[LB76 LB458 LB459 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, February 22, 2013, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on a gubernatorial appointment, LB76, LB458, and LB459. Senators present: Kathy Campbell, Chairperson; Bob Krist, Vice Chairperson; Tanya Cook; Sue Crawford; Mike Gloor; Sara Howard; and Dan Watermeier. Senators absent: None.

SENATOR CAMPBELL: We are going to go ahead and open this session of the Health and Human Service Committee's public hearings. We will keep the doors open unless the noise from the hall, because we're trying to see if we can get it a little cooler in here. I'm Kathy Campbell and I serve District 25 which is east Lincoln and eastern Lancaster County. And before we do senator introductions, we'll just go through real briefly. Again, if you're testifying today we do need an orange sheet with your name spelled legibly. When you come up to testify, please give your name and spell your name for the transcribers to be able to hear how that is put together. We will go ahead and use the lights today just to kind of keep everybody on track since it's Friday afternoon. And you'll start at five minutes and it'll be green for four and then it'll go to yellow for one and then red. You'll look up and we're probably all trying to get your attention. This afternoon we were to begin with a gubernatorial appointment with Dr. Mark Goodman. I'm just double-checking, Dr. Goodman I do not see in the audience today. If he comes, we'll then slot him between the hearings. If not, we will reschedule his appointment hearing. With that, we will open LB76, Senator Nordquist's bill to adopt the Health Care Transparency Act. Good afternoon.

SENATOR NORDQUIST: (Exhibits 1-4) Great. Thank you, Madam Chair, members of the Health Committee. For the record, I am...name is Jeremy Nordquist. I represent District 7 in downtown and south Omaha. LB76, called the Health Care Transparency Act, is intended to shed light on how our healthcare dollars are being spent. The market for health services is really one of the only ones in which consumers purchase a product with little to no information about the true cost of the product and how that cost relates to quality. None of us would go out and buy a car or a house without any information about what kind of value we were getting for that dollar. So I think it would be appropriate for us to move away from that system in healthcare and do our part as policymakers to try to make...create better transparency. We started this discussion before the Health Committee with an interim study. Two interims ago, we had Denise Love from the All-Payer Claims Database Council who came in and talked about what we're seeing in other states with All-Payer Claims Databases. And she uses a great analogy of, you know, we spend top dollar in our healthcare system in our country and in our state, the equivalent of building a brand new Bentley, but yet we don't have any dashboard in the car. We don't spend...we haven't spent the money to put a dashboard of indicators. We don't spend money on the fuel gauge or the speedometer. We just let

the car go as a high-dollar car without any way to measure performance. And that's where we're at with our healthcare system. As payers, we all see bills; but generally have very little detail about how the prices in those bills are determined and what the costs of the inputs are that inform that price. LB76, the Health Care Transparency Act, is a step toward giving consumers, health purchasers, and policymakers the tools to comparison shop and evaluate healthcare services based on cost and value. It's the intent of this bill to bring major stakeholders together to start a conversation and begin planning for ways to make this information more readily available. As you'll remember, I introduced this bill last year as LB1142. It was unanimously advanced from this committee with an amendment. That amendment has been incorporated into this version of the bill. Unfortunately, it was on consent calendar last year and I was out of town when that happened and a couple of members had questions about it and we had to pull it off consent calendar. So hopefully we...if we move in a timely manner, we can have a chance to discuss this on the floor this year. As any...as with any issue we deal with in this body, we cannot begin to implement meaningful change until we have all the necessary information, and we can only improve which we are able to measure. So, therefore, this is absolutely a critical step to improving our overall healthcare system. By bringing those stakeholders together, we can really plan and create a database system that meets the needs of consumers, meets the needs of healthcare professionals. I really think I see three major steps to improving our healthcare system overall. One is expanding access to get everyone in the system; two is obviously wellness and encouraging more people to make appropriate decisions; but three is also giving consumers more information to make them aware of the costs both by reducing the need for unnecessary procedures but also the cost of the procedures that are necessary, trying to encourage them to be more value-minded when it comes to that. We've handed out three...you should have three handouts. First, is an article from...it's about a year old, it's from The Washington Post talking about a survey that was done in California on the cost of an appendectomy with no...uncomplicated appendectomy. The cost ranged from $1,500 to $186,000. And the county with the smallest range of top-to-bottom charges still had a range of $46,000 in one county in California. That just shows the wide variation of healthcare costs. And certainly, you know, I don't know if we would see that kind of range in Nebraska, but certainly there would be. One of the other handouts is New Hampshire health costs. If you get a chance, I'd encourage you to visit New Hampshire health costs dot org. This is the All-Payers Claims Database in New Hampshire. And we went on and you're able to come in so we said, okay, we're going to have our arthroscopic knee surgery. We're willing to travel 50 miles around Concord. We put in a zip code for Concord, New Hampshire, and you can see all the institutions, and this is if you're uninsured, this is the prices based on the claims. The lowest price was $5,800; the highest price was about $14,000. So with that kind of information, consumers are better able to make more cost-effective decisions. And then the other, the third handout is Colorado actually...and some of our bill is modeled after the first step Colorado took to establish their All-Payers Claims Database. They just got it off the ground. They've gone through, they've established it, and they're starting to produce

reports. This one is a comparison of readmission rates. And you look at the...the data is really on the third page. We took three counties. We just took the first three in alphabetical order. But it says hospital readmission rates for Adams, Arapahoe, and Alamosa County. The value, if you look at the index number on all of these, shows one is the state average. So if you're at 1.01, that means you're 1 percent above the state average. But you can see for readmission rates, Alamosa County is 76 percent above the state average on readmission rates. It's data like this that allows us as policymakers, it allows public health officials, it allows the public at large to start asking questions and trying to get an understanding of why there would be discrepancies like that. But until we set up a system that allows us to pull this data together and really dig in and look at it, we don't know what's going on. So this is a no-cost bill to bring the stakeholders together and put out...have them tell us what this system really should look like. You know, we had a bill drafted last year before we decided to go with this to say the department shall go ahead and implement this, but I think that's probably putting the cart before the horse, and this is the first step to doing it. So with that, I'd be happy to answer any questions. [LB76]

SENATOR CAMPBELL: Thank you, Senator Nordquist. Any questions from the senators? Senator Gloor. [LB76]

SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Senator Nordquist. What was the amendment that we had last year? What did we add to the bill? Because I know I was one of the people involved in asking questions. [LB76]

SENATOR NORDQUIST: Yep. It was...and it's the two pieces that...there were two components of it. One was to add a representative of local public health departments and for representatives of hospitals, which it's on page 6 of this bill, lines 10 and 12. And then also the commission would recommend whether or not to continue their existence. I think this is...this commission is really a short-term thing we want you to develop a plan to give us to say this is how we should move forward. So I don't...you know, maybe it's a year sunset or something like that. But we...I think the amendment last year, and that's incorporated in the bill again, is the commission would say, okay, I think our work is done. Now whether or not that that's the way we want to go, I would leave that up to the committee to decide. But really I see it as maybe a year's worth of work to come back and say this is the direction we need to move forward with. [LB76]

