[LB825 LB826 LB891 LB900]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, January 25, 2012, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB891, LB900, LB825, and LB826. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Tanya Cook; Gwen Howard; Bob Krist; and R. Paul Lambert. Senators absent: None.

SENATOR CAMPBELL: Welcome to the Health and Human Services Committee. I'm Kathy Campbell, and I represent District 25, which is Lincoln and northern Lancaster County. And I'm going to wait to do the introductions assuming that several more of my colleagues will come, but I thought that I'd go through the usual instructions for the Health Committee. If you have cell phones, please put them on silent or turn them off, and while we do not require handouts in this committee, if you are going to provide a handout, we would like 12 copies. If you need more than that, you certainly can see the pages to my left, and they will help you. Each witness who is appearing before the committee must sign in using those bright orange sheets there, and please print. And when you come forward to give your testimony, you can just hand any handouts or the orange sheets to the clerk, Ms. Johnson over there. She'll be glad to help you. If you are not testifying today on the microphone but you would like to leave a particular position, you can always sign in on the white sheets and put, you know, opposed, neutral, whatever you'd like. And we do use the light system in the Health Committee hearings, because we want to ensure that the fourth hearing has as much a fair chance as the first hearing. So we have the five minutes, it will go green and you're fine. And then when it goes to yellow or amber, you need to sort of conclude your remarks. And if it goes to red, you're going to look up, and you're going to see me going like that, so please try to watch your time. If other people who have testified in front of you have given many of the same points, you certainly can come forward, make your testimony short, and say, those are the points I was going to make. Here is one extra thought. So just kind of gauge as you listen to the testimony. And as you come forward and sit down in the chair for us, please start out by stating your name very clearly and spelling it so that the record can make sure that it's spelled correctly. With those instructions, I'm going to start with the introductions, and we always start on my far right, so Senator, would you start?

SENATOR LAMBERT: I'm Senator Paul Lambert from District 2 that encompasses portions of Otoe and Sarpy County and then the entirety of Cass County.

SENATOR BLOOMFIELD: Dave Bloomfield, District 17 in northeast Nebraska made up of Wayne, Thurston, and Dakota County.

SENATOR COOK: I'm Tanya Cook. I represent Legislative District 13 which is in northeast Omaha and Douglas County.

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

SENATOR HOWARD: Gwen Howard. I'm the Senator from District 9, which is in Omaha.

SENATOR CAMPBELL: And with us today are the pages. Phoebe is from Lexington and Michael is from Columbus, so they are a great help to the committee. I'd like to have a show of hands on how many people intend to testify on LB891 as proponents. Okay. Proponents, correct? Okay. How many wish to testify in opposition to LB891? Okay. And in a neutral position? All right, and joining us is Senator Gloor, who serves as the Vice Chair and represents Grand Island, District...never know.

SENATOR GLOOR: 35.

SENATOR CAMPBELL: Thank you, 35. All right. I think we're ready to start. Senator Nordquist, pleased to have you today. Go right ahead.

SENATOR NORDQUIST: (Exhibits 1, 2, and 3) Thank you, Senator Campbell, members of the committee. My name is Jeremy Nordquist. I represent District 7 in downtown and south Omaha. And today I bring LB891 before your committee, which I strongly believe is an investment in prevention, an investment in the quality of life of Nebraskans diagnosed with HIV. And its intent is to promote efficiency and effectiveness in current state spending on HIV-infected individuals. This bill would require the department to submit a waiver for a demonstration project to expand coverage under the Medicaid program to HIV-infected individuals living at or below 100 percent of the federal poverty level. Section 1115 demonstration projects are intended to allow states to waive certain Medicaid rules and requirements to test new coverage approaches in Medicaid. Waivers have to "further the purpose of the program and must be budget neutral for the federal government," and this means the federal cost under a waiver must not be more than the federal cost would have been without the waiver. Under LB891, CMS would have to approve the demonstration project before coverage expansion can be implemented. So CMS would have to agree that the project will be budget neutral, and they will have to agree to provide the federal Medicaid match before we can move forward. I want to clarify that there is a significant amount of flexibility under these Medicaid waivers. Waiver coverage expansions can be limited in size and scope so as to meet budget neutrality requirements, and I have handed out a letter today from the Center for Health Law and Policy Innovation of Harvard Law School that has offered in the letter help to our state to design the waiver so to meet the budget neutrality requirements of the federal government. They offer that at no cost to the state to help design that. If you may be wondering we have such broad flexibility under these kinds of waivers, why are we focusing on this specific population? There are three reasons I'll go through. One is because I believe this is a real and concrete investment

in prevention. The federal government is encouraging this expansion, and we are currently investing in this population already, and this bill LB891 is an opportunity to make that investment smarter. Early HIV care is the most cost-effective use of scarce healthcare dollars. Early intervention has been shown to reduce costly hospitalization, slow disease progression, reduce unreimbursed care and expenditures by hospitals, reduce transmission rates, reduce Social Security disability costs, and increase productivity, employment, and taxes paid in our economy. Providing early intervention care to an individual living with HIV through the waiver is less costly than waiting for that person to become disabled and then provide them coverage under already existing programs. Another reason LB891 is an opportunity for Nebraska right now is because the federal government is encouraging states to provide more and better care for HIV-infected individuals. President Obama rolled out his national HIV/AIDS strategy in which he articulated his vision as the United States becoming a place where HIV infections are rare. And when they do occur, every person, regardless of age, gender, race, sexual orientation, gender, or socioeconomic circumstances will have unfettered access to high-quality, life-extending care, free from stigma and discrimination. The three goals of reducing HIV incidence, increasing access to care, and reducing HIV-related health disparities can be addressed under this bill. LB891 achieves all three of those goals. It will expand Medicaid coverage to uninsured, impoverished individuals who are affected with HIV or AIDS. According to research done by UNMC's own Dr. Sue Swindells, who has provided written testimony that I distributed, individuals infected with HIV who maintain the proper course of medication are able to stop transmission of the disease in 96 percent of all cases. So by expanding Medicaid coverage, we can reduce the incidence of transmission, we can increase access to care, and thus maximizing healthcare outcomes, and we can reduce disparities that result from the lack of access to care. I will note the research done by Dr. Swindells was named by Science magazine as the breakthrough of the year for 2011. That's research done here in Nebraska, and again, that research showed that proper course of treatment can stop the transmission of the disease in 96 percent of all cases. CMS has provided guidance to the states in June of this year on how to take advantage of opportunities in the Medicaid program to allow for flexibility to improve care and care coordination, and offer treatment to individuals living with HIV. CMS wrote an HIV Section 1115 demonstration will allow states the flexibility to expand access to individuals with HIV. Providing these services will help promote health and better health outcomes among individuals, helping them to lead healthier and longer lives. So the question may be now, it sounds like a great idea, how do we pay for it? The third reason is that we need to look at this is that we're already making a significant general fund investment in providing coverage for this population. It's time to leverage that investment and make that investment more wisely. The state currently invests $900,000 in general funds specifically designated for AIDS drugs through the AIDS Drug Assistance--or ADAP--Program. My intent, which can be clarified in an amendment, that I would suggest to this committee that we take a portion of that money, no more than half at this time, and use that as the required 44 percent match to pull down the 56 percent federal match to provide full coverage, full Medicaid

coverage to these individuals. Currently, you may have heard about challenges in the ADAP program. If you look on their Web site, it says effective immediately, the Nebraska AIDS Drug Assistance Program has implemented a waiting list for enrollment into the program. Unfortunately, the need for drug assistance has increased, the cost of medication has increased, and the funding has remained the same or decreased over the past year. All of these things have impacted the ADAP budget, and this has led to the waiting list. That's what the Web site says. To be eligible for ADAP services, you must be living at or below 200 percent of the federal poverty level. By expanding Medicaid to cover HIV-infected persons at or below 100 percent of federal poverty level, we can assume that we would be reaching many of the individuals who are currently utilizing that existing safety net. So it is my intent with LB891 to apply some of those general funds, as I said, that we are currently investing, to pull down the 56 percent match and offer full Medicaid coverage to these very low-income persons. As mentioned earlier, should it be the will of the committee, I would suggest an amendment that clarifies this demonstration project be implemented to use no more than half of the general funds and to also allow the department to cap the participation to fall within whatever appropriations level we would set. Numbers from the Fiscal Office show that that could be more than 80, and maybe upwards over, a little bit over 100 individuals that could be impacted. But I introduced this bill without these limitations because I want to give the committee the full scope of the opportunity before us, but my office is certainly willing to work with the committee on any amendments related to that. And again, I bring this bill just because I think it's a great way to leverage the dollars we have to increase prevention and to better serve these individuals. I don't want to get too far into the fiscal numbers; but I can talk, you know, we can talk about that, but the numbers provided by the department and the numbers by ADAP were pretty similar. Total, the estimation for covering an individual total would be in the neighborhood of about $15,000. Right now, over here, we're spending general funds to cover drug benefits, and that's in the neighborhood of $9,000 to $10,000. So if we were to pull from one individual, for instance, pull that one individual making less than 100 percent of poverty over here, use that $10,000, leverage the federal dollars, which would be more than that $10,000 because it's a 56 percent match, it would put us at $21,000, $22,000 essentially we would be leveraging that $10,000 to get. We would only be spending $14,000 to $15,000 to cover them. So we would be coming out ahead in this game being able to keep and cover more individuals by a combination of these two programs. I'd be happy to take any questions. [LB891]

SENATOR CAMPBELL: Any questions for the Senator? [LB891]

SENATOR NORDQUIST: And there are individuals from, that are very familiar with the ADAP program that will be testifying behind me as well. [LB891]

SENATOR CAMPBELL: That would be great. [LB891]

SENATOR NORDQUIST: And I'll be around to close also. [LB891]

SENATOR CAMPBELL Senator Nordquist, I just want to make sure you distributed the letter from UNMC. [LB891]

SENATOR NORDQUIST: Yes. [LB891]

SENATOR CAMPBELL: And from the Center for Health Law and Policy Innovation of Harvard. Is that correct? [LB891]

SENATOR NORDQUIST: Yes, and there was a third letter from doctor... [LB891]

SENATOR CAMPBELL: Infectious disease. [LB891]

SENATOR NORDQUIST: Yeah, from Hastings, yeah. [LB891]

SENATOR CAMPBELL: Okay, we just wanted to make sure for the record that we know what you distributed. [LB891]

SENATOR NORDQUIST: Yep, thank you. [LB891]

SENATOR CAMPBELL: Thank you, Senator Nordquist. [LB891]

SENATOR NORDQUIST: Thank you. Oh, did you have a question? Yeah. [LB891]

SENATOR CAMPBELL: Oh, I'm sorry. Did you have a question, Senator Bloomfield? [LB891]

SENATOR BLOOMFIELD: Thank you. Yes, I did. Is the funding from what we all pretty well know as Obamacare, would that affect what we're trying to do here if it goes forward? [LB891]

SENATOR NORDQUIST: Yeah, if the court were to uphold it, in all individuals, the Medicaid expansion would take place in 2014 up to 133 percent of poverty, so all of these individuals would then be covered under that. [LB891]

SENATOR BLOOMFIELD: Be covered under there. [LB891]

SENATOR NORDQUIST: So if the court does uphold the Affordable Care Act, this would actually only be a short... [LB891]

SENATOR BLOOMFIELD: Two year. [LB891]

SENATOR NORDQUIST: A stopgap, yeah. Essentially. But if the court were to strike it down, then it would continue on, yeah. [LB891]

SENATOR BLOOMFIELD: Okay, thank you. [LB891]

SENATOR CAMPBELL: Good question. Anything else? Thank you, Senator Nordquist. Our first proponent for the day on the bill? Any other proponents for the bill in favor of it? Good afternoon. [LB891]

DANIEL COBOS: (Exhibit 4) Good afternoon. My name is Daniel Cobos. First name is spelled D-a-n-i-e-l. Last name is spelled C-o-b-o-s. I am a nurse, an outreach coordinator at the University of Nebraska HIV clinic at the medical center. Part of my funding for my job is through the Ryan White Grant, which is a program of last resort used to cover people with HIV/AIDS. Up until 2009, we were able to use some of this funding to create a network of providers throughout the state of Nebraska, so Nebraskans who were infected with HIV were able to seek primary care within their own local area, and then their doctors were able to contact us for more consultation for advanced cases. But due to lack of funding and the increase of number of people with HIV, we have had to rescind this program, and now people throughout the state of Nebraska who need HIV care must now either travel to Grand Island or to Omaha, Nebraska. And this is a real barrier for people, especially with Nebraska winters, lack of transportation. Just this past Monday, we had a family from Norfolk, it's a family, two parents, who were scheduled to come into our clinic; but they weren't able to make it because of the weather, and that's very, provokes a lot of anxiety in our patients when they can't be seen for HIV. Apart from this network of providers, an also important element is wraparound services and case management, because it's very important to keep these people in care, to keep in contact with people. Because we have found that if we lose track of people, then they don't take their medications, they're vulnerable, they're homeless or whatever. And when this happens, we see the increase of virus within the community. The advent of new medications is phenomenal. We have seen the decrease of HIV transmission. It's incredible. And in babies, the rate is now 1 out of 10, which is unbelievable. However, in order for these medications to work, people must take them 95 percent of the time, which is very, very difficult. Imagine having to take any kind of medication that often. What we've seen here and what has been found nationally is people who are on limited income or who do not have the funds to pay for medications, what they will do is that they will take their medications intermittently. They will try to stretch them, because our patients are very good in that we have told them in order to stop this virus, you must take your medications, and people will do that. People do not want to infect other people. They are very, very careful about that. But what happens with our patients, when they do not take these medications correctly, is that the virus outsmarts these medicines, and so what we have then is drug-resistant virus. So then if that person infects another person, that person would get that strain of the virus. If a mom who has multi-resistant virus becomes pregnant, that is the strain of the

virus that she will pass on to her child. And it's very heartbreaking, because we have newly-infected people coming into our clinic who have multi-resistant virus. What this means in terms of cost is that people have to take more medications, and with more medicines, that's more, that's a higher cost for everyone. It's a little scary coming here to talk to you all. It's a little intimidating; but I'm a nurse, and I serve the people of Nebraska. And when you go to the doctor, when you go to a clinic, you expect your nurse to give you the best care possible, so that is my purpose here today. I want to make sure that all Nebraskans who are faced with HIV infection get the best care possible. [LB891]

SENATOR CAMPBELL: You did a great job. [LB891]

DANIEL COBOS: Thank you. [LB891]

SENATOR CAMPBELL: Questions? Yes, Senator Cook. [LB891]

SENATOR COOK: Thank you, Madam Chair. I think we served together on the Nebraska Aids Project Board of Directors. I was very proud to do that. [LB891]

DANIEL COBOS: Yes, we did. Yes, I was very happy to see your name. [LB891]

SENATOR COOK: Oh, well good. I hope that made it a little bit easier. These intimidating people in this building, I know. (Laughter). I'm very interested in the services offered now in terms of access to those services across the state and how, if we advance this bill the way it's written now, does that keep it even? Does that allow us to serve more people? Or what do you anticipate you'll be able to do in your clinic? [LB891]

DANIEL COBOS: I'm hoping that we can serve more people, and I'm hoping that the...what the CDC focuses on are people who are already HIV infected to keep them engaged in care. And so we want to serve more people, but we also want to serve people who already have the virus in order that they stay in care, take their medications. Because the less amount of virus the person has in their system, the less likely they are to infect another person, so we want to make sure that that happens. We want to keep the rate of transmission down. So I'm hoping if we do get this passed that that's the ultimate goal, is to bring down the level of virus in the community. [LB891]

SENATOR COOK: Thank you. [LB891]

DANIEL COBOS: You're welcome. I'm sorry. [LB891]

SENATOR CAMPBELL: Other questions? Oh sorry, go right ahead. [LB891]

DANIEL COBOS: Other services that, aside from the primary medical care, other services that we're hoping to get for people will be dental care, eye care, mental health care, which is very, very important considering the stigma that people with HIV have. [LB891]

SENATOR COOK: Okay, thank you. [LB891]

DANIEL COBOS: You're welcome. [LB891]

SENATOR CAMPBELL: Other questions from senators? Thank you for coming today and for your information. [LB891]

DANIEL COBOS: Thank you very much. [LB891]

SENATOR CAMPBELL: Our next proponent for the bill? Good afternoon. [LB891]

RENAE FURL: Hi. My name is Renae Furl, that's R-e-n-a-e F-u-r-l. I work at University of Nebraska Medical Center in the HIV clinic. I primarily spend my time working with the ADAP program, and I wanted to talk a little bit about what's been going on with ADAP, because we've already been talking about how medications are so important for keeping viral loads down to stop new infections. And ADAPs are said to be right now in the eye of a perfect storm, and what that means is that there's been a federal push for testing so that everyone knows their status. While that's resulted in us having more patients in our clinic coming to get care, we've also been in a time right now where more folks are faced with unemployment, wages going down, losing their insurance coverage, so that's been a big, big pressure on our program. There's two components to our program. We provide full coverage for medications for patients without any insurance, and then we also assist with copayments for patients who do have insurance. And we've seen a big shift in the number of patients who are needing help with the full cost of their medications, which has been a lot for our program to absorb. The other thing is that treatment guidelines changed a couple of years ago, and it was because of the fact that they figured out, well, if people are undetectable viral loads, they're not going to transmit the virus to other people. So there's a push right now for patients to start treatment early, and that's been a big focus, and it's done to protect the patient and to protect their partners. So ADAP has been in the eye of a perfect storm. We've weathered this a few times, because we have had waiting lists in the past, and what we've had to do is that then when new patients come to our clinic, we put them on this waiting list. They might have to wait awhile to start their medications or apply for other programs to try to get their medications. And so last October, we saw our numbers, they were too high, we were spending too much money. We implemented a waiting list. Historically, within a couple of months of implementing a waiting list, we see our numbers go down. Unfortunately, when our December numbers came in just a few weeks ago, we found out that that has not happened. So we are faced...we're in a dire

situation right now where we're going to have to make cuts to our program that are unprecedented for us. One thing, starting February 1, we've decided that we'll no longer be able to assist patients with medications other than their antiretrovirals. And that's a tough one, because there's some patients that we serve with dual diagnoses who need to take antidepressants and so forth who will lose access to those medications, and without those medications, it will be hard for them to continue taking their antiretrovirals. And the other thing that we're looking at, with what we have left for three months is generally what we've been spending in one month, so we have to figure out a way to stretch out that money. And it's likely that patients will have to transfer off of our program for awhile until our new dollars come in April 1, and that's devastating to us. Actually, Jeremy Johnson, who is our program director, is at our office now. We're kind of conquering and dividing, because we have this huge situation to deal with, and we want to be there for our patients and do all that we can to be sure that they don't lose access to their medications, have breaks in their medications, and that, you know, then leads to resistance and all those other kinds of things that we've been talking about. I think this is a wonderful opportunity to maybe move just a portion of patients off of our programs so that we can focus on being that net to help catch people and to be there when they need assistance. Our patients have had it drilled into them that they need to be on their medications. So telling them something like, well, our ADAP can't pay for your medication next month, will be devastating to them just because they know they need that medicine. And just because there is such a stigma with HIV, we still have patients who we can't send mail to at their houses, because no one in their family knows. It makes HIV a little bit different, plus you're getting the incentive that when you treat these patients, they do become less infectious, and you're protecting other people. [LB891]

SENATOR CAMPBELL: Thank you for your testimony. Questions from the senators? Senator Gloor. [LB891]

SENATOR GLOOR: Thank you, Chairperson Campbell, and thank you, Ms. Furl, for being here. I've got a couple questions. One is some of the drug companies have a variety of programs that are intended to help indigent, help cover those expenses, as relates to the cutback on antidepressants, as an example. Has the clinic looked at using those sort of programs to help? [LB891]

RENAE FURL: Yeah, we sure have. And actually, since our waiting list started last October, that is exactly what we have been doing with our patients. So what happens when they go on the waiting list is that, say, you know what their drug is that the doctor wants to prescribe; we'll go to that company and ask for that drug. And generally, the pharmaceutical assistance programs are good. The thing is, is that they differ. And a lot of our patients are on three drug regimens where, you know, you have to be sure that all three companies are going to be able to provide the medication. Otherwise, you don't have the complete set, and it doesn't work. But that is...they're very labor intensive to

apply for, because they have to be done through the doctor's office, and with the doctors' signatures, and a lot of paperwork involved, but that is what we do. [LB891]

SENATOR GLOOR: Okay, and the other question is, you made a comment that there was a requirement now to do more testing so that people know their status. [LB891]

RENAE FURL: Right. [LB891]

SENATOR GLOOR: Could you explain what that, I have some suspicions I know what that means; but I get in trouble when I make that determination myself. So could you help me with what it means when you say more testing so that people know their status. [LB891]

RENAE FURL: Well, there was a study that came out maybe three years ago that showed that like a third of new HIV infections were from people who didn't know their status. So it was sort of pushing that point that people who know their status generally are less likely to transmit the virus. And so there was a big push by the federal government that people should know their status. They've done a lot of investigating to figure out the best target populations to put their efforts. And so, for instance, in Douglas County, you know, they know, well, these are the neighborhoods, these are the places we need to go get out on the streets and test people. And that's been the big focus for prevention dollars in testing. [LB891]

SENATOR GLOOR: Okay, thank you. I would have been wrong, so I'm glad I asked. Thank you. [LB891]

SENATOR CAMPBELL: Other questions? Thank you for coming today. [LB891]

RENAE FURL: Thank you. [LB891]

SENATOR CAMPBELL: That's fine. Our next proponent. Welcome to the committee. [LB891]

JORDAN DELMUNDO: (Exhibit 5) Thank you. Good afternoon, Senator Campbell and senators of the Health and Human Services Committee. My name is Jordan Delmundo. That is spelled J-o-r-d-a-n D-e-l-m-u-n-d-o. I am the grants and public policy manager of Nebraska Aids Project, which is the only AIDS service organization in the state that serves the entire state with offices in Omaha, Lincoln, Norfolk, Kearney, and Scottsbluff. And I am here to voice support for LB891, and I would like to thank Senator Nordquist for taking the lead from CMS and introducing this legislation. Those of us who work in the HIV/AIDS field have recently changed the tone of our message about how we reach out to people. The theme previously used to be, and you've seen this probably on billboards or commercials was, "Stop AIDS." Well, because prior 2011, that's what it

was. But because of what's been going on in 2011, we have reason to believe, and we've changed our tone. Now we say, "End AIDS." Now, without a doubt, we have the knowledge and the tools needed to end the spread of HIV infection and improve the health of people living with it. And as people have noted previously, the research that helps us understand how to end AIDS took place right here in Nebraska. The end of AIDS is entirely possible, and to make it a reality, it is important to get people living with HIV into care to protect their health and prevent transmission to others. Right now, the existing programs that people have alluded to that serve the population, namely the Ryan White programs and the Aids Drug Assistance Program, are overburdened. Thanks to the economic crisis, job loss, subsequent loss of insurance, problems getting insurance back because of preexisting conditions, the needs for these programs is outpacing funding. Because of these things, as Renae has said, Nebraska has started a waiting list for ADAP, and now I think it seems like more drastic things are going to be happening. What LB891 does, is it gives us a remedy for the waiting list as well as addresses the Catch-22 of HIV and Medicaid, which is that currently people living with HIV have to wait until they become disabled by AIDS to qualify. It makes sense to me, and I think it would save a lot of money, to treat people before they become disabled. The waiver outlined in LB891 will provide cost-effective early intervention. In turn, that early intervention will defray those larger costs of late intervention. On the flip side, healthy, non-disabled people are more productive and will continue to contribute to the economy. LB891 will help Nebraska maximize the effectiveness of our state dollars by leveraging more federal dollars, and this will have a direct benefit for those people who cannot access ADAP and will provide better care for those only eligible for the limited services available through Ryan White currently. In essence, what the 1115 waiver in LB891 does is allow Nebraska to utilize already existing resources better and give better care to the people we already serve. I think, just personally, what this is, is an opportunity for Nebraska. I could tell you so many times, just being someone who works in the HIV/AIDS field, because we work a lot nationally. We meet because we want to implement cost-effective and smart care, is that not a lot of people consider us leading the way. This is a way that we can lead the way. In front of you lies a legitimate opportunity endorsed by CMS to use what we have already better. This is our state, and these are our people. I think we have to look at every opportunity we have to serve them better, and this is a way for Nebraska to step out front and help end the epidemic. Thank you. [LB891]

SENATOR CAMPBELL: Questions that the senators have? The attachment that you've given to your letter just gives an explanation to some of the points? [LB891]

JORDAN DELMUNDO: Yes, yes. Some of the basics, I think Senator Nordquist alluded to, that these 1115 waivers are very flexible. Those are just some of the general things, without knowing what our demonstration project could look like, that would be the things that would be affected. [LB891]

SENATOR CAMPBELL: Okay, excellent. Thank you for attaching that, gives us more information. [LB891]

JORDAN DELMUNDO: Absolutely. [LB891]

SENATOR CAMPBELL: Thanks for coming today. [LB891]

JORDAN DELMUNDO: You bet, thank you guys. [LB891]

SENATOR CAMPBELL: Are there any other proponents in the room? I thought I tried to judge the hands. Those who wish to testify in opposition to the bill? It's good to see you're walking. [LB891]

VIVIANNE CHAUMONT: Don't tell my doctor. (Laughter). [LB891]

SENATOR CAMPBELL: I'm sure there's no one in this room (laughter) that's going to walk out with your secret here. [LB891]

VIVIANNE CHAUMONT: Well, you know, I'm supposed to be non-weightbearing, except he said at home I could be weightbearing, so I am pretending I am at home. [LB891]

SENATOR CAMPBELL: Well, we're glad to see you're better. [LB891]

VIVIANNE CHAUMONT: Isn't that sweet? (Laugh). Okay, thank you so much. [LB891]

SENATOR CAMPBELL: Director Chaumont, you start whenever you're ready. [LB891]

VIVIANNE CHAUMONT: (Exhibit 6) Okay. Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Vivianne Chaumont, V-i-v-i-a-n-n-e C-h-a-u-m-o-n-t, and I'm the director of the Division of Medicaid and Long-Term Care with the Nebraska Department of Health and Human Services. I'm here to testify in opposition to LB891. LB891 expands Medicaid coverage to individuals with the HIV virus who are not otherwise Medicaid eligible with income under 100 percent of the federal poverty level. Provides that no later than July 1, 2012, the department is required to submit a waiver to the Centers for Medicare and Medicaid Services, and pursuant to section 1115 of the federal Social Security Act. Completing the data analysis, public notice, and consultation required for an 1115 waiver submittal, implementing the policy changes and effecting the system changes within the Medicaid eligibility and payment systems will take a significant time commitment. Additionally, three months would be a conservative estimate for review and approval of the waiver application by CMS. A more reasonable implementation start date would be July, 2013. Projected costs to implement this Medicaid expansion are $286,135 in administrative costs. This includes data analysis and staffing to complete the waiver application

process, program and eligibility staff, and system changes. The total cost for Medicaid services to this expanded coverage group would be $6,399,108, and that would be $2.8 million in general funds and $3.6 million in federal funds for the time period July 1, 2013, through December 31, 2013. Therefore, the combined cost of this program to provide coverage to this population is estimated to be about $6.7 million. LB891 would constitute a clear expansion of the Medicaid program. The Department of Health and Human Services therefore opposes LB891. I'd be happy to answer any questions. [LB891]

SENATOR CAMPBELL: Questions for the director? Senator Krist. [LB891]

SENATOR KRIST: Just a point of clarification. As I review the fiscal note, your numbers don't validate anything that's here, they don't match. [LB891]

VIVIANNE CHAUMONT: Our fiscal note is according to our numbers, and then the Fiscal Office did their fiscal note from our fiscal note. [LB891]

SENATOR KRIST: Okay. Can we have a copy of your fiscal note for our records? Are they included in on our records at all? [LB891]

VIVIANNE CHAUMONT: I can't answer that question right now, Senator Krist. [LB891]

SENATOR KRIST: This has a price tag of, these are Nebraska expenses on the fiscal note. And again, evaluating the fiscal note and comparing what I would consider to be the old adage apples to apples, I can't do that based upon the numbers that you just gave me, so I'd sure like to see a comparison between our own fiscal note, legislative fiscal note, and what numbers that you have given us. [LB891]

