSTIN VOSSEN: (Exhibit 11) Good afternoon, Chairman Campbell and members of the Health and Human Services Committee, my name is Justin Vossen, J-u-s-t-i-n V-o-s-s-e-n. I'm a board member of the Nebraska Chapter of the March of Dimes and

the father of a premature baby. The mission of the March of Dimes is to improve the health of pregnant women, infants, and children by preventing birth defects, premature birth, and infant mortality. Prenatal care services can help improve the health of both mothers and babies. Women who receive prenatal care are more likely to have access to screening and diagnostic tests that can help them identify problems early, services to manage existing problems, education, counseling, and referral to reduce risky behaviors like substance abuse and poor nutrition. For these reasons, the Nebraska Chapter of the March of Dimes supports LB599 which provides prenatal care and coverage through our CHIP program. Early and regular prenatal care can help identify serious perinatal issues, such as stillbirth, alcohol abuse, and postpartum depression. Uninsured women are more likely to have poor pregnancy outcomes than are insured women, including pregnancy-related hypertension, placental abruption, and extended hospital stays. Their newborns are also more likely to have adverse outcomes, including low birthweight and even death. The U.S. Preventives Services Task Force has issued a number of recommended medical interventions related to pregnancy including folic acid supplementation, screening for preeclampsia, and counseling on breast-feeding that can be best provided when the woman has health coverage. The Institute of Medicine, among others, has found that uninsured women forego or postpone needed care. The reverse is also true. Having health insurance improves access to timely care, a critical factor for women who are at risk of pregnancy complications. Early care and treatment of medical conditions--diabetes, hypertension, sexually transmitted diseases, for example, may reduce the risk of negative health consequences for women and their infants. My daughter, Kate, was born at 27 weeks and weighed 1 pound 15 ounces. Kate has spent more than five months of her life in hospitals, dealing with the effects of prematurity. Heart surgery, eye surgeries, stomach surgeries, 2.5 years attached to an oxygen machine, occupational and speech therapies have helped my daughter become a vibrant kindergartner today. We are truly blessed with Kate; but, unfortunately, through our involvement with the March of Dimes, we've met others who are not as lucky. Financially, we were also lucky. We had good insurance. We were able to not hesitate and immediately go see a high-risk perinatologist when my wife began to show signs that this pregnancy wasn't going to be as smooth as our first child. We were able to follow doctors' orders and put my wife on bed rest two months into the pregnancy. Had we not had great prenatal care or if we had to cut corners by not heeding doctors' orders because of financial concerns, I could probably assume that my daughter might not be here today. At the very least, she would have been much more sick and helpless than she already was. If you want to see the definition of helpless, go to a NICU, look through an isolette at a baby who weighs one pound; look at the child's parents who can't even hold the child to comfort her from the pain. That baby born into this state and now a citizen of this great state and great country had no choice as to who and how they were brought into this world. This helpless child...in all our states, newborn citizens are who we are speaking for today, because they have no voice, and we believe that every child deserves, at the very least, a healthy start to life. Fiscally, in my humble opinion, providing prenatal care to mothers may actually save the state money in the

long run. Because of her low birthweight, Kate was eligible for Medicaid during her initial months in the hospital. For various reasons, among them pride, we chose not to utilize Medicaid and keep her on our current insurance provider. However, children like Kate born at low birthweight and eligible for Medicaid, will encounter enormous medical costs during the beginnings for their 24-hour specialized care. My daughter alone has medical bills totaling in the millions of dollars. My simple point is this. If simple access to prenatal care could reduce or eliminate the prematurity, in some cases, this, in turn, could limit or eliminate the substantial cost burden on Medicaid after that child is born. The physical well-being of Nebraska citizens as well as the financial costs should be a consideration for this body. We have a duty to care for our children in this state no matter what the heritage of their parents may be. March of Dimes strongly supports providing coverage for prenatal care for all pregnant women in Nebraska. In closing, thank you for your service and dedication to this great state. I'd be happy to try to answer any questions you may have. [LB599]

SENATOR GLOOR: Thank you, Mr. Vossen. It's good to see you here again, I believe. Have you been here once? [LB599]

JUSTIN VOSSEN: This is the first time, actually. [LB599]

SENATOR GLOOR: Is this the first time? [LB599]

JUSTIN VOSSEN: Yes, sir. [LB599]

SENATOR GLOOR: Any questions? Thank you very much. [LB599]

JUSTIN VOSSEN: Thank you. [LB599]

SENATOR GLOOR: The light system is broken, and so what I'll ask the clerk to do is kind of give me a signal when we have a minute left, and then you'll get the great feeling that those of us who debate on the floor get when somebody barks at you, one minute. But there seems to be no way around it, unfortunately. [LB599]

JIM CUNNINGHAM: (Exhibits 12, 13) You're not going to use the wrestling policy of throwing a towel at me, are you, Senator? (Laughter) [LB599]

SENATOR GLOOR: I'm such a bad shot, Mr. Cunningham. I'm afraid I might hurt somebody, so we won't do that. [LB599]

JIM CUNNINGHAM: Senator Gloor, Senator Campbell, Senator Wallman, good afternoon. My name is Jim Cunningham, C-u-n-n-i-n-g-h-a-m. I'm the executive director of the Nebraska Catholic Bishops Conference, representing the mutual interests and concerns of the Archdiocese of Omaha and the dioceses of Lincoln and Grand Island.

