[LB236 LB427 LB535 CONFIRMATION]

The Committee on Health and Human Services met at 1:00 p.m. on Friday, March 15, 2013, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB535, LB236, LB427, and gubernatorial appointments. Senators present: Kathy Campbell, Chairperson; Tanya Cook; Sue Crawford; Mike Gloor; Sara Howard; and Dan Watermeier. Senators absent: Bob Krist, Vice Chairperson.

SENATOR CAMPBELL: Okay. I hate to break up the conversation, but...I'd like to welcome you to the beginning of the hearings this afternoon for the Health Committee, but particularly because we're starting a little early to get through the appointments, the gubernatorial appointments, for the Rural Health Advisory Commission. So...and we're very mindful that the committee is trying to...your committee is trying to meet this afternoon. So we don't want to hold up your agenda either. So this afternoon we will start with Dr. Brian Buhlke. Am I saying that correct, Doctor? [CONFIRMATION]

BRIAN BUHLKE: That's correct. [CONFIRMATION]

SENATOR CAMPBELL: Just come right on forward, and you get to have the comfy, brown chair there. And we treat these hearings as a way to kind of get to know you... [CONFIRMATION]

BRIAN BUHLKE: Sure. [CONFIRMATION]

SENATOR CAMPBELL: ...and visit. It's more of a dialogue... [CONFIRMATION]

BRIAN BUHLKE: Sure. [CONFIRMATION]

SENATOR CAMPBELL: ...so just relax. And we're also trying to gain...we learn as much from you, actually. We're trying to get ourselves well informed about the work of the Rural Health Advisory Commission. [CONFIRMATION]

BRIAN BUHLKE: Sure. [CONFIRMATION]

SENATOR CAMPBELL: So that's pretty much the gist of this. [CONFIRMATION]

BRIAN BUHLKE: Okay. [CONFIRMATION]

SENATOR CAMPBELL: For the record and the transcriber, would you state your name for the record and spell it. [CONFIRMATION]

BRIAN BUHLKE: (Exhibit 1) Yeah. Dr. Brian K. Buhlke: B-r-i-a-n, middle initial K., last

name Buhlke, B-u-h-l-k-e. [CONFIRMATION]

SENATOR CAMPBELL: And, Dr. Buhlke, you are a new appointment... [CONFIRMATION]

BRIAN BUHLKE: That's correct. [CONFIRMATION]

SENATOR CAMPBELL: ...to the health committee, so tell us a little bit about your interest in serving on this committee... [CONFIRMATION]

BRIAN BUHLKE: Okay. [CONFIRMATION]

SENATOR CAMPBELL: ...or about yourself. [CONFIRMATION]

BRIAN BUHLKE: Yeah, I'm a new appointment, but I've been familiar with the commission for quite a while. I was originally from Nebraska, did medical education in an adjoining state, in Iowa. And when I came back to Nebraska I was surprised how little of my colleagues would consider Nebraska for primary care. One of the biggest concerns was loan repayments and that Nebraska continued to tax loan repayments. So the state of Nebraska would give you an incentive to come to this state and then turn around and tax you for that incentive. So we were the only state, surrounded, that continued to do that. And so I've worked with the commission for several years and spent a great deal of time and effort making sure that Nebraska was on a same playing field, per se, for recruitment. I live in Central City, Nebraska. We have clinics in Fullerton; we have clinics in Genoa. We represent about 12,000 Nebraskans, and we cover five EMS, which is ambulance services. We cover six nursing homes, five assisted-livings, two hospitals. We cover the ER for both hospitals, myself and two other partners. We have five mid-levels. And we're just trying to ensure that rural health continues to be healthy going forward. [CONFIRMATION]

SENATOR CAMPBELL: Absolutely. Questions from the senators? Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you for being here, Dr. Buhlke, and your willingness to add one more thing to your list of things that you do within your community and for your profession. And more for the committee's edification, but Dr. Buhlke is extremely well thought of by those physicians that he refers to, at least in the medical community I used to work with. And I think his resume points out that he's also very actively involved in the community of Central City above and beyond just medicine, the overall health and well-being of that community. So I'm glad to see you're interested in serving on the commission. You bring a lot of talent and a lot of commitment to the issue. And so thank you for your willingness to take the time. [CONFIRMATION]

BRIAN BUHLKE: Thank you, Senator Gloor. [CONFIRMATION]

SENATOR CAMPBELL: Dr. Buhlke, your resume...I was so struck by the fact that you were "Young Physician of the Year," "Rural Physician of the Year"; you've sort of become educator...and "Educator of the Year" and "Med Director," just an outstanding resume to bring to the commission. [CONFIRMATION]

BRIAN BUHLKE: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: That's really quite impressive. And we're glad to have you. Senator Crawford. [CONFIRMATION]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you again for your willingness to serve and to be here. I just wondered if you might speak for a minute about what you see as the connection or intersection in a rural community between healthcare and economic development. [CONFIRMATION]

BRIAN BUHLKE: I think it's one of the biggest players. I think healthcare in all small communities is probably the biggest employer, if not the school system. [CONFIRMATION]

SENATOR CRAWFORD: Uh-huh. [CONFIRMATION]

BRIAN BUHLKE: I also sit on the school board... [CONFIRMATION]

SENATOR CRAWFORD: Okay. [CONFIRMATION]

BRIAN BUHLKE: ...so I get to talk about both of those. I think without a hospital, without a clinic, I don't believe a community can continue to grow. I think we've seen that in Fullerton. Several years ago I think Fullerton made a bad decision by letting their hospital close. And now communities realize that without healthcare, without good school systems, that you can't bring young families into it. So with the ancillary staff that we bring in, with the critical-access hospitals, the clinics, the therapy, you can't have nursing homes, you can't have assisted-livings. And if you can't have all those, then you can't have young couples, you can't have the people that want to live there and make it their home. And you can't stay there when you're old. [CONFIRMATION]

SENATOR CRAWFORD: Uh-huh. [CONFIRMATION]

BRIAN BUHLKE: So without good healthcare in these communities, they just can't continue to thrive. And, unfortunately, as we saw in the census, all small communities in Nebraska are going to have to dig deep in their pockets to see how they're going to

continue to grow and not continue to get smaller. [CONFIRMATION]

SENATOR CRAWFORD: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Any other questions from the senators? Dr. Buhlke, thank you so much for your willingness to serve in addition to your long list of how you're serving a community. You are a great example of someone who came back into rural Nebraska to make such a difference. So we're really glad you came back from Iowa. [CONFIRMATION]

BRIAN BUHLKE: Yeah, thanks. Thank you very much. [CONFIRMATION]

SENATOR CAMPBELL: (Laugh) Don't want the Hawkeyes to claim you too much there. [CONFIRMATION]

BRIAN BUHLKE: That's right. [CONFIRMATION]

SENATOR GLOOR: And we appreciate his being doctor of the day... [CONFIRMATION]

SENATOR CRAWFORD: Oh, yeah. [CONFIRMATION]

SENATOR CAMPBELL: Oh, that's right. [CONFIRMATION]

SENATOR GLOOR: ...twice so far this year. [CONFIRMATION]

BRIAN BUHLKE: Yep, twice so far this year. [CONFIRMATION]

SENATOR CRAWFORD: Nice, nice. [CONFIRMATION]

SENATOR CAMPBELL: Thank you. [CONFIRMATION]

SENATOR CRAWFORD: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: We've all had occasion to talk to the doctor of the day, that's for sure. Before we go to the next appointment, I think we finally have everybody in place, so we'll do some introductions. I'm Kathy Campbell, and I represent District 25, which is east Lincoln and eastern Lancaster County. And, Senator, you want to...? [CONFIRMATION]

SENATOR WATERMEIER: Dan Watermeier, District 1, Syracuse. [CONFIRMATION]

SENATOR HOWARD: Sara Howard, District 9, midtown Omaha. [CONFIRMATION]

SENATOR COOK: I'm Tanya Cook, District 13, in Omaha. [CONFIRMATION]

MICHELLE CHAFFEE: I'm Michelle Chaffee. I serve as legal counsel to the committee. [CONFIRMATION]

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

SENATOR CRAWFORD: Sue Crawford, District 45, which is Bellevue, Offutt, eastern Sarpy County. [CONFIRMATION]

DIANE JOHNSON: And I'm Diane Johnson, the committee's clerk. [CONFIRMATION]

SENATOR CAMPBELL: Okay, we will go to the next appointee, Ms. Mary Kent. Is Ms. Kent here? There she is. And her home is in Table Rock. [CONFIRMATION]

MARY KENT: Yes. [CONFIRMATION]

SENATOR CAMPBELL: Is that right? [CONFIRMATION]

MARY KENT: Yes... [CONFIRMATION]

SENATOR CAMPBELL: Did I say that right? [CONFIRMATION]

MARY KENT: ...it is. [CONFIRMATION]

SENATOR CAMPBELL: Got to be careful of the chairs. We try to make it as hard as we can to move that chair; I don't know why. We need to oil the rollers or something. Ms. Kent, you are a new appointment... [CONFIRMATION]

MARY KENT: Yes, I am. [CONFIRMATION]

SENATOR CAMPBELL: ...to the Rural Health...tell us a little bit about yourself and how you got interested in serving on the Rural Health Advisory Commission. [CONFIRMATION]

MARY KENT: (Exhibit 2) I've been the administrator at Colonial Acres in Humboldt for six years. My interest is the challenges that long-term care is facing, especially services to the elderly in the rural areas, and how it coordinates with the clinics and hospitals that help us take care of these people and provide for their needs, provide for them the opportunity to age in their own communities, to have those facilities there for them in the future. I think that's going to be a challenge, and it's a big concern. [CONFIRMATION]

SENATOR CAMPBELL: Exactly. I notice on the resume it says that the "Rural Health

Development"...but that's your position with the nursing care facility, right? [CONFIRMATION]

MARY KENT: Right, I'm the administrator for Humboldt. I work for Rural Health Development, which manages 20-some nonprofit nursing homes in the state of Nebraska. [CONFIRMATION]