SENATOR GLOOR: A couple of other comments, one would be more of an educational nature. You know this, but it merits being said so it's on the record. So often these articles are written and they use the term cost and charges interchangeably. [LB76]

SENATOR NORDQUIST: Yeah, yeah. [LB76]

SENATOR GLOOR: And just because there's a huge difference, it's worth pointing out

that a provider may charge $10,000 for a certain procedure... [LB76]

SENATOR NORDQUIST: Sure. [LB76]

SENATOR GLOOR: ...but because of managed-care contracts with Medicare and Medicaid, other insurers, their actual reimbursement rate... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR GLOOR: ...may be a third that amount, and what their cost is, less than that again. [LB76]

SENATOR NORDQUIST: Sure. [LB76]

SENATOR GLOOR: So it's just one of those things I know you know, but it's worth making mention of it as well. [LB76]

SENATOR NORDQUIST: Sure. Yeah. And I don't know if the Colorado article, I don't think it...the one-page article about the study didn't indicate what direction they went. It does say charges, so that could lead to some of the additional variation. But the data in the New Hampshire database, this is based on actual claims paid. So, you know, that is the actual dollar train. So I think that gets to...yeah, said... [LB76]

SENATOR GLOOR: In that case it's not cost... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR GLOOR: ...it's not charges, it's reimbursement. [LB76]

SENATOR NORDQUIST: Yeah, exactly. [LB76]

SENATOR GLOOR: It's the actual reimbursement rate. Yep. [LB76]

SENATOR NORDQUIST: Yep. [LB76]

SENATOR GLOOR: And my other comment would be, this didn't find its way to the front of the line last year. I think it's safe to guess that unless you prioritize it or the Speaker does, it may not again this year. But it's the sort of thing that we might want to consider as relates to LR22. It may be part of that puzzle of looking at healthcare overall. [LB76]

SENATOR NORDQUIST: And I think this...you know, this could potentially be done. If we can't get this through this session, it could be done outside of this formal of a process. I think we do need to get moving on it. If we don't move forward with this, I

think next year we probably do need to have a bill. So I think the interim would be the time to informally then bring those stakeholders together. But, you know, it would be helpful that we could move this forward in a formal process; and I would ask the Speaker if there was a chance to see if he would prioritize it or something. [LB76]

SENATOR GLOOR: Okay. Thanks. [LB76]

SENATOR NORDQUIST: Yep. [LB76]

SENATOR CAMPBELL: Other questions from the senators? Senator Crawford. [LB76]

SENATOR CRAWFORD: Thank you, Senator Campbell, and thank you, Senator Nordquist. I was just wondering if in the other states that have done this if it operates through their department of insurance, if that's... [LB76]

SENATOR NORDQUIST: Yes, some are through the department of insurance; some have a separate agency that runs them; some through the department of health. So it's a combination. Yeah. I think Colorado, I think theirs is through insurance and that's why we kind of modeled some of ours after theirs. But there is a great site, it's called the All-Payer Claims Database Council, that has an interactive map of all the states that have them. You can go and see how they use them. Kansas actually has one. They don't have a consumer interface on theirs. Theirs is more for internal. They have a report that shows how Medicare reimburses compared to their state health plan. And while we also often hear that Medicaid or, I'm sorry, Medicare compares to their state health plan, we often hear how Medicaid reimburses at a lower rate, and overall the Kansas report clearly showed it did. But there were some, depending on the procedure, depending on the reimbursement code, Medicaid was paying more in some areas; and I think that just gave them as policymakers more information to dig in and look at that. [LB76]

SENATOR CRAWFORD: Thank you. [LB76]

SENATOR CAMPBELL: Senator Krist. [LB76]

SENATOR KRIST: The fiscal note is lovely. But in reality once this commission or a study is done and numbers are put on a piece of paper, there's going to be... [LB76]

SENATOR NORDQUIST: A cost. [LB76]

SENATOR KRIST: ...additional costs to update those numbers... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR KRIST: ...in the future. This doesn't enable us to continue it. It's just a study within the commission to go forward. [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR KRIST: And I think that you're going to have to come back next year if this goes through and fund it... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR KRIST: ...within the system. [LB76]

SENATOR NORDQUIST: There...and to... [LB76]

SENATOR KRIST: Being in Appropriations also, I didn't want to interrupt, but... [LB76]

SENATOR NORDQUIST: That's all right. Well, we'll move, you know, the commission...this commission is really envisioned to give us the plan, but the plan will have costs. It looks...like in other states, and when the lady was here testifying before this committee a couple of interims ago, she said it usually floats around a million dollars a year to fund a system like this if you want. But the payback potentially is much greater to know and to have that information. So other states have various models on how they pay for it, some General Fund, some hospital...sometimes, yeah, they get a hospital buy in to help pay for part of it. But that would be, I think, part of the discussions of this commission to say how would we support it. [LB76]

SENATOR KRIST: Be interesting to find out if somewhere embedded in the Affordable Care Act if there isn't some money available to hold down costs, incentivizing these kinds of things too. [LB76]

SENATOR NORDQUIST: Yeah. There are some innovation grant dollars available, but I don't know if they envision using it for this; but that's something we can dig into. [LB76]

SENATOR KRIST: Okay. Thank you. [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR CAMPBELL: Senator Howard. [LB76]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you, Senator Nordquist. We hear a lot of problems from agencies about not having enough time to implement some of our...some of the legislation that's been presented to this committee. Do you have any indication from the Department of Insurance whether or not they feel that they

would have enough time even with the emergency clause on this bill? [LB76]

SENATOR NORDQUIST: I don't know that we have had that discussion. They didn't make any indications last year. They didn't...I don't think they testified one way or the other, and they didn't...they weren't opposing it when it got onto consent calendar. So I...but we certainly could ask them. Yeah. Follow up with them. Yeah. [LB76]

SENATOR HOWARD: Okay. Thank you. [LB76]

SENATOR CAMPBELL: Any other questions? Senator Nordquist, just one thing that the committee should note is that you also have a bill, LB384, which is in the Banking and Insurance and Commerce Committee, and it calls for an oversight committee. Senator Howard is also on that and Senator Crawford. So we've reviewed that bill too. One of the things that is in that bill that we may tie together eventually is that that oversight committee can create technical committees. So it might be possible if the commission had some recommendations if we got that into place that then that oversight committee could take that over... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR CAMPBELL: ...and create a committee. [LB76]

SENATOR NORDQUIST: That's a good idea. [LB76]

SENATOR CAMPBELL: I'd like Senator Gloor as the chair of that committee, to maybe take a look at that. [LB76]

SENATOR NORDQUIST: And I do...yeah, I do think... [LB76]

SENATOR CAMPBELL: But they could go together. [LB76]

SENATOR NORDQUIST: Yeah, absolutely. And we've talked about that a little bit. And also I know with the concept of Senator Wightman's bill also of reforming payment models and stuff, that certainly I think to get to the point of reform and payment models, you need data like this to be able to make those decisions. So they all kind of blend together here. And trying to, you know, pull the right expertise together to develop a plan for this versus, you know, an exchange, I mean, I think we need to talk about how we...how this all fits together and who the appropriate people are on each. [LB76]