The conference hereby wishes to be on your record in support of LB599. The conference supported LB1110 last year on this same issue, and most assuredly, has not changed its position in any respect. The policy captured by the politically-charged slogan, "no benefits for the illegals" pales in comparison to protecting the health and well-being of innocent, unborn children from impoverished families. Our firmly-held view is that restoring prenatal services for unborn children from impoverished families, regardless of their mothers' immigration status, is an important and urgent pro-life matter. Denying coverage in these stressful circumstances of family poverty is contrary to human dignity and a great injustice, which can do great harm to the lives of children at a very vulnerable stage in their development. What's more, the lack of access to such vitally important medical care could be a decisive factor causing some pregnant women to experience such desperation that they turn to abortion rather than childbirth. On this particular matter, our urging to you as policymakers is that the proper and necessary balance must favor serving the health and well-being of the unborn children from impoverished circumstances. These unborn children are not illegals. Either they have no immigration status or more realistically, their immigration status can best be described as presumptive U.S. citizens who will be fully citizens upon their birth in this country. The fact that there is a federally-supported program, the unborn child option of the Children's Health Insurance Program, which helps to make this vitally important coverage possible in these circumstances, is a testament to a compelling respect for the lives and status of these unborn children. You have my written statement, Senators. I'd like to leave that to accomplish just a couple of things. First of all, not that to give any impression that this is exclusively a matter for Lexington, but earlier this week I had a call from an undocumented woman in that community who shared with me her story. She is pregnant. She knows the value of prenatal care, and is seeking to get prenatal care at a great cost, and is very concerned about being able to meet that cost. She also has a friend who is undocumented, non-English speaking, who is pregnant, and has made the decision not to seek prenatal care, and she's very concerned about her. I've asked her to provide statements, anonymous statements, for the committee. The pastor at St. Ann's parish in Lexington is facilitating that purpose, and I will share those statements with you when I receive them. Also, I received in our office earlier today a letter addressed, ultimately, to you. This is from Dr. John Jackson in Schuyler. You may recall Dr. Jackson was one of the first who experienced some repercussions of this policy. I'd like to just quote for you a portion of his letter. "I am concerned about the current problem of many of my pregnant patients. Over the past year, I have observed that many patients are not coming in for their prenatal care. Also, the ones who I do see, who in the past did qualify for Medicaid and presently are not on Medicaid, are actually refusing to get necessary labs done during their pregnancy. Many of these patients are showing up only in the last two weeks of their pregnancy or coming into the emergency room without any prenatal care at all. I have had patients refusing ultrasounds, refusing vaginal cultures and other screening tests, because of the cost. This has been very detrimental to the patient and the infants born here." And I'll submit that, Senator, for your record. Thank you for your attention and consideration. [LB599]

SENATOR GLOOR: Thank you, Mr. Cunningham. Are there questions for Mr. Cunningham? Thank you very much. [LB599]

JIM CUNNINGHAM: Thank you. [LB599]

SENATOR GLOOR: Do we still not have a light system? [LB599]

DIANE JOHNSON: It's back on. [LB599]

JEANEE WEISS: Good afternoon. My name is Jeanee Weiss. I'm director of Healthy Futures for Building Bright Futures. And it's J-e-a-n-e-e Weiss, W-e-i-s-s. First, I want to thank the Health and Human Services Committee for providing me the opportunity to speak to you today. Your continued efforts to protect the well-being of the children of Nebraska is well documented and appreciated, so thank you. As a representative of Building Bright Futures, I'd like to express our support of LB599. As you've previously heard, the issue of providing prenatal care to unborn children is an issue that sparks both passion and debate from many sides. As Building Bright Futures works to provide a comprehensive and community-wide effort to improve the academic outcomes for all Nebraska children, and as we strive to put all students onto a pathway of success, I am here today to express our desire to see the advancement of LB599. Through the expert testimony that you have heard today, as well as through well-established research, it is commonly understood that the unborn child that does not receive prenatal care is much more likely to experience low birthweights, pre-term births, and more likely to die in that first year of life. I would like to provide the opportunity for us to now explore the long-term impact of these birth outcomes, and what they will have on our educational, healthcare, and social service systems. Between 1994 and 2008, a series of studies was published by the New England Journal of Medicine outlining the developmental, social, cognitive, and educational outcomes for pre-term and low birthweight babies from infancy through adulthood. The benefits of these studies allowed researchers to follow a cohort of close to 900,000 babies that were born at varying gestational ages and birthweights through their developmental milestones at ages of 3 months, 6 years, 12 years, and 20 years of age. As a result of their long-term longitudinal research, they found the following: Pre-term babies have significant higher rates of medical disabilities, particularly those related to blindness and loss of sight and vision, and hearing loss, learning disabilities that resulted in the reduction of cognitive test scores in comparison to their classmates, and were much more likely to not graduate from high school. They suffered from behavioral and psychological problems, more likely to be classified as low-income when they reached adulthood, and often began receiving Social Security benefits at a very... [LB599]

(Recorder Malfunction)

JEANEE WEISS: ...today will result in babies that do not thrive, children that struggle to keep up with their peers, teens not succeeding in school, and young adults not coping with the ups and downs of adulthood. By simply providing prenatal care to unborn children in Nebraska for years to come, we will reduce the number of youth that are plagued with preventable long-term conditions that take a heavy financial toll on our educational, healthcare, and social service systems. Building Bright Futures has worked diligently over the last few years to support the educational, emotional, and health needs of youth within our state. Therefore, it is our strong belief that at an age of fiscal responsibility, the responsible thing this committee can do is work to advance LB599. Thank you. [LB599]

SENATOR GLOOR: Thank you, Ms. Weiss. Questions? Thank you for the testimony. [LB599]

JEANEE WEISS: Thank you. [LB599]

LAZARO SPINDOLA: (Exhibit 14) Good afternoon, Senator Gloor, Senator Campbell, members of the Health and Human Services Committee. Thank you for allowing me to present today. For the record, my name is Lazaro Spindola. That will be L-a-z-a-r-o S-p-i-n-d-o-l-a. I am here today as chair of the Minority Health Advisory Council. The council serves at the discretion of the Governor and reports to Health and Human Services medical director. Members are representatives of the Office of Health Disparities and Health Equity, local health departments, federally qualified health centers, University of Nebraska Medical Center, etcetera. Senators, what we have here is a conceptual conundrum. Prenatal care is a medical strategy that encompasses the regular healthcare women should receive during pregnancy from a medical provider. A more modern definition includes prenatal development which is the growth and development of a single-celled zygote formed by the combination of the male sperm and the female egg into a fetus and in time, a child. For over 20 years, the Nebraska Division of Medicaid provided prenatal care to the unborn product of conception. In December 2009, the Nebraska Division of Medicaid received a communication from the Centers for Medicare and Medicaid, stating that the concept of unborn child as had been used by the state for over 20 years was not applicable under federal standards. This follows federal criteria, given the rights of the unborn product of conception took second place to the rights of the pregnant woman resulting from the 1973 ruling of Roe v. Wade. In other words, the unborn is considered a nonlegal entity. In May 2009, this legislative body passed LB403, later signed into law as Nebraska Revised Statute 4-108, prohibiting public benefits to a person not lawfully present in the United States. In December, based on the premise of this law, and the fact that some women in our state were, indeed, undocumented; and since the unborn wasn't considered a legal entity, the Division of Medicaid's decision to deny prenatal care coverage for undocumented women seemed logical. Whole systems changed, new policies and procedures were adopted, hundreds of providers were trained, and the end result caused a major