SENATOR CAMPBELL: And in your role as an administrator, what is the capacity? Are you at capacity in your facility? [CONFIRMATION]

MARY KENT: We are not. We're probably running five to six under capacity in the nursing home on a regular basis. In our assisted-living, we tend to remain full most of the time. I mean, if we have two to three rooms available, that will only last a few months, and then we're full again. So there's a real demand for that type of care in our area. [CONFIRMATION]

SENATOR CAMPBELL: Interesting. So you think, at this point, you're pretty much at a point at which you're covering the area and being able to help people who need it. [CONFIRMATION]

MARY KENT: Yes, we, you know, I say we're from Humboldt, but the area we cover expands beyond that into the even smaller rural towns and the country around us. So... [CONFIRMATION]

SENATOR CAMPBELL: Yeah, exactly. [CONFIRMATION]

MARY KENT: ...we serve quite an area. [CONFIRMATION]

SENATOR CAMPBELL: Interesting. I noted in your resume that you worked for the Nebraska State Probation system for a very long time. [CONFIRMATION]

MARY KENT: Um-hum. [CONFIRMATION]

SENATOR CAMPBELL: Has your experience there...I don't know that you probably think of your residents as probation (laughter), but I'm sure you learned some skills and techniques that carry over as an administrator. [CONFIRMATION]

MARY KENT: I learned a tremendous amount of characteristics and personality types in the State Probation system that help you understand families and residents that you deal with. I mean, what I learned there was amazing. [CONFIRMATION]

SENATOR CAMPBELL: Interesting. And I also noted on your resume that you served as a grant writer... [CONFIRMATION]

MARY KENT: Um-hum. [CONFIRMATION]

SENATOR CAMPBELL: ...with the United Tribes of Kansas. [CONFIRMATION]

MARY KENT: Yeah, that was great. I loved doing that. [CONFIRMATION]

SENATOR CAMPBELL: You know, that's a population that we often do not hear addressed... [CONFIRMATION]

MARY KENT: Um-hum. [CONFIRMATION]

SENATOR CAMPBELL: ...when we're talking about some of the committees and commissions. So I thought that would be very helpful, your experience there, on the commission. [CONFIRMATION]

MARY KENT: That population is a...someone we really need to think about, especially in the Humboldt area. We take for granted the Native background we have in southeast Nebraska and northeast Kansas, but it's a tremendous thing, and it's a very proud thing. And their culture and what they believe is very important, and it helps me serve the people who come into our facility, knowing that they're proud of their background, and that they share that with me. And I...it's just a very important knowledge to have. [CONFIRMATION]

SENATOR CAMPBELL: But I would think that knowledge would also be extremely helpful to the Rural Health Advisory Commission. I think you bring an interesting perspective there that we've not seen. And so I'm glad that you're there. The committee had a lengthy hearing this summer on child welfare. [CONFIRMATION]

MARY KENT: Uh-huh. [CONFIRMATION]

SENATOR CAMPBELL: And we went to Macy and had a long hearing in terms of Indian child welfare, and it was very, very helpful to the Health Committee. [CONFIRMATION]

MARY KENT: Uh-huh. [CONFIRMATION]

SENATOR CAMPBELL: So I appreciate your experience there. [CONFIRMATION]

MARY KENT: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you for your willingness

to serve. Is Ron Ross still the head of Rural Health Development? [CONFIRMATION]

MARY KENT: Yes, he is. Yes. [CONFIRMATION]

SENATOR GLOOR: Did you know he used to be the head of the Department of Health and Human Services for the state? [CONFIRMATION]

MARY KENT: Yes, I do. I know that. [CONFIRMATION]

SENATOR GLOOR: Tell him his name came up during your confirmation hearing, and then you can have a little fun deciding how you want to answer that question when he says: What did they talk about? (Laughter) [CONFIRMATION]

SENATOR CAMPBELL: Those of us who know him...it'll bring a smile to his face if you bring that up, so. Other questions? Yes, Senator Crawford. [CONFIRMATION]

SENATOR CRAWFORD: Thank you, Senator Campbell. Are there adult day-care services in your area that you're familiar with? And can you speak to what you see in terms of rural provision of those kinds of services? [CONFIRMATION]

MARY KENT: We've been approved for adult day care in our facility. And in the area that I serve, people have a tendency to stay home as long as they can, and their families are a big part of that. I could see that piece growing. Right now we're still at a point where families are trying to coordinate their lives around their elderly loved ones. [CONFIRMATION]

SENATOR CRAWFORD: Without using that service... [CONFIRMATION]

MARY KENT: Without using that... [CONFIRMATION]

SENATOR CRAWFORD: ...you mean? [CONFIRMATION]

MARY KENT: ...um-hum. [CONFIRMATION]

SENATOR CRAWFORD: Okay, thank you. [CONFIRMATION]

SENATOR CAMPBELL: Any other questions? Thank you so much for your service on the commission. [CONFIRMATION]

MARY KENT: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: For the new people in the audience--and why I say "new," new to their appointment--the committee will vote on it...and I, you know, I don't see any

problems with any of the appointments today. And we forward that name to the full Legislature for the vote by the Legislature. And so I'm sure you'll be notified by the commission, but I certainly don't see any problem. And we're just very appreciative that you've stepped forward. With the diversity in your background, that would be quite a help to the commission. So thanks for coming today. [CONFIRMATION]

MARY KENT: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Uh-huh. Our next appointment, or I should say reappointment, I believe, is Dr. Rebecca Schroeder. Is Dr. Schroeder here? Hi, Dr. Schroeder, how are you? [CONFIRMATION]

REBECCA SCHROEDER: Good. How are you? [CONFIRMATION]

SENATOR CAMPBELL: Very good. We're glad to have you here. [CONFIRMATION]

REBECCA SCHROEDER: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: We'll ask you the same thing. Tell us a little bit about yourself and certainly, that you've served on the commission, tell us a little bit about what are some of the challenges you think the commission will tackle. [CONFIRMATION]

REBECCA SCHROEDER: (Exhibit 3) All right. First of all, my name is Rebecca Schroeder, and I'm a clinical psychologist. And I live and work in Curtis, Nebraska. For those of you who don't know where Curtis is... [CONFIRMATION]

SENATOR CAMPBELL: I do. [CONFIRMATION]

REBECCA SCHROEDER: ...take McCook, take North Platte, it's right in the middle between the two. I have lived in Nebraska since about 1988. I actually grew up in Minnesota and was not a rural resident at all. I grew up in Fargo-Moorhead, which is about the same size as Lincoln, maybe a little smaller. But via graduate school in Nevada, I came to Nebraska because of the internship at the Norfolk Regional Center. And so I'm one example of how having a good internship in the state can get you professionals in the state, and they're staying: here I am. So I live in Curtis; I have offices there and in North Platte. And there are some unique features, certainly, about serving in rural areas. And it's definitely been a learning curve for me over the years. And one of the things that I've become aware of are of all the issues that rural people deal with on a day-to-day basis, both practitioners and as patients and as clients and as just everyday-living people. I have served on the committee I'm not even sure how many years. [CONFIRMATION]

SENATOR CAMPBELL: I think you said... [CONFIRMATION]

REBECCA SCHROEDER: Is this my... [CONFIRMATION]

SENATOR CAMPBELL: ...12. [CONFIRMATION]

REBECCA SCHROEDER: ...is it...this...I think, is this my fourth appointment? [CONFIRMATION]

SENATOR CAMPBELL: You've said two terms. [CONFIRMATION]

REBECCA SCHROEDER: Two terms, and they're three years each, so... [CONFIRMATION]

SENATOR CAMPBELL: Yes. [CONFIRMATION]

REBECCA SCHROEDER: ...okay. This would be seven years? [CONFIRMATION]

SENATOR CAMPBELL: I think so. [CONFIRMATION]

REBECCA SCHROEDER: It's been a long time. But I've seen some growth and differences over the years. When I first joined the committee, it was the first year that behavioral health had been approved for student loans. And that has definitely been a learning curve for all of us on the commission as we adapt and adjust to the unique factors involved in that. We're very used to the medical model, and sometimes behavioral health doesn't always fit in those neat grooves as a medical doctor might. So we've adapted and we've grown. And I think that we've had a lot of success in placing individuals in areas all over Nebraska. Obviously, the committee's main goal is to recruit individuals to those areas, but one emphasis that I would like to see even more is to retain those individuals. You know, it's not good enough to send someone out to Chadron for three years. They get their student loans paid off and then they leave. That's not what our purpose is. We want to keep them there. So I would really like to see us, as a committee, look at ways that we can induce those individuals to stay in the community. We do try our best to do that via the recruitment process, such as looking at individuals who have grown up in rural areas, who know what it's like, who want to have family life there, who want to be a part of the community. But we also need to look at developing services, maybe some inducements to keep them there, issues dealing with professional isolation, you know, just kind of looking at various factors to try to maintain them in their areas. [CONFIRMATION]

SENATOR CAMPBELL: Dr. Schroeder, you currently serve as the vice chair... [CONFIRMATION]

REBECCA SCHROEDER: Yes. [CONFIRMATION]

SENATOR CAMPBELL: ...correct, for the...you also have a list of serving in the community as well as being a member of the American Psychological Association. [CONFIRMATION]

REBECCA SCHROEDER: Yes. [CONFIRMATION]

SENATOR CAMPBELL: So you've certainly done a yeoman's task in terms of volunteering and helping statewide, so...much appreciate that. Questions from the senators? Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Senator Campbell. Dr. Schroeder, thank you again for your participation over these years. Are you involved in any telehealth with your behavioral medicine practice? [CONFIRMATION]

REBECCA SCHROEDER: I have not personally. I mainly do psychological assessments, which would be very difficult... [CONFIRMATION]

SENATOR GLOOR: Yeah. [CONFIRMATION]

REBECCA SCHROEDER: ...to do through a telehealth program. [CONFIRMATION]

SENATOR GLOOR: I'm guessing this has been talked about with the commission, but how do you see, long term, behavioral health and telemedicine matching up? Or do they match up in any way? [CONFIRMATION]