VIVIANNE CHAUMONT: I'd be happy to provide that, that's not a problem. [LB891]

SENATOR KRIST: Thank you very much. Thank you, Chair. [LB891]

SENATOR CAMPBELL: Senator Krist, we were just checking in the folder, and on the flip side, isn't that the department's figures on page two? [LB891]

SENATOR KRIST: Well, I'm missing the $6 million total figure, nothing that reflects the magnitude of numbers. [LB891]

SENATOR CAMPBELL: Oh, okay, because I don't have one in my file. [LB891]

SENATOR KRIST: Yeah, no, they don't match. Usually, you know, usually I'm able to say this is the fiscal note, these are the numbers, here we are, and I'm not able to see them. [LB891]

SENATOR CAMPBELL: Right, okay, we'll double-check, and we'll check with the Fiscal Office on that. And Director, at this point, Senator Nordquist talked at the beginning that we were already paying for some of people in the AIDS program and had a figure of $9,000 to $10,000 an individual. Would that match with what you're currently paying per individual? Do you remember that testimony from Senator Nordquist? [LB891]

VIVIANNE CHAUMONT: I remember him saying what we're currently, I don't think he testified as to what Medicaid's currently paying, I'm sorry. [LB891]

SENATOR CAMPBELL: No, he was having now using $9,000 to $10,000 in the drug program. I think I heard that right, and I was just trying to figure out whether that is inclusive of all that we're spending in the AIDS program? Probably not. [LB891]

VIVIANNE CHAUMONT: You know, we got some data as far as what the drug costs of the Ryan White program are. [LB891]

SENATOR CAMPBELL: Okay. [LB891]

VIVIANNE CHAUMONT: It only covers drugs, so the way we calculated our fiscal note, I think, is actually conservative because we took what the average cost is of someone who is in the category of a caretaker relative, so a parent basically, most of whom are not sick, and then added the drug information from the Ryan White program and added those two together. [LB891]

SENATOR CAMPBELL: Okay, we'll try to take, we'll try and locate your figures, too, and Senator Krist will follow up on that. Other questions? Senator Cook. [LB891]

SENATOR COOK: Thank you, Madam Chair. Thank you, Director Chaumont. There's a cost included here to do data analysis and staffing to complete the application process. Does that take into account the offer from Harvard's public policy school, or the Center for Law and Public Policy Innovation? [LB891]

VIVIANNE CHAUMONT: It doesn't, because I didn't have access to that information. But the data analysis is going to involve getting our data from the data warehouse, for which we will have to pay. We will have to do data, some data analysis ourselves, so we would not be without any cost. [LB891]

SENATOR COOK: It wouldn't take it to zero. [LB891]

VIVIANNE CHAUMONT: No, not at all. [LB891]

SENATOR COOK: All right, thank you. [LB891]

SENATOR CAMPBELL: Any other questions for the director? Thank you. [LB891]

VIVIANNE CHAUMONT: Thank you. [LB891]

SENATOR CAMPBELL: Anyone else in the hearing room who wishes to testify in opposition? Anyone in a neutral position? Senator Nordquist, would you like to close on your bill? [LB891]

SENATOR NORDQUIST: Thank you again, committee members, for your questions and for your interests in this issue. Just a few things related to the fiscal note. A couple of the administrative costs, I did, my office did send the letter to the department in early January. We can make sure, but we'll work with them, so that should take care of the cost of designing the waiver. They had a 50-50 for Medicaid administration, a 50-50 split on the computer systems. Under the Affordable Care Act, eligibility systems should be a 90-10 split, so we worked with the Fiscal Office, and that was one of the costs. And then, as we look at the total cost of this, I think, you know, I think it's reasonable for us to look at a program that caps it at some amount. And we can, I would suggest looking at maybe taking half of the general funds we're putting towards the ADAP program, which would be about $450,000. After you take out the administrative costs, I think that leaves, I have it here on the spreadsheet, that leaves about $400,000 for the state participation level. That would draw it down to $510,000. For a total would have, we could have over $900,000 then in funding to cover this population, and based on the department's estimate of $14,000 an individual, I think that comes out a little over 80 individuals or so. So we can design it to the dollar amount that we want. And as I said earlier on the...the department's estimates on the costs were, is a little over $14,000; it is about $15,000, $14,700. About $5,000 of that was for what they called Medicaid services or I think just basic health services. And about $10,000, and it's on the fiscal note on the second page, about $10,000 or $9,400 for HIV-related prescriptions. So we're already spending that $9,000 over here. If we draw down the federal match on that, we're going to be able to cover their medical cost plus have additional that would help either in one program or the other depending on where the dollars are, help cover more people. So, and I understand the department's concern for timing. We certainly, the sooner we can get the bill moving and implemented, the sooner we can get these individuals covered. I certainly, if we can leverage the dollars we're using, cover more people, I don't want to wait until 2014. You know, if we can do more now on the dollars that we have, we have the partnership potentially with Harvard Law School that would be a big plus. I think we should move forward. Thank you. [LB891]

SENATOR CAMPBELL: Any further questions for Senator? Oh, we have two questions. Senator Cook, or Senator Howard, sorry. (Laughter). [LB891]

SENATOR HOWARD: Thank you. Thank you, Madam Chairperson. Senator Nordquist,

you're on the Appropriations Committee, aren't you? [LB891]

SENATOR NORDQUIST: Yes. [LB891]

SENATOR HOWARD: When you're not in here with us. [LB891]

SENATOR NORDQUIST: That's right. [LB891]

SENATOR HOWARD: So you look at these figures, you analyze these things, you do a comparison practically on a daily basis when we're in session. So you are pretty diligent about getting accurate information and requiring that. [LB891]

SENATOR NORDQUIST: Yeah. [LB891]

SENATOR HOWARD: So I would take these figures that you give us as pretty true in terms of the cost. [LB891]

SENATOR NORDQUIST: Sure. We certainly work closely with the Fiscal Office in trying to come up with the best estimate on the cost of these programs. [LB891]

SENATOR HOWARD: I really appreciate that, thank you. [LB891]

SENATOR NORDQUIST: And I think the Fiscal Office does a great job in their work. [LB891]

SENATOR CAMPBELL: Senator Krist. [LB891]

SENATOR KRIST: Yeah, just a comment, Senator Nordquist. There's always an overriding, compelling reason, either morally or in terms of spread of infectious diseases, and all those, to invest. And there are essential services that, obviously, we would never even think about not funding. I did not want to be misunderstood in the fact that it was all about the dollars and cents. [LB891]

SENATOR NORDQUIST: No, no. [LB891]

SENATOR KRIST: In this particular case, as we all do, and for all of you to know, when we're faced with a fiscal note... [LB891]

SENATOR NORDQUIST: Sure. [LB891]

SENATOR KRIST: ...and then numbers that don't necessarily match or blend into what we're seeing, it obviously raises a flag. So again, not to repeat my request, but I will repeat my request. (Laughter) I'd love to see what we're spending now, what those

offsets are in terms of a consolidated fiscal note that the department can obviously weigh into before we have to exec on this to make sure that we are where we are. And I know that's put a little bit of work on your plate, but I think it's well worth the effort, good effort. [LB891]

SENATOR NORDQUIST: Sure. Well, my office will work with you and the committee staff and the Fiscal Office and certainly input from the department on that. [LB891]

SENATOR KRIST: Thank you, Senator. [LB891]

SENATOR CAMPBELL: Thank you, Senator Nordquist. [LB891]

SENATOR NORDQUIST: Thank you. [LB891]

SENATOR CAMPBELL: (See also Exhibits 7 and 8) And we certainly will provide whatever help you need. With that, we will close the hearing on LB891 and open the hearing on LB900. And if you are leaving, please leave very quietly. Have a chair, Senator Lathrop. Okay. We'll give people a chance to exit the door. Okay. We'll open the public hearing on LB900, Senator Lathrop's bill to require a report concerning individuals in need of multiple division services from the Department of Health and Human Services. Welcome, Senator Lathrop. [LB891]

SENATOR LATHROP: Thank you, Chairwoman Campbell. [LB900]

SENATOR CAMPBELL: Please start. [LB900]

SENATOR LATHROP: Is that the right term? I think we talked about that our first... [LB900]

SENATOR CAMPBELL: I'm Chairperson, Chair, Senator Campbell, whatever. [LB900]

SENATOR LATHROP: (Exhibit 9) Chair. Okay, Madam Chair. It's my pleasure to be here, members of the Health Committee. My name is Steve Lathrop, L-a-t-h-r-o-p. I am the State Senator from District 12, and I'm here to introduce LB900. Over the past few years, the Developmental Disabilities Special Investigative Committee has primarily provided oversight of the activities at BSDC. However, the special committee has also examined how developmental disability services are being provided in the community. At a hearing this last fall, an issue was presented to that special committee regarding the difficulties that some Nebraskans face when they bounce between the systems of care overseen by the Division of Developmental Disabilities and the Division of Behavioral Health. Many of these individuals are considered to have a dual diagnosis, meaning they have intellectual disability cooccurring with a mental illness. I provided the committee with a letter from Dr. Robert Fletcher of the National Association for the

Dually Diagnosed. In that letter, Dr. Fletcher provides more detailed information regarding what typically happens with this population, including how they typically fall between the cracks. For the past six years, Dr. Fletcher has worked with Region 6 steering committee on dual diagnoses and has studied this issue in Nebraska. In 2009, Dr. Fletcher and the steering committee found that significant barriers exist for the dually diagnosed individuals who need services and that there is a need for additional collaboration and coordination between the two systems of care. The Nebraska Planning Council on Developmental Disabilities has also done extensive research into the issue and has found that a coordinated approach to services is needed across the systems of care. You will hear testimony today from Mary Gordon highlighting their findings. LB900 is a direct result of the work of these groups. It would require that the directors of the Divisions of Developmental Disabilities, Behavioral Health, and Medicaid and Long-Term Care of the Department of Health and Human Services work together and provide a report to the Legislature by December 1, 2012. The report would not only provide important data about this population and how they are currently served or not served, but it would also require the divisions to put forward a plan that they could then follow to provide more integrated and coordinated treatment for Nebraskans with these dual diagnoses. The purpose of the legislation is not to criticize the past efforts of these divisions. I know, for example, Region 6 steering committee has members from the Division of Developmental Disabilities and the Division of Behavioral Health on that committee. Instead, this bill provides the divisions with an opportunity to work together and present a united plan to the Legislature that will result in providing of much-needed services for the individuals who historically have fallen between the cracks. I believe there are several people who will testify after me in support of LB900, and I ask for your support of the legislation, and I'll just go off script and add this. As I've done the work on the special committee, even as we began our work, it is clear that the trend in providing care to developmentally disabled individuals is to provide that care in the community as opposed to an institutional setting like BSDC. And as we look at moving towards or more towards providing this care in the community, it's important that we reconcile how are we going to coordinate the care of the dually diagnosed? So I think it's a timely topic, and what we're trying to do is bring those people who have the expertise to get into the same room and sit down and coordinate their efforts and then tell us what the plan is so that we know going forward that these folks will get the care they need. [LB900]

SENATOR CAMPBELL: Questions for Senator Lathrop? Senator Lathrop, I'd like to just note that we certainly heard examples of this in our LR37 hearings from a slightly different perspective. But nonetheless, as urgent as what you certainly have portrayed here. And part of the recommendations in LR37 also try to get at how do we move into the future in these cooccurring individuals where they really do need help. Because oftentimes, what we've seen is: You pay for it; no, you pay for it. And, you know, I keep using the example, and there sits Andy Campbell waiting for services, and we really don't have a plan for him. [LB900]

SENATOR LATHROP: Right. It really is about, sort of, silo thinking, and then the person gets bounced between the developmental disabilities silo, and then they run them over to the behavioral health silo, and they're running back and forth. And we need to...they need the services, and we just need to get everybody in the same room. [LB900]

SENATOR CAMPBELL: Exactly. Senator Gloor. [LB900]

SENATOR GLOOR: Thank you, Senator Campbell, and thanks for introducing this bill, Senator Lathrop. Just a general question for you. Are we dealing with any, are we dealing with something here that is unintended consequence? That being as a result of moving to de-institutionalization, that we have taken those individuals away from the care that might have been available to them at BSDC, where since they were at BSDC, it was easier to get those services, make the diagnosis, and get the services. [LB900]

SENATOR LATHROP: Right. [LB900]

SENATOR GLOOR: And now, sadly, we don't have enough services for everybody. [LB900]

SENATOR LATHROP: If you, you know one of the big issues that we dealt with at BSDC was having the proper professional staff, and I think we're there, or we're very close. And so, if you were a resident of BSDC, you would have available to you for your care a psychiatrist, a neurologist. You would have all of the disciplines that would deal with both either diagnosis. And when you're out in the community, you don't have those people at your disposal. It's not a matter of just going into a different office and getting the...seeing the psychiatrist, for example. And that's, I think the problem exists primarily in the community, and it's good to move towards the community. I agree with that philosophy, incidentally. But at the same time, this is a piece of providing care to these folks that we need to iron out before we rely completely on community-based programs. [LB900]

SENATOR GLOOR: Maybe it will help us draw even more attention to the fact that out in our communities, and in some communities, more rural probably more so than urban areas, this is a problem. Access is a problem for everybody, let alone those folks who have developmental disabilities. And so, with that added attention, maybe it's just one more step in trying to do more about addressing the access issue people have to behavioral health services. [LB900]

SENATOR LATHROP: Yeah, it's a little bit different than access, because access is we're out in Cherry County, and we don't have a psychiatrist to provide the behavioral health care. This is about whether we can even get to that. If there's one available in Omaha, can we get the patient to the care? And that really is, I think, the basis of the

problem that we're trying to address. [LB900]

SENATOR GLOOR: Okay, thank you. [LB900]

SENATOR CAMPBELL: Senator Krist, you had a question? [LB900]

SENATOR KRIST: Yeah, I just...thank you, Senator Lathrop for bringing it forward. I obviously signed onto it. I believe in it, and it comes from a related real-life experience. If you have a continuum of care where you are concerned with the care of the individual, no matter what specialty you need to employ, 99 percent of the time that's because you have parents or guardians who watch out for you and fight for you throughout the system, fight for the services that you need, because everybody wants to protect their silos. With this idea in mind, these divisions, these directors, this specialty would be able to share that information and in essence provide the continuum of care that they need throughout. And I've seen that firsthand with my daughter. I think this is a great idea, and I think that if we're serious about solving our institutional problem and getting it back into the community, getting it to the community, that this is a very important part of the mosaic. And I appreciate you bringing it forward. [LB900]

SENATOR LATHROP: Yeah, thank you. I appreciate that comment. I will say this from...one of the challenges we have in trying to get people to leave BSDC is they have to have confidence in the community-based programs. And if they don't have confidence in the community-based programs, they're going to cling to BSDC, and the population will remain there until, essentially until they pass away. And I think this is part of bringing...improving the community-based programs so that people have more confidence in them. [LB900]

SENATOR CAMPBELL: Thank you, Senator Lathrop. We will go ahead and proceed to take testimony on LB900. How many people wish to testify on this bill? Okay. We'll start with the proponents today. Good afternoon. [LB900]

MARSHALL LUX: (Exhibit 10) Good afternoon, Senators. I'm Marshall Lux, M-a-r-s-h-a-l-l L-u-x. I am the Ombudsman for the state of Nebraska, and I am here to testify in support of LB900. Over the last several years, the Ombudsman's Office has been working on a number of cases involving individuals who have intellectual disability cooccurring with mental illness, exactly the kind of people that LB900 is designed to help. And in the course of working on those cases, we have definitely noted the concern that LB900 is designed to address. That is the need to come up with a plan for providing these individuals with the full array of supports and services that they need to address their condition. What we have discovered in our casework is that too often these individuals are not able to find the kind of placement and services that they need. Part of the problem with these cooccurring cases is that they are particularly challenging cases. Many of these individuals in this group have behaviors that are particularly

difficult to manage. Some of these individuals tend towards threatening or even violent behavior, which can be particularly problematic when they are in an inappropriate placement. Many of these individuals do not respond quickly to rehabilitative training, and many of these individuals are particularly vulnerable to stressful situations. They will react to stress in ways that are negative, when other people might not, and so what you end up having is, in these cases, is an intermittent series of crisis where there's a problem in the placement. When these difficult cases, when these more challenging cases come into contact with the DD and behavioral health system, several things can happen that are detrimental to the individuals in need. First of all, because HHS is organized into silos, as was mentioned, there can be confusion over who in the system has to take responsibility for these cases and for seeing that the necessary services are provided. Secondly, these individuals can be very difficult to place in community-based services, because in an environment that was mentioned a few moments ago where we're moving people into community-based services, we're taking these individuals into a situation where the private provider is in a position to say no when they're asked to provide a placement. And that's something that can happen and does happen very frequently when they're asked to place difficult-to-manage cases. Because of these problems and issues, our biggest concern is what will happen to many of these cooccurring cases is that they will end up in what I guess we could call a placement of last resort. And that's not a good place to be, because it will either be the regional center, which is not designed to deal over a long term with individuals with intellectual disabilities, or unfortunately, it could be the penal system, as people who do not have placement in the necessary services that they need end up in criminal situations and in our prisons where they will be victimized. LB900 offers a beginning in terms of dealing with this problem by simply asking HHS to look at the issue, make a plan, and report back to the Legislature by December 1. This is not the first time that such an idea has surfaced. The monitoring team that was set up by the U.S. District Court in the case involving BSDC and its monitoring reports has also addressed this exact same idea, and I'm going to read you a sentence from their report, the monitoring team report from August 29, 2011. "The monitoring team offers the following recommendation: The Division of Developmental Disabilities, the Division of Medicaid Long-Term Care, and the Division of Behavioral Health should work together to identify and/or develop an adequate array of supports to address the needs of individuals with coexisting ID/DD and mental behavioral health needs."--the same sort of thing that LB900 is talking about. The difference between what the monitoring team has suggested is that that is only a recommendation. LB900 takes the next step and makes it a directive, and our office would definitely support LB900. [LB900]

SENATOR CAMPBELL: Are there questions from the senators for Mr. Lux? Senator Krist. [LB900]

SENATOR KRIST: Never miss an opportunity to compliment you and your folks in the Ombudsman's Office. Thank you for coming and testifying. [LB900]

MARSHALL LUX: Thank you, Senator. [LB900]

SENATOR CAMPBELL: Thank you very much. [LB900]

MARSHALL LUX: Thank you. [LB900]

SENATOR CAMPBELL: Our next proponent for LB900? Good afternoon. [LB900]

JOE VALENTI: Good afternoon. How are you doing today? [LB900]

SENATOR CAMPBELL: Very good. [LB900]

JOE VALENTI: My name is Joe Valenti, V-a-l-e-n-t-i. You asked us not to repeat if somebody else had just testified, so I won't repeat, because what that individual just described is our son Donny who is at BSDC. The only point I would argue with Senator Lathrop, who I support totally on this legislation, is BSDC still needs to be there in some form, because based on what you just heard testimony. With dual diagnosis, our son has been in the system for about 20 years, and Donny has severe mental disabilities as well as behavior. Recently, you saw in Lincoln one of those situations where an individual stabbed a office personnel. That individual was coming in here just for diagnosis, actually, at that time. Again, I support everything that LB900 is trying to do. BSDC has come a long ways, as Steve has indicated. It still has a long ways to come, but I'm not sure we can ever get rid of BSDC in its totality, and I know LB900 is not addressing it, but I would just like to voice that. But otherwise, this is the kind of legislation we need. The HHS tends to be in silos. I don't think they necessarily want to be in silos; but that's just the way it's designed, and that's what happens, and people don't get served like they should get served. We've been very fortunate, as Senator Krist spoke, about advocates. Well, you don't have a lot of parents and guardians that can fight the system. I mean, you really don't. Fortunately, my wife Dee is able to fight the system much better than I can, and she can fight through anything that's there, so; but most of those guardians, honestly, just can't do that. They don't have the wherewithal, some of the times, the financial means to do that. They just can't get that done. So anyway, thank you. Questions? [LB900]

SENATOR CAMPBELL: Are there any questions from the senators? Mr. Valenti, we're always pleased to see a parent come and share their story, so thank you very much. [LB900]

JOE VALENTI: Thank you. [LB900]

SENATOR LAMBERT: Thank you. [LB900]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB900]

MARY GORDON: (Exhibit 11) Good afternoon, Senators. My name is Mary Gordon, M-a-r-y G-o-r-d-o-n, and I am testifying on behalf of the Nebraska Planning Council on Developmental Disabilities. Although the council was appointed by the Governor and administered by the Department of Health and Human Services, the council operates independently, and our comments do not necessarily reflect the view of the Governor's administration or the department. We are a federally mandated independent council comprised of individuals and families of persons with developmental disabilities, community providers, and agency representatives that advocate for systems change and quality services. National data finds that approximately 34 percent of children and adults with developmental disabilities served in the community have or will have cooccurring mental health diagnoses. Individuals with dual diagnoses present some of the greatest challenges to the behavioral health and DD systems. The Nebraska Planning Council has identified this as a priority issue several years ago. In 2008, they funded a grant with Region 6 Behavioral Health to work on collaboration between the developmental disabilities and behavioral health systems. At the conclusion of this three-year grant, the council asked them to identify any policies or barriers that had been identified in accessing appropriate services for people with dual diagnoses. I have attached this report to the council testimony for your reference. You will note that the problems do not lie with any one system, but will require a coordinated approach to services across three systems. The council most recently funded a grant to collect data on the use of psychotropic drugs among individuals served in the developmental disability community-based system. As an indication of the incidence of dual diagnoses in Nebraska, I share with you the results. During the quarter reviewed, they found that 2,193 persons of the 4,093 served who were on Medicaid, or 53.6 percent, received psychoactive medications. Further, they found that 73.7 percent of the children served on the children's DD home and community-based waiver were receiving psychoactive medications. Another indicator is that, in the last year, referral information was sent to DD providers for approximately 16 people. These were individuals who could not be served in their home communities, so providers outside of their regions were being asked if they would accept them into services, and 10 of these 16 were identified as individuals with dual diagnoses. Nebraska Advocacy Services, Munroe-Meyer Institute, and the DD Council held a joint board training this past November with the focus on children and adults with the dual diagnosis of developmental disability and mental health issues. Many of the issues noted in LB900 were brought up during that meeting, including eligibility; problems accessing mental health treatment, other than medications, through Medicaid, if a child or adult has a developmental disability; and the lack of coordination among the three systems. Other states have shown that collaboration is possible, including shared funding. It will require the programs in Nebraska to sit down together and begin discussing how best to help each other to serve and support individuals with dual diagnoses. Collaboration has been the key in finding a solution in other states. The report required by LB900 would set the stage for

the three key state departments to begin talking to one another about a possible solution for Nebraska. Thank you. [LB900]

SENATOR CAMPBELL: Questions for Ms. Gordon on the report? Thank you for attaching the report for our reference and for your longtime involvement in this area. Thank you very much. Our next proponent? Welcome. [LB900]

MARLA FISCHER-LEMPKE: (Exhibit 12) Good afternoon. My name is Marla Fischer-Lempke, M-a-r-l-a F-i-s-c-h-e-r hyphen L-e-m-p-k-e, and I'm the executive director for The Arc of Nebraska. We are a statewide advocacy organization for people with developmental disabilities and their families. For years, we have been contacted by families who are searching for services and supports for a child or adult with a developmental disability. Usually, if the person has an obvious and well-documented intellectual disability, it's clear that the person is eligible to receive services under the developmental disabilities waiver. Sometimes the situation isn't as clearly defined, especially if a person's disability is difficult to pinpoint as a developmental disability or a mental illness. This is true when it's both. Families who are searching for services for a person who has such a dual diagnosis often find themselves caught between two systems, as you've heard. Each system has its own eligibility requirements and allocates funding for its services differently. Unfortunately, the silo effect of these systems often results in disservice and adds complications to a family's already difficult situation. LB900 proposes to remedy this. It's past time to eliminate the silo effect, as it best serves no one. LB900 takes a first step by suggesting that these systems begin talking to and working with one another. We understand that data will be needed in order to ensure the two systems are speaking the same language so it can be determined where problems lie and where collaborations can be formed to best serve people who need services that these systems have to offer. That's not impossible. In developing suggestions for ways for collaboration, we would like to offer the important consideration of some current initiatives in Nebraska. One of those is "Money Follows the Person," that's a grant under Medicaid. This grant offers an enhanced match designed to assist people with disabilities to move from more restrictive settings, such as nursing homes and intermediate care facilities, to homes in the community. Money Follows the Person is a prime opportunity for systems to demonstrate how they can work together to assist people in getting the services they need, but it's currently underutilized in Nebraska. Money Follows the Person should be identified as a potential tool to assist in the efforts of joining systems and fits within the intent of LB900. Nebraska has also received a grant to establish and coordinate an Aging and Disability Resource Center, ADRC. The ADRC assures that a "no wrong door" approach is available to systems navigation. Instead of systems pointing fingers at one another, it's designed to offer guidance and facilitate collaboration among systems and partnering organizations so that families aren't left wondering where to turn next. This is also a project that is underutilized in Nebraska. In addition to Money Follows the Person and the ADRC, it's our understanding that there are other funding opportunities available

that Nebraska has not yet applied for that could also assist in this collaborative effort. Nebraskans have voiced concerns over frivolous spending in HHS in recent months. Why would we allow for more time and resources to be wasted at the expense of some of Nebraska's most vulnerable citizens? LB900 presents us with an opportunity to identify a way in which systems can be streamlined and more efficient. Not only will an effective plan assist in serving Nebraskans, it will assist us in serving people in a fiscally and socially responsible manner. We encourage this committee to learn more about the current opportunities Nebraska has pursued and offer that these be strengthened to assist in meeting the intended goals of LB900. We strongly urge the committee to move LB900 to General File. [LB900]

SENATOR CAMPBELL: Thank you, Ms. Fischer-Lempke. Are there questions from the senators? I have one question, and I was quickly trying to go back through your testimony and couldn't find it. You talked, I think, about the data between the systems. As you have taken a look at this, have we had the ability to go across data systems to get information, or is that a problem that we have? And I was trying to find that, and I apologize. [LB900]

MARLA FISCHER-LEMPKE: I'm not the expert on the data part of that. I think the Developmental Disabilities Council has more information about that that they could probably get to you. [LB900]

SENATOR CAMPBELL: Okay, because I think that's part of the concerns that this committee has identified. And I'm surprised that Senator Krist didn't bring this up (laughter), but we've identified it in other areas that, you know, the data integration that is certainly a very important floor of a lot of the issues that we're taking a look at, and the need to be able to cross reference that data to actually know what the population that we're studying is doing. So we will follow up with the people you suggest, and thank you very much for your testimony today. [LB900]

MARLA FISCHER-LEMPKE: Thank you. [LB900]

SENATOR CAMPBELL: The next proponent? Anyone else in the room who wishes to testify in favor of LB900? Good afternoon. [LB900]

JOE KOHOUT: Good afternoon, Chairwoman Campbell and members of the Health and Human Services Committee. Joe Kohout, K-o-h-o-u-t, registered lobbyist on behalf of the Nebraska Association of Regional Administrators, which is a coalition of the six regional health, behavioral health administrators from across the state. When discussing this bill with the six of them, they expressed strong support for the bill, primarily because when it gets to their level, it starts to be because some level of service has been denied at some point. And they see enormous value in not only the report, but also in that plan of action and how they can be, how that can be actually

implemented statewide. So with that, I'll end my testimony and answer any questions I possibly can. [LB900]

SENATOR CAMPBELL: Are there any questions? Thank you, Mr. Kohout, for coming today. Next proponent? [LB900]