disruption as hundreds of patients were forcefully abandoned. We did not like the law, but we abided by it. But then in January 2010, LB1103 cited as the Pain-Capable Unborn Child Protection Act, stated that it is the purpose of the state of Nebraska to assert a compelling state interest in protecting the lives of unborn children from the stage at which substantial medical evidence indicates they are capable of feeling pain. Nebraska Revised Statute 28-3,103, law awards felony penalties for providers who break it and, as a result from the measure, the unborn child is granted legal protective rights and recognition as a legal entity. Senators, healthcare policy is flexible, but it cannot accommodate nor bend continuously to the yearly changes in the political arena. Senator Gloor, who managed healthcare systems for a long time, realizes this very well. As an advisory council, we request clear definitions in order to advise within the best scope of our knowledge. You have heard testimony that life is being imperiled, compromised, life is being lost. However, the question is, whose life? Is it a zygote, an embryo, a fetus, a cluster of cells, or is it a human being? What is seen here is a conceptual conundrum. We have a law that denies rights to the unborn and places the rights and the burden of legal, economic, and other responsibilities on the mother. Yet, we also currently have another law that places the rights on the unborn child while denying them to the mother. How can we design a healthcare system when we are forced to operate under such duality? The liability of a provider causing pain to the unborn child by performing an abortion is clear. However, death to the unborn child due to a state-mandated prohibition of medical attention is not so clear. It must be addressed as it has become the liability of the entire Nebraska Health and Human Services system. We currently have two different legal categories for the unborn. In the first one, the unborn has no legal recognition, and it is the mother's legal situation that determines the care the unborn will receive. In another, the legal rights of the unborn supersede the rights of the mother to terminate her pregnancy whenever she wants. By passing LB599, this committee will grant unborn children the same legal recognition as Nebraska's Pain-Capable Protection Act and thus level the field for healthcare providers and policy drafters. Not passing it means that we will be left with the same conceptual duality and dichotomy of thought. The Minority Health Advisory Council encourages you to pass LB599. Thank you for receiving me today, and I'd be happy to answer any questions. [LB599]

SENATOR GLOOR: Mr. Spindola, let me congratulate you on a wonderful phrase, conceptual conundrum, which is a (laughter) spectacular double entendre, and I plan to use it if I get a chance. But I'll give you credit if I can remember (laughter). Any questions? Thank you very much. [LB599]

LAZARO SPINDOLA: Thank you. [LB599]

SENATOR GLOOR: Good afternoon. [LB599]

ERICA BIRKY RIOS: Good afternoon. My name is Erica Birky Rios. I'm not an executive

director, pastor, or anything else. I do work at a healthcare agency, and I am a family support services person, working exclusively with low-income mothers who are pregnant. Can you hear me? [LB599]

SENATOR GLOOR: And could we ask you to spell your name for us, please? [LB599]

ERICA BIRKY RIOS: My name...yes, I'm sorry. Erica, E-r-i-c-a Birky, B-i-r-k-y Rios, R-i-o-s. When the change occurred last March, about half of my mothers were immediately affected. Since then, I worked with a mother who, due to an HHS sanction, fainted during...she was about four months pregnant, but had not sought prenatal care, as she was a refugee who had escaped from Liberia and the war, and had not sought prenatal care and ended up in the ER. Thankfully, we were eventually able to reestablish her prenatal care due to the changes that occurred. The other women...we have since slogged through the options that were available to us. And the women that I do serve, just to give you a little bit of an idea, were backgrounds, speak English, French, Spanish, Bossa, Swahili, and come from all ethnic backgrounds and many different countries. I think what amazes me about some of them as certainly...unless some of you are Native Americans, they probably came to this country just for the same reasons that your forefathers did, just to be able to survive and, hopefully, provide for whatever families they might have or just to be able to survive themselves. As they, over the time, since March, those who have had their children, I did pursue with them the process of the emergency (inaudible) Medicaid option. Needless to say, it was somewhat of an additional conundrum. I can testify to the fact that it was December before HHS workers were able to actually tell my clients what documentation was actually required of them. And due to that, I had cases that were nearly lost entirely, and mothers who spent months and months in a terrible time of suffering. Most cases, if they were resolved, were a minimum of six months, and I have many cases that are still pending. Interestingly enough, the mothers who are in that process of applying for emergency (inaudible) and Medicaid coverage for their labor and delivery, when their children were born, their children, obviously, were going to be eligible for other services such as SNAP, you know, Supplemental Nutrition Assistance, or ADC...Dependent Children. But they routinely denied requesting those services. They were not here for a handout. But their families took in maybe $9,000, $8,000 a year; and to pay $8,000 to $10,000 out of pocket to have their child was just simply not feasible for them. So they weren't ever looking for a handout, just something reasonable to be able to have their children. I think we've all heard that this is financially the right thing to do for our state. We all know why, but I want you to also know that in no way do these mothers have any intention on doing this to take advantage of anyone. On the contrary (laugh), they hate to have to do this, and those that are paying their way until they, you know,...if there is any outcome for them to cover anything, come every month, pay whatever it is they can, and move forward. So thank you very much. [LB599]

SENATOR GLOOR: Thank you. Questions? Thank you very much again. [LB599]

JENNIFER CARTER: (Exhibits 15, 16) Good afternoon, Senators. My name is Jennifer Carter, J-e-n-n-i-f-e-r C-a-r-t-e-r. I'm the director of public policy and the healthcare access program at Nebraska Appleseed. First, we would like to thank also Senator Campbell for her dedicated work on this, not only in the interim, but for bringing this bill again; and also to Senators Nordquist, Ashford, Howard, and Mello for cosponsoring this bill. We appreciate their continued dedication to the health and welfare of mothers and babies in this state. I've passed out my written testimony. Oh, and actually, for the record, in the interest of saving all of you time, I've also passed out Voices for Children's letter and research on the cost-effectiveness of prenatal care. So... [LB599]