SENATOR CAMPBELL: But the commission, it seems; it has different...a different makeup of the... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR CAMPBELL: ...group and for the first stage of it... [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR CAMPBELL: ...it might be necessary to just singly use LB76. But I just would like... [LB76]

SENATOR NORDQUIST: Going forward. [LB76]

SENATOR CAMPBELL: ...Senator Gloor to kind of review both of them for us. [LB76]

SENATOR NORDQUIST: Yeah. [LB76]

SENATOR CAMPBELL: Since there's four of us that are on both committees, we can at least pay attention... [LB76]

SENATOR NORDQUIST: Yeah. That's great. [LB76]

SENATOR CAMPBELL: ...to how that works. [LB76]

SENATOR NORDQUIST: Perfect. [LB76]

SENATOR CAMPBELL: Thank you, Senator Nordquist. [LB76]

SENATOR NORDQUIST: Thank you. [LB76]

SENATOR CAMPBELL: Could I have a show of hands of how many people plan to testify on this bill? Two. Are the testifiers going to testify on either of the other bills ahead of us this afternoon, Senator Krist's bill? Okay. But the two testifiers, the point I'm going to is that Dr. Goodman has arrived; and Madam Clerk, can we stop where we are? I'd really like to go ahead with that appointment if that's okay with the testifiers. Senator Nordquist, do you mind? [LB76]

SENATOR NORDQUIST: Go ahead. [LB76]

SENATOR CAMPBELL: Okay. Dr. Goodman, would you come forward, please. And for the audience, this is an appointment that's come before the Health Committee. And Dr. Goodman, I'm pleased that you could make it and hope the weather and the roads are improved between Lincoln and Omaha, that's for sure. [CONFIRMATION]

MARK GOODMAN: Thank you for the invitation and the opportunity to be here. [CONFIRMATION]

SENATOR CAMPBELL: Well, thank you for coming. We will not delay you long on your return trip because I know your schedule is probably very busy. But it's very helpful for the Health Committee, Health and Human Services, to meet appointees that are going to go on boards, and it's our chance to kind of visit with you. And oftentimes we pick up what are issues that may be down the road that you may see as you're serving on the commission. So tell us a little bit about yourself and why you're interested in the Rural Health Advisory. [CONFIRMATION]

MARK GOODMAN: (Exhibit 5) Okay. Thank you, Senator. I was born in Omaha and raised in York, Nebraska. My parents are from Newman Grove, the Norwegian capital of Nebraska, population 750, with seven Lutheran churches. I thought I would just throw that in, but anyway. I was a recipient of the Rural Health Advisory Commission student loans while I was in medical school at UNMC. In 1985, when I graduated, I left for residency in Chicago and then California, and came back here both to pay off and work off student loans, working at Charles Drew in Omaha. And I'm very pleased to serve on the Advisory Commission now. So that's kind of where it starts. [CONFIRMATION]

SENATOR CAMPBELL: Excellent. Well, it's nice to see a graduate of the program that we hear a lot about, but I think you might be our first person that's actually going to go back on an advisory board. So that's extremely encouraging. You are also serving as the interim, I believe, for the family medicine at Creighton University. [CONFIRMATION]

MARK GOODMAN: That is now over. We have a permanent chair. Laeth Nasir is the new permanent chair for the department, and I've stepped down as the interim chair; but I am still with the department of family medicine at Creighton, now Alegent Creighton actually, so. [CONFIRMATION]

SENATOR CAMPBELL: We should be...that's right, we should get used to saying that. [CONFIRMATION]

MARK GOODMAN: That's right. [CONFIRMATION]

SENATOR CAMPBELL: Tell us a little bit about how you see your experience within Alegent Creighton and the family medicine department and how that would help policy directions or looking at that on the rural health. [CONFIRMATION]

MARK GOODMAN: Creighton is an interesting place. You know, I'm a UNMC grad, and most of my students at that time--mind you, this is almost 30 years ago now--were young people from the state of Nebraska. Creighton tends to draw a lot of people from out of state. It's interesting because a lot of them actually choose to stay here, which benefits Nebraskans. A fair number of our graduates are actually out practicing in western Iowa and in Nebraska. But the situation is a little bit different. In Rural Health

Advisory Commission meetings, we bat around the idea of how to increase interest, and I'm a...I have kind of a personal agenda of a program called "grow your own." I think that many of our smaller communities would benefit from smart students identified maybe even in high school, in the small towns, and say, you're somebody that we would like to see be a healthcare provider and actually come home someday. And if we help pay for this for you and cover the expenses of this, we're going to ask you to return home and come aboard. And I sort of like the notion of these "grow your own" programs. I think that that would actually be a really interesting direction to take. Money is hard to scare up, you know, to get this started. There are a lot of communities, however, I suspect that would pony up for something like that. And I'll break rank a little bit from my fellow commission members. I actually sometimes believe that the Rural Health Advisory Commission should be part of sort of an economic development group rather than a healthcare group, because, you know, what we do there, placement of healthcare providers in need areas of the state, it has huge economic spillover for these communities. If you've got medical care provision within your hometown, and I know this just from Newman Grove, I mean that will fund the community pharmacy and that will fund the nursing home in the community. And someone comes into town to see the doctor and will go ahead and get a script filled and while we're there we might as well get some groceries and let's fill up the car with gas; and, you know, the next thing you know, these dollars start spinning round and round and round and round. And I think it has a big economic impact in these communities. For that reason alone, it seems to me a lot of places might be willing to grow their own. So that's something to think about as the future goes on. [CONFIRMATION]

SENATOR CAMPBELL: I think one of the issues that this committee and the Legislature is becoming more and more attuned to is the fact that as we move to the ACA we are going to have a great number of people that are going to have eligibility here. And how do we ensure that we have the providers that can provide that care? So any thoughts on your part, other than the "grow your own"? [CONFIRMATION]

MARK GOODMAN: You know, money drives all these things. And if there are economic opportunities for care providers in these places, I actually think they're going to find their way to Aurora and Alliance and Bridgeport and all the other places across the state. I'll draw just a couple of examples, and I'll try not to tie up anybody's time. You know, North Dakota was considered the underdog of the country since probably inception. And I spent a lot of time vacationing in California, which always sort of prides itself as the...you know, the be-all and end-all of the universe. And as a Midwesterner, when I go to California now I actually call people up when we're out there, and they'll start giving a hard time to us, you know, middle places. And I'll remind them California has something like $28 billion budget deficits right now, and they're closing rest stops on the interstate and firing teachers. And North Dakota has budget surpluses that are just unbelievable and the underdog has discovered oil and fracking; and, you know, they're paying people at McDonald's $28 an hour, and everyone is finding their way up there. You know, if

there's money to be made, it'll work out. And I actually think the same thing here. If there's money to be made, the providers will actually become apparent. So I'm sorry to be so pragmatic about that, but I actually believe it's true. Conversely, you know, 100 and 150 years ago, medicine was considered charity. There was no money in it. And there's a reason that every hospital across the state originally had a church charter. I mean, with the exception of the University Hospital, which was funded by the state, Clarkson was founded by the Episcopal Church; and Methodist, of course; and Immanuel was founded by the Lutheran Church; and St. Catherine's and the old St. Joe, you know, they all had a church charter because there wasn't any money in it. You did that as a mission. And anyway, the economics will follow that, you know. [CONFIRMATION]