REBECCA SCHROEDER: I think there's a place for it, and I think it is being used in many of the communities surrounding my area, especially when it's involved in maintenance. You know, right now, like, for example, in North Platte, we are really short of psychiatrists. So there is a telehealth group that has come in, and they're seeing large numbers of individuals who otherwise would not be able to be seen or would have had long waits in order to be seen. [CONFIRMATION]

SENATOR GLOOR: For, like, med checks? [CONFIRMATION]

REBECCA SCHROEDER: Exactly, yes. [CONFIRMATION]

SENATOR GLOOR: Okay. [CONFIRMATION]

REBECCA SCHROEDER: Sorry, I didn't make...wasn't clear on that. [CONFIRMATION]

SENATOR GLOOR: No, no, but I wanted to make sure that that's allowable... [CONFIRMATION]

REBECCA SCHROEDER: Um-hum. [CONFIRMATION]

SENATOR GLOOR: ...they could do med checks with telehealth. Yeah, I hadn't thought of that, but I could see, especially since that doesn't take a lot of time, but... [CONFIRMATION]

REBECCA SCHROEDER: Exactly, and where there's already been a history gathered... [CONFIRMATION]

SENATOR GLOOR: Yeah. [CONFIRMATION]

REBECCA SCHROEDER: ...and the situation has already been assessed. [CONFIRMATION]

SENATOR GLOOR: Okay. Thank you. [CONFIRMATION]

REBECCA SCHROEDER: Um-hum. [CONFIRMATION]

SENATOR CAMPBELL: Senator Crawford, did you have...? [CONFIRMATION]

SENATOR CRAWFORD: No. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Any other senators have a question? Dr. Schroeder, while you're here, one of the issues that arose over the last year was, you know, having multiple people in a district or area that might be eligible for the repayment of a loan. Do we need to do something about getting more money to the commission? If you have, like, a couple of people in an area that might need a loan repayment, I'm concerned whether we're sure we've got all the tools that you need. [CONFIRMATION]

REBECCA SCHROEDER: Finances is definitely an issue right now with the commission. And we're looking right now at putting people on a waiting list because of a lack of funds. [CONFIRMATION]

SENATOR CAMPBELL: Okay. [CONFIRMATION]

REBECCA SCHROEDER: So we do have some individuals who are willing to serve if we can get the Legislature, you guys, to give us the funds. [CONFIRMATION]

SENATOR CAMPBELL: Because I think at some point...and I know that you do a very good job of talking to people in different areas, and...but if we're going to really have more people come into rural health, and draw them in, we're probably going to have to look at a way where you can have a loan repayment for more than one person from a

district if you think they qualify. Would that be accurate? Am I seeing that as a problem? [CONFIRMATION]

REBECCA SCHROEDER: Yeah. It's kind of complicated. It's a complicated issue because you have to qualify... [CONFIRMATION]

SENATOR CAMPBELL: Right. [CONFIRMATION]

REBECCA SCHROEDER: ...to be in...so it may depend on what particular rural area you're talking about... [CONFIRMATION]

SENATOR CAMPBELL: Okay. [CONFIRMATION]

REBECCA SCHROEDER: ...as to whether or not there is a need, which is measured... [CONFIRMATION]

SENATOR CAMPBELL: Got it. [CONFIRMATION]

REBECCA SCHROEDER: ...by those specific standards. [CONFIRMATION]

SENATOR CAMPBELL: Okay. Well, one of the things that...I had a brief conversation with the Chairman of Appropriations Committee about looking at the funds for rural health and...for scholarships and loan repayment, as a way...because we definitely know we're going to have to do that. [CONFIRMATION]

REBECCA SCHROEDER: I really appreciate you bringing that up, because I think this is a program that is well worth the money spent, that for every dollar that we put in this fund, we're going to get back, all of us as Nebraskans. [CONFIRMATION]

SENATOR CAMPBELL: Right. Senator Gloor and I have worked together this summer to put together a resolution, LR22, which would bring stakeholders--we're not quite sure how that's all going to work--together, but to look at innovative ways to increase access and service delivery. One of the things that I think Senator Gloor and I talked about, not at great length, but taking a look at the advisory commissions or committees that are already working in the health area, to elicit also your comments on that question. So we may be coming back to the commission and saying, give us some ideas. [CONFIRMATION]

REBECCA SCHROEDER: We'd be happy to. I think that would be a great idea. [CONFIRMATION]

SENATOR CAMPBELL: Okay. Excellent. Any other questions or comments? Thanks a lot. [CONFIRMATION]

REBECCA SCHROEDER: All right. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Thanks for coming today. Our next appointment is Dr. Avery Sides, and I bet I'm not saying that right. Good afternoon. [CONFIRMATION]

AVERY SIDES: Good afternoon. [CONFIRMATION]

SENATOR CAMPBELL: I'm going to let Kaitlyn finish here so we don't...that's quite all right. Would you go ahead and state your name for the record and spell it for us. [CONFIRMATION]

AVERY SIDES: (Exhibit 4) Sure. My name is Avery Sides, A-v-e-r-y, last name is S-i-d-e-s. [CONFIRMATION]

SENATOR CAMPBELL: And, Dr. Sides, you are a new appointment and a family practice resident. So how is the residency going? [CONFIRMATION]

AVERY SIDES: Well, since the chair of our residency is back there, it's going very well. (Laughter) [CONFIRMATION]

SENATOR CAMPBELL: It's going very well, huh? [CONFIRMATION]

AVERY SIDES: Yes. [CONFIRMATION]

SENATOR CAMPBELL: I knew that that chair was going to follow you, but I thought I'd give you a chance. Tell us a little bit about yourself and why you're interested in the commission. [CONFIRMATION]

AVERY SIDES: So I grew up in Potter, Nebraska, which is very far west, out by Sidney. And I come from a very large family which frequent the medical services extensively. When I was in my high school years, I decided that medicine was the area in which I wanted to go, and I got my EMT license. And through that, we worked through the hospital a lot, and I was exposed to rural medicine at that point. And I could see the needs that were coming in rural medicine as far as, you know, especially the need of physicians. So I chose that, you know, I chose to become a provider. And I learned about the Rural Health Opportunities Program in Chadron and took advantage of that, because, you know, I really did have an interest in going back rural because my family is there. And I know that they, you know, as they age, are going to need providers, so...and then when I went into UNMC, it was just natural for me to join the accelerated residency because they share the same goal, you know, putting providers back in a rural area. So when I learned about this committee, I thought, well, this is just the next step for me because I do have such a large passion in trying to figure out how we can

get people there, how we can keep them there, and how to provide good services; not just get them there, but make sure that the medical care there is good. [CONFIRMATION]

SENATOR CAMPBELL: Dr. Sides, I'd like to draw my colleagues' attention...and I know they've probably looked at it. But if you read the additional information that Dr. Sides...you know, you could be a poster child for what we're trying to do. And if you look at the second paragraph of what you wrote there, that's exactly what we need, is to have people understand the difference between rural and urban, but how important it is to go there. We may be quoting this somewhere, because it's just very well written. And thank you; I appreciate that. Questions? I keep wanting...Dr. Crawford today. Senator Crawford. [CONFIRMATION]

SENATOR CRAWFORD: (Laugh) Thank you, Senator Campbell. And thank you for your service; I really appreciate it. We were talking over lunch...there was a substance abuse lunch, and they were talking about abuse of pain medications and things that happen in schools with students with access to these medications. I wonder if you could speak to if you have seen that in the rural communities where you've been serving or any insights that you have in terms of what you see on that front and ways...things that you think we should know about that from a doctor's perspective in rural areas. [CONFIRMATION]

AVERY SIDES: So, you know, I do have siblings still in high school, so this is interesting; they were adopted, so my parents didn't...so they're quite young: 15, 16. And so I am, you know, frequently talking to my parents about these issues. And, you know, we kind of tend to think about opioids as being a big issue, but there's other medications, especially where a lot of people are having, you know, being diagnosed with ADHD and using stimulant medications. And I've been hearing about that quite frequently coming from the area and that it is becoming a problem. I haven't figured out what, as providers, we need to be doing in order to kind of curb that, but, you know, it's something to be aware of and be careful in prescribing. And, you know, I think, especially with ADHD or ADD, whichever, that we...in rural areas we are kind of limited as far as other people that we can access to help diagnose. You know, I know out in Sidney when we go to diagnose these patients, a lot of them are sent to North Platte, which is about an hour and a half away, to help, because there's other providers there, such as a psychologist that helps with that diagnosis. But a lot of people don't have the money to go there. And so, you know, being able to educate the physicians that are out there on how to diagnose well in order to make sure that the treatments are truly necessary... [CONFIRMATION]

SENATOR CRAWFORD: Uh-huh. [CONFIRMATION]

AVERY SIDES: ...to limit the accessibility to the children, I think is important.