SENATOR GLOOR: And I'm sorry, but did you spell your name for us? [LB599]

JENNIFER CARTER: I did, but I can do it again. (Laughter) [LB599]

SENATOR GLOOR: Once again, it's an easy one for me to pick up on. [LB599]

JENNIFER CARTER: Right, yeah (laugh). So I passed our testimony out which focuses on why LB599 is a really straightforward solution under federal law and under the Children's Health Insurance Program to returning to the wise policy of providing prenatal care to all babies in the state. But actually, we received some new information mid-morning, so I won't actually be talking too much about my written testimony; but instead, on some data received about the cost of labor and delivery under emergency Medicaid. These numbers came from the department, and I think, you know, when we've...as we've talked about this issue over the last year, I think everyone expected to see an increase in emergency Medicaid costs for labor and delivery, and that's, in fact, what we've seen. And the numbers that we saw were...and I can read them to you quickly. In February 2010, when the policy was still intact, labor and delivery charges under emergency Medicaid were $3,712. I'm going to round these off just to make things easier. In March when prenatal care was terminated for certain unborn children and mothers, that cost skyrocketed to $302,438. In April 2010, it was over $322,000; May, $274,000; June, $344,000; July, $210,000; August, $191,000; September, $167,000; in October, $66,000 and in November, $35,000. And my understanding is the drop-off in October and November probably reflects reimbursement lags in terms of actual submission of the bills and possibly...and we wonder if it also has something to do with what we've heard about in terms of delays and processing for emergency Medicaid for labor and delivery. So those, you know, I think what we wanted to just talk about, since these are new, I think what it does is begs a lot of questions about, as we continue to examine what the fiscal costs are of this new policy, and trying to understand the impact of these numbers. When one piece of information that would be helpful and is something, you know, I don't know if the committee can ask for or not is, what is the comparison between the costs of labor and delivery when prenatal care was provided versus the cost of emergency Medicaid, because as we've heard, when you

have a woman who comes in who hasn't had prenatal care, oftentimes that labor and delivery can be more complicated and, therefore, more costly. We've heard about this rise in C-sections which C-sections are, obviously, going to be more costly than a regular vaginal delivery. And so I think that's an important question to ask about whether when people are getting prenatal care, this is actually less costly for us than providing it under emergency Medicaid. Separately, we are a little bit...we are not certain yet of whether the...if you provide prenatal care under CHIP, whether labor and delivery gets the enhanced match. But it appears clear to us, and this is our assessment of the CMS guidance that we've read, that if we instituted this policy and used a global billing policy, that it would, in fact, include labor and delivery, and this is something that we, you know, we'd be happy to check. It's our understanding of reading the guidance, and then we would get a 70 percent match to pay for, you know, these same labor...labor and delivery services. I see the yellow light is on. I mean, I think this doesn't even begin to address the long-term costs. This is just one part of the fiscal cost, but I think we're seeing exactly what we were afraid we would see. And I'd also note that this reflects only 422 births, and 1,600 women lost their prenatal care last March. And so I don't know where they are, where they delivered, where those costs are. But I think we probably are seeing the tip of the iceberg; and so those are the main points, but I'm happy to take any other questions about written or that testimony. [LB599]

SENATOR GLOOR Thank you, Ms. Carter. Senator Wallman. [LB599]

SENATOR WALLMAN: Yeah, thank you, Chairman. Yes, thanks for coming here. You're always welcome here to testify. You know that. And does this correspond with surrounding states' cost? You remember, we looked at Iowa; we looked at Kansas? [LB599]

JENNIFER CARTER: That's a good question, and I didn't have a chance to look at their corresponding emergency Medicaid costs. You know, it's something that we've held the whole time that if a mother would have been eligible or is eligible for prenatal care under...and, actually, it's not the mother. It's the unborn child who's income-eligible under the unborn child option. That's actually a lower eligibility level than Kids Connection, so these children, when they're born, will be eligible for Kids Connection. And I think we've heard...I know, we've heard anecdotally from hospitals and others, there are children, you know, children without prenatal care ending up in the NICU, and we're likely paying for those children in the Kids Connection. And I think that's a very important piece of data that we need to figure out as we go forward. [LB599]

SENATOR WALLMAN: Thank you. [LB599]

SENATOR GLOOR: Other questions? Have the...the source of this information was? [LB599]

JENNIFER CARTER: This I received from Senator Nordquist's office...I believe got it from the Fiscal Office who I believe got it from the department. So I believe Senator Campbell has it as well, but we're happy to try to figure out a way to distribute it. I apologize. It was new and so we didn't get to... [LB599]

SENATOR GLOOR: Sure. No, I think the committee appreciates it, and it's good testimony for us. [LB599]

SENATOR WALLMAN: You bet. [LB599]

SENATOR GLOOR: And there's no way that we can break this out in terms of how much of...yeah, how many or how much of this payment went for deliveries? [LB599]

JENNIFER CARTER: Actually, these...my understanding is these are only labor and delivery numbers. [LB599]

SENATOR GLOOR: Specifically, for labor and delivery expense for emergency Medicaid. [LB599]

JENNIFER CARTER: Yes. Yes. [LB599]

SENATOR GLOOR: Okay. Good. I'm glad I asked. [LB599]

JENNIFER CARTER: Yeah, sorry, I should have clarified that. [LB599]

SENATOR GLOOR: Any other questions? Thank you very much, Jennifer. [LB599]

JENNIFER CARTER: Okay. Thank you. [LB599]