SENATOR CAMPBELL: That's an interesting point in time that you're drawing to. Certainly the public and private partnership is going to have to be there in healthcare, that's for sure. Questions? Senator Krist. [CONFIRMATION]

SENATOR KRIST: Soon to be instead of Alegent Creighton it'll be swallowed up by Catholics, so you know, that whole... [CONFIRMATION]

MARK GOODMAN: Actually that's right, sir. [CONFIRMATION]

SENATOR KRIST: Yeah. So we're going to have another issue. [CONFIRMATION]

MARK GOODMAN: I understand another one is coming. [CONFIRMATION]

SENATOR KRIST: Yeah. But to the point, I...my full-time job is actually flying people around. And I've taken many physicians and dentists to the outstate Nebraska area for day clinics or whatever it might be. And I've had several conversations with doctors who are actually in the country, in the rural, who...the burnout factor is there. And what a nice thing it would be to have respite, so to speak, for those people and get the city doctors out to spell them for two weeks or so. We had a discussion with I think somebody from your committee a couple years ago, and the idea was once you get hooked in that small-town environment, there are people that have stayed. They've loved working with just a smaller group of people and being the country doc, so to speak. I'd love to have you guys talk about that and see if there's something we can do to get involved with that if it doesn't exist right now; or I don't know if you have any thoughts on that. [CONFIRMATION]

MARK GOODMAN: It's been my experience that people are most comfortable with what they grow up in, and I do hear what you're saying. I mean, a lot of times if you can convince a newcomer to come out to these places, they do in fact appreciate, you know, an expansive home at low costs and a safe, wonderful public school system, and, you know, a minute-and-a-half commute, and all those things that many of these places can

advertise. But I tell you, if you're not from there, it's awfully hard. I can't get social friends from southern California to come visit me in Omaha half the time; and there are...people have blinders on about these things. You know, they sort of know what they know, and it's very difficult. And then if you figure a spouse in the mix or pulling kids out of school and start talking about this stuff, it gets really tricky. If that exposure piece could be solved, I think it would be easier. And many of these places are very, very welcoming and inclusive and would bend over backwards, you know, to allow for a comfortable private life for some of these providers. But it still is difficult, and I'm not quite sure how to solve that, frankly. [CONFIRMATION]

SENATOR KRIST: Sure. Well, thanks for your perspective. [CONFIRMATION]

SENATOR CAMPBELL: Any other questions? Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Senator Campbell. And thanks for taking the time, Dr. Goodman. Need to ask, a lot of questions I'd like to ask; but I think I'll throw the most pertinent one at you. What is your opinion of patient-centered medical home? [CONFIRMATION]

MARK GOODMAN: Thank you. That's a great question. You know, family docs have attempted this in some fashion or another, I think since inception. The doc that I went to as a kid back in York, for example, and actually back in Newman Grove, you know, my parents knew Dr. Larson way before I was born, and one of my earliest memories was I got stung by a bee when I was four years old, and Mom called him when they were back in Newman Grove, and he met us at the little hospital in Newman Grove and gave me a shot of cortisone in the butt at 4:00 in the morning. And I still remember this. And our...you know, Dr. Brouillette and Dr. Nordlund in my little hometown in York, we had that relationship with them. Anything you needed, that's kind of where you started. And the patient-centered medical home actually starts with that. You know, this is your access point. We're implementing this in my office now in the Old Market. We have a diabetic educator who is there full time, and we have a Pharm.D. who brings her students down, and they spend time. So we have pharmacy consultations and diabetic education. And it's a wonderful way to practice medicine because these people are such great problem solvers, accessing medicine and getting diabetic test strips and all the things you need to do this care well. It isn't cheap. I mean, now...I mean, they're paying for me. I'd like to believe I'm not terribly costly; but I think I probably am, and high maintenance too, but. We've got some extra people to fund; and, you know, the university is sort of picking up the tab of that to see how this goes. We're providing better care with all this, I have no doubt about that. And institutions and places that try and do this, I think it's a wonderful notion. We'll see if it can all be funded. [CONFIRMATION]

SENATOR GLOOR: Yeah. We're back to the issue of dollars again. [CONFIRMATION]

MARK GOODMAN: Yeah. [CONFIRMATION]

SENATOR GLOOR: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Do you have a question? Go right ahead. Senator Crawford, did you have a question? [CONFIRMATION]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you, Dr. Goodman, for your willingness to serve and for being here today. I was wondering if you would speak just for a little bit about your research background or your work with the Center for Health Policy and Ethics and how you see that coming into your role here with the Rural Advisory Commission. [CONFIRMATION]

MARK GOODMAN: Thank you, Senator. For better or for worse, I've kind of become the...one of the go-to people for sort of orphan subjects, and I end up teaching some of the things and working on some of the things that people aren't particularly interested in messing with, whether it's HIV care, human sexuality, hospice care. If it's controversial or messy at all, that tends to be what lands there, and I think that's what got me started with the Center for Health Policy and Ethics. They are tremendous people there and they're doing actually some interesting good work. It can't all be just work as fast as you can. I think there have to be times where you sort of pour a cup of coffee and sit and think about what you're doing and what the higher purposes are of this stuff, and that's primarily what that does for me. The research protocols that I work on are also primarily around HIV care and end-of-life care and patient perceptions of these things, if that answers your question. I hope so. [CONFIRMATION]

SENATOR CRAWFORD: Okay. Okay, thank you. Well, I was just...you know, I wanted to see if you see a rural...how you see that applying to rural...the questions the commission might address or what that might bring to the commission. [CONFIRMATION]

MARK GOODMAN: I have spoken to the state family medicine people before about being a speaker on some of these things, and I think they're looking for something that has a little bit more appeal in the greater parts of the state. The things that I get really, really fired up about probably don't have the same relevance in Newman Grove as they do in Omaha, so. [CONFIRMATION]

SENATOR CRAWFORD: Right, right. Thank you. Thank you. [CONFIRMATION]

MARK GOODMAN: Yeah. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: I'm going to take one more question, and did you...