JANINE STEARNS: Hi. I'm Janine Stearns, it's J-a-n-i-n-e, last name is S-t-e-a-r-n-s, and I'm supporting this bill as a parent. I have taken a child out of foster care who is in DD services, fetal alcohol syndrome. He's got a lot of behaviors and a long history of psych issues with the parents. My big thing as a parent is I've been able to get some services for his behaviors, but I've had to go to Omaha, which requires me to leave work, take him there, have him utilizing Munroe-Meyer Institute, which nobody seemed to know or access that much here in Lincoln. So when I'm talking to physicians here, they're like, well, we don't know too much about them. I think it is in being able to access our resources out there to give this child the best running start that he possibly can have. What I'm seeing is, is I mean he's a head-banger, he is violent, he hits, he smacks his head. It doesn't matter, he has to have a very structured environment and a very safe environment. It requires a lot of one-on-one. It can be very exhausting. When these children get older and if they have not accessed their resources or if you haven't been able to access medication, then those behaviors get worse. What you find is these children that either have been in the foster care system and end up with a guardian, end up getting in trouble with the law, end up getting locked up in our penal system, which they can't help them. You guys know that the penitentiaries don't really even have the resources to take care of the mental illness that is out there. When they have a dual diagnosis, it's a very hard diagnosis. I would also like to say on my behalf, I also was a president of a homeowner's association, and I lived out on North Coddington when we had a sex offender who had taken a child and had stabbed him multiple times and tried to rape him when they were put into a group home where they were sharing staff. There has been so many cuts on trying to take care of this individual from either not putting them in the Beatrice state home because they've gotten such a bad rap over their care, over many things over the years. I would like to say that they need to be properly trained. The community also needs to know to be able to use those resources. As you guys know, I ended up leaving my neighborhood and going to a different neighborhood; but to end up back into a homeowner's association and having the same problem again with another group home out in Stone Bridge Creek where we had an individual that came into the property and knocked the property owner down. So we...no matter where you go, these people that are living in the most minimal care or the most maximum care are still going to have trouble. We need to be able to access those resources. We cannot cut and make another cut for these individuals. It is what it is, and we need to start taking care of our people. They're going to grow up, and they're going to get in trouble. [LB900]

SENATOR CAMPBELL: Questions? Senator Howard. [LB900]

SENATOR HOWARD: Thank you, Senator Campbell. I hope your child is doing better. [LB900]

JANINE STEARNS: Thank you. [LB900]

SENATOR HOWARD: Good, good. Munroe-Meyer is a great facility. Were you able to have a fetal alcohol evaluation done prior to your adoption finalization? [LB900]

JANINE STEARNS: No, and they did...that was a good question. They did include it into my stipend when I did the adoption last November of 2010. But now with some of the other bills and the other cuts, with him being on Nebraska Medicaid, you know, you keep that on the stipend. [LB900]

SENATOR HOWARD: Right. [LB900]

JANINE STEARNS: Then he's going to get less and less services. So right now, I've applied for every type of service that I can possibly do for him to give him the best running start. I mean, he has so many developmental delays in language, in behavior. He has to have the structure. I am now sending him to school just to get the sense of what a routine is and to stay in that routine. But outside of school and outside of being at my home and doing it a certain way, like if I take him out and go two hours in the car to a friend's lake house and spend the day out there grilling and stuff, it is awful for him because I took him out of his environment. And it causes them to become very angry and very irritable. Who would have known? I mean, I guess I didn't know enough about fetal alcohol when I just said, I love him, and I'll be his mother. [LB900]

SENATOR HOWARD: Well, I appreciate that loving him and being his mother is a big step, and don't hesitate to advocate for whatever he needs. You've got the leverage where it was included in the adoption agreement. [LB900]

JANINE STEARNS: Good. Thank you. [LB900]

SENATOR HOWARD: Thank you. [LB900]

SENATOR CAMPBELL: Any other questions from the senators? Ms. Stearns, a couple of questions that I have. So you felt that you had adequate information about your son going into that...that's a good, that's a good step. [LB900]

JANINE STEARNS: Adequate information, but not a lot of adequate resources, exactly, yes. [LB900]

SENATOR CAMPBELL: Have you ever utilized Right Turn? [LB900]

JANINE STEARNS: No. [LB900]

SENATOR CAMPBELL: It's a service that came out of the LB603 package on safe haven. They often deal with parents who may need some help in dealing with children who may have behavioral health issues. We'd be glad, if you just leave your name and a phone number, we'd be glad to have one of my staff give you a contact, so at least you could visit with them. [LB900]

JANINE STEARNS: Okay, that would be great. [LB900]

SENATOR CAMPBELL: Thank you for coming today, and again, sharing your story. Any other proponents for LB900? Oh, I'm sorry, Senator Howard. [LB900]

SENATOR HOWARD: No, no, no. That adoption was more than a year ago. [LB900]

SENATOR CAMPBELL: Oh, that's right, but they may still be able to help them. [LB900]

SENATOR HOWARD: Doesn't hurt. [LB900]

SENATOR CAMPBELL: We have used Right Turn for some constituents to link them. Okay, are there, is there anyone in the hearing room who wishes to testify in opposition to LB900 or to provide neutral testimony? Seeing no one, Senator Lathrop, would you like to close on your bill? [LB900]

SENATOR LATHROP: Just a couple of points I'd like to make. As Senator Krist noted, the Ombudsman's Office has done a remarkable job on this issue. They have listened to a lot of families and their struggle, and I don't know how often they come before you. I don't see them testify very often. They do in front of our special committee, but their work has just been...I mean as senators, we should be proud that this is an extension of the Legislature and the work they do for the developmentally disabled. I do want to clarify my remarks about BSDC. When we did, in response to what Joe said. When we did our study, we concluded that there is a place for BSDC in the spectrum of care, and it certainly is for those who have the difficult, difficult behaviors that you heard Joe talk about. We have to have a place for those people for their safety and for the safety of the community. We can't just put them in a group home in some part of a town and expect that everything's going to be okay, so I want to make sure that I'm not misunderstood. You know, they do important work at BSDC, and there's a place for that type of a service provider in the spectrum of services that are provided to the developmentally disabled. [LB900]

SENATOR CAMPBELL: And, Senator Lathrop, I think all of your colleagues recognize the commitment that you have made and the special committee. We certainly

understand that last comment. You've been very articulate on the floor... [LB900]

SENATOR LATHROP: Okay. [LB900]

SENATOR CAMPBELL: ...to talk about BSDC, so thank you for describing that. And I also want to say I know all of us on the Health and Human Services Committee particularly appreciate the Ombudsman's Office because of their help on LR37, I would be remiss in thanking them once again. [LB900]

SENATOR LATHROP: Right. Okay. [LB900]

SENATOR CAMPBELL: Thank you, Senator Lathrop. [LB900]

SENATOR LATHROP: Thank you very much. [LB900]

SENATOR CAMPBELL: (Exhibits 13-17) I wanted to mention to my colleagues that we're trying a new thing today, and that is to give you a list of the testimony that are, has come to us in letters so that you know that these are official into the record, and the pages are keeping track of that. So I won't necessarily read them all the time, but you will know what has gone into the record. Is that correct, Madam Clerk? Am I saying that right? Okay. We probably should note that for the record, and I should have done that on the other bill, but we received communication on LB900 from Dr. Robert Fletcher, and I think Senator Lathrop already might have noted that, or one of the testifiers; Ann Talbot, Options in Psychology; Mark Hald, Options in Psychology; Scott Dugan from the Nebraska Association of Behavioral Health Organizations; and Nebraska Appleseed. So, unless there are any other comments, we'll close the hearing on LB900. [LB900]

SENATOR CAMPBELL And Senator Dubas is here I see already. We will open the public hearing on LB825, which is Senator Dubas' bill to establish local offices for access to public benefit programs. Welcome, Senator Dubas. [LB825]

SENATOR DUBAS: Thank you very much, Senator Campbell, members of the Health and Human Services Committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s, and I represent Legislative District 34. ACCESSNebraska was created with the hopes of modernizing and streamlining service delivery for public assistance programs. Unfortunately, as with many aspects of reform, the changes were abrupt and have adversely affected many Nebraskans. I introduced LB825...I have the wrong number in my script here, LB825; make sure I'm on the right page here...because of what the following example represents. A 92-year-old woman is totally disabled. The woman had a stroke in September of 2010 and was in a nursing home until April of 2011. At that time she had $65,000 in savings, a retirement check of $120 a month, a $109-a-month annuity, and Social Security of $900 a month. This woman has lived her entire life very frugally, doing what she's supposed to do, never spending money on anything that she

couldn't afford. She's done what we hope everybody would do. She's back at home now, and by the end of February of this year she will only have $1,300 a month left to live on. She is receiving in-home nursing care, and that's costing her around $5,000 a month. In October 2011, with the help of her daughter, she applied for food stamps and winter heating help. The application was sent in as a hard copy because she and her daughter just weren't comfortable with using the on-line application process. They received two letters in October telling them that they needed to call in, which they did, and at that time they were told to fax the daughter's power of attorney, the mother's trust papers, and latest bank statement, which they did. By December 6, they had not heard anything so the daughter called and was told that they needed more documents. When the daughter explained that her mother was running out of money, the person that they were talking to on the phone at that time said, well, you really don't have anything to worry about; your mother is in a nursing home. Well, the mother hadn't been in the nursing home for almost ten months; she was back at home. After she explained that, which should have been in the file, and after she explained that to the person she was talking to, he said he would then mark the application "urgent." December 29, the daughter made a follow-up call where a different person said they needed more information--information that had already been submitted. After some searching, the documents were found in the file; but the file was no longer marked "urgent." So she was again told that it would be put into processing with the notation of being urgent. January 12, the application was still in processing and the family was told they needed to fax additional bank statements and income tax forms. On the 17th of January, it was again sent into processing marked "urgent." I have just spoken with this family member and they've just been notified that their application was denied because the mother has too many resources and that they need to reapply next month. They looked on the Web site as far as the application for the mother. Everything was blank so they couldn't tell what information was being used. The daughter asked some questions and it sounded like maybe some of the financial information wasn't calculated right or wasn't put into the right place, and so again was talking to another person, where they told her that they would need additional information and for her to put that on the application form when she reapplied next month. The daughter was of the understanding that they basically had to start all over again with the application process. Now I did just receive a letter from...or an e-mail from her today, and I think some things have been taken care of. I do think she still has to reapply, but I think it may be under a little bit different scenario. But I mean we're talking since October, and still...and the daughter who's helping her mother, I mean she's technologically savvy, she's an educated woman. She knows how the process works. And so if you are confused by what I've just outlined for you here in this little scenario, just imagine what this 92-year-old disabled woman is feeling like right now. The department has moved from full-time offices and caseworkers who knew their clients, to on-line applications, call centers, and offices with kiosks, and the elimination of dedicated caseworkers. Community-based partners, like senior centers, are stepping up to assist their clients without any financial help from the department. We're talking about consumers who tend to be in real need of assistance.

They lack computer skills or even access to a computer. The application form itself is not easy to navigate. I've gone on and tried to see, you know, the procedures you have to follow. And, you know, if you make a mistake, sometimes you can hit the back button. Well, my understanding, there's no back button. You essentially have to start over again. So...and I know when phone calls are made by different clients, the wait times can be very, very lengthy. Paperwork gets lost, and you're never talking to the same person any time that you call in. The current process creates anxiety and confusion. Workers are not adequately trained or supported. The changes intended through ACCESSNebraska are caught up in a quagmire of more red tape, uncertainty on the parts of staff and clients, and inefficiencies. LB825 seeks to return to a more consumer-friendly, responsive, and responsible system by establishing or reestablishing 25 centers across the state that will house caseworkers and support staff. This staff will help clients complete applications, screen them for eligibility early on in the process, and answer questions. I am certainly not opposed to technology and the benefits that on-line and automated applications can provide; but I believe the access program does have merit, but I feel it needs to be phased in over a longer period of time. I also believe very strongly in the power of human interaction and the ability for a caseworker that will oversee the application and answer questions and can become familiar with that client and their needs. Understanding the financial ramifications of our fiscal decisions is very important. We all know that. But are we saving money with a streamlined process which in actuality is demanding more time and energy needing to be spent by the client as well as staff? Are we saving money by making it so difficult to apply for public assistance benefits that clients give up and fall into even a worse condition requiring more assistance down the road? I know there are testifiers here today who will be able to give you more firsthand experience and frustrations with the process, and I sincerely hope that I can work with the committee to find a way to deal with this program and eliminate perhaps some of the headaches and frustrations that are being caused not only by the clients and consumers that are using the programs, but by those who are trying to deliver them also. So I'd be happy to try to answer any questions you may have. But as I said, I know there are quite a few people behind me who are looking forward to sharing their experiences with you. [LB825]

SENATOR CAMPBELL: Any questions? Senator Howard. [LB825]

SENATOR HOWARD: Thank you, Senator Campbell. And this isn't really a question, but it would be bad enough if that was an isolated story. I mean that really illustrates no accountability and really no concern about this particular individual to the point of operating on inaccurate information. And I went to a meeting earlier this year in north Omaha. It was a community regarding this same issue, and heard story after story after story after story about the frustrations and the lack of services, basically, that people are receiving through this "no access" line is what they were calling it, and I think that's pretty accurate. I really appreciate you bringing this bill in. I think we've got to do something, because unless we don't want people to have services, we need to be able

to work with them so they can access what they need. And food stamps, we all recognize there are people that need food stamps--pretty basic. And a lot of them that need them and have taken their hearts in their hands to apply, are being treated as if they don't matter. So thank you for bringing this. [LB825]

SENATOR DUBAS: Well, it's my pleasure. I mean this woman was very fortunate that she had her daughter, a family member, who could intercede on her behalf, and a daughter who was very dogged in following through. But there are people out there who don't have family members available to them who can intercede on their behalf and help them try to navigate the system. So what happens to those people who are on their own? And as I said, senior centers are being used and some other community-based services are being used. But these...this isn't in the purview of those people providing those services, and they're doing it because they know these people and they care about them. So we're fortunate that we have those people who are willing to step up and do something because they see the need for it to be done. [LB825]

SENATOR HOWARD: Well, this was an internal system when it was managed through case management. There was a strict requirement for accuracy and timeliness--not out of the ordinary expectations for providing services. And it really doesn't seem like there's any standard at all now. I mean, the state was given bonus dollars for their accuracy and promptness, for example, with food stamps. Now apparently this isn't of any concern. [LB825]

SENATOR DUBAS: And I'd like to qualify, too, that I'm not going after the people who are manning the ACCESSNebraska phone lines or some of the service centers. I know they're trying really hard, too. But I've heard from many of those workers who are saying, we're kind of not sure what we're supposed to do. They don't feel like they've had the support or the training that they need. We've lost some very experienced people who did understand the process and how to make things work. So I think from both the consumer side as well as those who are trying to provide the services, there's a great deal of confusion and frustration. [LB825]

SENATOR CAMPBELL: Any other questions or comments? Just a comment for the record while Senator Dubas is here, and that is this summer Senator Conrad had an interim study and we held a public hearing on that study, so we do have the transcript from that and many of the stories that were a part of it. So I'm glad to see that you followed up from that interim study. [LB825]

SENATOR DUBAS: Thank you. [LB825]

SENATOR CAMPBELL: Okay. Thank you, Senator Dubas. We will take the first proponent for LB825. [LB825]

STEVEN WALLINE: Good afternoon, Senators. My name is Steve Walline, S-t-e-v-e W-a-l-l-i-n-e. I am a person who has experienced a lifelong disability and I have had good and bad contact with ACCESSNebraska and the prior system. I have been on...I have been using Medicaid since 1989. I live independently in an apartment right now, I don't know for how long; I'm hoping for quite awhile. But yearly we have to check in with ACCESSNebraska. In 2009, I moved back to Lincoln out of a nursing home in Kearney, with the help of my Health and Human Services worker in Kearney. She had to explain some options to me that I had about a spend-down of my share of cost. I receive Social Security disability. I was a substitute teacher for a while, but being on Medicaid that's kind of a hassle and it didn't work out for me. Anyway, the HHS person in Kearney was able to give me very good advice on what type of program to get into. I got into it, and I moved to Lincoln. I was here in Lincoln for about two months, and Social Security in Washington changed part of my benefit amount without letting me know. I actually got about $3 more--we're talking $3--and because of that $3, I wasn't paying enough insurance. So the first notification I got of it was a letter from HHS saying that I had ten days of Medicaid left. Well, I called my caseworker who was a live person at the time in Lincoln, and she said if you can add just a little bit more insurance on, you'll be fine. So I was able to call my insurance agent and we would have certainly gotten whatever amount they told us to, if they had just told us; but we weren't aware of it. Subsequently, this year, once you're on the service then I started using ACCESSNebraska. This last year I had had some problem with an insurance policy that I had thought had been dropped, and it actually had $100 worth of cash value. And HHS held up my application, which was just a renewal of an application, for a week while I got paperwork about this insurance. And every time I called, I would spend 45 minutes, an hour, trying to re-explain to the person. And I've worked at Cabela's on their computers, and we have quite a bit of information about our customers. And I said, don't you guys have any record of this? Can't you read what the last discussion was about? And, I mean, I'm pretty articulate I think. I have a bachelor's degree. I was a teacher and now I have been a substitute teacher, and it was easier for me than it would be for a lot of my fellow people who experience disabilities, and some of them have speech problems and some of them, like you say, can't type on computers. So I'm here to say that whatever form of a system you folks decide that you want, there needs to be some human contact involved in it. However you want to spread...at least for the special cases, and you folks can write law to determine what you want those special cases to be. But there needs to be some type of a situation that allows people continuity of care or service with the particular person that they are dealing with at the time. Thank you very much. [LB825]

SENATOR CAMPBELL: Thank you, Mr. Walline. Am I saying that correct? Am I saying...? [LB825]

STEVEN WALLINE: Yes, that's exactly right. [LB825]

SENATOR CAMPBELL: Okay. Senator Gloor, and then Senator Krist. [LB825]

SENATOR GLOOR: Thank you, Senator Campbell. Mr. Walline, what was the answer that you got from that person when you asked them if there were any records, if there was anything that showed up in the electronic file? [LB825]

STEVEN WALLINE: You know, they said that all they saw was that they were still looking for some information, Senator. I had sent them the information. They told me that it could have not been processed yet. And I ended up going over to the Gold's Building with hard copies and putting it in that box there that sits in...there's a box in the hallway, in case you've never been over there. And I guess HHS picks that up every few hours or something like that. And that was the only way. The Gold's Building was still there; not Access America. I had to go into the Gold's Building and drop it on the second floor. [LB825]

SENATOR GLOOR: Would that continuity of interacting with people also extend to having a better information system where that information entered was available to anybody that accessed it on your behalf? [LB825]

STEVEN WALLINE: Yes. Like the senator said, I'm not against the technology and improving it and streamlining it as much as possible. The point is, when a person who knows what they're doing, which I thought I did (laugh), has a little bit of a problem with it, imagine what it's like for the person who's kind of...who maybe doesn't have an assistant or a parent or someone, an advocate--I've done a lot of advocacy work--with them to help them go through it. So to answer your question, if someone would have had the information there, I probably would have been fine. [LB825]

SENATOR GLOOR: Okay. Thank you. [LB825]

SENATOR CAMPBELL: Senator Krist, you had a question? [LB825]

SENATOR KRIST: Yes. Obviously you have a lot of experience dealing with this system prior and the system present. Would you be willing to join a working group to try to solve the problem? [LB825]

STEVEN WALLINE: I would love to. In fact, I would not be so smart as to recommend stuff to you people. You know what you're doing. But if you could have some sort of an advisory committee where at least some consumers were involved with it to some extent, that you would determine, I would love to participate in that with other Nebraskans that are basically in the same type of situation I experience. [LB825]

SENATOR KRIST: You give us way too much credit for knowing what we're doing. (Laughter) I will tell you this: In preparation for some of this I had the experience of sitting at a service provider who was trying to make access with or contact with

ACCESSNebraska, and they actually have protocol for what to do while you're sitting on hold, because that's just going to be an inevitability. And I thought at the time what a great thing it would be to have people who have been on hold or have not been processed correctly in the system to be able to have a working group to try to redesign this thing, because... [LB825]

STEVEN WALLINE: Right. [LB825]

SENATOR KRIST: ...you know, to say that it's broken and needs to be fixed is probably an understatement. But we'll keep your name on the list. [LB825]

STEVEN WALLINE: I appreciate that. And my particular thing to do while I'm waiting on-line is sudoku. (Laughter) [LB825]

SENATOR KRIST: Thank you for coming. [LB825]

STEVEN WALLINE: You know, the game where you fill in the numbers... [LB825]

SENATOR CAMPBELL: Yes, yes. [LB825]

STEVEN WALLINE: ...on the computer, because it's 40-45 minutes regularly. Thank you, Senators, for your... [LB825]

SENATOR CAMPBELL: I just want to say you were probably fortunate in putting it in at the box, and that was the end of it, because this summer in the interim study we heard from a woman who had provided the information, and I want to say more than once, maybe more than twice, and delivered it to the box, and it still did not appear. And she had to start all over again even though the information she had hand-taken down to the box. [LB825]

STEVEN WALLINE: Well, I don't want to say I'm hardheaded, Senator, but if necessary I would have gone to the State Office Building and delivered it to somebody else. [LB825]

SENATOR CAMPBELL: Sir, I can tell that you would have delivered it. I can tell. Thank you so much for sharing your story today and coming. [LB825]

STEVEN WALLINE: Thank you, Senators. Appreciate your time. [LB825]

SENATOR CAMPBELL: I can just imagine being in Mr. Walline's class, can't you? [LB825]

SENATOR GLOOR: No excuses. [LB825]

SENATOR CAMPBELL: No excuses. [LB825]

SENATOR KRIST: And way too much homework. [LB825]

SENATOR CAMPBELL: The dog ate the homework wouldn't have worked. [LB825]

STEVEN WALLINE: I was an easy teacher. (Laughter) [LB825]

SENATOR CAMPBELL: Our next proponent. Welcome. [LB825]

KENDALL NELSON: Hi. My name is Kendall Nelson, K-e-n-d-a-l-l, Nelson, N-e-l-s-o-n, Nelson. Now I'm here to talk to you guys about is right now I live on my own, and I have home healthcare that comes in four times a day. I volunteer almost every day of the week, and the reason and the reason I volunteer is because I want to help people, and I want to make people happy. I want you to know that is a wonderful home health I would not be able to do what I do, and I would not be able to have the kind of life that I have. I also go to church on Saturday and I do stuff for my church people and they help me a lot. No...I mean I guess that you guys have a problem, but we cannot cut home health, because if we do, we will have people who are (inaudible) like me (inaudible) we grew (inaudible) who move to nursing home. That is not what we want to do. We don't want nursing home. And we don't (inaudible) nothing (inaudible). We want to be able to do what we are doing right now with the help of the community. And we are for it (inaudible) home (inaudible) we can't do that. [LB825 LB826]

SENATOR CAMPBELL: Mr. Nelson, I just want you to know that you are probably ahead of us a little bit here, and I think that your testimony is probably on LB826, and we're going to record that on LB826 and we'll make sure that your testimony counts, and thank you very much for coming down today and telling us your story. [LB825 LB826]

SENATOR BLOOMFIELD: Chairwoman Campbell, may I add something to that? [LB825 LB826]

SENATOR CAMPBELL: Oh, I'm sorry. Of course. I'm sorry. Mr. Nelson. [LB825 LB826]

SENATOR BLOOMFIELD: If it were allowed... [LB825 LB826]

KENDALL NELSON: (Inaudible.) [LB825 LB826]

SENATOR BLOOMFIELD: If it were allowed, I would stand up and give you a standing ovation. Thank you for coming. [LB825 LB826]

SENATOR CAMPBELL: I think I would allow that, Mr. Nelson, but maybe not. (Laughter) [LB825 LB826]

KENDALL NELSON: Thank you. [LB825 LB826]

SENATOR CAMPBELL: Thank you. [LB825 LB826]

SENATOR LAMBERT: Thank you, sir. [LB825 LB826]

SENATOR CAMPBELL: Thank you for coming, and we'll make sure that your testimony is on LB826, and thank you to the clerk and to the pages for their helpful notes. The next proponent. [LB825 LB826]

RICHARD MACIEJEWSKI: Thank you, Senators. My name is Richard Maciejewski, and I'm Polish, so that last name is a little hard. M-a-c-i-e-j-e-w-s-k-i. I'm here in support of Senator Dubas' bill and I'm really glad that she introduced it. I worked for 17 years for Vocational Rehabilitation Services before I retired, and I also was president of the Nebraska Mental Health Association for several years in its existence. I'm also a member of ARC, as their legislative informant and assistant. I also am a guardian and conservator for two aged relatives who are 88 and 93 in Loup City, Nebraska. I also am guardian for a couple of developmental disability kids and I also serve as (inaudible) for some. I'm here because I really feel we were doing a great disservice to change our system to ACCESSNebraska for several reasons. I'm, as one of your previous persons testified, I think I'm fairly knowledgeable and able to understand things and to work through computers or telephones, but I have to tell you that the maze that I have to go through to get through ACCESSNebraska to get something done just drives me crazy. You know, you have to go through, first, the switchboard where you have to do, you know, the numbering things on the telephone. And then when you get through with that, somebody answers, and you go through the information for a second time, and then they say, okay, well, we'll get you over here. And then you go through that same information when they transfer you eventually to whom you need to get to. And it may take a long time before you finally get to where you need to go. Now I think to myself, this would absolutely be devastating for someone with less ability and with particular handicaps to be able to access that. I get frustrated with it. I can't imagine what other people...and some will maybe testify to you what they go through. The difficulty in getting through to where you need to go is a real problem, and then when you get through, as they testified, you have a person who doesn't know your case very well, so you hope they have the right information on the computer that was previously given. And sometimes they don't seem to, so then you've got to go through that information again. When I testified a couple years ago here at the Health and Human Services, when we were talking about developmental disability cases and some kids, they used the term that one of the kids, Lynn, brought up that I thought was a very clever term, and it was her own term, and she called it: We get tired of dealing with "newbies." And

her term for newbies were the revolving door of people who you have to go through to get services. You know, they just get acquainted with perhaps a coordinator, and then they leave and then they've got to go through getting acquainted with somebody else. So the fact of having people who stay in the positions, you can see time and time again, is extremely helpful and less frustrating to people who don't need to get more frustrated than they already are. So I would like...what I would like to see is I'd like to see us return to personal contacts in the various agencies or various offices throughout the state. It's wonderful, because you go in...if you've dealt with the same caseworker or even caseworkers at least in that office, you don't have to go through the whole business again because they know; they've worked with you. They have some idea about what's going on. It saves a lot of time, and in my estimation it must save the state a lot of money because we don't have to go back through a whole bunch of stuff. Plus the fact that when you do it over the telephone, you hope that the person you're talking to has all the information they need. If you're in the office with somebody who already knows you and has the paper in front of you, when they look through the information, if something isn't there then they can ask you right then and there, and you don't have to call back again or be called back again to make sure you've got the information that you want to get out. It seems to me also just doing it over the phone leaves you open to a lot of fraud. You know, when you're talking to that person and that individual, they can write a lot of stuff down on the paper; but you don't know them. The worker doesn't know them. They could very easily be pulling your leg and causing a lot of fraud. That personal contact gives you some assurance that what you're seeing and what this person is saying is true with a physical disability or a mental disability. I just think we leave ourselves really open to fraud because of that. Those are all the reasons that I think we need to get personal contact, those personal representatives back throughout the state in the offices as they were. It was so much easier to deal with. You got things done so much faster, and you had a personal contact that when things really got rough or something had come up totally unexpected, you could get something done fairly quickly. And I urge you to go back to having those local offices and I commend Senator Dubas. [LB825]

SENATOR CAMPBELL: I think we'll go ahead and take some questions. Are there any questions that you have, Senator Gloor? [LB825]

SENATOR GLOOR: Thank you, Senator Campbell. Thanks for coming down here, Rich. And imagine somebody by the name of Maciejewski having Loup City roots. It's just somewhat amazing. [LB825]

RICHARD MACIEJEWSKI: Durchowski and Dombowski (phonetic.) [LB825]

SENATOR GLOOR: Durchowski, yeah. And having grown up (inaudible) Fullerton with Senator Dubas' area... [LB825]

RICHARD MACIEJEWSKI: Yes. [LB825]

SENATOR GLOOR: ...I never developed the pronunciation appropriate for the community I lived in. How many people are you calling ACCESSNebraska on behalf of? [LB825]

RICHARD MACIEJEWSKI: Four. [LB825]