JULIE SCHMIT-ALBIN: (Exhibit 17) Madam Chairwoman and members of the committee, my name is Julie Schmit-Albin, and it's S-c-h-m-i-t-A-l-b-i-n. I'm executive director of Nebraska Right to Life, the state affiliate to the National Right to Life Committee. I appear in support of LB599. As with LB1110 last year, we support providing prenatal care to the patient who is the unborn child. LB599 recognizes the humanity of all unborn children and acknowledges that babies cared for in the womb can result in healthier babies upon delivery. It was mentioned during the debate on this topic last year that the average cost of providing prenatal care is $755 per unborn child. And to us, that seems a small investment to give a baby a chance at a healthier start in life. Our local Lincoln Right to Life chapter here has a program at the Planned Parenthood abortion facility on South Street which utilizes sidewalk counselors who reach out to women and girls who are entering the abortion facility. I have visited with several of the Lincoln Right to Life sidewalk counselors who saw 93 pregnant women turned away from the abortion facility in 2010. These are women who appeared at the

abortion facility ready to abort, and we call them "Saves," and they turned away from the facility. And the Lincoln Right to Life counselors continued with most of these women and girls to help them through their pregnancies. They are referred to local pregnancy assistance and social service agencies, but Lincoln Right to Life also makes an effort to stay involved with these clients by providing a monthly free diaper service and providing rides to medical appointments. Lincoln Right to Life has a fund which assists some pregnant women who are facing emergency financial situations, such as paying for a month's late rent or utilities to avoid an eviction. A similar program by Knox County Right to Life up at Creighton provides free baby clothes and equipment and follow-up with mothers in the county who have given birth, and who are at risk of abortion. So in the pro-life community, we are not unmindful of the fact that babies do cost money, and some unplanned pregnancies can end up costing the taxpayer. While our volunteers and local chapters step in where they can to provide practical, hands-on help in the form of material goods and other assistance, we cannot provide the very necessary medical attention that all unborn babies deserve as they go along their nine month journey to birth. We know that you recognize the contributions of many organizations, agencies, and individuals in the private sector, many who have appeared before you on this topic numerous times, and they step up to the plate with their time and talents. We ask that the Legislature take the further step of ensuring the provision of prenatal care. Thank you. [LB599]

SENATOR GLOOR: Any questions for Ms. Schmit-Albin? Thank you. [LB599]

JULIE SCHMIT-ALBIN: Thank you. [LB599]

SENATOR GLOOR: Any other proponents? [LB599]

SHIRLEY MORA JAMES: (Exhibit 18) Good afternoon, Chairman Campbell and distinguished members of the Health and Human Services Committee. My name is Shirley A. Mora James, S-h-i-r-l-e-y A. M-o-r-a J-a-m-e-s. I'm a Latina civil rights attorney from Lincoln, Nebraska. I'm licensed to practice in all Nebraska state courts, the federal courts of district of Nebraska, the United States Immigration Court in Omaha, the United States Court of Appeals for the Eighth Circuit, and the United States Supreme Court. I am here speaking as a Mexican-American woman today, who was raised in western Nebraska, was taught in the Catholic teachings, which value children. Today, my purpose is to give a voice to the silent, unborn babies and their mothers in this debate, who are being denied prenatal care, because they're poor or undocumented. Specifically, I want to share a woman's story with you. The woman's name is Guadalupe. She is a past victim of domestic violence and a victim of civilized violence, i.e., the denial of prenatal care for her baby. She is two months pregnant, has not visited a doctor yet for prenatal care. The reality is Guadalupe simply cannot afford to pay for health insurance or the necessary prenatal care for her baby's needs. She is an undocumented immigrant woman, and is ineligible to adjust her immigration status in

time to receive appropriate prenatal care for her unborn baby. Guadalupe shared with me what she thought her only options are: (1) she could go back to her home country to seek medical care at great risk to her personal safety; or (2) stay here and get an abortion. Needless to say, I was speechless and horrified that Guadalupe is being forced to make such choices, to murder her child, because she is poor or to go back to a country that has forsaken her. To me, these options are not choices but evils. Simply put, no mother, whether she is documented or not, should ever have to decide on killing her unborn baby, because she cannot afford prenatal care. I ask you all to consider the following. The women and their babies, who have suffered or died because of denial of prenatal care, are part of our human family and need to be treated as such. And shame on the callous, alleged pro-life politicians who attempt to dehumanize these babies and their immigrant mothers by calling them border jumpers, aliens, economic terrorists, illegals, anchor babies, or by denying them prenatal care. To these politicians, I ask: "Sirs, have you no compassion or sense of conscience, and where is your God-given grace and empathy?" Finally, let's ponder this question: What have we become, in what kind of society would these choices be forced on a mother, and what does it say about that society? Honorable members of the committee, please deliver us from the evil that has seeped into the core of our Nebraska society. Please, I respectfully request that you all vote for life in support of LB599 and allow our unborn Nebraska babies the opportunity to obtain the necessary prenatal care regardless of the status or the wealth of their mother. I thank you for your time and kind consideration in this most important matter. And if you have any questions for me, I'd be more than happy to answer them at this time. [LB599]

SENATOR GLOOR: Are there any questions? Seeing none, thank you. [LB599]

SHIRLEY MORA JAMES: Thank you. [LB599]

SENATOR GLOOR: Are there any final proponents? Seeing none, we'll go to opponents. Good afternoon. [LB599]

VIVIANNE CHAUMONT: (Exhibit 19) Good afternoon. 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 and the Nebraska Department of Health and Human Services. I'm here to testify in opposition to LB599. LB599 directs the Department of Health and Human Services to create a separate stand-alone Children's Health Insurance Program, CHIP, solely for pregnant women who are ineligible for coverage under Medicaid. In the majority of these cases, the women are not eligible for Medicaid because they are illegal aliens. Medicaid does not provide coverage for illegal aliens except for emergency treatment as defined by federal law. Medicaid does not recognize the unborn as an eligibility category. Pursuant to federal requirements, the Department of Health and Human Services stopped providing Medicaid benefits to women who are