[CONFIRMATION]

SENATOR KRIST: I just...you mentioned the docs that were a part of your life. And we lost Dr. Mike Haller, who I think was a pioneer in family. [CONFIRMATION]

MARK GOODMAN: He hired me, Senator, to come back to Creighton, by the way. [CONFIRMATION]

SENATOR KRIST: Yeah. It's a wonderful...thanks for everything you do. [CONFIRMATION]

MARK GOODMAN: Yeah. Very good. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Senator Cook. [CONFIRMATION]

SENATOR COOK: Thank you, Madam Chair. I just wanted to say hello and thank you for your continued work. We had the opportunity to volunteer together on the Nebraska AIDS Project board of directors, so. It's exciting and thank you for... [CONFIRMATION]

MARK GOODMAN: Thank you, Senator Cook, very much. It's great to see you again. [CONFIRMATION]

SENATOR COOK: Yes. [CONFIRMATION]

MARK GOODMAN: Yeah. That's an interesting thing, by the way. You know, when Senator Cook and I were involved in the Nebraska AIDS Project, it too was pretty much orphaned. That was a very difficult subject, and I've been thinking about this now. I mean, for 30 years that's been sort of part of my career, and you know, we are gratefully kind of to the place where it is, in fact, becoming a manageable illness for many people, and it's very different today than it was some years ago. So great times. [CONFIRMATION]

SENATOR COOK: Good. [CONFIRMATION]

MARK GOODMAN: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Dr. Goodman, thank you so much for taking time to come and spend some time with us, and particularly, for giving your time to the Rural Health. It's obvious to me, listening to all the senators' questions for you, that we're very grateful that you're willing to give your time and give back to Nebraska. We need more of you. [CONFIRMATION]

MARK GOODMAN: Thanks for the opportunity to serve. It's a pleasure to be here also,

Senator. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Good. Well, your confirmation will go from this committee to the full Legislature, and I'm sure someone will then notify you; but I don't see any problems with the confirmation. So thanks for coming. [CONFIRMATION]

MARK GOODMAN: Thank you very much. [CONFIRMATION]

SENATOR CAMPBELL: And we'll all be in your office someday just for another afternoon's chat. [CONFIRMATION]

MARK GOODMAN: Yes. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: All right. We will return to Senator Nordquist's bill and we'll take our first proponent. Good afternoon. [LB76]

KEVIN CONWAY: (Exhibit 6) Good afternoon, Madam Chair, members of the committee. My name is Kevin Conway, K-e-v-i-n C-o-n-w-a-y. I'm vice president of health information for the Nebraska Hospital Association. On behalf of our 89-member hospitals and the 43,000 individuals they employ, I'm here today to testify in support of LB76, the healthcare database bill. The Nebraska Hospital Association has been collecting hospital healthcare data for about two decades now. The project was initiated by very similar conversations we're having at this point. So we realize the value of healthcare data. We've been able to put the healthcare data to great use both internally and externally. Hospital members, hospital participants use the data for their operations, help improving their operations for quality, market information. We also use the data for public health good. We participate on a number of projects with Nebraska Department of Health and Human Services in their public health area looking at external cause of injury, head and brain, spinal injury, those sort of things. We also work with a number of the public health departments--Lancaster County, Three Rivers public health services, Omaha, Douglas County--because they also find value in the data. We did testify last year in support of LB1142. We had some concerns, some minor concerns with the makeup of the advisory committee. Senator Nordquist has made amendments, and those amendments are reflected in LB76. The advisory committee, it looks like it has good representation from a number of constituents that would be able to use the healthcare database in their operations. At this point, that's the extent of my verbal testimony I would like to give. And if you have any questions or concerns, I'd be glad to address those. [LB76]

SENATOR CAMPBELL: Thank you, Mr. Conway. Questions? Senator Gloor. [LB76]

SENATOR GLOOR: Thank you, Senator Campbell. Kevin, one of the issues here was should this be organized as a not-for-profit, rather a governmental entity. And I'm not

sure what the bill speaks to, but that was important to the NHA I know. [LB76]

KEVIN CONWAY: We did raise that concern last year, and the advisory committee is actually being organized underneath the Department of Insurance. And my hope and belief is as that advisory committee works through the process, they will realize that the use of the database would be much more amenable to a lot of individuals and a lot of organizations if it was actually managed underneath a not-for-profit public-private partnership. The state I like to bring up as an example of that is Wisconsin. Their system is called WHIO, not necessarily an acronym I would choose for Nebraska (laughter). But basically it's a public-private partnership that does give flexibility for the system to be able to sustain themselves with charging for data. Once organized underneath the governmental entity, it always becomes a challenge. How do you charge for use of the data, use of the services? And underneath a private-public partnership, it gives them more latitude to do that. It also gives them latitude to work with the HIPAA privacy rules, which is also a big concern. A state mandate does provide a certain amount of cover, but it also does help if it's a 501(c)(3) not-for-profit organization that's managing the data. [LB76]

SENATOR GLOOR: And both would be equally protecting, for want of a better word, when it comes to antitrust issues. I mean, there are issues around the sharing of that information that I know that used to run afoul of some of the antitrust laws. [LB76]

KEVIN CONWAY: Well, the state mandate, it does help alleviate some of this, I think specifically the FTC rules. [LB76]

SENATOR GLOOR: All right. [LB76]

KEVIN CONWAY: And FTC is really concerned about price fixing, so it does hamper some of the voluntary efforts. But with the state mandate, it does take it outside the FTC rules about aging data. FTC has a requirement that it's aged at least a certain amount of time period before you can make that data public. [LB76]

SENATOR GLOOR: Okay. Thanks, Kevin. [LB76]

SENATOR CAMPBELL: Other questions? Senator Cook. [LB76]

SENATOR COOK: Thank you, Madam Chair. And thank you for your testimony. I have a question that just emerged from your statement about WOMB (phonetic), is that the name of...is that what they call it in Wisconsin? [LB76]

KEVIN CONWAY: Wisconsin Health Information Organization. [LB76]

SENATOR COOK: All right. I wonder if there is any motivation for some hospitals or

some healthcare agencies to use this as a tool to promote their services. I'm thinking of a most extreme example of the way that Facebook operates now where they sort of monetized likes and links and things like that. Do you know whether or not they've had that issue emerge in Wisconsin? [LB76]

KEVIN CONWAY: I have not heard them talk about that. Honestly I don't...it hasn't come up to my attention that that's been an issue. I have participated in a number of national organizations that talk about all-payer claims data system, NAHDO being one of them, and the Public Health Data Standards Consortium. And I don't think I've heard that conversation come up at any of those meetings, so. It would be something that I think the advisory committee should be cognizant of, make sure they understand that. [LB76]

SENATOR COOK: Maybe that's something they can look into. Okay. Thank you. [LB76]

SENATOR CAMPBELL: Any other questions? Would this run parallel to or in connection to or totally separate from NeHII? [LB76]

KEVIN CONWAY: You know, as we go through and the advisory committee starts looking at this, I think that the all-payer claims data system is a great starting point. But we have to recognize that it has claims data and it lacks a certain amount of clinical information. When you start looking at health information exchanges like NeHII and electronic health records that the provider is putting in, the ability to capture some of that very valuable marginal add-on data is out there. A good example is Minnesota and Florida have been collecting 20 lab tests, results for 20 specific lab tests, adding it to their claims database. And it greatly increases the value of their database. And with the health information exchanges, it does give us that opportunity as we continue to grow the system. Another Achilles heel of all-payer claims data system is they typically don't include Medicare claims. Sometimes they include Medicaid, but almost universally they do not include Medicare claims. As you start looking at the health information exchanges, the opportunity to capture the Medicare claims is also a nice little carrot. [LB76]

SENATOR CAMPBELL: That would be helpful, and the commission would probably have to take a look at how those connections exist. [LB76]

KEVIN CONWAY: Yeah. [LB76]

SENATOR CAMPBELL: So thank you, Mr. Conway, for your testimony today. [LB76]

SENATOR CRAWFORD: Thank you. [LB76]

SENATOR CAMPBELL: Our next testifier. Good afternoon. [LB76]