SENATOR GLOOR: And how often would you guess in a month's period of time do you make phone calls? [LB825]

RICHARD MACIEJEWSKI: Not real often because they are established before you changed...before you took them out of the local offices. So that helped some. Probably...it all depends. Like right now, one of the cousins that's 88, I just got a notice that she is up for review for Medicaid coverage in the rest home. And I could talk to you about how finances all of a sudden are gone, and here we are with somebody with no kids who's 88 years old could not possibly deal with stuff. [LB825]

SENATOR GLOOR: Does anything go right or is it always misery when you're interacting? [LB825]

RICHARD MACIEJEWSKI: The times that I've called have been really...I mean I've called several other times before this, but the times that I've called the frustration is, well, you keep...you have to dial all these numbers and then you finally get through, and my presumption is when I dial a number in like the Social Security number or whatever it is, my presumption is I dialed it in there so that the person on the other end of the line already knows that number. And then when they get on the line then I have to go back through probably about three different things that I dialed in that supposedly that's why I dialed them in so they would have that before they got on the line. So that's a real frustration. And then sometimes you can be a half hour, you know, waiting to get on to that person that finally you're supposed to get to, the caseworker I guess you call it. [LB825]

SENATOR GLOOR: I think by the process of elimination what you're saying is nothing goes well. [LB825]

RICHARD MACIEJEWSKI: Not usually. I really can't say...when I... [LB825]

SENATOR CAMPBELL: Not usually. [LB825]

RICHARD MACIEJEWSKI: When they had the offices in Grand Island, Jo Heiser (phonetic) was one of the most wonderful caseworkers you could ask for, and I could go to Jo and she knew all these people I was dealing with and she could...we could get

through stuff and get it done really quickly, you know. [LB825]

SENATOR GLOOR: Not anymore. [LB825]

RICHARD MACIEJEWSKI: Um-hum. Yeah. [LB825]

SENATOR GLOOR: Thank you. [LB825]

SENATOR CAMPBELL: Any other questions? Thank you for coming today and particularly for helping your four people. That's great. Thank you. Our next proponent? How many other people do we have to testify in favor of the bill? Okay, we may take a break. I'm watching the committee. Senator Cook is already on her way, so. You go right ahead. [LB825]

DORIS GUNN: Hi. I'm Doris Gunn. It's D-o-r-i-s, last name is Gunn, G-u-n-n. I have a son. Zeb is 28, and he's been totally disabled since he was 9. He had a massive stroke during open heart surgery when he was 9. And this past fall is my first experience with ACCESSNebraska. He's been on the Medicaid waiver program since he's been 9, but we've always had workers. And it was a challenge to say the least. I got a notification in the mail and they gave me one week, exactly, to go on-line and fill out this paperwork or they were going to drop him from Medicaid. Well, he can't go without Medicaid. I mean, he's had a history of recurring strokes and things, and there's just no way. And so...you know, what? I work as an accountant, so it's not like I'm totally computer illiterate but I wouldn't say I'm really computer savvy either. But it took me two evenings of going through on ACCESSNebraska to fill out all the paperwork on-line because it...number one, it needs a lot of work. It's not streamlined, you know. Because like in Zeb's case, he's 28, so they don't take into account my income and that; but yet they made me answer all of that information in there. So it was totally confusing. And like somebody had said before, there's no way to go back on it, you know. I did find out that if you hit that back arrow on the computer we could go back to the page before. But some of the questions didn't make any sense, like cash on hand? And they're talking about your bank account. (Laugh) And then the question on cash on hand, they wanted to know the account number. It's like, seriously? I mean they didn't have...the questions weren't in sync. So I got all of that filled out for him. And then I got a notification in the mail saying that I was supposed to call, like, four days from that time I got the notice in the mail at 10 o'clock in the morning for a phone interview. So I'm at work, mind you, and I call and I was on hold for 50 minutes before anybody picked up the phone. And the lady...when she finally picked up the phone, she said...I said, well, you know, I thought I was under the assumption that I got this notification; it said call at 10 o'clock. I watched my clock at work to make sure that I called right at 10 o'clock because I had the expectation that somebody was there and going to pick up that phone and was going to talk to me because they knew I was calling at 10 o'clock. Not the case. (Laugh) And the lady says, "Why didn't you call when we were less busy, like at 8 o'clock in the morning?" It's like,

really? The letter said 10; I thought that you wanted me to call at 10 o'clock, not 8 o'clock. I mean, if I had known that, I would have called before anybody else started calling in the morning, you know. The whole situation was just...it was insane. I mean literally. I mean, my son is a quadriplegic, so there's just no way that he could go on the computer and fill out that paperwork, to begin with, and then there's no way he could sit on hold that long on the phone, you know. If he didn't have me as an advocate, he would have fallen through the cracks. He would have lost his Medicaid. And seriously, I'm a single parent; there's no way we could afford to lose his Medicaid because, I mean, one trip to the hospital could be devastating, I mean, you know. And I'm concerned about all the other people out there that don't have advocates; they don't have somebody there to help them get through that process. And it was trying for me, I mean, you know? I've had a college education. I've got a bachelor's degree. I mean, it's not like I'm stupid. But the whole thing was just really confusing, I mean, and it was...it wasn't...they...it needs a lot of work, I mean definitely. And I think that they need to go back to having dedicated workers. I mean somebody who I could call that would say, okay, you know, go through the process, I mean. Because my job is pretty lenient. I'm lucky at that, but most people could not sit on hold for 50 minutes at work, you know? It's just, you know, the whole thing is kind of crazy. [LB825]

SENATOR CAMPBELL: Ms. Gunn, thank you so much for coming. Are there questions from the senators? Oh, Senator Howard. [LB825]

SENATOR HOWARD: Thank you, Senator Campbell. In the past, I assume you worked with a case manager years ago. [LB825]

DORIS GUNN: Yeah. Yeah, we always have, you know, I mean. And most years it was...I mean for us, not a lot of things change. I mean I've worked in the same...I've had my same employer for 23 years, so. And we've lived in the same home for 13 years, so it's not like a lot of things change for us, you know. [LB825]

SENATOR HOWARD: So they would usually just do an annual update? [LB825]

DORIS GUNN: Right. [LB825]

SENATOR HOWARD: And if they were missing something, as I understand it--I didn't ever work in income maintenance--but as I understand it, they would send you out a letter and say we need this information for our records, something to that effect. [LB825]

DORIS GUNN: Right. [LB825]

SENATOR HOWARD: And then you'd get it into them. That way you had some documentation of what they needed. You could follow up. And it sounds like, not only from what you've said, but from what many, many people have told me, is that it's kind

of person beware. I mean they're not going to...they're not going to follow up for you. It's all on you. If you are a person that can't do that for whatever reason, or gets so frustrated, or just says this is all working against me, I'm going to drop it, the system doesn't care. It's nothing to them. [LB825]

DORIS GUNN: The impression I got was that it's set up for people to fail. Seriously. I mean that was the impression I got, and I was mad. I mean the fact that they gave me seven days' notice that I had to fill out this paperwork on-line, and then the paperwork was just...it was nuts. It was like, how much do I have in my 401(k)? How do I know? I don't know, you know. I... [LB825]

SENATOR HOWARD: Well, especially where you're not the responsible party for your adult child. [LB825]

DORIS GUNN: I know. I know. It should...I mean you would think that they'd have it more streamlined, okay. If this is the case, then answer these questions; if this is the case, answer these questions. But no, you had to fill out everything because what I was told was, well, we have no way of knowing. You know, what... [LB825]

SENATOR HOWARD: Thanks for coming in today to share your story and keep us on the right track with this. Thank you. [LB825]

DORIS GUNN: You're welcome. [LB825]

SENATOR CAMPBELL: Ms. Gunn, I want you to know two summers ago somebody said: Why don't you fill this out? And so I sat in my office, and after an hour I went out and went: Help me. I can't understand...and I agree with you, it was the questions having to do with this account number and that. And, you know, for a lot of people we don't know all that information, and then, so I can understand the frustration. I don't know that I ever did get it finished; but I at least began looking at that and then, of course, having to do it on-line. I've not had to do that...or I've not tried that. And that makes it a little different. [LB825]

DORIS GUNN: Yeah, it took several hours, I mean especially when the questions were confusing, because, you know, cash on hand? And I thought, okay, cash on hand, that's what I have in my wallet. And then you get to the bottom and they want an account number, and it's like, wait a minute. And then I had to go back and reread the question again to see what it was they really wanted me to answer there. And they were all kind of the same way. It pertained to money. I mean, what you had in your bank, you know. [LB825]

SENATOR CAMPBELL: Right. Savings account. [LB825]

DORIS GUNN: Yeah. [LB825]

SENATOR CAMPBELL: Thank you very much for coming today and sharing your stories. Senators, I'm going to take a five-minute break here. And then we'll come back to the proponents. [LB825]

BREAK

SENATOR CAMPBELL: What I would like to do at this point is I need to know how many people wish to testify in opposition to LB825, the current bill--testify in opposition. One. Okay. All right. How many people...are there any neutral testifiers? Okay. Now just for the room's benefit, I need to know how many people want to testify on LB826? Okay. I'm going to really encourage the proponents on LB825 to try to narrow their testimony because we have a lot of other people, and I try to be very cognizant of the fact that the later we get in the afternoon and some people have to drive distances to get home. So we will finish on the proponents. But if they could keep their testimony succinct that would really help us to make sure we get everybody in. So we will take the next proponent in favor of LB825. Good afternoon. [LB825]

JULIE DAKE ABEL: (Exhibit 18) Good afternoon, Chairwoman Campbell and members of the committee. I appreciate you allowing me here to testify today. My testimony is going to be fairly brief because I do know that I have testified on this issue before. My name is Julie Dake Abel, D-a-k-e A-b-e-l, and I'm the executive director of the Nebraska Association of Public Employees, American Federation of State, County, Municipal Employees Local 61. And I would really like to thank Senator Dubas and the cosponsors for this bill. This has been an issue that's been important not only to us but a lot of others in the community for some time. What I have passed out to you is mainly what I want to go over. There will be a recently retired state employee that worked in the call center, and also used to be in a local office, testifying after me. So he may have some more pertinent information that you guys might find helpful as well. But what I have passed out to you is a packet, and in this packet on the first page is what we have pulled off the DHHS Web site that talks about their offices and service areas. I just want to point out a couple of things on this. And it's kind of a star on there, just a plain star, talks about the DHHS offices. On the second page this is some information that we have compiled to NAPE/AFSCME on Nebraska DHHS offices--offices that are closed or closed to the public, meaning there may be some workers or processors there; but the public cannot access or get access to those workers. And we have put notes on there to kind of help, you know, to provide some additional information as we had it. The next handout is on Nebraska DHHS offices that are open. The handout following that is the DHHS offices that are open, but only have limited hours. The handout after that is Nebraska DHHS offices, and this part was taken from the HHS Web site. These are counties that have no offices. Now it's important to note on the one that has counties with no offices, that if you look at, let's say, and I hope I'm pronouncing this right, Deuel

County, where it says "see Cheyenne County," if you go over to another handout and then you go and look up Cheyenne County, you will find that that office is closed to the public. So when people are trying to navigate to find if there's not an office in their area and so they're trying to find a close, you know, the next close office in another county, the information out there is incredibly inaccurate and unreliable. And we have been doing some follow-up information on that. So I did want to point out that there is actually...it looks like there's actually 12 that we have come across to where they tell you to go to another county, and it's on the handout that says counties with no offices; but when you go to that county they're either closed or closed to the public. On the last handout I have there, and I apologize that not all of those notes are on there. We've been trying to work very hard as quickly as we can to get it to you and wanted to have it ready as much as we could today. On the last handout is just a printout of Douglas County offices. Of the Douglas County offices in the Eastern Service Area, I would also like to note that the Center Mall office is closed to the public, and I'm only talking right now about offices that are open...or that were open that are economic assistance offices, which is what we're talking about. The Center Mall office is closed to the public. The Intake Center office or IC is still open. The Lake Street office we believe has two support staff; and the Pacific Street office is closed to the public; and the Papillion office is closed. So I know there's several handouts to kind of go through but I did kind of want to point, just show you some of the information that we've collected, because I think it's important to the bill certainly to know what offices...that there are some offices that are open. There are many that are closed. And there are some that are closed to the public and there are some that have very limited hours. But I think it's been increasingly getting more difficult for people as they move into the central and western part of the state as the state does, you know, the difficulty in people accessing services is only going to increase. You know, there's already more layoffs coming down the pike as we speak, so, and that's only going to affect the people that it serves. I don't want to take any more of the time because I'm out of time, but I do want to thank you. I'd be happy to talk to you now or any other time about any questions that you have. [LB825]

SENATOR CAMPBELL: Thank you. Any questions from the senators? Senator Howard. [LB825]

SENATOR HOWARD: Not a question so much as I just want to say thank you for always being an advocate for services to people. I think when we stop realizing that we need to help those people in need is when we stop being humans. And thanks for all you do. [LB825]

JULIE DAKE ABEL: Thank you. [LB825]

SENATOR CAMPBELL: Thank you for coming. Oh, I'm sorry, Senator Lambert. [LB825]

SENATOR LAMBERT: If I'm looking at this right, part of my district is Cass County and

it tells me to go to Otoe County, which would be Nebraska City, and if I've got people that...I mean some of my people live in Eagle, which we're usually talking at least 60 miles, which I'm sure out west is a short drive, but for being on this side of the state and having to go 60 miles, I wanted to make sure I understood that right, because... [LB825]

JULIE DAKE ABEL: Yes, I believe you have. [LB825]

SENATOR LAMBERT: Okay. Thank you. [LB825]

SENATOR CAMPBELL: Okay. Thank you, Ms. Dake Abel. [LB825]

JULIE DAKE ABEL: Thank you. [LB825]

SENATOR CAMPBELL: Our next proponent. [LB825]

ROBERT STERKEN: (Exhibit 19) My name is Robert Sterken, that's R-o-b-e-r-t S-t-e-r-k-e-n, and you have a copy of my written testimony that will be passed around to you. And I want to apologize for reading my testimony, but that keeps me from rambling and makes the best use of my time. I testify today as a representative of NAPE/AFSCME, the state employees' labor union. I have been a social service worker for 30 years. Most of this time I worked with aged and disabled individuals. I worked at the Fremont customer service center from the time when it opened in the spring until my retirement. I chose to take early retirement in December primarily because I was frustrated with working in the ACCESSNebraska system. Several of my coworkers, also with many years of experience, have made the same decision. While the technology of ACCESSNebraska has enhanced access for some of Nebraskans, it has also caused others to feel alienated and that services are now unreachable. Working at the call center, I talked with people every day who expressed their frustration and often indicating that they were uncomfortable dealing with what seemed to be a faceless and confusing system rather than a real person. The elderly and those with disabilities, especially mental disabilities, seem to be the most negatively affected. They find the phone system with menu options confusing. Some just give up and go without services. Others seek help from friends, relatives, and other agencies. You've already been hearing testimony about these things. When staff from community partner agencies are called upon to be the go-between and make the phone call to the call center for the client, we lose efficiency. Now it takes two people who are both being paid to get the job done, the one making the call and the one receiving the call. HHS may be saving a little money, but the community partner employee is also paid by the citizens of Nebraska one way or another. Rather than going to a partnering agency office for help, these clients should be able to go to a local HHS office for assistance and receive that help directly, and they should be encouraged to do so. With the current system, face-to-face contact with a caseworker is still officially available, but is discouraged. When an individual goes to a local office they will be asked to use the office phone to call the call

center. I want to make sure that you did not miss that sentence. That's the most important thing of my testimony. That's not something our agency administration is going to want to tell you. A face-to-face interview is technically available, but it's difficult to get. If you come into the office, you will just be asked to use the phone and call the person on the other side. At the Fremont Call Center, if you came into that office, you would be asked to use the phone and call someone on the other side of the wall. That may seem silly, but I took a lot of those calls. If you insist and make enough trouble, you'll get a face-to-face interview. A large number of local offices have been closed. Those who do not have an office near where they live do not have equal access. Some people are driving great distances because they feel the need for personal contact. ACCESSNebraska can be enhanced by reopening the currently closed offices and providing the necessary additional staff. Services can be more accessible to more people. ACCESSNebraska is currently struggling with understaffing. The additional staff at the reopened offices could help with this workload. ACCESSNebraska can be assisted by technology but should not be limited to that technology. [LB825]

SENATOR CAMPBELL: Thank you, Mr. Sterken. Is there a senator with questions? Senator Howard. [LB825]

SENATOR HOWARD: Thank you. Thank you, Senator Campbell. Again not a question, but you and I have known each other for a long time. Thank you for coming in here today and testifying. Thank you for trying to make this system better. I'm sure you did. I know you are very committed to helping people. And it seems like such a travesty for people that are in need and under difficult circumstances, and reaching out hoping that there will be some kindness at the other end, to have to talk to a phone. It just is the worst possible way to offer any kind of a service. And when you say ACCESSNebraska, we all know it's not very accessible. So thank you for being...trying to make it better, and congratulations on retiring. [LB825]

ROBERT STERKEN: Thank you. [LB825]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Sterken, for your service to the state of Nebraska. Our next proponent. [LB825]

NICOLE KALLHOFF: (Exhibit 20) Hi. My name is Nicole Kallhoff. It's spelled N-i-c-o-l-e K-a-l-l-h-o-f-f. I am 35 and I am the single mother of three children. Their ages are 12, 10, and 2. I'm also a full-time college student in the occupational therapy program at College of St. Mary in Omaha. And I wanted to tell you a little bit about why the Medicaid and Title XX benefits that I receive are very important to me. I was in a car accident in 2007 which was pretty severe. I had a head injury and collapsed lungs, a broken femur, a broken hip, and I also got divorced during this time. That means that basically I lost everything, and the only thing that I could do to better myself and the life for my children was to go to school. And in doing so, before I started school, I did try to

get a job and work. The job paid a little bit more than minimum wage, and I wound up paying high deductibles for my health insurance and whatnot, that I couldn't save money for an apartment and I couldn't certainly get a home. And so we remained essentially homeless for quite awhile. And then when I decided to go to school and I found out that by quitting my job and going to school that I could get Medicaid for myself and my children, things started to improve. I could concentrate on that, especially with my little one being in day care. My problem, however, though, is that a lot of times whenever I use ACCESSNebraska I usually wait about 45 minutes or so to get through to someone, and then I have questions like, is childcare covered while I have field work or for school meetings? Things like that. They don't know the answer. They have to get back to me. But they don't. I have to call them back, and then what winds up happening is the next person I talk to doesn't know anything about my situation. And a lot of times I have to wait until the day of school to find out if I can even get services for childcare. And I feel as though if I don't have childcare or if I don't have medical benefits, I can't go to school. If I can't go to school, I cannot better myself; and I will therefore be at risk for being on Medicaid much more so in my life and my children's. My oldest, who's 12, he is severely disabled. He has cerebral palsy and he has developmental delays and a seizure disorder and a feeding tube. And he has been on Medicaid since birth, and I have not had any trouble with his particular services because I do have a service coordinator still, and she has told me that once she retires, though, it will be the same situation that I go through with myself and my other children. And it will be using the ACCESSNebraska line. So I do fear for that. But basically I just wanted to speak from a single mother, college student point of view. [LB825]

SENATOR CAMPBELL: We appreciate that and I appreciate your giving us all the information in your written testimony. Are there questions that the senators want to ask? Thanks for coming today and particularly for sharing your story. [LB825]

NICOLE KALLHOFF: Thank you. I just think that if we had person to person contact it would be so much more efficient and effective so that I could, you know, really ask questions that I need to ask, you know, and get the answer then instead of back and forth and being at risk of losing services just because there is no one to talk to, so. [LB825]

SENATOR CAMPBELL: Good luck with your education. [LB825]

NICOLE KALLHOFF: Thank you. [LB825]

SENATOR CAMPBELL: Proponent? Good afternoon. [LB825]

SHARI WELLS: (Exhibit 21) Good afternoon, Senators. My name is Shari Wells, S-h-a-r-i W-e-l-l-s. I am the director of nursing at Children's Respite Care Center in Omaha, and we provide nursing care services, PT, OT, speech, language, feeding,

behavioral health services for children with special needs while their parents are at work and also for respite. I also coordinate funding for our clients, including obtaining authorizations from ACCESSNebraska. And then I also personally understand the special needs aspect, as we have adopted a son out of the foster care system, and he has special needs. Since the beginning of ACCESSNebraska we have really seen increased frustrations in being able to obtain correct and timely authorizations. Because of our unique service mix, we have a variety of codes and rates that need to be accurate on these authorizations, depending on the client's need. Before ACCESSNebraska, we could call the client's worker, the individual worker. We could tell them the exact situation, the rates we needed. The authorization would come correct, and things ran fairly smoothly. The parents do not know all of our proper codes and information, so after ACCESSNebraska, the parents don't have that information to tell them correctly. We have tried to intervene and call ACCESSNebraska and tell them these things. They will not talk to us until all of the information is already logged in, so the parent has to do all of their information first. They can't just put this in and be ready. They will only talk to us now if we have to correct something and clarify a change. I've asked the parents when they're putting this information in to please have their ACCESSNebraska worker call us so that I can help them at that point. I've never gotten a call from an ACCESSNebraska worker, and I know they have asked about that. Additionally, when the authorizations come with errors on them, now it takes much longer to get those corrected; and as was stated before, when people don't have the authorization in there, and their prior authorizations have expired, if we are having issues with getting them or with getting them correct, there are times when the parents are going to be losing work time because there is no authorization. And while we would love to have them be able to come and just cover them for that time, these parents can't afford the cost of care in case they are ultimately denied. So I have a lot of other examples on the parents' end, but I think some of those have been illustrated already. I just want you to know that it's a provider's problem as well as a parent's problem. These parents, they can't afford the time that it takes if they have to call during their work hours to get some of this done, and I just want you to realize that not only does it take their time, but it is costing more money if each worker has to be re-updated every time. So I just feel that this bill would be an asset, and being able to talk to a worker would benefit a lot of people. So thank you very much. [LB825]

SENATOR CAMPBELL: Thank you for your testimony and appreciate what you are saying from a provider's perspective. Oh, thank you. Senator Krist, sorry. [LB825]

SENATOR KRIST: Shari, thanks for coming. Within the structure you just talked about, it seemed that you were part of the system and part of helping the parents out by communicating with the system prior, and then ACCESSNebraska. Have they given you any real good reason why you can't advocate or can't help those parents... [LB825]

SHARI WELLS: No. [LB825]

SENATOR KRIST: ...navigate the system? [LB825]

SHARI WELLS: No. Unless the parents... [LB825]

SENATOR KRIST: You've never been told that it's a HIPAA violation? [LB825]

SHARI WELLS: No. Unless...well, I think that most of the time we're not talking about private medical information. [LB825]

SENATOR KRIST: Okay. [LB825]

SHARI WELLS: Unless the parents will come into my office and we do it together, but oftentimes that isn't practical for the parents. [LB825]

SENATOR KRIST: It would seem that they would welcome the help if an expert is actually advocating for the parents themselves. It's curious. And the other part I guess that's curious for me is that your funding level doesn't depend upon you advocating for these people. It's just making sure they have the access to the information. I mean you're not making a buck on helping them out. It's part of the process. [LB825]

SHARI WELLS: No, we're nonprofit. Yeah. Um-hum. [LB825]

SENATOR KRIST: Yeah, exactly. Well, thanks for what you do, and tell Joseph we said hi. [LB825]

SHARI WELLS: Absolutely. Thank you. [LB825]

SENATOR CAMPBELL: Next proponent. [LB825]

MARK INTERMILL: (Exhibit 22) Senator Campbell and members of the committee, my name is Mark Intermill, M-a-r-k I-n-t-e-r-m-i-l-l, and I'm here today representing ACCESSNebraska...I'm here representing AARP about ACCESSNebraska. (Laughter) [LB825]

SENATOR CAMPBELL: I'm like, really? Boy, that's news. Where are the reporters when you need them, huh? [LB825]

MARK INTERMILL: Actually I am giving you a "four-fer" today, because attached to my statement I have statements from the Community Action Network of Nebraska; Nebraska Association of Area Agencies on Aging; and Voices for Children. All of these organizations have been a part of a group that has been looking at ACCESSNebraska. At AARP we started hearing concerns from our members about a year and a half ago

about some of the changes that were taking place. We started talking to other organizations. The state Ombudsman's Office talked to us as well. We decided that we needed to start trying to identify if there are patterns that existed that we needed to address. We held a series of five listening sessions, that Senator Campbell alluded, to in Fairbury, Norfolk, Grand Island, Lincoln, and Omaha; and we did see some patterns emerge as we talked to people, and you've heard a lot of them today. The issue that this particular bill addresses and I think this committee will hear two more bills before you within a couple of weeks here; but this particular bill addresses an issue of not having face-to-face contact with somebody who can solve a problem. If you have a problem, you want to go and sit down across the table from somebody who can fix it; and that's what this bill, I think, is intended to try to address. We have...in my statement I noted this, but I think we have a lot of excellent employees in the Department of Health and Human Services. I'm a former HHS employee, and I know a lot of people there; but I think sometimes we set up systems that just don't work, and I think this is an example of a system that's just not working. We need to take a look at the policy that has gone into this, and I think there's some good things about ACCESSNebraska. Modernizing the system to make use of information technology is something we need to do. I agree that maybe we need to have a citizens' or a consumers' advisory panel to take a look at how the system works. But modernization is not a bad thing. In fact it's a good thing. But in modernizing we lost something, and that's that face-to-face contact, and that's what would be restored by LB825. What we're...we're not advocating going back to the old system. What we're talking about is a hybrid system, and this is something that as we've looked at other states that have tried this, this is kind of a direction they've gone: keeping the modernization with the information, the Web-based interface, call center; but also having that human contact available through an office where you can sit across the table from somebody. So LB825 is, I think, a good step in getting towards an improved system for enrolling people in public benefits. As a former administrator in HHS, I looked at this issue and heard some of the problems that people are having, and it seemed to me like it's a classic underresourcing problem. And I do want to address the fiscal note that I think I saw was $1.875 million, which I think is a bargain. If we can provide that human contact, create that hybrid system, where we can assure the people that have been here today that they'll be able to have somebody that can meet with them, work on the issues that they have, try to solve the problems they have, that would be money well spent. So that's...I'll end it there, and if there are questions that I can answer I would be happy to try to do so. [LB825]

SENATOR CAMPBELL: Are there any questions from the senators? Senator Gloor. [LB825]

SENATOR GLOOR: Thank you, Senator Campbell. Mark, the only problem I have with the committee is that I'm trying to figure out...I guess that's the reason we're here, trying to figure out what's broken and what needs to be, what can be helped. I mean, if it's a software issue, maybe that can be worked on. If it's a personnel issue, maybe training

or more people is the issue. But if the system is just plain broke, we're forming a committee to deal with something that's broken as opposed to something that can be improved upon. And so I'm asking you, in your opinion, in your past responsibilities, it sounds to me like you think things aren't broken. It's just, as a matter of course, when things change it takes tweaking and work to get them to function smoothly, and that's the reason you're talking about a hybrid. Am I putting words in your mouth or is that...? [LB825]

MARK INTERMILL: No, I think that's fair. And we went into this process of trying to identify problems with the idea that we would be able to find some simple things that we could work, and we worked with staff in the department as we've identified issues. We appreciate their willingness to listen to us and to try to implement some of those changes. And I think it was in the Norfolk listening session that we had a number of people come from around the area, the Norfolk area, and what they kept saying, time and again, was that what we miss is just being able to talk to somebody. And that's what LB825 would address. It would provide that opportunity for a customer to talk to somebody from the department to try to resolve issues or help them work through the application process. I think the other issues with how the computerized system works...now what we hadn't heard is many of those issues as we held our listening sessions. I've heard probably more of those today than I had previously. But that's something that we may need some sort of consumer advisory panel to kind of help identify what those issues are so that they can be worked on. There's also the issue of--and this is getting into a future hearing--a community-based organization that could be very helpful in this process, and so that's another issue that we can deal with. [LB825]

SENATOR GLOOR: Okay. [LB825]

SENATOR CAMPBELL: Other questions? Mark, just one question before you go, and that is it could be such that some of the assistance could be collocated. Is that where you're going on the community partners? Its offices could be located in areas where citizens normally go or could find help. [LB825]