in the country illegally. The Nebraska Children's Health Insurance Program, CHIP, is currently administered as a Medicaid-expansion program. What this means is that the CHIP program in Nebraska is administered in the same way as the Medicaid program, except that the federal match for CHIP services is higher than the Medicaid match. Since a Medicaid-expansion CHIP program, like Nebraska's, must follow Medicaid rules, Nebraska's current CHIP program cannot simply be amended to include the coverage contemplated by LB599. The department would be required to create a CHIP program, separate from the current CHIP program, in order to address the expansion population in LB599. The administrative costs to implement a stand-alone CHIP program would be significant--$232,000 in the first year; $437,000 in the second year. Expenditures for services in the first partial year the program is implemented would have an estimated cost in excess of $3.3 million--a million in General Funds, and $2.3 million in federal funds. Expenditures thereafter are estimated to run approximately $6.6 million annually. As Chief Executive Officer Winterer testified last year, the key issue that needs to be resolved is whether illegal immigrants should be receiving taxpayer-funded benefits. This is a difficult issue, and we know that there is disagreement among well-meaning people. LB599 is an expansion of coverage to illegal immigrants at a time when we are making difficult choices about the services we have available to citizens and reimbursement rates to providers. For these reasons, we are opposed to the passage of LB599. I would be happy to answer your questions, and before I do that, I'd like to address the data that the Appleseed testifier talked about. There is nothing unusual or different about that data. Medicaid still pays for emergency services for illegal aliens. Labor and delivery charges are considered by federal law emergency services for anybody. And so, all that that data shows is what labor and delivery we paid for in those months after we started looking at it as a service to the woman as opposed to a service to the unborn. Those costs were all in the service costs, to the benefit costs to the unborn prior to the policy change. We would pay for the labor and delivery before the policy, before we had to make that policy change, and that's a federal benefit. After we made the policy change, all that data tells you is how many pregnancies and how many labor and delivery charges we've paid. [LB599]

SENATOR GLOOR: So, since we're in the questioning time, let me ask you just by way of further clarification, did you say that expenses moved from one expense column to another expense column? [LB599]

VIVIANNE CHAUMONT: I'm saying that, yeah, in a way. When Nebraska was paying for these costs as an unborn, the labor and delivery were in the children's costs, you know, because it was the unborn cost. So they were in the...what we pay for kids. So when we were told that we couldn't pay it that way, then they just...that's how we track the emergency labor, and so the costs are essentially the same. [LB599]

SENATOR GLOOR: It would seem to me, though, that the one thing it doesn't reflect, and it may not be possible to dig that number out, is the fact that in some of the cases,

we would think, based upon some of the testimony, there will be higher delivery expense because it's been a problem delivery as opposed to previously with prenatal care, an uncomplicated delivery. [LB599]

VIVIANNE CHAUMONT: You know, we don't have the data to make that determination for this population or for legal folks. We can't tell if someone, who is eligible for Medicaid either because they're a citizen or they're a recognized group whether they are getting prenatal care, and that's making a difference in the delivery costs. We just know how much we paid for delivery. [LB599]

SENATOR GLOOR: How about a global...how about the global billing comment that was made? [LB599]

VIVIANNE CHAUMONT: I'm sorry, could you refresh my recollection on the global billing comment? [LB599]

SENATOR GLOOR: That there is a global billing policy that would provide an opportunity to perhaps roll all of this expense together for reimbursement purposes. [LB599]

VIVIANNE CHAUMONT: I think for it to be CHIP reimbursable, you have to have a global and then the mother has to be provided with coverage for, I think, at least 60 days after the pregnancy is done. [LB599]

SENATOR GLOOR: Okay. [LB599]

VIVIANNE CHAUMONT: So that's beyond what you have in the bill. [LB599]

SENATOR GLOOR: Okay. Other questions? Senator Howard. [LB599]

SENATOR HOWARD: Thank you, Senator Gloor. I know you've been here for all the testimony. You were sitting in the back of the room, and you've heard people come forward and clinics and providers and doctors. And do you feel that the cost of the prenatal coverage is...what's the best way to ask you this...is money well spent? [LB599]

VIVIANNE CHAUMONT: I don't think that we have ever made the argument that prenatal coverage is not a good thing for everyone to have. [LB599]

SENATOR HOWARD: So I'll take that as a yes (laugh). [LB599]

VIVIANNE CHAUMONT: I think that was a yes. Um-hum, um-hum. [LB599]

SENATOR HOWARD: Well, when we look at that, and we weigh out the consequences both in terms of the damage that can be done, and the likelihood of excessive prenatal delivery costs with no medical coverage, I would deduct, and I don't want to speak for you, but I would say that it would...most people would agree, and possibly you would agree, that this is money that we should be spending. I'm not asking you if it's money that we can federally be spending, but money that we should be spending. [LB599]

VIVIANNE CHAUMONT: Well, you know, that's an interesting question. I think that our position is that we shouldn't be spending any money for people who are here illegally. That's, you know, that's our position. We don't spend money on legal citizens who are at 186 percent of the federal poverty level. We spend money for prenatal care for citizens who are up to 185 percent of the federal poverty level. So I think if there's other need for people who are here legally, you know, maybe we should take care of them first. [LB599]

SENATOR HOWARD: We do take care of them. [LB599]

VIVIANNE CHAUMONT: Up...up to 185 percent of the federal poverty level. [LB599]

SENATOR HOWARD: Right. Yes, that's true. These people...do we take care of them up to that level? [LB599]

VIVIANNE CHAUMONT: They're here illegally. We don't cover them at all unless it's for an emergency. [LB599]

SENATOR HOWARD: So we do take care of this population you're referring to up to 180 percent of the poverty level. So we are taking care of them first. So the people that we're talking about today, we're not taking care of them at all. [LB599]

VIVIANNE CHAUMONT: Um-hum. We are providing emergency services as required by federal law for them, yes. [LB599]

SENATOR HOWARD: Okay. Thank you. [LB599]

SENATOR GLOOR: Other questions? Thank you, Ms. Chaumont. [LB599]

VIVIANNE CHAUMONT: Thank you. [LB599]

SENATOR GLOOR: Anyone else to speak in opposition? Anyone in a neutral capacity? Seeing none, this will close the hearing on LB599. Thank you for your patience and your testimony. (See also Exhibits 20-24) [LB599]

BREAK

SENATOR GLOOR: I think she's opening on the next one. Did you want to close the...? [LB599]

SENATOR HOWARD: Oh, yeah, did you get the chance to close? [LB599]

SENATOR CAMPBELL: No, I only had a couple...I was just going to thank everybody. So it's not a big deal. You're fine. [LB599]

SENATOR GLOOR: I'm sorry that I slammed the door on that. I was anxious to get to a five-minute break, and so I was thinking...(laughter). [LB599]

SENATOR CAMPBELL: Trust me, I was there this morning (laugh). [LB599]

SENATOR GLOOR: Senator Campbell, would you like to open on LB433?