[CONFIRMATION]

SENATOR CRAWFORD: Can you imagine or do you see telehealth being used to help with that need to have another colleague involved in some of these diagnosis decisions? [CONFIRMATION]

AVERY SIDES: Absolutely. You know, I moonlight down in Falls City as well, and I can see where telehealth would be an outstanding piece for those providers. You know, as much as we try to educate ourselves and, you know, through CME try to stay up to date, there's just nothing more helpful than another provider with a little bit more education, especially in that specialty, that I think would make a huge difference in those rural areas, because making those patients travel, most of the time, is just not an option. [CONFIRMATION]

SENATOR CRAWFORD: Um-hum. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Michelle and I had occasion this past summer to meet with a group of psychologists and psychiatrists from UNMC, and we talked there about...and they wanted us to look at a program called "Call a Doc" or "Ask a Doc" in Kentucky. And basically what it was is it was a network of doctors who could help other physicians or healthcare providers answer questions, just exactly what Senator Crawford...and certainly Senator Gloor's question on telehealth. And it is an interesting program. We'll probably take a greater look at it. But it's mirrored what you're saying exactly. Dr. Sides, thank you for coming today. Good luck with the residency. We'll put in a good word for you, how about that? [CONFIRMATION]

AVERY SIDES: Thank you. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: So thank you very much for coming today. And for Senator Lathrop, we didn't start without you. We are doing some gubernatorial appointments. I saw you kind of look at the person in the chair. Just so you know, we'd never start without you there. Our next appointment--and we have two appointments to finish up--visiting with Dr. Michael Sitorius. Dr. Sitorius is a reappointment. And for those who have joined us, we are talking to folks who are going to serve on the Rural Health Advisory Commission. Dr. Sitorius, we were very impressed with your student. I promised I'd put in a good word for her, so... [CONFIRMATION]

MICHAEL SITORIUS: She speaks for herself in her actions. [CONFIRMATION]

SENATOR CAMPBELL: Good. Well, we're very pleased to have you. And you are a reappointment, so tell us a little bit about yourself and your service on the Rural Health Advisory Commission. [CONFIRMATION]

MICHAEL SITORIUS: (Exhibit 5) Well, I was thinking about this. I don't know how many years I've been on, but I think I was appointed to the first Rural Health Advisory Commission. I don't know how many years that is. But...and I also was thinking, as each one of the presenters came...the commission members came up, that I'm the only one today who isn't living in a rural location. So just to give you some background, I did grow up in a rural location, south-central Nebraska. My father was a GP; I grew up around medicine. My intentions when I went to medical school were to return to rural areas. Life changes, and I stayed and became a faculty member at the University of Nebraska Medical Center. And that's the appointment that I'm representing, is the UNMC representative. Seeing that I was not going to, probably, go back and practice rural, I committed myself to an education career which has been focused on developing programs to try to do what we're talking about here, and that's find young people, educate young people, keep them interested in rural careers--and that's not just in medicine but in other disciplines also--and, hopefully, get them out into rural areas and then work with the communities in how to sustain them and keep them there, retain them. And that's pretty much what I've spent the last 35 years of my academic career working on. [CONFIRMATION]

SENATOR CAMPBELL: And very dedicated and we appreciate that. Questions from the senators? Senator Gloor. [CONFIRMATION]

SENATOR GLOOR: Thank you, Senator Campbell. And thanks again, Mike, for your years and years of service in a variety of ways. You know, there are at least two different types of programs we have to encourage...financially encourage practitioners. The one is just flat scholarship forgiveness. The other is community partnerships, where, I think, we require a certain amount of money to be put up by the communities that gets matched. Do either one of those, do you think, work better than the other? [CONFIRMATION]

MICHAEL SITORIUS: Well, this is my opinion, maybe not the commission's opinion. [CONFIRMATION]

SENATOR GLOOR: Sure, no. [CONFIRMATION]

MICHAEL SITORIUS: But having been on this long, I've seen a shift from the importance of scholarships to a greater importance and, I think, a better return on the investment in loan forgiveness, because of two reasons. One, we have people further along the pipeline, and the chances of them changing are less, from out of a career that's oriented towards rural. And I think the other thing is it puts skin in the game by the community in partnering to try to help sustain those practitioners. So, increasingly, some of the academic literature would show that that is probably the way most states are moving, is putting more of their emphasis into loan forgiveness programs. [CONFIRMATION]

SENATOR GLOOR: Okay. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Excellent. That's a lot of help to us, Dr. Sitorius. I want to thank you so much for your service. And before we go on to the next, I have a very personal question to ask you. Are you related to Susan Sitorius? [CONFIRMATION]

MICHAEL SITORIUS: She's a second cousin. [CONFIRMATION]

SENATOR CAMPBELL: She was my college roommate, so... [CONFIRMATION]

MICHAEL SITORIUS: There you go. There you go. [CONFIRMATION]

SENATOR CAMPBELL: ...that...you know, every time I'm reminded in this committee about, really, how small Nebraska is and how many connections. We're sort of like all the Kevin Bacons, in Nebraska, I think. So, please, if you see her ever, give her my best. [CONFIRMATION]

MICHAEL SITORIUS: Will do. Will do. [CONFIRMATION]

SENATOR CAMPBELL: Thank you. Thank you, Dr. Sitorius. We appreciate your being here today. Our final appointment visit today is with Mr. Roger Wells. Mr. Wells, as he is making his way up, is a reappointment to the commission and serves as a physician assistant. Did I say that correct? [CONFIRMATION]

ROGER WELLS: That is correct. [CONFIRMATION]

SENATOR CAMPBELL: Mr. Wells, we're very glad to hear that you are willing to be reappointed. Tell us a little bit about yourself and your interest. [CONFIRMATION]

ROGER WELLS: (Exhibit 6) All right. My name is Roger Wells, R-o-g-e-r W-e-l-l-s. I live in St. Paul, Nebraska, have been there approximately 25 years as a physician assistant providing healthcare. I've also been on the Governor's commission: on, then went off while I was serving for the American Academy of Physician Assistants in Washington, D.C. I've been president of the Nebraska Academy of Physician Assistants twice and now have been more involved locally, as I feel that's the most important spot...area that I can contribute to the state of Nebraska. [CONFIRMATION]

SENATOR CAMPBELL: Would you like to answer Senator Gloor's question, too, about whether the scholarship or loan repayment, from your perspective of serving on the commission? [CONFIRMATION]

ROGER WELLS: I'd like to do that from a personal perspective, not necessarily from the

commission. [CONFIRMATION]

SENATOR CAMPBELL: Okay. [CONFIRMATION]

ROGER WELLS: I, as a father, and I'm sure you've all had the opportunity to have children that grow up and you want them to do something. I have one son who's just finishing his residency, one daughter who's a physician assistant, and the other one is a dietitian. As we watched them go into the schools and be swayed and etcetera, they get more enticements from...or more interest in gaining money, at their age group. When you look at that, then over the last ten years there's been a 37 percent increase in specialty payments and 25 percent in family practice and now...or in primary care, excuse me, not family practice. And now we're going to tell people to take less money in, work harder, have more requirements, do more paperwork, and get less reimbursement and more time. And so the enticement needs to be with the loan forgiveness, because you want to get them to the community, not necessarily get them in. Because if you do it as a scholarship, there's nothing to say at the end of the boat that they can...don't default out. At the present time approximately 88 percent of your monies that go into the loan program actually come...stay for their full three years at least. [CONFIRMATION]

SENATOR CAMPBELL: Thank you. That's helpful. Senator Gloor, did you want to follow up? [CONFIRMATION]

SENATOR GLOOR: Yes, except to say, you know, I had questions ready to ask Roger, since I've known him for a long time. He took care of answering everything without any prompting, so...but I would say, by way of knowing Roger for a number of years, it's interesting that when you can get stability in a community, and he's a PA, but because he's been in that community, he's trusted by that community, he's committed to that community, they've been able to build a medical community around him and recruit physicians into that community and expand their hospitals. So it shows that if you can get practitioners into a community who are quality practitioners, who are committed to practicing rural medicine and earn the trust of that community, it's pretty amazing what can happen within that community in terms of the scope and quality of healthcare they provide. So he's a wonderful addition to the commission. I'm glad you're still interested in serving, Roger. [CONFIRMATION]

ROGER WELLS: Thank you. Could I add one or two things on that? It's really important. Would it be all right with you, Senator Campbell? [CONFIRMATION]

SENATOR CAMPBELL: Oh, absolutely. [CONFIRMATION]

ROGER WELLS: I have two things. One is your LB20 bill that's certainly coming forward. That's very important to us. But also I'd like to address your LR22. And the

reason for that is I've also been...with the commission, I'm the representative on an item that we have initiated called "Workforce 2020," and I doubt if you've every heard of it. Workforce 2020 is a group of approximately 20 people, or 15...19 to be exact, that have gotten together and now developed a Web site for the development of providers in healthcare throughout the state of Nebraska over the next ten years. When we started, started in 2010, late, and our goal is to be done by 2020, and now has its own Web site. And we're developing that because in Nebraska almost 35 percent of the providers are preretirement--that means Lincoln, Omaha, everywhere--that's in primary care. And we're just dumping all these new people in there. We are in a crisis, so we have to develop people to work at the top of their abilities. And so when we add bills, I encourage you to look to see if it's going to restrict us to be able to practice, because the practice...for me, is when you are approved to be able to write Schedule II narcotics and not have to have it go to a physician. Every time I had to run down the hallway...now that I can...or write for a death certificate. It doesn't change the practice. There's somebody looking over your shoulder all the time. Whether it's the Department of Health or an insurance company, there's somebody always watching. So we need to develop to practice to the top of their potential, to the top of their license, so that we can continue to provide healthcare throughout, whether it's a medical assistant, whether it's a dentist, whether it's a nurse practitioner or physician assistant. Those people that are being involved in the team of the physicians have to be providing care at the top of their level to keep the physicians in the place that they want to go to. Okay. [CONFIRMATION]

SENATOR CAMPBELL: We will take your report and start there. [CONFIRMATION]

ROGER WELLS: Thank you. [CONFIRMATION]

SENATOR CAMPBELL: Absolutely. No, it's great. I think one of the things that Senator Gloor and I are learning after introducing this resolution is the number of people that have come up and said: We're working on creative ideas; we're ready... [CONFIRMATION]

ROGER WELLS: Yes. [CONFIRMATION]

SENATOR CAMPBELL: ...we're ready to talk to you. So thank you so much, and we'll take a look at the Web site. [CONFIRMATION]

ROGER WELLS: Please. If you have any questions, please don't hesitate to contact me. [CONFIRMATION]

SENATOR CAMPBELL: It sounds like... [CONFIRMATION]

ROGER WELLS: Appreciate it. Thank you. [CONFIRMATION]

SENATOR CAMPBELL: ...Senator Gloor knows exactly where to find you. [CONFIRMATION]

ROGER WELLS: I think he does. [CONFIRMATION]

SENATOR CAMPBELL: We thank you all very much for coming, on the Rural Health, because we've tried to go through rather quickly with all of you because we know you have a commission meeting. So thank you for coming. And you...we won't hesitate to call you if we have questions. All right, we will move into the agenda for the afternoon. And Senator Lathrop is here. Senator Lathrop is the sponsor of LB535, which would adopt the Prescription Monitoring Program Act and repeal prescription monitoring provisions. Senator Lathrop, good to have you again. [CONFIRMATION LB535]