JOHN LINDSAY: (Exhibit 7) Thank you, Senator Campbell, members of the committee. My name is John Lindsay, L-i-n-d-s-a-y, appearing as a registered lobbyist on behalf of Blue Cross Blue Shield of Nebraska. Blue Cross had someone they wanted to be here today, but the snow set aside those efforts. They asked me to deliver this letter to you. Just like to emphasize, Blue Cross strongly supports LB76. We do believe that the collection and analysis of this information will benefit consumers, it will benefit the employer groups, as well as the public at large. Specifically, some of the keys are that providing transparent data to the public as a tool to support initiatives aimed at improving health, healthcare quality, and to contain costs. Secondly, identifying how much we spend on healthcare in Nebraska and how common procedures vary in price depending on geographic regions, on health systems, or the site of care. And, finally, the ability to track utilization patterns such as use of the emergency rooms, preventable readmissions, and metrics to suggest opportunities to better coordinate care. Blue Cross had urged that the committee advance the bill to the floor, and I'd be happy to answer any questions. [LB76]

SENATOR CAMPBELL: Thank you, Mr. Lindsay. Questions? Seeing none, thanks for bringing the letter today. Our next proponent? Anyone who wishes to oppose the bill? Anyone in a neutral position? Senator Nordquist, I think we're back to you. [LB76]

SENATOR NORDQUIST: I just waive closing. (Inaudible.) [LB76]

SENATOR CAMPBELL: All right, Senator Nordquist waives closing. And we will close the hearing on LB76. (See also Exhibit 8) At the request of Senator Krist, we are combining the testimony for LB458 and LB459. And I'll read those. LB458 would require general acute hospitals to offer tetanus-diphtheria-pertussis vaccinations as prescribed. And LB459 would require certain healthcare facilities to offer on-site vaccination services. Senator Krist. [LB76 LB458 LB459]

SENATOR KRIST: Thank you, Senator Campbell. Fellow members of the Health and Human Services Committee, my name is Bob Krist, B-o-b K-r-i-s-t, and I represent the 10th Legislative District in northwest Omaha, along with the north central portion of Douglas County which includes the city of Bennington. I appear before you today in introduction and support of LB458 and LB459. The difference in the two bills is that we're talking about the healthcare providers in one, and we're talking about the people who are being discharged, or the patients, in the other one. The bottom line is the same because of their contact with patients and because of the patients' contact in the institution and further exposure is possible the transmission of vaccine-preventable diseases, employers and healthcare personnel and patients have a shared responsibility to prevent occupational hazards and further spreading of diseases. Pertussis, or whooping cough, is known for uncontrollable, violent coughing which often makes it hard to breathe. After fits of many coughs, someone with pertussis often needs

to take deep breaths which result in a whooping sound. Pertussis most commonly affects infants and young children and can be fatal, especially in babies less than one year of age. I feel pretty strongly about this. I've heard CDC and healthcare providers talk about preventable diseases and how we all thought in our minds that we had our whooping cough vaccination when we were younger, and we didn't have to do anything again. Well, that's not the case. We need to continually stay up with our vaccinations. This is important; LB458 and LB459 are important. It's also interesting to note, and I'd like to point out to you, it does not make it mandatory to pay, the institution does not pay for it, so you could still use Medicare and Medicaid or any other insurances to pay for your...or you could pay for it yourself. So I think we made it available. We would like it to be available for those healthcare providers who put themselves at risk with the patients; and for the patients upon discharge or in the facilities. And I'd be happy to answer any questions, although I think there is some experts behind me. [LB458 LB459]

SENATOR CAMPBELL: Okay. Questions? Senator Gloor. [LB458 LB459]

SENATOR GLOOR: Help me with this. Have you presented on...have you opened on both of these bills at the same time? [LB458 LB459]

SENATOR KRIST: Yes, sir. [LB458 LB459]

SENATOR GLOOR: So I can ask questions about either one of them. Boy, I'm confused. [LB458 LB459]

SENATOR KRIST: I may not have an answer, but. [LB458 LB459]

SENATOR GLOOR: When it says "shall offer," nothing in here would require a hospital to give employees...I mean... [LB458 LB459]

SENATOR KRIST: Right. [LB458 LB459]

SENATOR GLOOR: ...it's not mandated that employees have to have the immunization. [LB458 LB459]

SENATOR KRIST: It shall be offered at the facility. [LB458 LB459]

SENATOR GLOOR: Okay. [LB458 LB459]

SENATOR KRIST: And the...I'm assuming that no facility out there would penalize someone for not taking them up on their offer, but you know how that goes. So you can't write it to every contingent. [LB458 LB459]

SENATOR GLOOR: Sure. [LB458 LB459]

SENATOR CAMPBELL: Other questions? Okay. We'll take the testimony and then see if we have additional questions. Our first proponent; and if you are testifying on which bill, please identify that after you identify your name. [LB458 LB459]

KORBY GILBERTSON: Chairwoman Campbell, members of the committee, for the record my name is Korby Gilbertson, it's spelled K-o-r-b-y G-i-l-b-e-r-t-s-o-n, appearing today as a registered lobbyist on behalf of Sanofi Pasteur in support of both LB458 and LB459. Just first to get out of the gate to make sure that everyone understands, neither of these bills are a mandate. Both of them...one of them requires that...LB459 requires that the healthcare facility have on-site vaccinations available. In neither bill is it required that the people take the vaccination. We've had in previous years, for those of you who haven't been around, we've worked on various preventative diseases that have vaccinations available to try to prevent them and work towards requiring more vaccinations. In fact, if you look at LB458, there is language regarding the influenza, and that is a bill that we passed a couple years ago with the help from this committee. So this just moves it forward. And every time that we've brought a bill, it's based on CDC recommendations because they've seen an uptick in cases. In fact, in Douglas County in 2012 there were over 150 cases of pertussis. So that is rather shocking when you consider that most people assume it's been taken care of because of vaccinations that people have. But what is more shocking, at least to me when I was looking at data from the CDC, was that less than 7 percent of adults have an up-to-date vaccination for Tdap or pertussis, tetanus and diphtheria. So this would require in LB458 that hospitals offer to their employees an additional shot of Tdap, which includes all three things; that's how it is delivered. And then in LB459 that they make it available to patients upon discharge. And that's really all they do. So I'd be happy to try to answer any questions. [LB458 LB459]

SENATOR CAMPBELL: Any questions? Senator Gloor. [LB458 LB459]

SENATOR GLOOR: Thank you, Senator Campbell. Thanks, Korby, I do appreciate you providing testimony. It gives me the opportunity to point out the conundrum we're faced with, and that is that these bills are good bills. I think they will probably sail along. It will be interesting to hear who else has things to say about them; but it's also worth pointing out the reality is, if there are vaccines that are given, there are vaccines that are made by manufacturers who sell those vaccines. And that's not to minimize the humanitarian approaches the manufacturers take towards free distribution of vaccines and programs they have out there. But in reality, above and beyond the human aspects of it, there is also a business model that comes from people who fabricate vaccines. And these bills are both good for business. Not a bad thing... [LB458 LB459]