MARK INTERMILL: Kind of the vision that is in my head, which I'm not sure that that's open for discussion, but where you would have 25 offices where you would have staff working out of those offices; but they could be going out to a community partner. And so if there is a senior center that has a lot of people who need assistance, that person could go from that HHS office out to the senior center and provide assistance, create a partnership between that office and the HHS staff so that we can...you really begin to broaden the reach of this ACCESSNebraska process and be able to help people where they are. [LB825]

SENATOR CAMPBELL: And the last is just a point of order I think. Are we supposed to

have written testimony from Voices for Children? It's in the attached? I'll check. It's not in my folder, but that doesn't mean that you don't have it. [LB825]

MARK INTERMILL: Okay. [LB825]

SENATOR CAMPBELL: Senator Krist. [LB825]

SENATOR KRIST: Just a comment, Mark, before you get up there, and this goes to point. Your suggestion is a wonderful one. Blondo Street being very close to where I live and right in...half of it's in my district, the other half of Blondo escaped. The point being I can look at the places in Omaha and I could be at any one of them by vehicle in 25 or 20 minutes. I mean it's a circle of about 25 or 30 minutes. The consolidation into one place which is more frequented or bringing the services together and then the outreach part of it which is the building that's at 1805 North 73rd is a major facility for DHHS. But those folks, 99 percent of the time are out there in the community doing things at the sheltered workshop environments, wherever they need to go. So your model or your suggestion is very important to me, because even though they have a lot of access in different neighborhoods, I would venture to guess that these are not walk-in facilities, meaning the people who need to go there don't walk there 99 percent of the time. And public access might be afforded in a much better way if it were consolidated. So thanks for your testimony, and that really rung true for me. [LB825]

MARK INTERMILL: Thank you. [LB825]

SENATOR CAMPBELL: Thank you, Mr. Intermill. [LB825]

MARK INTERMILL: Thank you. [LB825]

SENATOR CAMPBELL: Next proponent. [LB825]

BRENDON POLT: Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Brendon Polt, B-r-e-n-d-o-n P-o-l-t. And I don't want to take a lot of your time, but I did want to be on record and be on the committee statement showing the assisted-living community and the nursing home community being very supportive of fixing ACCESSNebraska or improving on it. Now whether or not that happens through LB825, LB1016, or LB1041, I could tell you stories from our members where there's good parts of all of them, and so we imagine the committee will probably look at them in totality. And as we were part of the listening sessions and tried to be helpful in the process of studying the issue over the interim, we'd also like to be part of any solution and a resource. And I will say that as I traveled the state of Nebraska doing district meetings of our members in their towns just two weeks ago, it was after the first day of session when this bill was introduced; and I was aware that some other bills would probably be introduced. When I announced that to our members,

they literally started applauding. And so it's a tremendously important issue. And another interesting story that I heard from one member down in the Nebraska City area was that word got out that he was able to navigate the system. He was...had to wait...he would have to wait on the phone; but, you know, I think a lot of our people are social workers and administrators that deal with this, and so they're frustrated with the waits--but they're familiar with computerized systems. And like Mr. Walline said, it's possible a computerized system could have some functionalities it has for a lot of corporations. I think of my Sprint service. I mean they have a functional customer service. But word got out that he knows how to work through this system, and now he gets calls from people seeking services that long-term care providers don't serve, people seeking services for their children, and people seeking home-based care and whatnot. And so I see maybe that's part of the LB1016; but then there's other people that are looking for admission. They need a face-to-face interaction, so the fix is there somewhere. And I'm available for any questions. [LB825]

SENATOR CAMPBELL: Thank you, Mr. Polt. Any questions? Thanks for coming and your comments. Next proponent. [LB825]

JAMES GODDARD: (Exhibit 23) Good afternoon. My name is James Goddard. That's G-o-d-d-a-r-d, and I'm a staff attorney at the Nebraska Appleseed Center for Law in the Public Interest. I'm also going to try to be brief because I think a lot of the points that I was going to make have already been made. I do just want to take a few moments to say a few things. Through the statewide listening sessions, through this hearing, through the interim hearing, I think we've heard that there are some pretty serious problems with this system and that it's simply not working for everyone. And that's why additional steps like LB825 need to be taken. And to Senator Gloor's question about how do we, you know, fix the totality of the problems we have in the whole system? Our position is that there are three bills that are in front of this committee this session that are trying to deal with these problems. That's this bill taking a look at local offices and how caseworkers will deal with clients; there's also LB1016, which I believe is the bill relating to community-based partners and giving those organizations the resources they need to be effective; and then LB1041, which is a bill that is trying to streamline some of the programs so that we don't have to have redundant or unnecessary verification. So I think there are good things about modernization and things that are working, but there's some serious things that need to be addressed and that these bills as a group are trying to do those things. So that's all I'd like to say and I'm open to any questions you have. [LB825]

SENATOR CAMPBELL: Thank you, Mr. Goddard. Any questions? I just want to make sure the two people whose pictures you attached here... [LB825]

JAMES GODDARD: I'm sorry, Senator. There is a front and back to that page, and those are some quotes from some of the people that came to the listening sessions,

some from Omaha, some from Lincoln, some from Fairbury. [LB825]

SENATOR CAMPBELL: And some of them testified in the interim study hearing too. [LB825]

JAMES GODDARD: They did. And I believe at least one testified today as well. [LB825]

SENATOR CAMPBELL: Right, exactly. I just wanted to make sure we had that on the record. [LB825]

JAMES GODDARD: Thank you for pointing that out. [LB825]

SENATOR CAMPBELL: Okay. Any other questions? Thank you, Mr. Goddard, for coming today. [LB825]

JAMES GODDARD: Thank you. [LB825]

SENATOR CAMPBELL: Any other proponents? Did you have a follow-up or...? [LB825]

JANINE STEARNS: No. It's for this bill. [LB825]

SENATOR CAMPBELL: Oh, I'm sorry. Sit down. I'm sorry, I'm like going... [LB825]

JANINE STEARNS: I know. You're going to get sick of me by the end of today. (Laugh) [LB825]

SENATOR CAMPBELL: And I'll see you in LB826. [LB825]

JANINE STEARNS: You will. [LB825]

SENATOR CAMPBELL: Okay. [LB825]

JANINE STEARNS: Yes. Well, LB825. I'm on two different spectrums, okay? One is I am a single parent to a 13-year-old daughter that I gave birth to that is severely handicapped, profoundly retarded, is wheelchair bound, functions as a 9-month-old infant. I have had many opportunities to ACCESSNebraska. Old way, new way. New way does not work. In fact, on two things that I've had to deal with in the past three years was trying to get a mechanical lift in my home to be able to get her out of bed, since she's 100 pounds of dead weight, which for me to lift that is almost 200 pounds of dead weight. I am widowed, so I am her primary caregiver, and I work outside the home. It took me almost 22 months between phone tag, phone tag, the service coordinator who had been in the hospital and had taken a leave of absence, to talking to someone who was filling her shoes, to finally get the authorization for someone else to

come out and actually give me the authorization to access some funding for us to be able to get the mechanical lift in the home. That was my one thing and it was very, very frustrating because then I ended up having my own medical issues from trying to lift a child. Core services, of course, you know, if you try to get those into the home and there's been so many cuts, you can't utilize them. The last thing that I tried to use ACCESSNebraska on for my own personal was to try to get side rails put on a hospital bed for her because she has a seizure disorder and she had been in a pediatric crib from the time that she was a year old until she was 12. So if you can imagine, I let that...I used that bed for 12 years and let her grow and use that. And then she went to an adult hospital bed which they would not pay for rails. So I said, okay, that's fine, I'll privately pay for them; but they said they weren't medically necessary. So I used ACCESSNebraska again to say I don't understand why they're not medically necessary. She has a seizure disorder; her last bed had to have seizure pads and so they would put rails on so that she would not fall out of the bed and get a fracture. But they would not pay for seizures pads. Well, I got up and was like trying to check on her about every two hours because she's really good at being really floppy, and found her head caught in between the rail and the bed. So I went back and I gave them documentation of why she needed to have the seizure pads. Finally, after advocating, advocating, advocating, and trying to access, being on hold for I don't know how many hours out of the day of trying to access our system to try to get what she medically needed. And I just kept telling the home health place, just send me the bill, I'll just pay for it. But at least I had the access to be able to pay for $240 worth of seizure pads. Think of all the people that don't have the funds to be able to even do that. On the other part of the spectrum, I also run an assisted-living facility. I help my elderly that come through the door that either tour our facility, or families that tour the facility, or people who call, to try to give them as many resources as I can in our community to be able to access something through that, whether it be through the LIFE Office, it be anything else. We have a senior center next-door. Most of those people go for the Meals on Wheels right next-door. We're in the old Havelock area where it's kind of an impoverished area in the first place. For me to be able to give them, it's got to be an easier system, because even for a person to apply for a Medicaid waiver and to try to access those services, they're either put on hold or the application process is so mind-boggling that they can't even do it. So we need to have people that sit on a board or an advisory committee that could make either the menu easier when it says, is this your problem, can you tell me what your problem is, and it runs through a computer and says okay, well, then you need to go here, or if it's something else. But what you find is you don't even get to talk to a live person, or by the time that you have...it's phone tag. And it can be very exasperating and frustrating to try to get through the maze. [LB825]

SENATOR CAMPBELL: For the record, can you state your name and spell it, just because the clerk is going to be... [LB825]

JANINE STEARNS: So sorry. [LB825]

SENATOR CAMPBELL: No, no, no, you're fine. [LB825]

JANINE STEARNS: Janine, J-a-n-i-n-e, last name is Stearns, S-t-e-a-r-n-s. [LB825]

SENATOR CAMPBELL: Are there any questions for Ms. Stearns? Thank you so much. [LB825]

JANINE STEARNS: Uh-huh. [LB825]

SENATOR CAMPBELL: Other proponent. Good afternoon. [LB825]

CONNIE COOPER: Good afternoon, or is it evening yet? [LB825]

SENATOR CAMPBELL: Not quite. [LB825]

CONNIE COOPER: Not yet? [LB825]

SENATOR CAMPBELL: Not quite. [LB825]

CONNIE COOPER: (Exhibit 24) My name is Connie Cooper, C-o-n-n-i-e C-o-o-p-e-r, and I'm the director of the Northeast Nebraska Area Agency on Aging in Norfolk, Nebraska, which covers 22 counties in northeast and north-central Nebraska. I just wanted to go on record to say that I support LB825. The Nebraska Association of Area Agencies on Aging has submitted to the committee written testimony in support of LB825 as well. I'm going to make this very short. I just want to thank Senator Dubas and all of you for hearing the voices of frustration, of anger, of worry, and I'm sure you've seen a lot of tears, as I have as well, with the ACCESSNebraska system. LB825 is what should have continued with the ACCESSNebraska system, and I thank you very much for listening to testimony today. [LB825]

SENATOR CAMPBELL: Questions? Thank you for providing all the information. I noticed that you had condensed your concerns and that will be greatly appreciated by the committee as we review them. [LB825]

CONNIE COOPER: You're welcome. [LB825]

SENATOR CAMPBELL: Thank you. [LB825]

CONNIE COOPER: Thank you. [LB825]

SENATOR LAMBERT: Thank you. [LB825]

SENATOR BLOOMFIELD: Thanks for coming down today. [LB825]

CONNIE COOPER: Thank you. Good to see... [LB825]

SENATOR CAMPBELL: The next proponent. Okay. Those in the hearing room who wish to testify in opposition to LB825. Good afternoon, Director Adams. [LB825]

SCOT ADAMS: (Exhibit 25) Good afternoon. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Scot Adams, S-c-o-t A-d-a-m-s, and I serve as the interim director for the Division of Children and Family Services with the Department of Health and Human Services, and I am here to testify in opposition to LB825. Before going into prepared remarks, I want to take just a moment though to thank all of the proponents today and the committee for consideration of the bill. All of the testimony helps to make us better. During the earlier LR resolutions and the hearings that were held across, the department was at all of those meetings, and the comments and the testimony which we heard there, which were similar to testimony today, have led to improvements in the system at this point, and so I am genuine in saying my gratitude for the input. I also want to acknowledge and apologize for the pain where we have fallen short. I think that clearly we're not where we want to be with all of this, and yet we keep getting better and better every day, and so...but I do want to acknowledge and to apologize for the pain that we have caused in those instances where government has fallen short. In September of 2008, the Department of Health and Human Services launched ACCESSNebraska, and the transition to a universal caseload and creation of four customer service centers began in October of 2010, and will conclude hopefully in February of 2012. On Monday, our Lexington office finally came on-line, as scheduled, and so we have additional resources now into the system. The vision for ACCESSNebraska is to expand client services by using current technology and policy efficiencies to modernize the economic assistance service delivery system. ACCESSNebraska objectives are to increase accessibility to economic assistance programs, increase the department's responsiveness to our customers, and maintain accuracy of case eligibility determinations, and increase efficiency of the service delivery system by utilizing a universal case management system through advances in technology. Through the use of three primary technologies--phone, Web, and on site--clients can apply or access their benefits. They are doing this on their own or with family and friends, with the assistance of staff at any of our locations, or with the assistance of a community partner. We have more than 600 community partners at this point. Document imaging allows staff to see client's case information from any location. Clients are also able to submit the verification information requested to process their cases electronically. As of December 31, 2011, over 10 million pages of documentation have been scanned. Web services allow clients to apply on-line, report changes on-line, and view their benefits on-line. Since September of '08, over 327,000 applications have been submitted on-line. Currently, over 62 percent of all applications are received through this method.

Seventy-five percent of those applications were completed on computers at home or at a relative's or a friend's home. In December of this past year, more than a third of these applications were received after business hours. That's important because this tells us that our clients are utilizing the system when it is convenient to them, not to us. Customer service centers allow for clients to call one toll-free number and to reach a social services worker who can review their case, handle reported case changes, complete an interview, and answer questions. In December of 2011, alone, over 203,000 calls were made to the ACCESSNebraska telephone number. We recognize the need for specialization of services, and we've made some changes in this area. We continue to evaluate ACCESSNebraska and how we can improve. Regarding this particular bill, we did have a difficult time determining whether the bill requires an additional 25 new offices or if the current list of offices would meet the requirements of the bill. Today we have 30 offices. One of those is a kiosk-only office and another one will be closing on April 1, but that would leave us with 28 offices. In addition, we have multiple satellite offices and offices with a kiosk only. We estimate that about 50 social service workers, 25 case aides, and 8 social service supervisors would be necessary to reasonably target completion of applications within 24 hours, as required in LB825 in the 25 offices. These staff would allow for someone to be available at all open times to assist persons in meeting their needs. In addition to the local offices, I mentioned before we have 600 community partners who help folks. This assistance ranges from completing tasks on-line to providing paper applications and others. We have eight community support specialists who assist community partners in coming to understand that work and to get better, and currently six on-line trainings available since December, are available to assist clients and others in helping to understand this new system. I do think ACCESSNebraska will keep getting better and better as we all learn more and more about how to utilize this system. I think it is an essential part of the system. And a person can move back to earlier screens, as a question was earlier noted. I appreciate this opportunity to provide the committee with information related to LB825, and am open to any questions you may have. Thank you again for your bill. [LB825]

SENATOR CAMPBELL: Okay, we'll start over here. Senator Bloomfield. [LB825]

SENATOR BLOOMFIELD: Thank you. [LB825]

SENATOR CAMPBELL: Sorry. [LB825]

SENATOR BLOOMFIELD: Mr. Adams, one of the things we heard continuously through today and through the hearings was how hard it was to work through the system. You just said that we could now back up on it where we couldn't before, but we heard testimony today that they asked for account numbers after we've been told they don't have any accounts. Has any of that been straightened out or is that still... [LB825]

SCOT ADAMS: You know, sir, it would be very difficult to...there is a standard form that

is the same standard form before this went on-line as it was before we had that, and so the form itself, the requirements for information, the federal rules that we're compliant with, have not changed. So that...it is simply the electronic version of that form... [LB825]

SENATOR BLOOMFIELD: Can we not... [LB825]

SCOT ADAMS: ...so that part hasn't changed. [LB825]

SENATOR BLOOMFIELD: Can we not put a system together that says, if you have XYZ account, please fill this in? [LB825]

SCOT ADAMS: You know, I think that's one of the things we continue to look at. We are currently involved with a couple of different consultations. We have...I had mentioned this to others who had come to the customer service center on a tour recently, from staff aides, with regard to Health and Human Services, and we're taking a look at all of those processes as a result of those consultations. And again, that's something we'll take a look at in terms of the flow and the order and that kind of thing. [LB825]

SENATOR BLOOMFIELD: Okay. Thank you. [LB825]

SCOT ADAMS: You bet. [LB825]

SENATOR CAMPBELL: Okay, Senator Howard. [LB825]

SENATOR HOWARD: Thank you, Senator Campbell. Scot, you and I were both at the same meeting at 24th and Fowler just a few months ago. [LB825]

SCOT ADAMS: We almost got hit with snowflakes larger than bowling balls that day. [LB825]

SENATOR HOWARD: But you didn't. You're here today. We heard the same type of testimony from the folks living in that area. It was virtually the same thing. And yet you come in today to say, oh, trust us, things are getting better; you know we're addressing the problems, it takes time--all the platitudes that we've heard indefinitely. All the platitudes, frankly, that I've heard over the years. You can't jump off a cliff and decide you're going to fix things midway down. It just doesn't work. People have a right to access services. If the state of Nebraska is going to close the doors and say, "Don't come to us because we're not going to be available to you; we're going to say we are, but we're really not going to be there," I think we ought to be a little honest about that. You know that we've got a pattern of behavior here: child welfare--that's not going so well; ACCESSNebraska. I hope I don't get to be a senior citizen needing to call in, because it's not going to be there. And I don't mean to take it out on you, you're a nice

person; but, we can't continue along the same way. Frankly, there's a whole attitude of human beings need not come to us. But if you're a business, you step right up, and we're going to make it available for you to get a tax break. I don't mean to sound so angry; but the same thing over and over and over and over again, that we're going to have this be better for you--and yet it is not better; it's worse. Thank you. [LB825]

SENATOR CAMPBELL: Senator Krist. [LB825]

SCOT ADAMS: I'm not sure that there was a question in there, Senator; but if I might just comment a bit. I understand there's high frustration with this. I do genuinely believe that we are making progress in many areas. As an example, we have had a number of healthcare facilities express frustration, as you have heard today; and our community support specialists have gone to those institutions, and I think we are in a much better place with those. That's going to be one by one by one, as we get to learn one another better and better; but it's an example of that. Secondly, I also want to take a moment to say that I appreciate very much the comments by several folks today about the efforts of staff at Health and Human Services who have gone out of their way, both previously and currently, with regard to trying to help people. [LB825]

SENATOR HOWARD: We should all be doing that. [LB825]

SCOT ADAMS: Yes, ma'am [LB825]

SENATOR HOWARD: I do have a question. What are the qualifications? When you hire someone, somebody that's hired for ACCESSNebraska to work on the phones, what's the qualification to do that? [LB825]

SCOT ADAMS: You know, I have...I will get you a more formal response to that with regard to the written stuff and that kind of thing. But let me just, if I could, use that question to tell a brief story, and that is, one of the things that we learned when we were talking with the West Corporation on how to improve the call center performance and operations was their amazement at our low turnover rate with regard to the call center employees. It's lower than theirs. And they also looked at the kinds of questions that we ask to help identify those persons who are talented at this kind of work, because it's not for everybody. And so while we do have sort of the job description with the requirements, and I will make sure that we get that to you, we are learning that in addition to that sort of formal stuff that the aptitude for this work is an important component as we go through this. And that will take...not everybody is set for this kind of work on call centers and on phones and that kind of thing. [LB825]

SENATOR HOWARD: But this shouldn't come as a surprise to you. You've been doing social... [LB825]

SCOT ADAMS: Well,... [LB825]

SENATOR HOWARD: You've been in this field for a long time. [LB825]

SCOT ADAMS: Well, it's an interesting...well, no, I...but here's the point though. I mean we have heard testimony today, for instance, that we have lost a great many staff from Health and Human Services who used to be one-on-one caseworkers and then had direct caseloads, and that is true. There has been...while everybody was offered a position in call centers, not everybody took those, and so there has been that change. Some did. And for some people, though they were great caseworkers, they weren't call center folks. And so we are part of in the midst of some of that transition too. It is just the moment we're in. And you're right, there is a part of me that is saying I think we will continue to get better and better as we work through some of these issues; but the consultation with West was important to us to help us understand that kind of aptitude and the kind of thing to look for in good call center staff. [LB825]

SENATOR CAMPBELL: Senator Krist. [LB825]

SENATOR KRIST: I'll try to keep my questions to a minimum, although I have several. This is a great description of technological achievements based upon the goals and objectives from changing over from a face-to-face delivery system to a technological delivery system where there is no face-to-face interaction. So you can comment on it, but what I hope you take away from the interim hearing and from this, and from this bill, is that not everybody wants you on the other end of the phone, you meaning us,... [LB825]

SCOT ADAMS: Yeah. [LB825]

SENATOR KRIST: ...us on the other end of the phone. They want to see somebody. And if you were here for earlier testimony, I cannot imagine trying to communicate. One of the individuals who came in and had the courage to communicate to us, I can't imagine trying to communicate that way, while in person that person may have a much better need. So we have to afford, as we heard, potentially a hybrid of we want to do it this way, the citizens want some access this way. Something has to interface. Mind-boggling to me that a person would be told to pick up the phone in the lobby to talk to the same person on the inside, and that may be a once, an isolated incident. I take it from the testimony it's not. If that's happening, you need to stop that from happening. I mean why? Why would we want somebody on the other end of the hall, in the other hallway, talking to somebody who can actually sit down and talk to them in person? If they have to be in that center, it would seem that there would be an opportunity to have that go on. You described community partnership, a person who is in the community who's partnering with the call center to help the issue. How would you define that person? What is a community partner? [LB825]

SCOT ADAMS: A community partner is typically an organization, though some are individuals, who have agreed to work with the department to help understand and help individuals access ACCESSNebraska. We have a series of the eight community support specialists who will work with those to help train them up, because some have a heavier load than others. [LB825]

SENATOR KRIST: Okay. [LB825]

SCOT ADAMS: Some are guardians of an individual, and so it's a very limited role. Some are nursing homes. [LB825]

SENATOR KRIST: I hope you took particular listen to...attention to Shari Wells when she was up here talking. She told us that she had been advocating for and helping parents in the Children's Respite Care Center in Omaha... [LB825]

SCOT ADAMS: Uh-huh. [LB825]

SENATOR KRIST: ...and she was no longer allowed to do that. If you're truly into community partnerships, I would challenge you that this is a failure in the system, right off the bat, if we have an organization out there that's trying to put them together. And I'll say publicly and for the record, it's not the first time I've heard that the department is not paying particular attention to the services that are provided; not just with Children's Respite Care, but with others. It seems like there's a list of people that we listen to and a list of people that we don't listen to, and I'd like to find out why Children's Respite Care is not on the good boy list at this point. But I think Shari was very specific. She has been trying to advocate for their clients, their parents, and she can't do that anymore unless the two of them are sitting in the same room. So if you're trying to get to that point where the interface, I believe, is between a call center and we can give more access, as you said several times here, and you believe in community partnerships, this part of it is broken. Certainly this isn't part of this bill, per se; but it needs to be fixed so...and I'm sorry. If you need to comment, go ahead. [LB825]

SCOT ADAMS: Thank you, sir. First of all, there is not a good person list or a bad person list with regard to who we listen to. We do...we will listen to all the input that we receive, whether it's by phone, by letter, by e-mail, meetings. We're happy to do that. Secondly, we'd be happy to work with any of the providers or the provider associations today with regard to helping to learn more each way, the system, for both of us, and how we might be able to be more responsive and flexible with regard to other things. I think it's important that we get to those elements, and so I am extending that offer today to work with each and every one of those. I also want to be very clear, we will meet with people case by case, live bodies, eyeball to eyeball. Is that our preferred stance? No. Technology I think is helping. A third of them are coming in after hours. So we

(inaudible) know and probably not high on our list, but it is an option. Michelle asked a question today with regard to how many of those have happened. They are in the low hundreds but there have been hundreds of those face-to-face meetings. Some of those have occurred in our offices. Some of those have occurred in public libraries in small towns. Some of those have occurred in people's homes. We get a little nervous about some of that with regard to security factors; but by and large, the point is that we are willing to meet with people on an individual face, eyeball to eyeball,... [LB825]

SENATOR KRIST: Thank you. [LB825]

SCOT ADAMS: ...and always have been. [LB825]

SENATOR CAMPBELL: Senator Gloor. [LB825]

SENATOR GLOOR: Thank you, Senator Campbell. Scot, I also don't think there is a good person, bad person list when it comes to department employees. [LB825]

SCOT ADAMS: You think there is or is not? [LB825]

SENATOR GLOOR: No, I don't think there is... [LB825]

SCOT ADAMS: Okay. Thank you. [LB825]

SENATOR GLOOR: ...a good person or bad person list when it comes to people who work for you. And I have a lot of empathy with trying to make this big of a change that involves people and technology. It's a complicated issue, and I can be empathetic with the fact that it has to be somewhat overwhelming to wonder where to start to unravel this knot that seems to just get bigger and bigger. And I have no doubt that you hope to be making changes; but enough of these stories keep coming back, as has been pointed out, that you begin to wonder. But I had an aha moment a little while ago with some testimony... [LB825]

SCOT ADAMS: Uh-huh. [LB825]

SENATOR GLOOR: ...and it was the comment that was made, the example somebody gave of being called...being told, getting a notice to call at 10:00, and calling at 10:00, and not only waiting about an hour; but when they...and this to me was a "what?"...the person told them, you know, you really should have called at 8:00. And I'm going, this seems to be one of those classic cases where we say you do this, you do this, you do this, you do this, you do this, and then it says, if we say, and don't ever talk to each other. You send out the letters. You don't tell this person you've told them to call at 10:00. I mean it...and it's...you've got a systemic problem here and it goes beyond communication. I mean this is one of those things where people working on Ph.D.s and

business organizations would have a field day with this transition I think, and that one story alone told me you've got people within the department...who generates a letter that says call at 10:00 and then doesn't let the people know that they're supposed to get calls at 10:00? Why even go to the trouble of sending the letters out? How much are we spending to pay somebody to line up appointments that nobody knows they're going to get a call on? And you know, you can start there. Figure that out. In my previous life I would hear stories like that, and I wouldn't get mad because people are doing the job they've been told to do; but for some reason we've set up a system that sets them up for failure and provides bad service, and I'd start with that story. I'd figure out why did that happen. And maybe if we start unraveling this knot with individual stories like that, getting to the bottom of it, it will all come together a little better. That was a bizarre thing to me that just shouldn't happen in the real world of efficient businesses. [LB825]

SCOT ADAMS: Yeah, Senator, I couldn't agree with you more. I was sitting in the back this whole time this afternoon and have heard all the testimony. That one jumped out at me as well. We have had a new component added to the system called scheduler that I think helps everybody to understand that the letter said 10:00 and it's in the file and be ready kind of thing, so when they open up the file it's, oh yeah, here we are. So again...and that's of as December, I believe, of 2011. [LB825]

SENATOR GLOOR: Does everybody know that we've got scheduler? [LB825]

SCOT ADAMS: Probably not, you know? [LB825]

SENATOR GLOOR: Ah! That would mean... [LB825]

SCOT ADAMS: Everybody on our end probably doesn't even, and let alone the rest of the folks, but... [LB825]

SENATOR GLOOR: Well, but...sure. But I mean if scheduler is supposed to take care of that, eureka. [LB825]

SCOT ADAMS: Yeah, well, let's hope, yeah. [LB825]

SENATOR GLOOR: But I am suspicious. [LB825]

SCOT ADAMS: I am too. I am too,... [LB825]

SENATOR GLOOR: Yeah, I am suspicious that it's not that simple. [LB825]

SCOT ADAMS: ...because I don't know when this situation came up and, yeah, it jumped off the page at me too but... [LB825]

SENATOR GLOOR: I mean I don't know where to tell you to start with this, but I heard that and I went that's where I'd start. [LB825]

SCOT ADAMS: Yeah. [LB825]

SENATOR GLOOR: I'd figure out there and slowly but surely I'd take in each of these individual stories, and my guess is they fit together in ways that can help us with this system. [LB825]

SCOT ADAMS: Yeah. [LB825]

SENATOR GLOOR: I agree, we don't want to go back, but going forward I'm not sure I would even add scheduler, if there was a way to cancel it, until I was sure... [LB825]

SCOT ADAMS: Yeah. [LB825]

SENATOR GLOOR: ...that scheduler was an answer to the problem we came up with. [LB825]

SCOT ADAMS: Yeah. Well, one of the things that did happen is we went to the different hearing sites across the state. We spoke with a lot of the folks afterwards for which stories had jumped off the page like that, and we had five or six staff at each of those hearings, and I think we...and some of the changes that have been made recently are the result of that kind of thing where we've tried to hunt that down, look like it, yeah, there's a component there, that makes sense, and we can get that to better. So we are doing that. Are we at 100 percent? Absolutely not. Absolutely not. I do not want to leave an impression that I feel like we are right there. We've got a lot of work to do yet. Having all of the call center resources on-line is a relief and does help put more resources into the center so that some of the call times and the frustrations with that ought to begin to come down. But we're not there 100 percent. [LB825]

SENATOR CAMPBELL: Senator Lambert. [LB825]

SENATOR LAMBERT: Yes. Scot, we know each other a little bit, and I trust Senator Howard. She said you're a good person. I know you are. There aren't bad people. [LB825]

SENATOR HOWARD: I might have exaggerated. (Laughter) [LB825]

SENATOR LAMBERT: I don't believe that. [LB825]

SCOT ADAMS: Well, any given bill. [LB825]

SENATOR LAMBERT: I don't believe that. You sat back there and listened to all this testimony. Chairperson Campbell has given me a lot of stuff to read to get up to speed, and I've read some of these same things that we've heard today and it bothered me. I'll tell you, sitting here today, I was just ashamed at what I heard, that we aren't doing our job. And I know it has to bother you a lot, and I would think it would just help you to speed up things and, you know, make some changes here, because this is shameful, what I've heard today. And that's...and I'm not getting on you about it. I'm just...I know you've got to feel terrible because... [LB825]

SCOT ADAMS: You know, I would simply say that I think I feel, certainly as I mentioned at the beginning of my testimony, I am sorry for the pain we've caused in the new system because we...and we'll get better. But I also want to recognize that there are a lot of folks within the department who are working their tails off, and I don't want them to get discouraged as a result of this conversation, and hope that they simply understand this is input and we are going to continue to keep getting better every day that we come to work. [LB825]

SENATOR LAMBERT: Is there some way we can measure that getting better? I mean we hear that we are, but I've heard today some of the things that went on before I was here in Lincoln, you know? [LB825]

SCOT ADAMS: Yeah. Yeah. [LB825]

SENATOR LAMBERT: And I hope there's a stake we can drive someplace and honestly say, yes, we're improving. I mean we hope we are. I know you're working as hard as you can for that. There's no doubt in my mind, Scot. [LB825]

SCOT ADAMS: You know, in terms of the measurements, which I think is a very great comment, Senator, a couple things that we look at are, we do do customer satisfaction surveys, and approaching 80 percent of those are positive. Now it's not a scientific survey. It's a voluntary kind of thing, so it's not necessarily representative of the entire pile of folks; but it's about 80 percent that are satisfied with services. That's some indication. Secondly, call wait times. The average calls continue to decrease. In December it was 8 minutes 3 seconds. [LB825]

SENATOR LAMBERT: What am I...excuse me for interrupting you, but what am I hearing on hold for 45 minutes or an hour? What...is that an exaggeration or... [LB825]

SCOT ADAMS: No. No, I don't doubt that that has happened in many cases, and I think...and I don't doubt it. I mean I'm not disrespecting that or dishonoring that in any way. I think that there are a couple things about that number though. That number reflects the time in a queue, and so if a person has multiple queues to go through, they may have more than one time through the entire call. Most people don't, though.