SENATOR LATHROP: Thank you, Senator Campbell and members of the Health Committee. My name is Steve Lathrop, L-a-t-h-r-o-p. I'm the state senator from District 12 in the Omaha area, and I'm here today to introduce LB535. This is one of those bills that kind of comes to me by way of my private life or my professional life. I, as many of you know, represent people that get hurt in a lot of different ways, most often car accidents, but it can be industrial accidents or any manner of injuries. And those people are living their ordinary lives, just like you and me, and the doctor prescribes a painkiller and...for some injury or another or some condition or another. And these folks start taking the medication as prescribed and, before they know it, they're hooked on this stuff. And when you get hooked on these pain medications, you start to act like a junkie. You start to...you develop the habits of a junkie, and you start to lie like a junkie. And the next thing you know, in order to get enough medication for your condition or to satisfy your addiction, you're now getting other doctors involved, going to the emergency room when you don't need care, all so you can get more prescriptions that you'll take to a variety of pharmacies, all with the idea that you don't want everybody in the circle to know what's going on. I introduced LB535 because I've watched these people who have struggled with this, and a lot of them end up at a great program at the University of Nebraska Medical Center, the Pain Clinic over there, which is in many respects sort of an addiction center to help people get off the medications. And what I learned is...and Senator Gwen Howard put a bill in that this is intended to sort of work from or build upon, and what we're trying to accomplish here is something that we did with the pseudoephedrine, right? When people are buying the Sudafed to make the meth, we found a way to know when they're buying it and to stop them from buying too much of it and more than you'd need just to take care of your cold or whatever that condition may be. We have a problem, and we have people who are getting pain medications and different controlled substances, and no one is able to effectively monitor how many doctors they're seeing, how many prescriptions they're filling. And LB535 is an attempt to work at that process. Senator Howard took a stab at this, Gwen did, and the bill said we're not going to spend any money at it. And I suspect that that

may be part of the problem. The other part of it is that we haven't really moved past "we're thinking about it" or "we're talking about it" and moved to "we've got to get something in place that's an effective monitor of the habits of those who would fill multiple prescriptions of these controlled substances." So LB535 is an effort at that. Now having introduced it, I can tell you that I've run into probably the same problems Senator Howard did, which is I have some people that will tell you that the Nebraska Health Information Initiative is the best way to go. You know, we can graph our way into that and effectively monitor these people. They can opt out of it. So the very people who you're trying to follow can opt out of it, and so that's a shortcoming. We don't have all the folks that we need in that group. And I understand that the number of people who are participating is increasing every day. But the question that we need to look at, I say we, me and this committee, is do we need to...can we effectively do what we want to accomplish through the NeHII Program or do we have to have a standalone? And I have to say, as oftentimes happens, I have Doug Koebernick doing a lot of work on this, and he has talked to an awful lot of people. And what we're learning is some folks think that NeHII is the way to go, some people think it's not; some states are using standalone programs. And as much as Doug has tried to get this ready for this session, you know, so that we'd have a solution I could bring to you, it's not going to be. It's going to require more study or more work. We're committed to that. I hope you'll leave the bill through the session so that we can pick it up next year and, hopefully, I can bring to you, maybe with your help, an amendment that will accomplish what we think is the best way to do it. And we'll look at trying to come up with grants to help with the start-up process, because I think that's another thing that we can do to make this a little easier to pass, is to get some help with the start-up costs, which seem to be the primary issue. So with that, I'd be happy to answer questions that you may have. [LB535]

SENATOR CAMPBELL: Absolutely. Questions from the senators? Senator Crawford. [LB535]

SENATOR CRAWFORD: Thank you, Senator Campbell. And thank you, Senator Lathrop, for bringing this bill. I have just one question since we're in the process of talking about moving forward. I wondered if you had considered what you might do with on-line pharmacies or if you've gotten the advice from your research on other states on that. [LB535]

SENATOR LATHROP: I know that there was a discussion about that and that that is part of the consideration. I'll tell you that my interest comes not just from my own professional life, seeing clients of mine that have gotten hooked on these drugs, but from a fellow who was...who lost a son to the prescription medications. And as I talked to some of the State Patrol folks across the state, that's a problem; and I'm not sure how to address it, but it ought to be. This ought to be the opportunity to do that. [LB535]

SENATOR CRAWFORD: Right. I just wanted to make sure it is on the table as you're

moving forward and... [LB535]

SENATOR LATHROP: I appreciate that, because it is... [LB535]

SENATOR CRAWFORD: ...there are limited tools but... [LB535]

SENATOR LATHROP: ...it is an issue, and people can get a script and mail it or e-mail it, or however they do that, to those places. [LB535]

SENATOR CRAWFORD: Thank you. [LB535]

SENATOR LATHROP: Then we have to have a way to monitor them, too. The other piece, if I can, is I think at some point we're going to try to do this so it's across the country; and we want to make sure that if we're going to spend money putting something in place, that it syncs well and we don't have to do it twice... [LB535]

SENATOR CAMPBELL: Exactly. [LB535]

SENATOR LATHROP: ...because I think we may be coming to that day. [LB535]

SENATOR CAMPBELL: Did you want to continue? [LB535]

SENATOR CRAWFORD: One more thing: I think this focuses on controlled substances. In the lunch that you sponsored today and the discussion with one of our board nominee...commission nominees raised the issue of the ADHD drugs as well. So that is also something that might be an issue to have on the radar screen as you're moving forward. [LB535]

SENATOR LATHROP: And I heard somebody talking about a young guy crushing one of those up... [LB535]

SENATOR CRAWFORD: Right. [LB535]

SENATOR LATHROP: ...and snorting them. I don't know what they get out of that; but if that's something that we should monitor, then maybe we throw our net broad enough to get the ADHD medications. [LB535]

SENATOR CRAWFORD: And the...one of the commission...Rural Health Commission nominees was here speaking, and I asked her about what she saw in terms of prescription drug abuse or concerns in the rural areas, and she had mentioned that ADHD is a stimulant and it gets abused. [LB535]

SENATOR CAMPBELL: Senator Gloor. [LB535]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you for bringing this bill forward, Senator Lathrop. I spent a little time working with Senator Howard with her bill and know, from some of the research I did personally, that this is one of those things that's state by state by state. There seems to be a growing groundswell of the best way to address this is to try and come up with something nationally. And any questions I may have had you answered, actually, by way of some of the research you're doing and Doug is doing. I have no doubt that some day in the future this will be an easy thing to rectify. But I would have said two years ago we were closer than we are now. And so there, I think, is some wheel spinning going on and it's appropriate for us to take a look on a state-by-state basis, I think, for a while yet, because it's not coming together nationally very quickly. [LB535]

SENATOR LATHROP: It would be nice to be able to see over the horizon and see what's going to happen nationally so we could invest all our resources in one system, one time, and then plug into the other states. [LB535]

SENATOR GLOOR: Yeah. [LB535]

SENATOR LATHROP: And you know, at the lunch today, somebody...a pharmacist that used to work in Ashland said, we'd get Omaha people that would drive out to Ashland because, you know, we got on their route of places to go to pick up these medications. Well, it's only a matter of time before people go into Sioux City and Council Bluffs and, you know, neighboring towns on the other side of the border once we get this set up. So it is an issue that calls out for some kind of a national solution too. [LB535]

SENATOR CAMPBELL: I know we're going to hear from one of your testifiers, but I was at a breakfast this summer with the Nebraska Medical Association and this topic was brought up, and you begin to realize the depth of what that problem is. So your request to the committee to continue working on it, and we'll be glad to help in any way we can... [LB535]

SENATOR LATHROP: I appreciate that. [LB535]

SENATOR CAMPBELL: ...over the summer, I think is a great suggestion. [LB535]

SENATOR LATHROP: Thanks. [LB535]

SENATOR CAMPBELL: Sometimes the best solution is to keep working until we can get a bill that you feel really does cover the problem as best we can, and we're glad to do that for you. [LB535]

SENATOR LATHROP: Yeah, and the idea that we can do it without spending any

money, I mean I understand it was...that was a pretty common approach to trying to develop solutions, but sometimes you just have to make the investment. And there's a lot of good people, and they don't start out as junkies; they, you know, they just end up there after they've been hurt somehow or another. Sometimes it's kids that are experimenting with it. And there's a lot of different ways you can end up hooked on this stuff, but we need to get on top of it. It certainly is as important as catching the guys that were buying Sudafed. [LB535]

SENATOR CAMPBELL: Absolutely. Senator Lathrop, again, thanks for bringing the bill. [LB535]

SENATOR LATHROP: Sure. [LB535]

SENATOR CAMPBELL: Will you plan to stay? [LB535]

SENATOR LATHROP: I will probably not. [LB535]

SENATOR CAMPBELL: Okay. [LB535]

SENATOR LATHROP: I have...Doug is upstairs watching this on the television and taking copious notes... [LB535]

SENATOR CAMPBELL: Okay. [LB535]

SENATOR LATHROP: ...so he'll hear all the remarks, and we'll pick it up from there. I should get over to Judiciary Committee, though, so... [LB535]

SENATOR CAMPBELL: Absolutely. And if we need to follow up, we can certainly find you and do that. [LB535]

SENATOR LATHROP: Yeah, great. Thank you. [LB535]

SENATOR CAMPBELL: Thank you. [LB535]

SENATOR LATHROP: Appreciate it. [LB535]

SENATOR CAMPBELL: All right. We will go with our first testifier today, a proponent for the bill. Now I'm going to take the opportunity to fill you in on the procedures for the committee, because we didn't do that because we were working with the gubernatorial appointments. So you can just relax for just a minute. I'm going to remind everybody in the room that if you have a cell phone with you, please double-check that it's on silent or that it's turned off. If you're planning to testify today, you just come forward. You need to have filled out one of the bright orange sheets and then you give it to the clerk. And if

you have written testimony or things you want us to have, you can hand it to the clerk and the pages will distribute it for you. When you come forward and sit down, you have five minutes. We do use the clock in the Health Committee. It will be green, as you see it there. It will stay green for four minutes and then it will go to yellow when you only have one minute left. And when it goes to red, I'll probably be trying to get your attention, because we want to make sure that the first person who testifies has a fair opportunity to do that, as the last person on a Friday afternoon. So we want to be very fair about that. So we will go ahead and start. Please state your name for the record and spell it for us. [LB535]