SENATOR CAMPBELL: I would. For the record, my name is Kathy Campbell, K-a-t-h-y C-a-m-p-b-e-l-l, and I serve as the Senator for District 25. LB433 is intended to set parameters for the Department of Health and Human Services, as it continues to privatize child welfare services under the Families Matter Initiative begun in July of 2009. The bill sets out certain requirements for contracts entered into by the department under the Family Services Matter; and here is where I'm going to digress for my colleagues and for the benefit of why I introduced LB433, and what I hope we will use it for. LB433, and I think there are some people here who want to enter some comments into the record, and I think that's terrific. Much of the material that is before you in the bill, we also used in LR37 as the background for it. The introduction of LB433 and my intent was to hold it until next session and be able to use it as a placeholder bill for future legislation that we wish to introduce with regard to child welfare. We were very fortunate to use Senator Howard's bill of LB95, in order to get out a point we needed to or what the committee felt we needed at this point. I would fully expect that by the end of the year in our discussions on the resolution, we will have perhaps a number of items and, therefore, we could use LB433 in order to fashion that. And so much of the material that's in the bill, the questions, the statements, should give a framework for what we may address as we get to the next session. And I didn't want to take a lot of time reading all kinds of things. I'd rather to just say, that was my intent. [LB433]

SENATOR GLOOR: Any questions, clarification of Senator Campbell? Thank you. [LB433]

SENATOR CAMPBELL: Thank you. And I will waive closing. [LB433]

SENATOR GLOOR: Whew. Takes me off the hook. [LB433]

SENATOR CAMPBELL: Yes. [LB433]

SENATOR GLOOR: Proponents, please. [LB433]

SARAH HELVEY: (Exhibit 25) Good afternoon. My name is Sarah Helvey, S-a-r-a-h, last name H-e-l-v-e-y, and I'm a staff attorney and director of the child welfare program at Nebraska Appleseed. And I just want to start by thanking the committee. I know you've heard a lot of testimony and done a lot of research and thinking about the issues that are currently plaguing our child welfare system, and our moving forward with efforts to begin to address them; and we're really appreciative of that. We support LB433, because we believe appropriate legislative oversight and transparency is critically needed with regard to the state's Family Matters reform. You've heard us say that a lot. I know you've heard other people say that as well. We believe, as Senator Campbell said, that this would be a vehicle to put some of that...the most critical areas of oversight into place. We have done some research into other states that have privatized their child welfare system. In almost all of the states that we found that was kind of just some basic research, but almost every state that we looked at had some sort of statutes defining the parameters or providing some policy with regard to privatization. By contrast, Nebraska's reform was largely undertaken without guidance from the Legislature, and we think that that is important. Just to mention a couple of aspects of LB433, we believe the provisions that would require the state to assure that contracts are based on the reasonable cost of services, including the responsibilities necessary to execute the contract is an important provision. The state, as you know, as a legal custodian of children and care, is legally obligated to them; and that obligation, we believe, can't be shifted to private agencies without adequate provision. We support public-private partnerships; but the state, we believe, must meet the basic obligations of children and care, and this provision, we think, would reinforce that obligation. We also support provisions that would require the development of regulations regarding monitoring and oversight, and that require biannual reports to the Legislature. And as Senator Campbell said, this is part of LR37, and we strongly support that. These provisions of LB433, we think would reinforce and complement those provisions and put that into statute on an ongoing basis. And then, in conclusion, just to reiterate, we're hopeful that, moving forward, that there will be some of these provisions put into statute, so that these are ongoing, and that there isn't a concern down the road. Even some of the provisions of LB33 (sic), I think, are things that the department is already doing, but those are also important, I think, to reinforcing statutes, so that they aren't taken out down the road or as things change. And then, with regard to the time line, we understand that a process is in place, and we respect that process. I guess, I would just ask for the committee to consider, at least aspects of LB433, as we're moving forward in the process; and, again, thank Senator Campbell and the rest of the committee for your leadership on this issue. [LB433]

SENATOR GLOOR: Any questions for Ms. Helvey? Thank you very much. Other

proponents. [LB433]

SARAH FORREST: (Exhibit 26) Good afternoon, Senator Campbell and members of the committee. My name is Sarah Forrest, S-a-r-a-h F-o-r-r-e-s-t, and I'm a policy and research associate at Voices for Children in Nebraska. I'd just like to start by thanking Senator Campbell and the committee for taking up the child welfare issue this session, and for introducing this piece of legislation which we at Voices for Children think is exceptionally critical. And I guess what I'd really like to speak to today is the impact of system turmoil and confusion on our state's most vulnerable children. Because, while it is very easy to talk about providers and dollars, sometimes we forget that, in all of this, our vulnerable children, who are either at risk or have experienced abuse and neglect; and we also forget that sometimes the very system we've designed to serve these children causes them further damage and trauma. And over the past year, the state has embarked on this reform effort, and, as you all know, it's encountered some significant challenges which is what LR37 is meant to address. In our opinion, LB433 lays out some needed policy changes that would strengthen the system. And I'd like to thank Senator Howard for introducing her LB95 which I think really addresses the quality of service issue. But I think LB433 is also a necessary component, because it addresses a system stability issue. A system in turmoil causes turmoil for the children who are affected by that system. Just this past fall, with the closure of Boys and Girls Home, our agency received calls from workers, from schools in western Nebraska who had no idea where they were going to send a foster child, or were confused about when visitation would happen. For a child, these are incredibly impactful experiences. And so, the guidelines on allocation of sufficient dollars, clear rules and regulations, will, hopefully, help lessen some of the provider turnover and confusion that we've seen in the past year. And I want to be completely respectful of the LR37 time line, but I would encourage you all to see where these measures that we already know can fix problems which we're already aware of such as financial issues, could be incorporated in legislation that's already standing, and perhaps advance this year. I'm happy to take any questions and thank you, again, Senator Campbell. I really appreciate it. [LB433]