[LB825]

SENATOR LAMBERT: Okay. [LB825]

SCOT ADAMS: So...or if you end up in the wrong queue. [LB825]

SENATOR LAMBERT: I may have four or five or six 8-minute waits,... [LB825]

SCOT ADAMS: Yeah, you might. [LB825]

SENATOR LAMBERT: ...is what you're saying? [LB825]

SCOT ADAMS: Yeah, exactly. But generally speaking, that still is an accurate measure of system improvement,... [LB825]

SENATOR LAMBERT: Okay. [LB825]

SCOT ADAMS: ...because if it used to be at 15-20 minutes, as it was, we're now at 8. So that's a measure of system improvement. And even if you had to go through two or three of those, which can be horribly frustrating, I understand; it's still a system measurement that I think is valid to do that. [LB825]

SENATOR LAMBERT: Well, you've got to do something. [LB825]

SCOT ADAMS: Yes. [LB825]

SENATOR LAMBERT: I mean you've got to know... [LB825]

SCOT ADAMS: Got to do something. [LB825]

SENATOR LAMBERT: ...are we getting better, are we staying the same, are we digressing. [LB825]

SCOT ADAMS: Absolutely. [LB825]

SENATOR LAMBERT: And in your defense, what we heard here, yes, if somebody is happy with the system and it works well, they're probably not going to drive to Lincoln and testify, I mean in all honesty; but we've got people that come down here that are unhappy,... [LB825]

SCOT ADAMS: This is a lot of people. [LB825]

SENATOR LAMBERT: ...the system is not working and... [LB825]

SCOT ADAMS: Uh-huh. [LB825]

SENATOR LAMBERT: ...as I say, I feel bad; and I can only imagine how you feel. We've got to double our efforts or do whatever and get this problem solved. [LB825]

SCOT ADAMS: Yeah. [LB825]

SENATOR LAMBERT: Thank you, sir. [LB825]

SCOT ADAMS: Thank you. [LB825]

SENATOR CAMPBELL: Director Adams, I mean most of the people have already stole what I wanted to say, but I have a couple of things that I want to cover. Do we have a consumer advisory committee? [LB825]

SCOT ADAMS: You know, that was a great idea that I've heard today, and not one that I'm meeting with at this time in any event. I know that the service areas do have groups of people with whom they meet that are consumers of services; but not necessarily a system-wide one with regard to that. We did previously. And I'm not sure of its status. So that's a great idea that I heard today, an example of the testimony coming down that I think we should consider moving forward with. In the Division of Behavioral Health we have a variety of consumer organizations and committees, and that kind of thing, and so it's second nature in the behavioral health side; and I think that that's a great addition to this side of the forest as well. [LB825]

SENATOR CAMPBELL: Of the people who are applying or reapplying or needing to get to ACCESSNebraska, what percentage of those people would be 60 or older? [LB825]

SCOT ADAMS: I don't know the answer to that question at present. [LB825]

SENATOR CAMPBELL: The reason...oh, and I'm sorry to interrupt you. [LB825]

SCOT ADAMS: But we can get...I think we can...I'm sure we can get that answer and so we'll do that. [LB825]

SENATOR CAMPBELL: The reason I bring that up is it seems to me that when you design a system and you put it into place, you try to look at what's the greatest percentage of the people who are going to use that, or if you're in a business, who are going to walk into that business. And if that population is high...which I suspect that that is, because the most concerns I get are the elderly or their children who are trying to help the elderly, and what I'd call complicated cases, I mean people who really need to have forms put in. When you look at the satisfaction surveys, is there someone culling

out and trending and looking at what the complaints are? I mean because we have to be hearing...we hear the same...I mean I heard...I could, you know, shut my eyes and I was back in, what, August, when we did this,... [LB825]

SCOT ADAMS: Uh-huh. [LB825]

SENATOR CAMPBELL: ...and I'm still hearing the same thing. My question is whether we don't need to put somebody in place who can trend those complaints and trend the populations, and say, okay, how do we help those people. You know, the elderly people, God bless them, my father-in-law still went to the bank. He'd take his...you know, think about it. [LB825]

SENATOR LAMBERT: Yeah. [LB825]

SENATOR CAMPBELL: Do I go to the bank? Man, it's been months since I stepped in a bank. But if that's the greatest part of our population, all I'm saying is I'd like to see some research done and brought back to this committee on what's our greatest population, what are we seeing in the complaints, how are we trending them, and how are we getting at them. And I'd highly encourage some outside group of an advisory...or bringing some people together and saying how can we make this happen, and particularly for those people who are on hold and the elderly. I mean I just...I'm agreeing with Senator Lambert, it just shouldn't be happening, because we should have seen those trends in the complaints, and somehow I haven't seen any research to that. So if you could go back to the department, and what I'd like to do is to hold a follow-up briefing. I know this poor committee has more meetings than they need; but I think we have to do a follow-up briefing, and maybe have you come back with several of the staff and let's really try to get at what you're seeing in those complaints and give you time to really kind of look at that for us. [LB825]

SCOT ADAMS: Sure. Be happy to work with you in every respect. And while we've captured some of the thoughts here, as you go back, if you would put together your thoughts, if you have additional,... [LB825]

SENATOR CAMPBELL: Sure. Be glad to. [LB825]

SCOT ADAMS: ...and poll the committee. Happy to be able to be responsive to that. [LB825]

SENATOR CAMPBELL: Because otherwise it's just...I mean if you only look at the fact that 80 percent of the people are happy with you, but we don't...but we don't try to figure out how to change it. And Senator Dubas' bill has put forward one way to do that. What I'm saying is let's make sure that that would help the population who's having the greatest problems, and I think we're hearing that today; but I just...I just think we need to

have some data backing up what the department is seeing. [LB825]

SCOT ADAMS: We'll be happy to, again, to work with that. But I would not want you to...I would not want to leave this without saying that we do do some of that trending. [LB825]

SENATOR CAMPBELL: Well, good. [LB825]

SCOT ADAMS: We are addressing. That's how we are making the changes that I mentioned and spoke to, that we identified those, heard those and so clumped those together, as Senator Gloor was sort of addressing, and have made changes to the system. And so we are doing exactly that kind of thing. It is not a 24/7 job for us because we're pretty much "all hands on deck" right now. Yeah. [LB825]

SENATOR CAMPBELL: Any other comments? You know, one of the things, Director Adams, that I might mention to you is that when you testify you may want to capitalize the word "interim" because you weren't in place when this was put into place, so I appreciate that too. I mean you're trying to step in here and deal with a lot of things, so I hope you understand that our questions on what we need really has to do with the system, and however way you can help us would be helpful. [LB825]

SCOT ADAMS: You know and since...thank you very much for that, Senator. And if I might just take a quick moment, because I'm probably going to be in front of this committee in a lot of ways in the next few days. I appreciate all the comments and positive gestures of good will and you can keep them coming. But I also want you to know that I am the interim director, and I do represent the division's policy with regard to this, and do not...you should not expect a lesser stance from me. You should not expect, oh, cut him some slack, because I am representing a great bunch of people with regard to the department's work, and it is my responsibility at this moment in time. [LB825]

SENATOR CAMPBELL: On the contrary, I probably expect the creative ideas and somebody who's coming in and looking at afresh. [LB825]

SCOT ADAMS: Good. We'll offer those too. [LB825]

SENATOR CAMPBELL: Okay. Senator Krist. [LB825]

SENATOR KRIST: As long as you opened up the door, and we've already missed dinner, it seems to me when I look at the changes that have come about in the Department of Health and Human Services and the things that I have heard all summer long, actually for the last 18 months, I can go back to a time when in an office environment somebody said, we've got to find a way to save money, we've got to find a

way to cut everything that we possibly can, because the forecast looks really bad. It happened in 2007, 2008, 2009. We went into a reform. We went into a lot of positive moves to cut services because the economy was really bad. We've cut services across the board to the bone, and I believe this is another indicator of a service that was targeted because we could save money there. And I don't want you to answer that question because you are the interim director; but the excuses that are made or the positive motions that are made, no matter how you look at them, we're coming out the other side of that economic disaster. The tax revenues and the forecasts look better. We need to focus back on what the services need to be restored, which takes me back to my original point and where I think Senator Campbell was trying to politically correctly say. There is a vast number of population, a vast number of citizens in this state that do not want to talk to you on the phone, they do not want to get on their computer; they want to talk to somebody face to face because it's their right. They've been taxpaying in this state forever, they have a disability that...list them out; but this system, as it stands right now, is not what those folks are asking for. So if we go back to the systemic issue involved with trying to cut; I was here for that special session, and I knew how difficult it was and I watched those systems go down one by one. And now we're part of a system that we have some choices to make as a Legislature in this session, and some of them are being fed to us in terms of we're going to give money back, we're going to cut taxes, we're going to do this, we're going to do that. It's my particular opinion that we need to focus on some of these services that have been cut to the bone and really give these folks what they think they need, what they need, because they're telling us what they need. So within these indicators, within all the things that we're hearing, and the efforts that you're making and we're trying to make cooperatively, let's try to restore some of those systems and return some sanity to a system that affords those services. Sorry. You opened up the door so... [LB825]

SENATOR CAMPBELL: I did. [LB825]

SCOT ADAMS: I will simply say that we will work with the Legislature, with this committee in your efforts with your role and function in that process and our proper role and function with regard to that, and we'll do the best that we can. [LB825]

SENATOR CAMPBELL: Thank you, Director Adams. [LB825]

SCOT ADAMS: Thank you. [LB825]

SENATOR LAMBERT: Thank you very much. [LB825]

SENATOR CAMPBELL: Senator Dubas, would you like to close on LB825? [LB825]

SENATOR KRIST: Did you get neutral? [LB825]

SENATOR CAMPBELL: I'm sorry, what? [LB825]

SENATOR HOWARD: Neutral. [LB825]

SENATOR CAMPBELL: Oh, I apologize. Was there anyone in the hearing room who wishes to testify in a neutral position? Thank you, Senator Krist. [LB825]

SENATOR KRIST: Thought she did. You don't want to? [LB825]

SENATOR CAMPBELL: Now, Senator. Oh, I think she's leaving. Thank you. [LB825]

SENATOR DUBAS: Well, thank you to the committee for your very kind and serious consideration of this matter, and I know you've been working on it for a long time. With all due respect to Director Adams and the people that work in his department, I know they are good people who work hard; but it's obvious we have a disconnect here. Something is not jibing with what we've heard from the proponents of my bill this afternoon and what was presented by Director Adams. We have a major chasm here. These are not isolated incidents. You guys have heard this way more than I have, but I've been working on this, too. These problems are real and they have serious ramifications that impact the physical health of these clients. And my question is, what happens to these people while we work to make it better? I think a working group or an advisory panel, whatever you want to call it, is probably a step in the right direction, and I think with cooperation we can find some solutions to the problems for the short term as well as for the long term. But what came through to me loud and clear, and I think I've heard it from all of you this afternoon, too, is we need live people to talk to. There's, you know, technology is great and affords us a lot of opportunities; but some things technology just can't replace, and that's a live person who can have that working relationship with a client who can then put that technology to use and make good things happen. And so I don't know what shape a bill will come out of this committee. I hope something does come out. But I think it really needs to include that live, human contact as a part of that solution. And I think also through this process, if you look especially in rural areas of the state, we've created a process that does not allow for equal access. As you get into those more rural, isolated areas, it makes it more difficult for those people to access the help that they need. You know, I've looked at Indiana. Indiana went through a very similar circumstance to what we're going through right now, and they have backed away from an AccessIndiana-type approach and they've put real people back in place. And so we don't necessarily have to reinvent the wheel. We can benefit from experiences that other states have had and make improvements for ours, and I do want to be a part of the solution. And I thank you again for your attention this afternoon. [LB825]

SENATOR CAMPBELL: Thank you, Senator Dubas. Senator Bloomfield. [LB825]

SENATOR BLOOMFIELD: Yes, something I just kind of want to get on the record, more than a question. We heard continually about how people of low income that didn't have a phone were using their few moments that they had on their cell phone. They may have a 100-minute plan, and if they're on the phone two or three times a month waiting for the 45-minute call that it seems to take to access, I wanted to get that on the record that that is a problem. [LB825]

SENATOR DUBAS: Thank you. That was brought to my attention too. [LB825]

SENATOR CAMPBELL: Thank you, Senator Bloomfield. We heard a lot about that this summer. [LB825]

SENATOR BLOOMFIELD: Yes, we did. [LB825]

SENATOR CAMPBELL: Good catch. (See also Exhibits 26-29) I also want to note for the record that we received a support letter from the Nebraska Hospital Association. With that, we will close the hearing to LB825 and move to LB826. [LB825]

SENATOR CAMPBELL: Senator Dubas, I'm assuming you want to open on your bill. [LB826]

SENATOR DUBAS: (Exhibits 30 and 31) Yes, I would, and I do have a couple of things that need handed out here. One in particular, when you get it, is an amendment to the bill, and that is, essentially will become the bill. Good afternoon, Senator Campbell, or I guess it is evening now, and members of the Health Committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s, and I represent District 34. Our state statutes define our medical assistance program. And the purpose of the Medical Assistance Act is to implement the Medicaid reform plan, to clarify public policy, provide for administration of the medical assistance program, and provide for legislative oversight and public comment regarding the medical assistance program, otherwise known as Medicaid. And I'd like to kind of differentiate between what public comment is and a public hearing. We are experiencing a public hearing right now where there's interaction between the committee and those who are testifying. Public comment, there's typically a hearing officer, comments are just recorded. There's no real interaction between what is actually going on. LB826 as amended, and as I said, I passed that amendment out to you now, amends the existing statutes to better serve those intended purposes. Legislative findings in the statutes now recognize that many low-income Nebraskans cannot meet their basic medical needs without assistance. Those findings go on to recognize that Medicaid alone cannot meet all such needs. And we need policies that will effectively moderate the growth of Medicaid while working in cooperation with other public and private entities, healthcare-related services to provide those needed services. Our Medicaid program must provide needed assistance to eligible residents that allow them access to such services, with an emphasis on prevention, early intervention, and

delivery in the least restrictive environment consistent with their needs. And such services should emphasize personal independence, self-sufficiency, and freedom of choice as well as personal responsibility and accountability. And I think the young man who testified on the previous bill, I'm sorry I can't remember his name, Kurt, I believe, demonstrated what people can do if they're allowed to operate within those particular, that particular environment. Under Section 68-909 of our statutes, the department is required to submit to the Legislature its proposed changes to the state Medicaid plan. This bill, along with the accompanying amendment which becomes the bill, is in response to the proposed changes we received on December 1, 2011. I also have passed around the letter that we received just for your personal information. I believe these proposed cuts undermine the legislative findings that exist in statutes today. When you first look at the letter that we received with the proposed cuts and the changes to the Medicaid program, the dollars saved by those cuts appear very hard to argue with. But it is the reality behind those numbers that we must look at to fully understand what those real costs entail. What does it really mean when we make cuts to private-duty nursing services? The numbers say it will save over $8 million. But what will happen to the medically fragile handicapped child whose mother is now working a full-time job but will now have to quit that job to stay at home and take care of her child? What type of public assistance services will that family need now? Or the person who is able to stay in their home with the help of that nurse, but now may have to move into a nursing home and spend the remainder of their assets before going on Medicaid? Nursing home care is a mandatory Medicaid service. What are those additional costs? The disabled community has spent the last 30 years fighting to move out of institutional living and into the community. The Medicaid cuts proposed in December would have the effect of moving these people back into the very institutions they have worked so hard to get out of. Another example from the proposed cuts would be the elimination of nutritional supplements. That would potentially save over $1 million. People who typically use these supplements have difficulties eating. Their health is impacted by their diet. Will these cuts exacerbate their declining health, resulting in the need for more costly treatments? The explanation from HHS does not explain those external costs or that cost shifting. These are questions, along with many others, that we as a Legislature need to pursue before such financial decisions are made. It is the Legislature's duty and obligation to participate in this type of decision-making process. The amendment again, which becomes the bill before you today, goes beyond just requiring legislative consideration of such changes to services. This amendment requires legislative approval before changes to Medicaid services, because these decisions affect the state budget in many ways. What type of Medicaid services should be provided or not provided are policy decisions that should be made by the Legislature. We need more than an opportunity. We need to be actively involved in these decisions. We need to have the ability to understand the related costs to any proposed cuts. If a person has to leave their job because a family member no longer receives in-home care, what will that cost us through lost revenues and the additional costs of public assistance? I do not think you will find a person in this room who will disagree that our dollars are finite, and

we must be efficient in the way they are spent. This session, in particular, we are looking at a long list of bills that deal with preserving spending or new spending or new tax cuts. They cannot all pass and keep us on a fiscally sound path. We need to establish our priorities, but that's why the types of decisions that we're looking at with these types of Medicaid cuts and changes belong in the arena of the Legislature. I appreciate the time you have spent here today listening to these issues, and I know there are a number of people, I think, still behind me who can better explain the necessity of consistent Medicaid services in their lives and the external costs associated with cuts that consider only one department division's budget and not all of the ensuing ramifications that we as a Legislature have to deal with. So thank you, and I would try to answer any questions you may have. [LB826]

SENATOR CAMPBELL: Any questions for Senator? Senator Dubas, did you want to make a comment about the amendment now? [LB826]

SENATOR DUBAS: As I said, the amendment basically becomes the bill, and it goes much more definitively into how I see the process unfolding. Rather than us just giving consideration to the cuts, we would actually have to give a formal approval to the cuts that would be approved. It...to find my page here, bear with me. I think that's basically what's stated on page 6 of the amendment, for the purpose of this subsection, legislative approval means the passage of a legislative bill, which includes the proposed changes to the medical assistance program. So it just...I want us to be able to deal with the proposed changes that were brought to us at December 1, of last year. I've included the emergency clause in the amendment so that we would be sure to encompass those proposed changes and that the Legislature would have the opportunity to engage in the decision on those proposed cuts. [LB826]

SENATOR CAMPBELL: (Exhibits 41-51) Any other questions? Thank you for clarifying the amendment. We will start with the first proponent for LB826. And while he is making his way up, we have a lengthy list of support for this from the Nebraska Association of Area Agencies on Aging; the Nebraska Dental Association; AARP; the National Association of Social Workers, Nebraska Chapter; Mosaic; the Nebraska Association of Behavioral Health Organizations; the Health Center Association of Nebraska, representing the six federally qualified health centers, and I'm not going to list them because we have them noted on our sheet; the Nebraska Pharmacists Association; the Nebraska Psychological Association; the Nebraska Hospital Association; Children's Hospital and Medical Center; and Alegent Health. And I think that's the end of my list, so thank you for waiting, and please go ahead and start. [LB826]

RYAN BEETHE: (Exhibit 32) All right. Chairperson Campbell and members of the committee, my name is Ryan Beethe, R-y-a-n B-e-e-t-h-e, and I am the accounts manager for Maxim Healthcare Services in Omaha. Today I'm representing the 58 home-care agencies who are members of the Nebraska Association of Home and

Community Health Agencies, also known as NAHCHA. Together we provide home-care services to over 1,000 Medicaid patients across the state. I sincerely appreciate the opportunity to speak with you today on behalf of all our patients, family members, nurses, referral sources throughout the state regarding LB826, and we are asking for your support of this bill. As you all know, the Nebraska Department of Health and Human Services implemented a 2.5 percent rate cut for all home healthcare services effective July 1, 2011. A 2.5 percent rate cut might not seem like much, but for companies who are already dealing with the rising costs of, the day-to-day rising costs of operating expenses, the 2.5 percent was a huge hit, as well as any other future cuts would be. The average cost of a home healthcare visit is $145. The average daily cost of a patient to receive care in a nursing home is $328. The average cost for hospital care for each day is $1,697. So as you can see, home care is a cost-effective measure for the state. But with the recent cuts, many agencies are not able to compete with hospitals and long-term care facilities when it comes to nurse compensation, benefits, and hire-on bonuses. As a result, Medicaid patients are being hospitalized for longer periods of times rather than being discharged home, because agencies don't have the staff, which is costing the state even more money. There's a statewide nursing shortage, and these cuts only make the home-care nursing shortage a larger problem. With the permission of the father, I would like to give you a real-life example of how home-care services not only saves the state money, but also keeps families together who would otherwise be separated. Back in June of 2009, I received a call from Marc Ramsey from Falls City, Nebraska. He was inquiring about home-care services for his nine-year-old son, Gage. My nursing director and I met with Marc and Gage the next day in their home. Gage needed around-the-clock care because of an anomaly, a brain injury that left him on a ventilator and also required consistent tracheostomy suctioning. Marc had given up a lot of things in his life for his son, but one thing he was not willing to give up was not being able to live with his son in his home in Falls City. The nearest facility that can care for patients who are vent dependent is in Lincoln or Omaha. It took awhile to recruit good nurses in the Falls City area, but once we had a team of qualified nursing staff, Maxim Healthcare officially admitted Gage as a patient. Marc was able to return to work full-time and continues to care for his son on the evenings and weekends. The state of Nebraska would have been paying over $5,600 a week if Gage were receiving facility-based care. Instead, it only costs the state currently $1,400 weekly for the home-care services he receives. Far more important than the financial component, Maxim's home-care services allow the father and son to live together in their home in Falls City. The Ramseys are just one of many examples across the state of how home care can not only save the state money, but also keep these families together. By promoting home-care services and not cutting rates in the future will allow the state to save even more money, not only by keeping these patients out of facilities, but also allowing these patients to remain in the places where they do best: their homes. We are asking that all future proposed cuts to home-care services go through the legislative review process so that all factors can be considered before a final decision is made. Sometimes cuts don't always save money. Thanks for your time. [LB826]

SENATOR CAMPBELL: Questions? Senator Bloomfield. [LB826]

SENATOR BLOOMFIELD: Would you repeat those numbers on that family, so much a month that it would cost them. I suppose they do have... [LB826]

RYAN BEETHE: Yes. [LB826]

SENATOR BLOOMFIELD: ...okay. [LB826]

RYAN BEETHE: This specific family, it would have been $5,600 per week, and right now, it's $1,400 per week with facility versus home care. [LB826]

SENATOR CAMPBELL: Any other questions? Mr. Beethe, I have a question. The committee had a briefing, and I lose track of time, but in the last month from the director and kind of stepped us through. And I think one of the points that the committee heard was not necessarily that the person wouldn't receive any care, but it would be perhaps a step down in care or another form of care. As your association looked at that, do you have any idea in terms of the number of clients that might not be able to live and function well if they had to step down that care? Does that make sense to you? [LB826]

RYAN BEETHE: Yeah, you know, and that's a big question we've had too. And I've asked several questions, and we just do not get clear answers on what services, if these cuts do go through, what services would be available. I always get the round...it's never clear. I've heard of them possibly going onto waiver services, but they won't be. I never get a clear answer if they're on waiver if they're going to get the same services or half or a quarter. So that's a huge question we have right now, too, as an organization, what services is the state proposing? Because we're all about saving money. We know home care is a cost-effective measure. If we can keep them in the home and still save money, we're all about that; but we need clear guidance on what's going to happen if these cuts do go through, because if there's not going to be, if the services are still going to be the same and it's still going to save the state money in some way, which I don't know how it would, we need to know about that. [LB826]

SENATOR CAMPBELL: Okay, and I know the director is here and most likely will cover that in her testimony; but I just thought you might have addressed it. Okay, thank you very much for coming today. Our next proponent for LB826? Welcome, and thank you for your patience. [LB826]

MAURA FARRUGGIA: (Exhibit 33) Thank you. My name is Maura Farruggia, that's spelled M-a-u-r-a F-a-r-r-u-g-g-i-a. My husband Nicholas and I are the legal guardians and grandparents of our granddaughter, Kareaden Farruggia, and together we submit this testimony response to the proposed Medicaid cuts that could take effect July 1,

2012. Our granddaughter Kareaden was born on December 10, 2005. She was born 29 weeks premature and was cared for in a neonatal intensive care unit for approximately one to one-and-a-half months. She was diagnosed with a brain bleed and would require neurological follow-up and in-home therapies. Legal guardianship of our granddaughter was awarded to us when she was 10 months old in October of 2006. Kareaden is now six years old with several disabilities that prevent her from being able to function as a normal six-year-old. She has cerebral palsy and a feeding button. She has been tested legally blind due to the damage in her brain, and this condition cannot be corrected with surgery or glasses. Kareaden is unable to sit up on her own, hold her head up for more than short lengths of time, she has minimal ability to use her right arm, some limitations with her left arm. She requires a wheelchair and supportive orthotics for her legs. When we took guardianship of Kareaden, we made a decision for me not to return to work. It was the right thing to do, even though it reduced our family income by a third, but we wanted Kareaden with us. We have done our best to provide what Kareaden has needed in order for her to thrive and grow and have a quality of life. We provide as much as we can through our own primary insurance and our own means. I can testify to the fact, though, that the quality of life Kareaden has today would not have been possible without the support of Medicaid. After she had her surgery to receive her feeding button, we saw a marked turning point in her health and development. When she started receiving the nutrition she needed, which she could get no other way than through a feeding tube, she started growing and developing physically and mentally in ways we'd only hoped for. She strengthened physically, was sick a lot less often, started putting on needed weight, and most notably, her cognitive abilities improved immensely. She went from screaming and crying in frustration because she couldn't communicate her own needs to talking and singing and learning. For a long time, I thought I would never hear her say grandma, but now she says she loves me. Medicaid supplemented our insurance to meet this critical need of oral nutritional supplements. One thing I'm afraid I have never understood, however, is how something so critical to the life of a child like Kareaden could fall under durable medical equipment. To us, her nutritional supplements are not her equipment. Her wheelchair is her equipment. Her oral supplements are her life. Kareaden also receives therapy weekly at school and at the Children's Respite Center. Her therapies include physical, occupational, speech, vision, and until last week, feeding. Due to changes with Medicaid already, she has lost her feeding therapy. However, we are appealing that decision with Medicaid and following up with our primary insurance to remedy the situation. Her therapies have been crucial in getting her to progress as well as she has. I didn't have a clue how to help her. I didn't know things like if she's not up on her feet enough weight bearing, it will really hurt her joints and hips as she grows and will cause her a lot of pain and complications when she's older. I didn't know how to stretch her leg muscles properly. I didn't know how to help her learn how to use her tongue to move food to her teeth so she could chew. There are all these little functions that I've always taken for granted because they just came naturally, but how do you teach a child that can't do them naturally? I didn't know. There is so much more I'm learning every day that I don't know, but her therapists do.