JASON KRUGER: Dr. Jason Kruger, J-a-s-o-n K-r-u-g-e-r. I'm here speaking on behalf of the Nebraska Medical Association. I also currently serve as president of the Nebraska Chapter of the American College of Emergency Physicians. I'm an ER doctor, a practicing ER doctor here in Lincoln at St. Elizabeth Regional Medical Center. I also serve as the EMS medical director for Lincoln Fire and Rescue, Waverly, Bennet, Hickman, Hallam, Cortland, Clatonia, Pickrell, Beatrice, Douglas, Palmyra--we got 17 EMS agencies--speaking in strong support of LB535. Prescription drug abuse is an epidemic in our country and in our state. According to the Centers for Disease Control, 100 people die from drug overdoses in the United States every day. Drug overdose death rates have more than tripled in the United States since 1990. Prescription painkillers were involved in nearly 15,000 overdose deaths back in 2008 and killed more people than cocaine and heroin combined. In 2010 more than 12 million people reported using prescription painkillers for nonmedical uses. In 2008 the CDC estimated that for every 1 death there were 10 treatment admissions related to prescription drug abuse, 32 ER visits for misuse or abuse, 130 people who abused or were dependent, and 825 nonmedical users for every 1 death. Currently in the United States more people are dying from prescription drug overdoses than are dying in motor vehicle collisions, and we have lots of laws regarding seat belts, speed limits, motorcycle helmets for now. But as a practicing ER doctor in Lincoln, this is something we encounter every single day in our emergency department. It is difficult enough to practice as an ER doctor. I absolutely love my job. I wouldn't want to do anything else. I never want to withhold pain medicines from somebody who's truly suffering acute pain, while at the same time I absolutely want to do no harm. I don't want to throw gasoline on the fire of somebody who has a prescription drug addiction. This is a devastating disease process, and sometimes you encounter people earlier in the disease and then may encounter them later in their disease process, and you can, just as an ER doctor, see the toll it has taken on them. The first day I took over as EMS medical director for Lincoln Fire and Rescue, I was downtown here at Station 1 meeting with our battalion chiefs when an echo call came out for two teenagers in cardiac arrest. And you normally don't get an ER doctor coming on the ambulance, but I hopped on one of the rigs and went out there, and there were two teenagers, both in respiratory arrest from smoking their mother's fentanyl patches just on a Tuesday afternoon. Our first responders are absolutely heros. They saved both of their lives. They were able to ventilate them, get

an IV started giving them reversal agents. They went to the emergency department, where they recovered, and after a few hours both signed out, against medical advice, while their mother was screaming at the ER staff because nobody would write her a prescription for more fentanyl pain patches. This is a devastating, devastating disease. NeHII has been kind of one proposed option. NeHII is a great idea and a good program. But as a prescription drug monitoring program, it has at least four fatal flaws. One, it's subscription based. Providers, you're never going to get all the, you know, dentists and vets and doctors and PAs and nurse practitioners to pay the currently $360 a year for a subscription. There would be spotty coverage and people would just engage the system until they found somebody that was not a subscriber. NeHII allows people to opt out, which is problematic in this disease process. There's spotty coverage across the state. There's no, really, NeHII participation in Lincoln. There's decent participation in Omaha but none in Lincoln. And it doesn't cover any cash-pay prescriptions. People pay cash; they can keep under the radar. Again, as a doctor I can't really tell. If somebody comes in to the ER with the worst headache of their life, I'm going to take them at their word and I'm going to run tests, looking for brain tumors, aneurisms, strokes, meningitis, and may get x-rays, CAT scans, MRI, spinal taps and run up, unfortunately, a large bill for maybe somebody that is just looking for pain medicine. I, again, I want to do no harm. Nebraska is one of only a handful of states that does not currently have a PDMP. I believe this would save lives, most importantly. It will also save money. One of the last patients I saw with a drug overdose came in unresponsive. We put him on a ventilator. He was in kidney failure, heart failure related to this hypoxic injury that he had suffered, ended up on dialysis, was in our intensive care unit for two weeks, and this one patient alone would have paid for an entire prescription drug registry implementation in the state. In conclusion, I think this is a good bill. I would implore you to work on this and move forward with this. And I would be absolutely happy to answer any questions that any of you would have about this. [LB535]

SENATOR CAMPBELL: Thank you, Dr. Kruger. Questions of the senators? Senator Crawford. [LB535]

SENATOR CRAWFORD: Thank you, Senator Campbell. So as an ER doctor, are there any immediate suggestions that you have that would make a prescription drug registry more easier for you to use, easy for you to access when a patient comes in? Do you have any initial feedback for us? [LB535]

JASON KRUGER: You know, most states currently have a prescription drug monitoring program. We're one of only a few that does not have an operational one. You know, I think just a database where you could just simply log in and check with a patient's name and age, in order to just give us an additional piece of information because I'm not looking to, you know, bust people. But this is a deadly disease and, you know, sometimes people show up with their family members, their friends, and this information gives an opportunity to intervene, in that their loved ones might not know about this, and

give them information that there's a problem here and gives you an opportunity to refer to a pain specialist and start moving in the correct direction instead of just unknowingly participating in this person's demise. [LB535]

SENATOR CRAWFORD: I have one more. [LB535]

SENATOR CAMPBELL: Go right ahead. [LB535]

SENATOR CRAWFORD: Oh. This is a different question. [LB535]

JASON KRUGER: Uh-huh. [LB535]

SENATOR CRAWFORD: One of the issues that came up during the lunch today was the fact that often people will have some pain event and then they get 15 pills and so, you know, a lot of the drugs that are around then are leftover, extra drugs. I don't know if in the ER, Doctor, in professional meetings or other professional circles, if there's been discussion about how much to prescribe or some balance in how much gets prescribed so there's fewer drugs out there. [LB535]

JASON KRUGER: I mean, as a practicing ER doctor, I mean, it's pretty rare that I write for more than 20 tablets of anything. I think that is...there's kind of solutions for that obviously beyond just that bill, but I mean currently there's a task force going on in the Lancaster County area to try to educate people on the dangers of just leaving these things in the medication cabinet for, well, maybe if something happens a couple years from now, I can at least have these around. With, you know, kids and teenagers unfortunately experimenting, you know, in Mom's medicine cabinet, having prescription drug returns and being able to return these controlled substances to a pharmacy or drop-off site to dispose of these things, because they're...you know, to the person prescribed they may be helpful, but you know for kids, teenagers, these things can be obviously very dangerous. And we've had some very bad outcomes in this city, state, and country related to that. [LB535]

SENATOR CRAWFORD: Thank you. [LB535]

JASON KRUGER: Sure. [LB535]

SENATOR CAMPBELL: Senator Gloor. [LB535]

SENATOR GLOOR: Thank you, Senator Campbell. And thank you, Doctor, great testimony, very tight, concise, helpful, some of the best we've heard in this committee on any number of subjects. So thank you for taking the time to lay things out that way. I'm a little familiar with the problem, but I'm going to, I think by way of asking this question, it's also to add to the record a little bit, and that is within most other

businesses, in any other industry, if you had somebody that was abuser of your business or your organization, if it was the airline industry and there was a baggage handler that was stealing something out of luggage, you could pick up the phone and you could talk to the other businesses and warn them. But you can't do that. You're hamstrung by privacy issues, things like HIPAA that don't allow you to talk to your counterparts and say watch out for John or Mary, they're going to be a problem. Isn't that fairly correct? [LB535]

JASON KRUGER: I think that's a fairly accurate statement. I mean, we certainly want to protect patients' medical privacy, but at the same time that's probably doing a detriment to their disease process. And having something like this available would give us an opportunity to have a more positive intervention rather than just unknowingly continuing to exacerbate the problem. [LB535]

SENATOR GLOOR: Okay. Thank you. [LB535]

JASON KRUGER: Thanks. [LB535]

SENATOR CAMPBELL: Dr. Kruger, in the states that do have a good system, is there any particular state you'd want us to look at as, in your estimation, being the best? [LB535]

JASON KRUGER: I've heard Oklahoma has kind of an outstanding real-time drug registry in place that would be fairly functional. I mean, anything, obviously, is better than nothing. But, you know, something where this would involve mailing something in from the pharmacies where a month or two later it would finally get input into a system would be less than ideal for us. [LB535]

SENATOR CAMPBELL: Okay. So it almost has to be a system that's near to real time. [LB535]

JASON KRUGER: And most of the computerized systems these days, I mean, you know, everything in pharmacies anymore is almost electronic and these things are captured within hours. And this is a disease process that goes over a time period longer than hours. I mean, if it's updated within a day or two, I mean, for an ER doctor that's a lot better than what I have now, which I'll occasionally get a letter from an insurance company a month or two or three months later that, hey, you wrote a prescription for somebody and, you know, they have...they got also these prescriptions from all these other people. I mean, as an ER doctor, if they're still in my emergency department a month after I saw them, we've got a problem. (Laugh) [LB535]

SENATOR CAMPBELL: Yeah, I understand that. Are there any other questions? Thank you so much. And this was the person who really opened my eyes to what the problem

now, when we talked over breakfast that morning. Until you begin talking to someone like Dr. Kruger, you do not have any idea the depth nor the seriousness of the problem we're facing, so... [LB535]

JASON KRUGER: Well, thank you so much for your time. Thank you. [LB535]

SENATOR CAMPBELL: Thank you. Thanks for coming today. [LB535]

JASON KRUGER: Thanks. [LB535]

SENATOR CAMPBELL: And we may be calling you this summer when we work on this. [LB535]

JASON KRUGER: I would appreciate it. [LB535]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB535]

JOHN MASSEY: Good afternoon. [LB535]

SENATOR CAMPBELL: And your name and spell it, please. [LB535]

JOHN MASSEY: My name is Dr. John Massey, M-a-s-s-e-y. I'm a physician. [LB535]