SENATOR GLOOR: Thank you, Sarah. Any questions? Seeing none, thank you. [LB433]

SARAH FORREST: Thank you. [LB433]

LINDA COX: (Exhibits 27, 28) Good afternoon. My name is Linda Cox, L-i-n-d-a C-o-x. I'm the special projects and data coordinator for the Foster Care Review Board. I'd like to thank the members of the Health and Human Services Committee and especially Senator Campbell for this opportunity to speak about the need for oversight of the child welfare system. LB433 addresses many of the issues the Foster Care Review Board identified in its Report on Child Welfare Reform that was issued in December of 2010. It is the statutory charge and duty of the Department of Health and Human Services to

reduce the impact of child abuse whenever possible and to minimize the trauma in cases where a child must be removed from the home to assure that child's safety. Regardless of whether or not there are contractors involved, the department remains responsible for children's safety, permanency, and well-being, for the quality of services provided, and for the cost of services provided. For many years prior to the reform, the board had recommended that the department provide better oversight to its contractors and subcontractors. The need for such oversight has increased with the department's decision to contract for more services, including case management. As you'd find on page 17 of the Foster Care Review Board's December Report, two types of oversight need to be developed and strengthened. First, the department must provide vigorous oversight of its own performance and that of its contractors and subcontractors. And, second, the lead agencies need to provide oversight of their own and their subcontractors' services and placements. Regardless of whether a child's placement or services are provided by the lead agency directly or through a subcontractor, these services are still being paid with state funds and involve very vulnerable children, and thus should be the subject of intensive oversight. The board has been working with the department and the lead agencies to address some of the oversight issues that we have identified. For example, we are working with the department and the lead agencies to ensure there is written documentation of parental compliance and progress in court-ordered services, and that there is adequate documentation from the children's caregivers, whether that be foster parents, relative foster parents, or group facilities. We are also working to address the issue of some contractor staff not being knowledgeable about their cases, and we're continuing to meet to discuss these very issues. In addition, the board has recommended that the department put in place specific and qualified, trained individuals in a position to both monitor contractor compliance and to act if issues with such performance are identified. The board has encouraged the department to consider and resolve any past contractor performance issues prior to issuing a new or a renewed contract with that provider. The board has encouraged the department to have a clear method by which it can verify that services have been performed satisfactorily prior to issuing payments. As you know, the board will continue on its mission to track children, review children's cases, and report on children's outcomes. The board intends to continue its collaborative work with the department and the lead agencies in order to improve conditions for children in out-of-home care. The Foster Care Review Board is also hoping that we can use this stage of the reform to do some well-structured research to compare the outcomes of children and families served by lead agencies and children and families served by the state through a more traditional approach and learn from the research. Thank you again for this opportunity to speak, and I'd be very happy to answer any questions. [LB433]

SENATOR GLOOR: Are there any questions for Ms. Cox? [LB433]

SENATOR WALLMAN: Go ahead, Gwen. [LB433]

SENATOR HOWARD: Thank you. He's always so gracious. Thank you, Senator Gloor. I'm wondering in your experience reviewing cases, and with case records and things,... [LB433]

LINDA COX: Um-hum. [LB433]

SENATOR HOWARD: ...are you having more difficulty in obtaining the case records? That's the first part of the question, and the second part, are you seeing the documentation that you need in the case records? [LB433]

LINDA COX: We have not particularly had an issue with getting the records; but the records have been incomplete and we are finding that there are documentation deficits. And so we are working with the department and with the lead agencies to try to correct this. And we have a mechanism that we have collaboratively put in place to report back to them when there are deficits in individual children's records, so that that, hopefully, can be a learning tool for how to do better in the future. [LB433]

SENATOR HOWARD: So, you report back both to the lead agency and the department? [LB433]

LINDA COX: Yes. [LB433]

SENATOR HOWARD: Good. I think that's really critically important, you know, looking down the road when we have a federal review come in. That is going to be a piece that is going to probably cost us money if those records are incomplete. So, thank you. [LB433]

LINDA COX: You're welcome. And not only is it a federal review issue, but it's also an evidentiary issue for what can be presented to the court, and so, that makes it doubly important. It's not just a question of checking off certain things that...there is a very purposeful reason for the documentation that we are looking at. [LB433]

SENATOR HOWARD: Well, and that brings up another question if I can ask a follow...thank you. You mentioned the information not being available for follow-up with the court reports and such, which you're absolutely right. Are you seeing a higher turnover with case managers...well, they're called service coordinators? Service (inaudible)...? [LB433]

LINDA COX: Service coordinators have now become family preservation specialists. [LB433]

SENATOR HOWARD: Those people. Are you seeing more of a turnover with that, which leads to the even more importance on the information being in the file? [LB433]

LINDA COX: There has been turnover throughout the process in both the HHS caseworker staff and the lead agency staff, by whatever title they may go through. And, yes, that does make an impact on what documentation is available. [LB433]

SENATOR HOWARD: Okay. Thanks so much. [LB433]

SENATOR GLOOR: Senator Wallman. [LB433]

SENATOR WALLMAN: Thank you, Vice Chairman Gloor. And, Linda, thanks for being here. And you don't have to mention...have you got particular trouble with one lead agency, or some are doing a lot better than others? [LB433]

LINDA COX: The documentation issue we have had with both of the current lead agencies, and we are working with them. In fact, we have a meeting again later this week where I and several members of the Foster Care Review Board staff and the staff from the two lead agencies will be getting together to try to work out some concrete steps that can be taken to start to address this issue. [LB433]

SENATOR WALLMAN: Going, you know, one step further, we've dealt with the Department of Justice a few years back. Are they looking over our shoulder here on this stuff or not? [LB433]

LINDA COX: I'm not aware one way or the other on that, sir. [LB433]

SENATOR WALLMAN: Thanks. [LB433]

SENATOR GLOOR: Other questions? Seeing none, thank you, Linda. Other testifiers, other proponents? Are there any opponents? Anyone who would like to provide testimony in a neutral capacity. And Senator Campbell waived closing, so that ends the hearing. (See also Exhibits 29, 30) [LB433]