They teach me as much, if not more, than Kareaden. They have been key to our ability to care for and keep her. Medicaid has helped us afford this very important and life-changing service as well. Another way Medicaid has assisted us is with Kareaden's durable medical equipment. The durable medical equipment purchased by our insurance and Medicaid has had a tremendous impact on her physical development and provided us with the means to care for her in our home and do our part for her continued care and therapy. We can bathe her, we can lift her and move her to her wheelchair or her protective bed. We can help her take steps in her Kidwalk. We can have a life with her in our home. We can have a safe environment for her and for us long term because of her medical equipment. Her special equipment enables us to manage her care where we want to manage it, at home with us. However, as wonderful as she is and as much as we love her, taking care of Kareaden has been hard. For the longest time, I couldn't be out of her sight without her having an anxiety attack which usually ended up with vomiting. I couldn't even go to the bathroom without expecting an episode. This problem was compounded when my husband had to travel for work, which required me to provide round-the-clock care with no means of a break. Kareaden's needs have often prevented me from doing daily chores, shopping, or even receiving routine medical care for myself. We also had to keep Kareaden on a monitor constantly, especially at night, due to vomiting and choking issues which, of course, greatly affected our being able to get a good night's sleep. Before we were able to start receiving respite care, my health and well-being were deteriorating, and Kareaden's constant care was becoming draining on both my husband and myself. Our insurance has no provision for respite care, so we have been completely dependent on Medicaid for this service. Respite care has provided recuperation time for us and social interaction for Kareaden. The respite team helped us through a very difficult time of socializing her away from us. We could hear her on the other side of the building when we left and again when we came back. I don't believe she ever took much of a break in between. But the respite care staff worked with us, encouraged us, and hugged us a lot. They helped us to get her ready for her next big step, which was preschool, and she was ready, and she was happy to go. Respite gave me some time to myself, and I felt like I had a life again. If I needed to just come home and get a nap or read a book, I could. I had time with just my husband again. We were able to spend some time on our relationship, which is critical when living with such challenges. Our home for Kareaden will only be as good as we are together. Respite care has enabled us to catch our breath and reaffirm that we can do this. The staff at respite, like so many other of our service providers, have helped us understand and access what was available to help Kareaden through Medicaid. If it weren't for their assistance, we would have been lost. I still have a very difficult time understanding all the ins and outs of all the different agencies available to Kareaden, but I'm afraid I have to rely on their expertise, especially when I've needed help with her Medicaid coverage. I actually stopped calling Medicaid offices about two years ago, because I couldn't get any information or assistance that I needed. I've had to depend on our service providers whenever her care or equipment required Medicaid assistance. Medicaid has helped us immensely;

but if there is anything I would like to see changed, it would be our ability to talk to someone with Medicaid in a timely manner that could give us the information we need to make informed decisions concerning her care. Many of the items that will be eliminated from Medicaid if the proposed cuts go through have directly improved Kareaden's quality of life and ours. They've allowed us to keep her at home and keep her healthy and keep us sane. We are requesting before these cuts are approved that more consideration be given to children like Kareaden and her families. There is so much work this little girl has to do in her life, and I feel the reduction in Medicaid services will greatly impact her future. The picture on that page shows Kareaden's first field trip with her respite group. The second page shows her very first steps in her Kidwalk at age three, and the very last page shows Kareaden this year picked up for her first day of kindergarten and her first bus ride to school. This achievement was made possible by approximately three years of therapy, nutritional support, medical equipment, and a lot of love. Without all the work of many others, this picture would not have been possible. We want Kareaden to have many more firsts in her life. Thank you. [LB826]

SENATOR CAMPBELL: Are there questions? Thank you very much for your testimony and your care of Kareaden. It shows through. [LB826]

MAURA FARRUGGIA: Thank you. [LB826]

SENATOR CAMPBELL: Our next proponent. I know Mr. Polt wishes to testify. Other proponents for the bill? Okay, all right. I'm going to ask you, just because people have to drive home here (laugh), that you think about, you know, how your testimony comes together. Please state your name for the record for us. [LB826]

LINDA SHADOIN: (Exhibits 34 and 35) My name is Linda Shadoin, and it's spelled L-i-n-d-a S-h-a-d-o-i-n, and I'm the director of operations for Children's Respite Care Center, and I am here to talk about the service. A little bit that you had just heard Ms. Farruggia, Maura, talk about that is being offered for her daughter. I have...I'm the director of operations, and I have been a program administrator for 10 years and working in the children and family services for over 25 years. You've heard also from Shari Wells earlier on LB825 talking about Children's Respite Care Center and what we do and the variety of services that we offer children, and we serve a lot of children on Medicaid. Recently, with the proposed Medicaid cuts, our service code was specifically identified to be cut, and that is of great concern for us. CRCC offers an alternative to institutional and nursing home care; and in fact, we often will, it's not unusual for us to intake or transition children out of a skilled nursing facility such as Ambassador or out of the hospital to come and receive services at Children's Respite Care Center. So we're doing what we can to help bring the child back to home so that they can live with their parents or in a foster home or guardian or adoptive home guardianship. And so 22 years ago, when our organization started, Medicaid recognized that we would provide a

very valuable service to the community. And therefore, they developed this specialized service code which is the T1024 with the modifier also TG, which is for high tech, and you will see in the, I attached a little description of what it is. This code T1024 only is used for two agencies in the state of Nebraska, is my understanding, both out of Omaha. One is Children's Respite Care Center, and the other one is Children's Home Health Center. But there we were listed under private-duty nursing, and our service for Medicaid to be cut in six months, so much to our surprise. So this service was created 22 years ago, though, to try to help bring and keep families together and to help families to stay gainfully employed, parents to be able to have meaningful employment while at the same time be able to care for their children and avoid having to have their children in institutional settings in nursing homes; and as you heard from Maura, it is very challenging with special-needs children, especially the medically complex kids that today's medical technology is allowing. We're seeing such an increase in that, and so we have to recognize that the growth is only growing. We're going to have more children that have this need, and so we have to have community-based services that are responsive to that. So I just wanted to let you know how shocked we were that this, that our code was listed there. It seems especially ironic, because just two years ago, we were here in front of this committee getting our service, you guys saw it as a value, recognized as a special category, licensing category, for children's day health services. And you helped to support that so that we could get a licensing category so we could be regulated, and there would be some security for some safety and governance by the Department of Health and Human Services. And so then, actually we had our initial inspection in the beginning of December, and then a week later, I got the letter saying that our Medicaid code would be cut. It was quite ironic. So I just want to outline very quickly some of the impacts this code, if it were to just go away, would have on Children's Respite Care Center. Currently, well actually in 2011, CRCC served 278 special-needs children with children's day health services. Fifty-seven of those children received nursing services paid through Medicaid waiver programs. Sixteen of those children received their services through Nebraska Medicaid, not waiver services. Thirteen currently are on Medicaid services and would lose their services if this cut were to go into effect today. I polled those 13 families and asked them what they would do if they lost access to these services, and I found that five of these families said that they would consider placement of their child outside of their home, if not now, much sooner than they would have wanted if they couldn't juggle, because they couldn't juggle all the caretaking needs and tasks right now that it would mean on their families. Four of the parents said that they would have to quit their jobs or stay home more, because they're only part-time employed; with two saying that would mean them going back on full public assistance. Four of the families are grandparents in caretaker roles, and they expressed great anxiety about losing the services and supportive of CRCC. All 13 families expressed great confusion about why their services would be cut when they qualify for Medicaid, but not others whose children have similar care needs. And I couldn't quite explain it either, whether or not their service was the only ones that would be cut or if this was just the beginning; and then waiver services also, because we have

often been told that waiver services often follow what Medicaid cuts. So we're not quite sure what's going to happen. So I would just ask that you would consider this bill, LB826. We're in support of at least having some legislative oversight. We've already seen the impact of without having oversight and responding. We don't believe that this is in the values of the Nebraska Medicaid reform. We believe that the reform was to help support the community and to not put the changes and the costs of Medicaid reform on the providers' backs and the burdens on the providers' back. And this change, even if just the 13 families were to stop coming to CRCC, we'd see an 8 to 10 percent decrease in our care revenue alone, and that would be a large adjustment that would have a dramatic impact on our services and how we would adjust to serve the rest of our population. So I appreciate your time. [LB826]

SENATOR CAMPBELL: Do you have any clients who come who are paid for by private insurance? [LB826]

LINDA SHADOIN: Private insurance, there are definitely services that are private insurance, yes. [LB826]

SENATOR CAMPBELL: Okay, among the children that come and use your services. [LB826]

LINDA SHADOIN: Yes, yes. There are several services that are provided by private insurance. [LB826]

SENATOR CAMPBELL: Are paid by private insurance, okay. Any other questions? Thank you very much. [LB826]

BRENDON POLT: Again, for the record, my name is Brendon Polt, B-r-e-n-d-o-n P-o-l-t, representing nursing homes and assisted living facilities. And I'm going to take a completely different angle on this bill. Today we're not discussing in this hearing whether or not we provide all of the optional services listed on the back page or we provide items one through six. It's who decides if we decide not to. And I will tell you, in my experience, we're heavily controlled by rules and regulations in the administrative process. That process is more broken than ACCESSNebraska that we just heard about. I've gone down to the dungeons at State Office Building and testified to a tape recorder, and so that's theoretically what would happen if the Legislature doesn't have oversight on some of these optional services. Now if we get to the actual services, and I'm trying to be brief and quick; but if we look at the optional services identified in items one through six, the nutritional supplements is the only one that would directly affect our assisted living waiver clients. But I'll tell you what, the nutritional supplements and all of the items on the back page, the "what if the federal government budget crashes and they have to find more cuts," the eyeglasses, the hearing aids, the dental services, the dentures. If you live in a long-term care facility, be clear, you're still going to get those

things, it's just that the nursing facility's going to eat it. And there's debate with the department, in the Medicaid department on whether or not that would happen; but if you talk to a different floor at the State Office Building--Survey and Certification--they say we must provide for people's quality of life to the extent that they'd like to read, or watch TV and hear it. And if you don't do that and you get a quality-of-life survey violation, you're in big trouble--denial of admissions, fines, huge fines. So you're still going to receive those services. And at the same time, the cost of care, not to dispute a prior testifier, by Seim Johnson's estimates, and Eljay, another accountant out of Arkansas, took a look at the Medicaid cost report. We're paid $100 on average by Medicaid, $147. The cost is $177, so we're losing $30 a day under cost; so that's why we're concerned, and we'd like your oversight. What the point of this bill, we want your oversight about these optional services. Optional services doesn't mean provided if the Department of Health and Human Services feels like it that day. It means the federal government allows a state to provide it or not and still provide the mandatory services. So we really would ask your support of Senator Dubas' bill so that it's a deliberative process when we decide to abandon something that the Legislature is doing because it deliberated in the first place and decided to implement that optional service. [LB826]

SENATOR CAMPBELL: Any other questions? And we should note that a lot of those optional services were put in, I mean the original is 1965 when a number of those services weren't probably even thought of at that point. I mean, it's changed so much over the years. [LB826]

BRENDON POLT: Um-hum. [LB826]

SENATOR CAMPBELL: Thank you, Mr. Polt. Our next proponent. Now I do know you're back for this bill. I'm paying attention. [LB826]

JANINE STEARNS: Hi. This is the last one for today. Hi, I'm Janine Stearns J-a-n-i-n-e, last name is Stearns, S-t-e-a-r-n-s, and I am here to be the voice of my daughter, Savannah Stearns, who is 13 years old. Savannah was born and seizured the next day in the hospital when they had no diagnosis for her. What they thought was there, after many months, she threw a clot in utero. Most of those children that have such severe brain damage usually only live three months. That's the first time. I have been Savannah Stearns' primary caregiver for the past 13 years to the point where when you have a child that is so much special needs, and you put your heart and soul into it, your other children pay the price. I would have to say that I missed a lot of football games for my son who was a senior at the time at Lincoln High. He was a great football player, but I probably only saw one of his games. Taking care of Savannah, I couldn't take her out in public. She had a very low immune system. I worked as a nurse in long-term care. I was taught how to, since she was a "fail to thrive" type of child, I never thought that I would see that label with a mother that was a nurse, and here you have this child that's a failure to thrive. I would try to feed her, and then when I got home at midnight, I would

put an NG tube in, and she would have to make up her calories through a tube feeding which went through her nose. I had to hold her down. I had to put the tube in. I did not try to access a lot of services. Me being a nurse, I was expected to be the nurse caregiver instead of the mother, which made it even harder. But I would have to say that having somebody out there that said, here's some services for you to take care of your daughter, so I am very thankful for Health and Human Services for Medicaid, Medicaid waiver especially. I, in that time, I've been able to access resources to keep my child at home versus moving her onto like the Beatrice State Home. Had she lived in 1960, the year that I was born, she would have been an actual case at Beatrice State Home. They put the first shunt in a brain in 1960. She had a shunt put in, in 1998. The purpose that I want to say to you guys is that I fought a long and hard battle, and I gave up my friends, I gave up my life. I devoted myself to this child who could not take care of herself, and I put all of my efforts into it. I let my marriage fall apart. My husband ended up taking his own life in 2005, and I have been the only advocate for this child in 13 years. I am saying that if I would not have had Medicaid waiver, I would not have been able to keep a job. I probably would have had life fall down around me. I was an educated person. I had to support my other children that were at home, and you know, I have a...my son is 17 now, he's almost a senior in high school. But still in that aspect of it, when waiver came to play, I was given so many hours of respite time so that I could actually spend like a normal life outside the home with a caregiver taking care of her or a nurse; but they only give you 18 hours a month. So me being able to cart him to his band practices or to archery club or any of those things, my children don't know norm, you know, because there's been so many different cuts over the years. The fact of it is that I had insurance, I paid my insurance premiums. I worked full-time, I didn't live on public assistance. I worked for a company that was very small, they ended up going under. They stopped giving me insurance; they took away our benefits. So when I went to get private insurance, with her having so many things wrong with her, there were so many preexistings, she's uninsurable. As far as her care, I have a caregiver that comes into the home. It's $3,600 a month is what the state will...up to that amount, if you work outside the home, for her to be cared for by a nurse or by a caregiver. She's G-tube fed. They would, I utilize about $2,100 of that a month, and the rest of the time, I take care of her. I leave in the morning from 8:00 in the morning until 6:00 in the evening, and then I come home, and I do the rest of her care as the nurse. I set my alarm clock for every two hours to get up to reposition her in bed so she does not become with bedsores. She's unable to turn herself. She is G-tube fed. She gets four bottles a day. If we would take away that formula from her, I'm not for sure I could even afford to pay for it. It's $75 a case, is what it is. I'm not for sure how. I think I would have to end up putting her in a facility if it came to that. My big thing to say to you all is, please, please be the oversight. Please be the people that can actually put a face to that person that you're making all these cuts on, because I don't know what else to do but to beg for your mercy to say, please be the oversight. Somebody has to step in and to make sure that we're taking care of these people. [LB826]

SENATOR CAMPBELL: Thank you, Ms. Stearns. Are there any questions? Thank you for coming today. The next proponent. Good afternoon. [LB826]

KELLIE ELSASSER: Hi, I'm Kellie Elsasser, E-l-s-a-s-s-e-r. I as well have a son that is tube fed. He's an angel. It will kill him. He will die if he don't get his formula. I can't afford it. I do home health. There's a lot of very frail people out there. The gentleman that you could barely understand, I care for. For him to get here was a huge ordeal. He's already at a point where probably he could use more time, and to take more time away is going to put people in nursing homes. Taking quality care away, things that people live for, will kill them. So basically everything that I'm seeing that's being proposed is going to kill people. And I'm going to spare you my story of my son, all the stories of all the people I care for. I've done home health for years. I've done extended family homes where I bring people into my home. What you...what is in this bill is going to kill people. And they won't have a will to live, let alone be physical things they're going to need to live, so I really hope there's a different answer than to make cutbacks. I really, really do. [LB826]

SENATOR CAMPBELL: Could you spell your first name? I just want to make sure the record's clear. [LB826]

KELLIE ELSASSER: K-e-l-l-i-e. [LB826]

SENATOR CAMPBELL: Okay. I'm glad I asked. I misspelled it. Thank you for coming. The next proponent. [LB826]

DANIELLE OHLMAN: (Exhibit 36) I had plenty of time, so I made a few changes on it. I'm sorry. I went through it about 1,000 times. [LB826]

SENATOR CAMPBELL: That's fine. We go through and read everything, so if you don't cover everything, know that we still have it. [LB826]

DANIELLE OHLMAN: It's only one page. I'm done, and I'll read fast, so. [LB826]

SENATOR CAMPBELL: I think you're fine. [LB826]

DANIELLE OHLMAN: My name is Danielle Ohlman, D-a-n-i-e-l-l-e O-h-l-m-a-n. I am a parent of a 10-year-old who uses Children's Respite Care Center during the day. He is also on nutritional supplements. He has epilepsy, and he has the G-tube, significantly developmentally delayed, and needs care around the clock. I also have three other children and a husband, so we are paycheck-to-paycheck right now. Each January, unbeknownst to thousands of Nebraska families, changes to the Medicaid system are proposed, that if passed in the current method of approval, could destroy their family finances, could force them into unemployment, or could alter their family structures forever. Fortunate parents like myself who are active and remain in communication with

providers know ahead of time that each new year brings with it a new fight to hold onto those services that keep us employed, that keep our heads above water, and most importantly, that keep our children and our family members with disabilities healthy, happy, and at home where they belong and where we want them. The current mode of approval for changes to the Medicaid system is neither fair, nor is it, in my opinion, on the level. It is absurd to me that changes this important that carry so much impact are allowed to pass simply because our elected officials don't act on them. These changes would cause life-altering situations for Nebraska families. They are far too important for the state Legislature not to know about or not to have the opportunity to vote on them. Instead, each year, families, providers, advocates, and self-advocates brace for this letter and then scramble to locate research and information to call their senators and mount an opposition simply because no action is, in fact, the worst action and would allow these changes to pass. We struggle in a state that has not always been kind to us or to our family members with disabilities. We fight to hold onto what limited services exist just so we can keep our families together. We struggle to find support in a system that is disjointed, disconnected, and seemingly set up for us to fail. And we want and need that system to change to assist us, not to cut the services that are vital to our loved ones and survival. Citizens have the right to know that their livelihoods and sometimes their family's survival are being threatened every year. And in all fairness, and most importantly in respect of the legislative process of Nebraska, the Department of Health and Human Services should not be immune or exempt from its approval. When the changes are as far-reaching and as potentially destructive to Nebraska families as the ones proposed in Director Chaumont's letter, it is the right of all affected citizens in Nebraska that their elected officials research, reflect upon, and understand the impact those changes would have on their constituents and vote accordingly. I ask you to support LB826. In doing so, you will take a giant step in protecting your constituents and all Nebraskans with disabilities and special healthcare needs. Thank you. [LB826]

SENATOR CAMPBELL: Thank you, well done. Any questions? Thank you so much for coming. [LB826]

DANIELLE OHLMAN: Thank you. [LB826]

SENATOR CAMPBELL: Our next proponent. [LB826]

MARK INTERMILL: (Exhibit 37) Senator Campbell and members of the committee, my name is Mark Intermill, M-a-r-k I-n-t-e-r-m-i-l-l, and I'm here today representing AARP. I think the previous testifier summed it up very well. The basic question that we have before us with this bill is should there be a legislative role in reviewing proposed changes in Medicaid? And I think for me, the answer is yes, particularly as I looked at the proposed cuts. I came to Nebraska in 1990 to serve as the manager of the long-term care unit in the Department on Aging. In the early '90s, we had double-digit

Medicaid growth. In fact, a couple of years, we hit 20 percent. We began a process of moving from institutional long-term care services to home and community-based services. In 1995, we had 17,000 nursing home residents. Today, it's around 13,000. Half of those 4,000 difference would probably be Medicaid if we still had that many today, and our Medicaid budget would be much greater. As I look at the proposed changes that have been made, of the $21 million or so that's being proposed for reductions, $20 million is targeted towards people who have disabilities who need long-term care and are living at home. As several testifiers have indicated, those individuals would probably have to move to a nursing facility. On the third page of the handout, I have included a chart that shows what our Medicaid growth has been since 2004, and you will see that we're looking at about an average of 2.4 percent over those seven years. That has been achieved in part by providing home and community-based services to people who can use them and avoid institutionalization. We shouldn't be moving backwards, and I think the Legislature should have some input into decisions of that magnitude if we are going to make these types of changes that will, in my estimation, increase our Medicaid cost in the future. So I'd be happy to try to answer any questions. [LB826]

SENATOR CAMPBELL: Questions for Mr. Intermill? Mr. Intermill, I just know that you've been following this from the very beginning, so I appreciate your constant attention to it. [LB826]

MARK INTERMILL: I can't help myself. (Laughter). [LB826]

SENATOR CAMPBELL: (Laugh) Thank you for your testimony today. [LB826]

MARK INTERMILL: Thank you. [LB826]

SENATOR CAMPBELL: The next proponent. [LB826]

DIANNE FOWLER: (Exhibit 38) Senator Campbell and members of the Health and Human Services Committee, thank you for this opportunity. I'm Dianne Fowler, D-i-a-n-n-e F-o-w-l-e-r. I am the director of Midland Area Agency on Aging serving eight counties in central Nebraska. In preference of my remarks, may I reiterate that the Nebraska Association of Area Agencies on Aging has submitted a letter to Senator Campbell and to you members outlining a detailed joint support of LB826. I have given you a case study from our particular agency. It is only one that I'd like to ask you to review. My only comment is, please, if you would understand the potential ramifications of these Medicare cuts. They would be short-lived in the savings, but I believe would cost more in the future. Not only with the cuts, please also consider the quality of life that our clients have by living at home that would be terribly altered if they had to relocate to a nursing facility. Thank you. [LB826]

SENATOR CAMPBELL: Thank you, Ms. Fowler. Any questions from the senators? I appreciate you coming today. Thank you. [LB826]

DIANNE FOWLER: Thank you. [LB826]

SENATOR CAMPBELL: Our next proponent. [LB826]

JENNIFER CARTER: (Exhibit 39) Good evening. [LB826]

SENATOR CAMPBELL: It is evening. [LB826]

JENNIFER CARTER: Yeah. (Laugh) Chairwoman Campbell and members of the committee. My name is Jennifer Carter, C-a-r-t-e-r. I'm the director of public policy and healthcare access at Nebraska Appleseed, and I also think the testifiers have done a really good job of talking about why this bill is so important, so I will cut my testimony short. But I just want to say from our perspective, it's the process that is so important. Over the last five years, almost six, in the Medicaid reform process, the number of regulation changes in Medicaid has gone up considerably. Many of those changes have been really serious for the folks that they serve and had significant effect on the access to healthcare coverage, but those changes are made through a rules and regs process that is often delayed and really very rarely responsive to the public testimony that's received. Also, some changes are made that we believe can be substantive through what are called provider bulletins, and these are memorandums to providers. We are not a provider; but we do see them, they're public. And those are not subject to any comment, notice, or review. So while we appreciate the goal of Medicaid reform to maintain the sustainability of Medicaid which we've heard time and again, and we appreciate that. Our clients rely on it intensely, obviously. But we don't think that the way decisions are being made in that program through the current rules and regs process, especially for serious decreases and cuts in benefits and services is really being done in a productive way that allows for really thoughtful and a deliberative process about how to look at the Medicaid program overall. And as you've heard, they can have some devastating effects without really, we think, a more meaningful public process. I would also just point out that optional services were mentioned. They are in 68-911, I believe, and the amendment Senator Dubas proposed would change...right now the language is "may" rather than "shall," and we think to ensure that there's a proper delegation of authority there and that's there's real legislative consideration of what optional services the state is choosing to put in its Medicaid program, that that change is also particularly important. We're very grateful for Senator Dubas' attention to this issue and feel that after many, many years, we've seen this process is not functioning, and we really think the Legislature should have more of a chance to consider these types of proposals. So I thank you for your time, and I'm happy to take any questions. [LB826]

SENATOR CAMPBELL: Any questions? Thank you, Ms. Carter. Our next proponent. Good evening. [LB826]

JENNIFER GIBBONS: Hello. I'm Jennifer Gibbons, J-e-n-n-i-f-e-r, Gibbons, G-i-b-b-o-n-s. I was not prepared to speak, and I wasn't going to come up; but I feel like you had asked the question, Senator Campbell, when Ryan, the first speaker was here, and I think maybe it's more appropriate for my testimony Monday with the LB952 bill; however, I just want you to know there are a couple of things beings said. Well, these patients can receive these services through these couple other programs, one being waiver. And my office has spoken with Marlene at the League of Human Dignity, who's the head of the waiver program there, who is saying there is no possible way we can take on all of these clients. And secondly, not all of these clients, especially the ones being most affected by these cuts, are waiver appropriate, because they require too many services, and they would never be able to remain under the waiver cap. There's a cap when you're on waiver that you can't go over including all of your services that you're getting. And these clients require too much care. They won't be able to stay under that cap to receive those services. The second program being the PAS program, the Personal Assistant Program, provided through the state. If you will even mention that on Monday to the clients that come, I feel like they should speak to the program. On behalf of one of my clients, he told me that he will not ever be on that program again, because he had a time he waited in stool for 18 hours for someone to come care from him with no one to call, because you're relying on one person that doesn't have a backup system or an agency you can call to have someone else come. These people are not trained by anyone except for the client themselves. They are not hired by anyone except the client themselves. The client's responsible for signing time sheets, orienting, making sure they're there; and most of our clients are struggling to get dressed every day, to try to make it to a job on time every day, to talk, and this is not feasible for them. And these persons in the PAS program, to my understanding, and I'm not an expert, are not required to even hold a CNA license, necessarily. It could be a family member. And I'm not saying these people don't give good care. Some of our patients who are enrolled and use PAS, and we work with them too, they do a good job, and they do what they can for them. But when it becomes a higher level of need client, there becomes very, very potential risks which these people are not trained like a nurse. They don't understand critical thinking. They don't know when someone with diabetes, COPD, CHF, a wound, when are those people worsening? When is it appropriate to call the doctor and intervene so we don't have these hospital stays and we don't have these long-term 24-hour facility stays? That will all go to the wayside. So you are giving up, really, by making people switch to this program. You're giving up the quality of care that's being given in the home. And home health, to my knowledge, according to the DHHS reports, is using 2.1 percent of the total annual expenditures right now; and in the September 15, 2011, report that was put out, on page 9, I believe, it does say that home and community-based health was starting to save money for the state as opposed to institutionalized health. So why the home health is always under attack, and you know,

this is where these people want to be. We can do it effectively. We don't make millions of dollars doing home health, and that's not why most of us are in it. And the fact that some of these people are on ventilators, some of these people have trachs, some of these people are quads, you have, you have set schedules. There are things that you have to be a nurse, you have to be trained, you have to have the scope of practice to know when to intervene, when you should be caring for these people. And that is vital; and if that gets taken away, we will spend at least 10 times more money, or we will lose a lot of patients. [LB826]