SENATOR CAMPBELL: You go right ahead, sir. [LB535]

JOHN MASSEY: Thank you for taking this bill under consideration. I'm a pain specialist here in Lincoln. I practice in a number of other communities in the state, deal with this issue on a daily basis with a wide variety of patients and locations. Dr. Kruger is absolutely right. This is a national emergency. The White House has declared this prescription drug abuse the number one drug enforcement priority in the United States of America. It is true that more people are dying in many jurisdictions from this problem than motor vehicle accidents. For every bit of gain we've made with illicit substance use, we've had a concomitant rise in prescription drug abuse in the country, and it's a national emergency. Nebraska, the good news, Nebraska is one of the lowest states with prescription drug deaths. The bad news is, that information is correct as of 2008, and Nebraska is one of five or six states that do not have a drug monitoring program. Anecdotally, we see a very rapid rise in the abuse of medications, death resulting from this, and the deaths that result from this are just the very tip of this iceberg. A little bit more information as to why this happens: Obviously, you know, prescription medications aren't like alcohol. You can't go to a bar and just get them. How does this occur? A few medical things that we know as providers: One, medications such as hydrocodone, yes, meth...or amphetamines, such as for ADHD, are initially prescribed for a number of individuals, and you don't find out in advance if these are going to be a

good choice or a bad choice. There's been a 500 percent increase in the amount of prescription opioids written for chronic back pain in the last decade. What we know from that is that the effect of these medications wanes over time and the risk of all comers in a population for development of substance abuse disorder is somewhere between the 18 and 24 percent. That's a much higher number than most of us realize. How do you identify the difference between appropriate use and development of addictive disorders, is the development of aberrant behaviors, misuse of medications; that is the use of medications outside of the expected prescribing; that is a patient who is losing control of this medication. What you see is these individuals go to multiple providers. They use up the medications a little bit more at a time. They start going to the emergency room. And as physicians are trying to evaluate that, they have to have the tools necessary to identify when aberrant behaviors are developing, the onset of addictive disorder, so you can intervene in a lifesaving fashion. The barest minimum of tools for that is a prescription monitoring program. That's why 46 states have adopted this. And Nebraska is one of the states in the middle, I suppose, where this is hitting latest, so we're not right at the forefront of that at this time. But as these states tighten up their enforcement, we see people moving into our communities all the time. Not a day goes by that I don't have somebody with a crumpled up MRI from Tennessee or some other state saying, you know, I'm here working on the new university buildings and I just need a little bit of medicine to get back to Texas, for example. This is a wave that's going to crash over our state's borders increasingly, and we need to have this information to help us. [LB535]

SENATOR CAMPBELL: Interesting. Thank you, Dr. Massey. That was very interesting. [LB535]

JOHN MASSEY: Yes, ma'am. [LB535]

SENATOR CAMPBELL: Questions from the senators? [LB535]

SENATOR COOK: I have a question. [LB535]

SENATOR CAMPBELL: Senator Cook. [LB535]

SENATOR COOK: Thank you, Madam Chair. And thank you, Doctor, for joining us and helping to educate us. Is the withdrawal process fatal or as...to the user, I'm imagining... [LB535]

JOHN MASSEY: Excellent. [LB535]

SENATOR COOK: ...it might feel fatal. [LB535]

JOHN MASSEY: Yes, ma'am, that's... [LB535]

SENATOR COOK: But can you describe? I know with alcohol there needs to be a medical detox. How would it work for this... [LB535]

JOHN MASSEY: That's an excellent...that's an excellent... [LB535]

SENATOR COOK: ...gentleman who may nor may not need some to get back to Texas? [LB535]

JOHN MASSEY: That's an excellent question. A couple comments on that: One, if somebody comes in with a chronic pain condition, they've been treated with opiates and they've developed addictive disorders, they will never feel physically better with respect to their pain as long as they're getting the medications of abuse. The brain tricks them into feeling their symptoms. [LB535]

SENATOR COOK: Okay. [LB535]

JOHN MASSEY: So these aren't people who are usually seeking this problem. They don't understand they have it. [LB535]

SENATOR COOK: All right. [LB535]

JOHN MASSEY: The second thing is, opiate withdrawal is not fatal like alcohol withdrawal, but it is very uncomfortable, and it feels like the flu. And the onset of withdrawal symptoms is typically what prevents a person from going through treatment. So these are not people who are trying to game the system, by and large, although some of them are. These are typically people with the disease. One more statistic that may help you with that, in my...in a pain practice in the United States, anywhere across the country, for every 100 patients who come in on prescription opioids, 80 percent of these...or 70 percent of these people are taking the medications appropriately, 20 percent of these people are actively abusing these medications, and up to 10 percent of these people are diverting these medications or selling them, which is what we consider to be a criminal rather than a patient act. Those statistics are sobering when you think of the fact that any time you don't recognize that, it's a potentially fatal event. [LB535]

SENATOR COOK: Thank you. [LB535]

SENATOR CAMPBELL: Interesting. Did you have any follow-up, Senator? [LB535]

SENATOR COOK: No. [LB535]

SENATOR CAMPBELL: Okay. Senator Gloor. [LB535]

SENATOR GLOOR: Thank you, Senator Campbell. I appreciate your being here for a couple of reasons. It allows me to ask a question that I hope doesn't make you uncomfortable but it gets to the fact that there may be a need for a companion bill that goes along with this. Can I ask what your background is, from a training standpoint, as a pain specialist? [LB535]

JOHN MASSEY: Sure. I went to the University of Nebraska for my medical school, and I did a surgery residency followed by an anesthesiology and pain residency, again at the University of Nebraska Medical Center. [LB535]

SENATOR GLOOR: And clearly, and I appreciate you pointing that out, you have an impressive resume for your pain management clinic. But is there any reason that armed with a medical license somebody couldn't hang up a sign that said they also ran a pain clinic as a D.O. and M.D.? [LB535]

JOHN MASSEY: Absolutely. Absolutely. [LB535]

SENATOR GLOOR: So here is some of the problem I've heard that's happened with states that crack down on legitimate but misused prescription diagnosis; and that is, in some of those states when people can't get their meds through legitimate practitioners who don't realize that they're part of a supply train, or supply chain, I should say, and there's a crackdown, people without a high degree of ethics but armed with a degree set up a pain clinic. [LB535]

JOHN MASSEY: Absolutely. [LB535]

SENATOR GLOOR: And people travel far and wide to get their medicines there legitimately, but now from a single source. I mean, you understand my question here is... [LB535]

JOHN MASSEY: I do, Senator, yes, sir. [LB535]

SENATOR GLOOR: ...should these two...should this bill have a companion bill that protects us from what might be the natural offshoot of cracking down on legitimate prescriptions? [LB535]

JOHN MASSEY: That's a very good question. In no way do I think it's something not to address. A couple more things: Florida was at the forefront of this. In the state of Florida at one point, 2008-2009, "pain clinics," with a quotation mark I'll put around it, were as common as 7-Elevens, maybe more so. I would encourage you all to get on YouTube and just look at "The Oxycontin Express" documentary done in Canada that describes this. People fly from Kentucky into Miami, get $300 worth of meds, go back and... [LB535]

SENATOR GLOOR: Yeah. [LB535]

JOHN MASSEY: ...still on that day you see people dying in Ohio and Kentucky and people flying in on Allegiant express for the day to get their 300 Oxycontin pills. There's...when that was going on, I was involved in a task force with AAPM trying to identify the difference between appropriate and inappropriate medications, with Bert Ray, who's a fantastic physician in the Florida area. And we were teasing him saying, hey, Bert, what's going on in your state? And he said, we've been working with the Legislature to try to define the difference between legitimate and illegitimate for a very long time... [LB535]

SENATOR GLOOR: Sure. [LB535]

JOHN MASSEY: ...and it's harder than you think. The physicians who are leading this were often, in that situation, living in the Caymans, retired pathologist or something, and they didn't even know. And it was basically syndicates coming in and selling these medications. You can make a lot of money prescribing these medications, and that's not legitimate healthcare. And there are ways to define that, but it needs defining. I think some casually observing physicians sometimes tend to fear this because it's the threat of oversight. I would say that that's entirely misplaced, because it's in our interest to be sure we're doing the right thing for people. Because if 10 percent of these people are diverting medications and you're not aware of them, any one of these people can destroy your license and your reputation. So, yes, I think that that's part of it. It's a very challenging thing to do to describe in black and white the difference between legitimate and illegitimate and what have you, but at a minimum we need a baseline of information and database in order to help good physicians, who are trying to do the right thing, help patients and avoid these terrible consequences. [LB535]

SENATOR GLOOR: Great. Great answer, thank you, helpful answer. [LB535]

JOHN MASSEY: Thank you. [LB535]

SENATOR CAMPBELL: Dr. Massey, just one question... [LB535]

JOHN MASSEY: Yes, ma'am. [LB535]

SENATOR CAMPBELL: ...as a follow-up to Senator Gloor's, and that is, to your knowledge, how many pain clinics are there in the state of Nebraska like yours? Do you know? Is there an association? [LB535]

JOHN MASSEY: Ma'am, yeah, there are. Yes, ma'am, Senator, there is, and it's very difficult to answer that question, because, for example, UNMC has a comprehensive

pain clinic; we have a pain practice that's similar in the private world, but it's in lots of different locations. I would imagine there are around two dozen specialized pain providers outside of the Omaha area in the state, perhaps. But all physicians with a DEA license have the opportunity to prescribe these medications, and the extent of the problem, hydrocodone, which is not even a Schedule II drug currently, is the number one abusable drug. It's the one that kids are using the most. The same is true with medications for ADHD. Those are amphetamines. Taking an ADH pill...ADHD medication if you don't have that disease is not much different than taking methamphetamine, except you know the dose that you're getting because it's being created by a pharmacy company. [LB535]

SENATOR CAMPBELL: I had a knee replaced a couple years ago, and I've talked about that here in various situations, and had some of the pain medication. And in a follow-up, my physician said, well, how are you doing? And we talked and I said, well, I'm not using them. And he goes, then go home and get rid of them. [LB535]