KORBY GILBERTSON: Sanofi Pasteur is not the only maker of these vaccines. [LB458 LB459]

SENATOR GLOOR: Absolutely, absolutely. And that's why I used the term "there are manufacturers in general." [LB458 LB459]

KORBY GILBERTSON: Right. [LB458 LB459]

SENATOR GLOOR: And, again, this isn't a disparaging comment. It's to point out as we talk about healthcare reform in a variety of capacities, there are business models that overlap with charitable use and improving people's health. And we just need to keep that in mind. [LB458 LB459]

KORBY GILBERTSON: Absolutely. [LB458 LB459]

SENATOR GLOOR: Again, it's the reality of the system we have. Thank you. [LB458 LB459]

KORBY GILBERTSON: Thank you. [LB458 LB459]

SENATOR CAMPBELL: Other questions? Senator Howard. [LB458 LB459]

SENATOR HOWARD: Thank you, Senator Campbell. And thank you, Korby, for your testimony. [LB458 LB459]

KORBY GILBERTSON: Um-hum. [LB458 LB459]

SENATOR HOWARD: Can you talk a little bit...just dovetailing off of Senator Gloor's comments, can you talk a little bit about the resources that are available for facilities in order to afford the Tdap? [LB458 LB459]

KORBY GILBERTSON: Right. Right now, if...most insurances and then with the ACA these will be covered...mandatorily covered by insurance. Right now there are availability for low-income people to get shots that are actually funded by the state. And then the Vaccines for Children program pays for underprivileged children to get those vaccines. [LB458 LB459]

SENATOR HOWARD: But it doesn't pay for their parents to get those vaccines? [LB458 LB459]

KORBY GILBERTSON: Then there are other programs through either Medicaid or other access to vaccine through the state of Nebraska that they can get it reimbursed. [LB458 LB459]

SENATOR HOWARD: Because, essentially, this would be like a cocooning program for

pertussis is what you're working on, right? [LB458 LB459]

KORBY GILBERTSON: Well, it's to make the shots even more available. Obviously, this doesn't force everyone to have them. And I know, for example, that Senator Krist got some information from some healthcare...at least one healthcare worker that was opposed to the bill because she thought it was mandatory that they'd have to have the shot. It's not. If they choose not to be vaccinated, there is nothing we can do to force them. I mean we could, but I...probably wouldn't get it passed. (Laugh) So that's the...just to make it more available so that you don't see an uptick like 155 cases in Douglas County last year. [LB458 LB459]

SENATOR HOWARD: All right, thank you. [LB458 LB459]

KORBY GILBERTSON: Sure. [LB458 LB459]

SENATOR CAMPBELL: Senator Crawford. [LB458 LB459]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you. I was just looking at LB458, so. [LB458 LB459]

KORBY GILBERTSON: Um-hum. [LB458 LB459]

SENATOR CRAWFORD: That's the one for hospital employees. [LB458 LB459]

KORBY GILBERTSON: Right. [LB458 LB459]

SENATOR CRAWFORD: And I just want to ask and clarify, we're talking about the guidelines of the CDC. [LB458 LB459]

KORBY GILBERTSON: Um-hum. [LB458 LB459]

SENATOR CRAWFORD: Is that specifically saying hospital employees? Is it a guideline for hospital employees, or is it a vaccination guideline in general; and this bill is saying since that guideline exists, let's make sure hospital employees are covered? [LB458 LB459]

KORBY GILBERTSON: There is two recommendations in the CDC. One is that all adults, because the vaccination rates in adults, so that would be age 18 to 65, were less than 7 percent. For healthcare professionals, I think, is the term of art they use, that rate was around 17 percent. And so that's why there are two separate bills. The healthcare professional bill so the employees...it would be anyone working in a hospital would be included, because they can be in contact with a patient or the general population of the hospital. Does that answer your question? So that is...for LB458, it's limited just to the

healthcare professionals. [LB458 LB459]

SENATOR CRAWFORD: A recommendation for healthcare professionals. [LB458 LB459]

KORBY GILBERTSON: Right. But the CDC's recommendations do cover both. It was specifically for all adults; and then specifically again for healthcare professionals. The specific language in their recommendations is: healthcare professionals should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since their most recent tetanus vaccination. [LB458 LB459]

SENATOR CRAWFORD: I actually have a question about that phrase as well, just didn't understand what that meant: regardless of the time since their most recent vaccination. [LB458 LB459]

KORBY GILBERTSON: So if you had a tetanus shot, if you had just received a tetanus shot, because tetanus is delivered...the pertussis vaccine is delivered with two others; with tetanus and diphtheria. So what the CDC is saying is, regardless of the last time you got a tetanus shot, say if you cut yourself open on a piece of rusty metal or something, then you go get a tetanus shot; what they're saying is...and you only have to do that, I think, it's every ten years is the recommended spacing for tetanus. They're saying, regardless of when you had your last tetanus shot, you should get this Tdap booster because it includes the pertussis vaccine. [LB458 LB459]

SENATOR CRAWFORD: So there are no negative effects on... [LB458 LB459]

KORBY GILBERTSON: No. [LB458 LB459]

SENATOR CRAWFORD: ...having it more frequently. [LB458 LB459]

KORBY GILBERTSON: I think they would claim not. I think there are certain groups that think there might be, but I'd argue that no. [LB458 LB459]

SENATOR CRAWFORD: Is there a reason for the focus on hospitals? [LB458 LB459]

KORBY GILBERTSON: Most easy way to distribute it. You have, obviously, it would be hard to say that you have to set it up on a street corner or doctor offices to do it. This is a lot more generalized. And furthermore, a lot of hospitals already have this in their programs. They already do a lot of this, a lot of the bigger hospitals do. This would just make it more standard across the state. [LB458 LB459]

SENATOR CRAWFORD: Okay, so several hospitals already have this as a protocol? [LB458 LB459]

KORBY GILBERTSON: Yes, and I think there will be someone from the Hospital Association behind me. [LB458 LB459]

SENATOR CRAWFORD: Thank you. [LB458 LB459]

SENATOR CAMPBELL: Any other questions? Thank you, Ms. Gilbertson. [LB458 LB459]

KORBY GILBERTSON: Thank you. [LB458 LB459]

SENATOR CAMPBELL: Our next proponent? [LB458 LB459]

JOSEPH KOHOUT: (Exhibit 9) Chairwoman Campbell, members of the Health and Human Services Committee, I promise I will not go over my time today like I did last Friday. [LB458 LB459]

_____: Which is three minutes. (Laughter) [LB458 LB459]

SENATOR CAMPBELL: We're watching. [LB458 LB459]

SENATOR KRIST: Two and a half, go. [LB458 LB459]

JOSEPH KOHOUT: Senator Campbell reduced my time to two minutes in front of this committee. (Inaudible) Joe Kohout, K-o-h-o-u-t, registered lobbyist appearing today on behalf of the March of Dimes. I'm passing around a letter to the members of the committee that includes information presented by, and gives the basis for the March of Dimes' support of LB459. And I think the main reason for March of Dimes' support you can find in the last sentence of paragraph two of the letter, or excuse me, the last two sentences: 92 percent of deaths from pertussis occur in babies under four months of age, and most infants with pertussis caught the disease from someone in their family, often a parent. That's fundamentally the position of their support. We believe that this conforms to our idea of healthy moms, healthy babies. And so with that I will try to answer any questions that you might have. [LB458 LB459]