SENATOR CAMPBELL: Questions for Ms. Gibbons? I'm sorry, did you say what agency you were with? [LB826]

JENNIFER GIBBONS: I'm with Elite Professionals. [LB826]

SENATOR CAMPBELL: Elite Professionals. [LB826]

JENNIFER GIBBONS: I didn't say. [LB826]

SENATOR CAMPBELL: Okay, thank you. [LB826]

JENNIFER GIBBONS: Um-hum. [LB826]

SENATOR CAMPBELL: Oh, I'm sorry. Senator Bloomfield. [LB826]

SENATOR BLOOMFIELD: You said we would lose a lot of patients. Would you clarify what you mean by lose a lot of patients? [LB826]

JENNIFER GIBBONS: Well... [LB826]

SENATOR BLOOMFIELD: Don't be delicate. [LB826]

JENNIFER GIBBONS: The patients that I take care of have said that they will die at home, because they're afraid then to go to the hospital when they're starting to develop these wounds and things because they know that what will be done with them is they will be placed institutionally. And they don't want to do that, and they'd rather die at home and not go in and be treated than have to accept lesser services that they have tried before. If you ask these patients, they can better attest to this than me, that they've tried the PAS program, and it's not appropriate for people with a high level of need; and they would rather die at home and stay there, and they will. [LB826]

SENATOR BLOOMFIELD: Thank you. [LB826]

JENNIFER GIBBONS: We'll have people that stroke, and we'll have people that go

septic because of their wounds and things like that. [LB826]

SENATOR BLOOMFIELD: Okay. [LB826]

SENATOR CAMPBELL: Thank you. [LB826]

JENNIFER GIBBONS: Thank you. [LB826]

SENATOR KRIST: Just for clarification. [LB826]

SENATOR CAMPBELL: Oh, I'm sorry, Senator Krist. [LB826]

SENATOR KRIST: This question has to do with testimony, with not necessarily from Ms. Gibbons. She mentioned Monday. [LB826]

SENATOR CAMPBELL: Yeah, that's not our committee. [LB826]

JENNIFER GIBBONS: Okay. [LB826]

SENATOR CAMPBELL: I mean, because we meet on Wednesday, Thursday, Friday. [LB826]

JENNIFER GIBBONS: There's a bill Monday that I just thought that would be more appropriate, because I know, right now, this you're just trying to decide the order in which things are appropriate. [LB826]

SENATOR CAMPBELL: Right. It's probably not Monday then, or it's in front of Appropriations. Is it in front of... [LB826]

JENNIFER GIBBONS: Appropriations, yeah. [LB826]

SENATOR CAMPBELL: ...oh, they're all nodding in the back. Okay, I got that right. [LB826]

JENNIFER GIBBONS: So, but you know, I think that's more appropriate. But just so you asked the question, I wanted you to understand... [LB826]

SENATOR CAMPBELL: And I appreciate that. [LB826]

JENNIFER GIBBONS: ...that, you know, that's being said, well, they can do this or this or this. They've tried that. You know, a lot of them have. [LB826]

SENATOR CAMPBELL: Thank you for coming. [LB826]

JENNIFER GIBBONS: Thank you. [LB826]

SENATOR CAMPBELL: Our next proponent. Anyone in the hearing room who wishes...oh, I'm sorry. Did you wish to testify? [LB826]

COLLEEN BURDEN: Yes. [LB826]

SENATOR CAMPBELL: Okay. Thank you, Senator Dubas. Good evening. [LB826]

COLLEEN BURDEN: Good evening. My name is Colleen Burden, C-o-l-l-e-e-n B-u-r-d-e-n, and though I am not a receiver of Medicaid services, my sister, Joan Kelly (phonetic), is. And though she is the one who is the receiver of the services, I am here to speak on behalf of myself and my family. Because if the proposed cuts in Medicaid are to go forward, my sister, in all likelihood, will no longer be able to live in our home with us. And she has, for the 24 years that she's been in our home, taken care of all of us. My husband and I were married 33 years ago, and interestingly enough, we...our first home and the only one we've ever had was the county poor farm. And so it's been interesting today to hear how things have changed since 1871 when Lancaster County appropriated funds to take care of the poor and those who couldn't take care of themselves. As I said, 24 years ago, my sister, we put together an apartment in our home for us, and since that time, she has, she's been our mentor, our spiritual caregiver. She's done, I...my heart was touched earlier this afternoon when the gentleman spoke about, with what appeared to us to be tremendous difficulty, about the four times a day that someone would come in and take care of him. And then he talked about the fact that he volunteers, and he does that because he wants to help. And I finished the sentence in my head, people: And that is the way my sister is. And it has been a tremendous challenge for her to retain her independence and to stay in her home. And it has been increasingly difficult physically; and then often along the way, it's been increasingly difficult economically because of Medicaid cuts. But she is a very determined woman and a guiding light for her family. And so I am just here on my behalf and on behalf of my family to urge you to support, I believe it's LB826, that, and any other things that come along that allow people who have the will, either through their families or themselves, to retain a sense of independence and resist, with every fiber of their being, being institutionalized. [LB826]

SENATOR CAMPBELL: Thank you, Mrs. Burden, for coming today. Are there any questions that the senators have? I particularly appreciate you sharing your story of your sister. Thank you very much. [LB826]

COLLEEN BURDEN: You're welcome. [LB826]

SENATOR CAMPBELL: Our next proponent? Those who wish to testify in opposition? I

almost thought Senator Dubas was going to sit down there for a minute. [LB826]

VIVIANNE CHAUMONT: Good afternoon, Senator Campbell, members of...oh, I forgot. [LB826]

_____: Here you go. [LB826]

VIVIANNE CHAUMONT: (Exhibit 40) Thank you. Good afternoon, Senator, 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, director of the Division of Medicaid and Long-Term Care for the Nebraska Department of Health and Human Services. I am here to testify in opposition of LB826. LB826 removes language from the Nebraska Revised Statutes that provides that the Nebraska Legislature has reasonable opportunity for legislative consideration of proposed rules and regulations regarding the establishment of cost sharing or limits to covered services for clients of the Nebraska Medicaid program. The current statutory scheme requires the Department of Health and Human Services to notify the Governor, the Medicaid Reform Council, and the Legislature no later than December 1 of proposals to change cost sharing or benefits. The department cannot implement any proposals in the December 1 notice until the Legislature has had a reasonable opportunity for legislative consideration of the proposals. Legislative consideration includes introduction of a legislative bill, resolution, or amendment to pending legislation relating to such proposals. In other words, if the department proposes a benefit limit in the December 1 notification, it can implement the proposal after the next legislative session if the Legislature took no action, as the Legislature had reasonable opportunity to indicate that it did not want the department to take the proposed action. The current statutory process of the December 1 notification and reasonable opportunity for legislative consideration is reasonable and appropriate and allows the department the flexibility to administer the Medicaid program while respecting the Legislature's role as policymaker. This process has worked well in the past. The department has proposed changes the Legislature accepted, and it has proposed changes the Legislature did not. Now, LB826 appears to require bill resolution or amendment to implement proposed rules and regulations rather than the reasonable opportunity for legislative consideration. This is a much more difficult threshold for the department to meet. Section 68-905 states that the Medicaid program shall be appropriately managed and fiscally sustainable. I believe we as a state have made a concerted effort to bend the cost curve of the Medicaid program to ensure the program is sustainable. However, this has required difficult decisions, particularly in light of federal mandates. In fiscal year 2011, the Nebraska CHIP program spent more than $1.57 billion meeting the needs of vulnerable Nebraskans. These numbers represent the ongoing needs of more than 235,000 individuals and the very real solutions we provide as a state. It is important to note that between fiscal year 2010 and fiscal year 2011 there was an increase of 10,894 Nebraskans served by Medicaid and CHIP, and the total increase in average monthly eligible individuals was 4.9 percent. Medicaid

eligibility is projected to increase another 4.2 percent in fiscal year 2012. In December of 2011, eligibles had increased to more than 237,000. Managing the growth of the Medicaid program requires difficult decisions and impacts real people. However, the program must be sustainable for the 237,000 plus individuals that rely on the program every day. This is a difficult program to manage. I'm concerned that LB826 would make it more difficult for the department to manage the program on an ongoing basis from year to year. I was only going to have testimony today about the process, which is what the bill is. The process, not the actual cuts. But I've heard so many things, that there's a couple of things that I just have to set straight for the record. First of all, G-tube feedings are not affected. We do not propose a cut to nutritional supplements for G-tube feedings. The letter clearly states that we're talking about oral feeding, not G-tube feeding. The Children's Respite Care Center is a waiver provider. The services that they provide to those children would continue to be provided under the waiver. Home health agencies have sent out letters to their clients telling them that they're going to go into nursing homes. I have been getting a lot of e-mails from clients saying, talking about their nursing homes to date. Not one single client that's written to us about the letter that they got from their home health agency saying that they were going to go into a nursing home exceed the caps that we propose. Someone testified about the League of Human Dignity saying that there's a cap. There is a cap, but that cap can be, the actual cap is what that person would cost in the community versus what that person would cost at a home. There is a cap that they have authority to go to, and if the care exceeds the cost of that cap, it goes to central office. And that's what we look at, whether the cost of the care in the community is cost-effective compared to the cost of the nursing home, and it gets affected. And you look at the individual in that nursing home. So if you have a vent child, that's different than a fairly healthy elderly person in a nursing home. Compare apples to apples, and that's the cap. And as far as the League of Human Dignity, they contract with us. No one has called us to tell us from any of the agencies that they're not going to be able to do it. They get paid $193 per member per month, so if they have 10 people, they get $193 for each of the 10 people. If they have 20 people, they get $193 for each of the 20 people. They will be able to staff up in order to take care of the waiver clients. We are not talking about putting people in institutions. Far from it. There are, we are a firm believer, as the Medicaid report shows, that home and community-based services work. That's why we want people in the home and community-based services waiver. We do not want to institutionalize anybody, and we have told people that if they have concerns about what would happen to their individual case, they should come and talk to us about what's going to happen to them, not talk to their home health provider that might lose business if this goes through. So we will be testifying, obviously, at Monday's hearing where we were planning to discuss some of these issues more. But I just felt that we needed to put it on the record that some of the things that are being said are reasons not to do it aren't even cuts that we have proposed. In conclusion, we think that the current statutory scheme is to provide flexibility while maintaining legislative oversight. The Legislature needs to approve the cuts. If the Legislature doesn't approve the cuts, we don't do the cuts. That's the way it's worked in the past, that's the way it's

going to continue to work in the future. I urge this committee to turn down LB826, and I'd be happy to answer any questions. [LB826]

SENATOR CAMPBELL: Questions? Senator Krist. [LB826]

SENATOR KRIST: With regard to some testimony, you didn't touch on this one, so I was going to clarify it. The Children's Respite Care facility targeted in on that particular code which was basically different, 1024 I think it was said. What's the story with that? [LB826]

VIVIANNE CHAUMONT: Sure. They are a waiver provider. They currently take care of clients, on children in the waiver program, and they would be able to continue to take care of children in the waiver program. We didn't suggest any changes to medical child care in the waiver, and so that service would continue, and those children would be eligible for that. [LB826]

SENATOR KRIST: They mentioned that they took a cut in December. [LB826]

VIVIANNE CHAUMONT: They took the same cut that every Medicaid provider took that the Legislature adopted in the budget, 2.5 percent. [LB826]

SENATOR KRIST: Okay. Well, my last question is a question/comment. I was called by a former member of Health and Human Services Committee who was here years and years ago. And he said, you know what your problem is, Bob? You don't look at the budget, the President, or the Governor's budget's coming down, and it says, here's what we're going to do; here are the offsets; here's where they are. You need to take a look at what each one of those cuts are supposed to be. Now what you described is that process. You described a budget that comes down, and the Governor says, here are my offsets, here are my savings, here's where we are. I would expect that with the amount of information that we're seeing this year, that this is not going to be one of those free-float years. Those that are provided to us as potential cuts or offsets will be--I mean I'm speaking for myself, not for my colleagues--I would think that they would be closely scrutinized. And I guess my final comment would be, given the way I see, a comment I made earlier, the way I see the revenues and the return to some kind of business as normal, I don't really see the need for these surgical, if you want to call them surgical--some people would call them wholesale--cuts. And you're absolutely free to respond to that. I just, I don't find the sense of urgency in these cuts right now. [LB826]

VIVIANNE CHAUMONT: Well, I think that...first of all, I want to talk to you about the first part that you made... [LB826]

SENATOR KRIST: Sure. [LB826]

VIVIANNE CHAUMONT: ...that you don't think these are going to float through. I can tell you that no cut has ever floated through. They are questioned, they are lobbied against, people come and talk. There are, I can point to numerous proposals that we put in the December 1 letter that were in the Governor's budget that never even made it into the appropriations bill, so they were eliminated right then when the Legislature considered, no, we don't want to do this. Now... [LB826]

SENATOR KRIST: So to your point, that's how the process is supposed to work. [LB826]

VIVIANNE CHAUMONT: That's how the process works. [LB826]

SENATOR KRIST: Okay. [LB826]

VIVIANNE CHAUMONT: The Legislature, you know, most of these cuts are usually in the budget anyway, but Senator Campbell ran a bill one time to stop one of the cuts. [LB826]

SENATOR KRIST: Right. [LB826]

VIVIANNE CHAUMONT: So, you know, the reason that the Legislature moved the date that the letter was due was to give the Legislature more time to get...to do its research and make decisions as to when, as to what they were going to do with the proposed...because previously, you know, the department, this isn't the department's. You know, we didn't draft this language about the December 1 letter. That was the Legislature that did that. I think it was the Medicaid Reform Council that did that. As a matter of fact, Senator Campbell was the cochair on. They moved the letter back to give the Legislature more opportunity to research, to research those cuts. So, you know whether or not, I can tell you that I have spoken at numerous events. Medicaid has to have a medical assistance advisory council that consists of different, all kinds of different providers, consumers, physicians. We took that, and they said this is reasonable. I've spoken to various groups about these cuts. I spoke at the Home Health Association conference, and I can't tell you how many people came and said, we're home health providers, but we're taxpayers; this is right. So, you know, you're going to find people that say we have money, we should spend all the money on Medicaid. And you're going to find people that say, you know what, let's make the Medicaid program more like our own private insurance. Let's slim down the Medicaid program, because we have other priorities as well. So let's provide for the vulnerable people in this state with a basic health plan, and ours is way more than basic, and then let's do other things as well. So, you know, it depends on your point of view. [LB826]

SENATOR KRIST: Well, I guess the only point I was making is that you're suggesting

that the process is already in place for us to tell you what we do not and what we do want to cut out of the proposals. I would not suggest that it hasn't been done in the past; but I would suggest that in all of the other things that are happening today, it is, it is now just another service that appears to be, services that appear to be targets for cutbacks that "budgetarily" will be spent someplace else or potentially put into the rainy day fund. And those decisions are tough decisions to make, not just from the Medicaid side, but from our side as well for healthcare in general. [LB826]

VIVIANNE CHAUMONT: You're correct. Anything involving Medicaid one way or the other is always a tough decision. [LB826]

SENATOR CAMPBELL: Senator Bloomfield, and then Senator Gloor. [LB826]

SENATOR BLOOMFIELD: Thank you. I realize that we're talking about process today; but you went into some clarification on some things, and I'm going to ask you a question along that line. The home health, the home nursing care, how is that under your cuts? When we have someone that requires 24-hour home nursing care, do you, can you justify taking them out of the home with your numbers, or are you telling me there's a waiver there that will keep them in their home? [LB826]

VIVIANNE CHAUMONT: If that, if that...you know, if that person is getting 24-hour care, 24-hour nursing care in their home, and I don't think there's anybody getting 24-hour nursing care in their home. But if they're getting 24-hour nursing care in their home and they're a vent patient, you would compare that to the waiver. They're not going to get the nursing care, but a lot of the nursing care that is provided can be provided by less than LPNs or RNs, and those would be folks that are home and community-based services providers. You know, in Colorado, we moved one time, and this is, this is not exactly on point, but it's the closest that I come, that I can come. We moved to making that comparison between what the individual costs in the community and what the individual costs in the nursing home. And if you were in the ballpark, you know, fine. But if you were a lot over, what they did is caseworkers, home and community-based services folks, sat down and worked with a family about, you know, do you need this? Do you need that? And they worked it so that people could stay in the community; and we didn't have an increase in deaths, and we didn't have an increase in hospitalizations, but we had more manageable care for those people. And that's what we're trying to get at here. [LB826]

SENATOR BLOOMFIELD: And you're aware of which family I'm talking about in the northeast Nebraska area. Where they are, where they lack any immune system. [LB826]

VIVIANNE CHAUMONT: Um-hum. [LB826]

SENATOR BLOOMFIELD: They are tube fed. They have very, very special needs. And the family feels, the doctor feels that if they are institutionalized, they will not survive. [LB826]

VIVIANNE CHAUMONT: And so what we need to do is within the perimeters of the services that we can, is come up with a service plan that works for them. [LB826]

SENATOR BLOOMFIELD: Will we know those numbers, how much we are going to, what the difference is, how much more it is going to cost the family? [LB826]

VIVIANNE CHAUMONT: It's not going to cost the family more, sir. [LB826]

SENATOR BLOOMFIELD: I would like to see the numbers. You were going to get back to me with some information on the waiver program, and I have yet to see it. [LB826]

VIVIANNE CHAUMONT: Okay. You know, there's two senators that have made the point that we were supposed to get back with them with information. What we were told is that a briefing would be scheduled to provide that information, and no briefing has been scheduled. I have a phone call in to Michelle. [LB826]

SENATOR CAMPBELL: That's correct. [LB826]

VIVIANNE CHAUMONT: So, as soon as that briefing is scheduled, if you want to talk specifically about those people and I get a release, I'd be more than happy to talk to you specifically about those people individually. [LB826]

SENATOR BLOOMFIELD: Okay, thank you. [LB826]

SENATOR CAMPBELL: Senator Gloor. [LB826]

SENATOR GLOOR: You made mention of something that I'm going to reiterate, because this is an ongoing education process, and we have a responsibility as a Legislature also for some of this; but that is a lot of e-mails that I've gotten have come from private-duty nursing organizations. And I think there is the realization that there's a 2.5 percent Medicaid cut. And that came out of the budgeting process. And you made some reference to that also. Is that coming up a lot for you? I mean, is there this blending of reduction in fees along with your proposed changes? [LB826]

VIVIANNE CHAUMONT: You know, as we discussed last year when we proposed the rate cut in order, you know, to get the budget balanced, nobody likes a rate cut. I have yet to find a provider that says, cut me some more. Actually, at the Medical Assistance Advisory Council, people were not happy about having a rate cut; but they thought it was going to be a lot worse, and they were happy with a 2.5...happy, you know, if there

was going to be, they were happy it was only 2.5 percent, a 2.5 percent rate cut. The home health agencies, we're getting a lot of, well, you already cut us, you know, why are you cutting us again? But we're also getting, you know, you picked on us, you gave us a 2.5 percent rate cut. And they didn't know that all Medicaid providers except for, you know, the ones that we talked about, the primary care providers, got a 2.5 percent rate cut. So we're not focusing on the home health, you know, we're not picking on home health. We don't have a list of bad providers or bad services. [LB826]

SENATOR GLOOR: I think we started off at 5 percent, were able to get to 2.5 percent, and it's worth noting that if we approve my cigarette tax, if we could get that bill moved forward (laughter), we could make that go away. [LB826]

VIVIANNE CHAUMONT: No comment. (Laugh). [LB826]

SENATOR CAMPBELL: We can't have any paid advertisements here. (Laughter). [LB826]

SENATOR GLOOR: We don't get paid. (Laugh). [LB826]

SENATOR CAMPBELL: Was that the end of your question? [LB826]

SENATOR GLOOR: Yes, it was the end of my question and statement. [LB826]

SENATOR CAMPBELL: You know, and I want to say that the director is correct. I mean, we had talked about setting up a briefing, and in all honesty, the Health Committee's just been swamped here, so I do apologize, because we need to set that up. Know that that's probably going to be over a noonhour for us all here. But I do want to kind of go back in historical view, and actually, this is before the director came to Nebraska in terms of the Medicaid reform. And I do think that a lot of the early reports, and perhaps when the director first came, a number of the early reports did exactly what she said. I mean, they identified, and a lot of those reports went to the Legislature in the sense that a number of us just went, well, they're going to go to Appropriations, and Appropriations is going to deal with that; and, in fact, they did. Because some of the cuts that were proposed in the December 1 report that went to the Legislature, the Appropriations Committee said, we aren't going to make those cuts. I think that with the Legislative Resolution 542, in which the entire Legislature had to be involved in looking at the budgets under its jurisdiction, each committee did, and we also had to come up with programs that we might suggest to be cut. In all honesty, I think that made a lot of the senators much more aware of what was happening; and also, not feeling that they should be so dependent upon, well, Appropriations will just take care of that. So in all honesty, Director, I think we've seen an evolution here in how members of the Legislature first looked at the Medicaid reform reports and as they have evolved. And I think a part of this has to do with our awareness that came from LR542; and particularly,

when we, this committee, had to put programs on the block. That was a very difficult decision for us, and I also think it also helped to have those Medicaid reform reports. So I'm just saying that I think there's somewhat of a different tenor that may have lead us to LB826. Now whether that's the right approach, I think that's what Senator Dubas is asking the committee; but I think it has been an evolution of understanding. Any other comments that we need to make? Director, any other comments you want to make before we go to anyone else who wishes to oppose LB826? [LB826]

SENATOR COOK: I have a quick question about... [LB826]

SENATOR CAMPBELL: Oh, I'm sorry, Senator Cook. [LB826]

SENATOR COOK: Is the...sorry, blood sugar. (Laugh). The...you said something about an advisory group that is already in place, Medicaid advisory? [LB826]

VIVIANNE CHAUMONT: Medical Assistance Advisory Council. [LB826]

SENATOR COOK: So it exists. Are those gubernatorial appointees? [LB826]

VIVIANNE CHAUMONT: No. [LB826]

SENATOR COOK: Okay. [LB826]

VIVIANNE CHAUMONT: No, I get to appoint people; but you know, what's happened is (laugh), if you want to be on, you get appointed. I mean, we try to have...well, I'm sorry, there's a federal reg that says certain people, certain classes of people have to be on it, like somebody, a physician, the only one that, I'm sorry, that I can think. The public health, it's a very old federal reg. So what I did when I came here was the committee used to meet once a quarter in the middle of the day. We now meet every month, except they didn't want to meet in December, and I think we take a break in July. But they meet every month, and we meet at 5:30 so that folks with real jobs can come over, and we usually meet from 5:30 to 7:30. And there's representatives of nursing homes, there's representatives of home health, durable medical equipment. Why nutritional supplements are durable medical equipment is, it's federal; I didn't make that one up. There are behavioral health providers. There's several physicians. There's hospitals... [LB826]

SENATOR COOK: Clients, okay. [LB826]

VIVIANNE CHAUMONT: ...clients. Recently, the Indian tribes wanted to have, each wanted to have a representative; we appointed a representative. [LB826]

SENATOR COOK: Okay, all right. [LB826]

VIVIANNE CHAUMONT: I'm sure I'm forgetting somebody, but that's the makeup of the committee. And so we meet once a month, and we say things like, we are thinking about doing such and such, what do you think? Like, I will tell you an interesting one. I get e-mails at least every six months saying that Medicaid should stop paying for circumcisions, because they're not medically necessary. So I have a lot of expertise on that, you know, on that board, on that committee. And so I took that to them, and they went, oh God; and so...but we talked about, you know, is it, isn't it; what do you think, what do you know? And they said, leave that one alone. But you know, (laugh) there's other things, you know. You know, managed care. You know, why are we going to managed care, what are we doing? Concerns they have about managed care. You know, all kinds of different topics come up. [LB826]

SENATOR COOK: All right. Thank you. [LB826]

SENATOR CAMPBELL: Senator Bloomfield. [LB826]

SENATOR BLOOMFIELD: Not really a question. I would like to reserve 30 seconds of your time before you get on your scooter and make your departure. []

VIVIANNE CHAUMONT: I can't escape? (Laugh). Okay, that's not a problem. But my blood sugar's right up there, or down there, with Senator Cook's. (Laugh). []

SENATOR CAMPBELL: Okay. Any other comments? Thank you, Director. [LB826]

VIVIANNE CHAUMONT: Thank you. [LB826]

SENATOR CAMPBELL: Is there anyone else in the hearing room who wishes to testify in opposition? Seeing no one, Senator Dubas, I assume you...oh, I forgot it again, thank you. Anyone in a neutral capacity? I didn't see anyone get up. So, Senator Dubas, I'm sure that you would like to close. [LB826]

SENATOR DUBAS: Yes, I would, and I will be as brief as possible in consideration for all of your very kind attention this afternoon and evening. I think some of the points that were made for my bill this afternoon was the importance of a legislative hearing. And I think the Legislature, while we may have the opportunity for consideration, if we actually have a legislative hearing on it, we might even be able to remove some of the anxiety and even some of the unfounded fears that many of these people face every year as this comes around. And I appreciated your point, Senator Campbell, about what we've gone through. The LR542 process has made us all much more keenly aware of the different committees and their jurisdictions. And instead of relying so much on those committees, it's caused us to be more involved, which I think is an important aspect, especially in light of term limits. And as we have less experience in the body, we all

need to step up and be more aware of the different jurisdictions that we all ultimately have responsibility for. So I think that the types of services and how they are funded are policy decisions, and I think they are decisions that we need to take a very concerted effort towards making the decisions about. Ultimately, we're held responsible for whatever decision is made. We're the ones that are getting the phone calls wanting to know why this is going on, either before the fact or after the fact. I don't think this will put any additional undue burdens on the department, because they won't put any of these recommendations into effect until after the Legislature adjourns anyway; so now we've just taken it, we've made it a much more, as I said, a concerted effort. We are actually giving the approval; it's not just consideration. I was actually involved with the legislation my first year down here that made that requirement to go to December 1, because that report wasn't coming to our attention until after the Legislature was convened, and it was lost in our pile of all the other things that we get. And so that December 1 report has given us the opportunity to at least look at the report. Now whether we all do it or not, that's another factor. But I think if we know that we are going to be held responsible for the decision, we're going to step up and become a little more engaged in it. So I think that by making this a legislative approval process, it makes it much more transparent, makes it much more accountable. And I hope, one, that the citizens are more comfortable with, rather than the public comment period that they are afforded now, where maybe they're just going into a room where a tape recorder is going and they make their comments without really knowing are those comments going to be taken into consideration or not? I think this is a step in the right direction for the Legislature to be more accountable and more responsive to our citizens. And if there are any changes that the committee thinks would make the bill better or a sounder piece of legislation, I'm certainly open to that; but I think this is an important, a step in the right direction for us to take. [LB826]

SENATOR CAMPBELL: (Exhibits 52 and 53) Thank you, Senator Dubas. We will note for the record that we did receive a letter of support from Voices for Children, and with that, we will close the public hearing on LB826. And that is the final hearing for the day. For my colleagues, if you are like me, we will reschedule the Exec Session. (Laughter). I mean, if it's an overwhelming wanting to stay. (Laughter). [LB826]