SENATOR CAMPBELL: Questions from the senators? Everybody is reading. [LB458 LB459]

JOSEPH KOHOUT: Thank you. [LB458 LB459]

SENATOR CAMPBELL: Thank you. Good afternoon. [LB458 LB459]

BRUCE RIEKER: (Exhibits 10 and 11.) Good afternoon. Chairman Campbell, members

of the committee, my name is Bruce Rieker, B-r-u-c-e R-i-e-k-e-r, testifying in support of both LB458 and LB459 on behalf of the Nebraska Hospital Association. On LB458, virtually all medical societies recognize this as a recommended protocol and appreciate what Korby Gilbertson had said. But most of our hospitals already do this. In fact, the vast majority of them do it. But standardizing this across the state, we support that. Many of our hospitals go even further that it isn't just employees that they offer to, but also volunteers that work within the hospital facilities as well. So we support it, LB458, because it is a good public health move. As far as LB459, my testimony would be almost identical as far as our inpatients or residents of the nursing facilities that our hospitals own that is offered in almost every instance as well, whether they be large hospitals or small. But there are a few hospitals that haven't made it a standardized process. But as far as an association perspective, we're in support of both bills. [LB458 LB459]

SENATOR CAMPBELL: Excellent. Questions for Mr. Rieker? Senator Crawford. [LB458 LB459]

SENATOR CRAWFORD: Senator Campbell. Thank you for your testimony. [LB458 LB459]

BRUCE RIEKER: You're welcome. [LB458 LB459]

SENATOR CRAWFORD: I guess it strikes me if this is understood to be appropriate protocol and most hospitals are doing it, what is the...why should it become statute? Why wouldn't it be...well, why should it become statute and, for example, why wouldn't the Hospital Association be working with members in terms of professional standards to address this? [LB458 LB459]

BRUCE RIEKER: Well, that's a good question as to why it has to be placed in statute. We've had similar discussions on other requirements of the influenza vaccination in years past, but we can't mandate our members. We continue to work on quality public health, things of that nature; but in instances like this, bringing everybody into a statutory requirement, you know, I don't want to offer it as the heavy hand that forces some to step up, but there are a few hospitals that haven't done this for whatever reason it may be, I don't know. But, you know, we're not in any way opposed to it being standardized in the statutes. So, you know, we're not here hard-pushing it, or pushing it hard, but it's not going to be problematic for us at all. [LB458 LB459]

SENATOR CRAWFORD: Thank you, Senator Campbell. Just for my education, since I'm new to this committee, and maybe, hopefully, helpful for other people as well. Is it relatively common, are there other good examples of this kind of statute guiding discharge, are there other common state statutes that require certain tests or immunizations that discharge? [LB458 LB459]

BRUCE RIEKER: I think it's becoming more common; whether we find it in statute or a regulatory requirement. We're seeing across the country more and more states codifying recommendations from the Centers for Disease Control. So this isn't putting Nebraska out there in a land different than what we're probably seeing across the country. [LB458 LB459]

SENATOR CRAWFORD: Thank you. [LB458 LB459]

BRUCE RIEKER: You're welcome. [LB458 LB459]

SENATOR CAMPBELL: We were just discussing who carried the influenza bill? [LB458 LB459]

SENATOR GLOOR: Senator Howard. [LB458 LB459]

SENATOR CAMPBELL: Senator Howard. [LB458 LB459]

SENATOR GLOOR: Senator Howard, number one. [LB458 LB459]

SENATOR CAMPBELL: Senator Howard, one, yes. [LB458 LB459]

SENATOR GLOOR: I'm pretty sure it was Senator Howard. [LB458 LB459]

BRUCE RIEKER: And you are correct, it was. [LB458 LB459]

SENATOR CAMPBELL: And the same conditions pretty much existed on discharge, am I correct? [LB458 LB459]

BRUCE RIEKER: Right. [LB458 LB459]

SENATOR CAMPBELL: Am I correct? I'm looking at my colleagues here. [LB458 LB459]

BRUCE RIEKER: That one was between October 1 and April 30 or something like that. [LB458 LB459]

SENATOR CAMPBELL: Right, right. [LB458 LB459]

BRUCE RIEKER: But the language, you know, we've worked with the proponents...I mean the pharmaceutical companies. The language in this is very consistent with what we've worked out in the past, so it is...except for that time frame for the influenza vaccinations, it pretty much is identical language. [LB458 LB459]

SENATOR CRAWFORD: Thank you. [LB458 LB459]

SENATOR CAMPBELL: Senator Gloor. [LB458 LB459]

SENATOR GLOOR: Thank you, Senator Campbell. It's probably worth stating that although the intent of this legislation, as I read it, isn't a mandate; that doesn't mean that an individual employer can't say it's a term of employment. [LB458 LB459]

BRUCE RIEKER: True. [LB458 LB459]

SENATOR GLOOR: Whether they make that decision of not, is up to them. [LB458 LB459]

BRUCE RIEKER: Right. And we can go further, you bet, absolutely. [LB458 LB459]

SENATOR GLOOR: Yeah, the individual employer still maintains the right to say it is a term of employment. I'm not hiring any smoker; I'm not hiring somebody who refuses to get their immunizations; and so on and so forth. That still exists, and nothing that we do in statute can take away or is intended to take away the right of that employer to make it a term of employment in that particular facility. So there is a difference. And I'm not sure that it is understood that way by some of the folks who are opposed to these types of legislation. [LB458 LB459]

BRUCE RIEKER: Right. Thank you. [LB458 LB459]

SENATOR CAMPBELL: Any other questions or comments? Thank you, Mr. Rieker. [LB458 LB459]

BRUCE RIEKER: You're welcome. Thank you. [LB458 LB459]

SENATOR CAMPBELL: Our next proponent for either LB458 or LB459? Those who wish to testify in opposition to either LB458 or LB459? Those who wish to testify in a neutral position? Senator Krist, I believe we are to you. [LB458 LB459]

SENATOR KRIST: I want to do this from out here for a reason. There was a lady who contacted my office; and I was going to do this in my closing, but Korby has already stolen my thunder. She was adamant about just the fact that you brought up about a condition of employment and people being treated unfairly because they wouldn't take the immunization or they didn't want to. That was part of the closing as well, thank you. That's it, that's it in a nutshell. You used the term, Senator Howard, cocooning. And what we have here is a near-epidemic spread of a particular disease that can be avoided. And we need to make this recommendation loud and strong; and the hospitals

can, again, exercise their judgment as you described. So, thank you for listening to the two together. I thought it would be quick on Friday afternoon, and it is. [LB458 LB459]

SENATOR CAMPBELL: (Exhibits 12 and 13.) Thank you very much. Any follow-up questions from the senators? If not, we'll note that we did receive two letters and they do deal with just the issues that Senator Krist talked about in his closing. Okay? With that we'll close the public hearings. And have a wonderful weekend, drive safely. [LB458 LB459]