JOHN MASSEY: Yes, ma'am. [LB535]

SENATOR CAMPBELL: And I thought that, you know, as a primary care physician who was the follow-up, you know, one of the follow-up people I saw, I was...and he was very firm, you know, get rid of them. And so I really appreciated that because it made me aware of how I should do that. So sometimes it's maybe also having related physicians make sure that the patient is getting rid of that medication. [LB535]

JOHN MASSEY: Senator, Senator, in our office, manufactured by pharmacy companies that make these drugs, they will give us posters that we can put on every door that says if you're not using it, toss it away. Pain medicine is a lot less about opiate medication management than the general public feels, but the economic pressures of the time, it's challenging for people to get in to a provider and do something. And this is a quick fix that seems to work initially and, if you have the wrong genetic profile, sets you up for disaster later. So it's a huge problem that we can address with some of the basic tools to help us, such as this program. [LB535]

SENATOR CAMPBELL: That would be great. We probably need those posters in lots of places, Dr. Massey. [LB535]

JOHN MASSEY: Yes, Senator. [LB535]

SENATOR CAMPBELL: Thanks for your testimony today. [LB535]

JOHN MASSEY: Thank you. [LB535]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB535]

WESLEY ZEGER: Hi. [LB535]

SENATOR CAMPBELL: We just need to have you give your name and spell it for us. [LB535]

WESLEY ZEGER: Okay. My name is Dr. Wesley Zeger, W-e-s-l-e-y Z-e-g-e-r. I am an emergency resident physician at UNMC on Omaha. And I am in no way, shape, or form going to summarize better than what Dr. Kruger just did for you for this, for the state of the problem for prescription drug abuse. We need this bill sorted out. And I understand that there may not be...it hasn't been sorted, I think, and I appreciate Senator Gloor's comments. It's important that we kind of get a better understanding of exactly what we want out of this bill before maybe...maybe like with an (inaudible) or something like that. And that makes...I can understand that as well. But I think my one concern is why...and then to add on as to why the bill they had before failed. And I think that he's right in that there was a lot of momentum a couple years ago in the past to try and get this done, and I think there were two problems that occurred. One was a funding issue, and I think passage of a bill, this bill, will help alleviate some of those things, for the grants that are available to try and accomplish that funding. Number two is that it was a reliance of an infrastructure that has sort of a round-hole/square-peg effect. NeHII was never intended to do what you need to have for a prescription drug monitoring program. And NeHII is great in Omaha. I have access to NeHII. It is limited in what it can do, but when it works, it works fantastic, not for prescription drugs but for patient medical records so they can access other things. For example, if someone went to Creighton and they had a CAT scan done there two days ago, I can look that up and look in the information system and see what they had done there. It is fantastic for that, and that is what it is meant to do. It is not meant for a prescription drug monitoring program. And so again, I echo his...the shortcomings of that as well. But I also encourage, when you pursue your other efforts, to try and sort out this more specifically, to look...to ask providers how they utilize the system that we're trying to get, rather than asking the programmers or the administrative infrastructure of NeHII, because they'll tell you a couple different things in how it actually operates and what it actually...but from the providers' standpoint, it's a lot different. And those are the...so those are kind of the things that I'd ask as you go forth with this to try and sort all the details of this bill, you take that into consideration as well. The other thing I'd like to point out is that, you know, in the interim, one of my colleagues was...earlier this year she had some identity theft. Her identity theft is a little bit different than you typically see in the commercials with the guys playing banjos. Hers was her DEA number and her license information. And so what happened was, is that she's been spending the last several months of her personal time trying to get everything sorted out legally and, you know, to write prescriptions again and actually to just function in her job. And so this is a problem that needs...and, you know, there's no way NeHII could ever...to tackle that. And a monitoring program that is real-time would be helpful to actually identify those things (inaudible) to prevent a lot of the ongoing things

that go on, that can go on for an extended period of time. So...and the other thing I would like to point out is that the other thing that was a deterrent in the other...probably from the last program was that if you look at the national stats, and I think there were some ones that were printed out, they're pretty remarkable. When you hone it down to Nebraska, we are actually...look very good. We are the top bar. We sit there and we say, you know what, we look great. We're only about between...someone is going to tell you between 4 and 6 percent, or, I mean, 4 and 6 per 100,000 people are, actually have...as far as fatalities-wise. That's fantastic in nationwide. The problem is, is that that is right now. And the other states were reactive to their problem, but we're not. And if we continue to kind of delay this effect, what's going to happen is that we will no longer be at the top. We're going to start trending down toward the bottom. And I think that's something we want to try to avoid. So getting this done sooner than later will be most important. That's all I have. [LB535]

SENATOR CAMPBELL: Thank you, Doctor. Questions? Appreciate your testimony. You brought out some interesting points. [LB535]

SENATOR GLOOR: Thank you. [LB535]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB535]

DAVID HOLMQUIST: Good afternoon, Senators. My testimony will be brief. I am David Holmquist, D-a-v-i-d H-o-l-m-q-u-i-s-t. I represent the American Cancer Society Cancer Action Network, and I'm a registered lobbyist. I appear in support of this bill this afternoon, but two codicils that we would like to add and would be happy to be engaged in any discussions over the interim. One is that we feel that the program should create a multidisciplinary advisory council. That advisory council should have a membership comprised of a panel that includes healthcare professionals, pain management and addiction medicine specialists, regulatory members, law enforcement officials, and patient advocates. The presence of the advisory council is useful for offering assistance to whatever state agency is charged with administering the program, i.e., the Board of Pharmacy, and for designing, maintaining, and operating the PMP as well as creating regulations to implement the program. It also creates orientation, educational, and training courses, and then develops appropriate outcome measures to evaluate program effectiveness. The second thing that I'd like to address is that the program require an annual or semiannual evaluation of the program's effectiveness at reducing prescription medication abuse and diversion, and that it affect...and the effect that it has on practitioners prescribing for legitimate medical purposes, including pain relief. From a perspective of the American Cancer Society, we're always very concerned when terminal cancer patients have difficulty obtaining the medications that they need to manage their pain in the last stages of life, and so that's where our concern comes in. And in these bills that we have worked on in other states, and our current program has been evaluated and said it looks pretty good except you don't have an advisory panel

and except you don't have any reporting mechanism. And so we feel that those are very important issues that should be included in any legislation or planned legislation that comes out. So I would be very happy to work with Doug and with Senator Lathrop and with this panel in any capacity that we can offer. And that's all I have today. [LB535]

SENATOR CAMPBELL: Thank you, Mr. Holmquist. We're always glad to take people's offers of help. Questions from the senators? Thank you much. [LB535]

DAVID HOLMQUIST: Thank you. [LB535]

SENATOR CAMPBELL: Our next proponent. [LB535]

JONI COVER: Good afternoon. My name is Joni Cover, J-o-n-i C-o-v-e-r. I'm here on behalf of the Nebraska Pharmacists Association in support of the bill, LB535. And I will tell you that I've never sat through a legislative hearing before not knowing what I was going to...my position before sitting in this chair right now. (Laugh) So this is a new experience for me. I want to thank Senator Lathrop for bringing this bill forward, because I think it's an extremely important issue. And I will tell you that the pharmacists in Nebraska are very supportive of a prescription drug monitoring program. We supported LB237, with caveats, and feel that it's time again to address the issue, because, while we were very optimistic that NeHII would be an entity that could perform as a prescription drug monitoring program, two years later what we're seeing is that, just by the nature of their existence as an entity for health information exchange, the capacity for prescription drug monitoring just isn't there. What we would like to ask the state of Nebraska is to make a commitment and do like 40-some other states have done, and that's do a standalone prescription drug monitoring program, be serious about the issue, because it's not going away. I am, I guess, I'm fortunate to follow these wonderful physicians, because they have firsthand experience. They have told you what they see. Our pharmacists see the same thing. You know, we have issues in Nebraska with border bleed. You know, we don't have, really, an active prescription drug monitoring program, so we see people from Iowa and South Dakota and Wyoming coming into Nebraska because they can get access to the medications. And we have concerns with pill mills, just like they do in Florida. We have issues with Internet pharmacies and what do we do to address that. So my support of this bill isn't necessarily the way the bill is written. My support of the bill is that we need a prescription drug monitoring program and we need to make it a priority. We need to figure out the funding. We need to get the stakeholders around the table. I would love to see a discussion like this with everyone involved to try to figure out how to make it better. And I guess the one nice thing about being one of the last is we have lots to choose from. I have reached out to my colleagues across the other states as well as the National Association of Chain Drug Stores, who have, you know, Walgreens and Walmarts and Targets and Shopkos in states, and to ask them, you know, which programs do you see work the best for pharmacies, and, you know, what is the best

information that's supplied to our prescriber colleagues? Because if you don't have good, accurate, timely information, it's just a...it just isn't a good program. So I'm here in support because Senator Lathrop asked the committee to hold the bill and to let us work on it, and so I'm hopeful that by supporting the bill, that we actually get to be at the table to have those discussions. I know that since LB237 was introduced there have been discussions. We have not been at the table so much, and I think that it's really incumbent on pharmacy being a part of the discussion because we're seeing a lot of this. We have pharmacies that are robbed every single day in the state of Nebraska by people trying to get controlled substances, and this is a problem, and we need to, you know, be serious. We need to figure out how to fund it. We need to put something in place. Now I think it would be fabulous because NeHII is a great model for health information exchange. And I think if we could figure out a way, once we have a prescription drug monitoring program that's a standalone program, to interface with NeHII, I think that would be a win-win. But as great as I think NeHII is, I just don't think that they can serve as that prescription drug monitoring program. What is that noise? [LB535]

SENATOR CAMPBELL: They're moving tables, I think. [LB535]

JONI COVER: Okay. I was, like, I'm not touching the microphone to make that noise. (Laugh) [LB535]

SENATOR CAMPBELL: It's not you, Ms. Cover. [LB535]

JONI COVER: Okay. [LB535]

SENATOR CAMPBELL: We can assure you. [LB535]

JONI COVER: Thank you. So, anyway, I will stop talking, but I just...there's some...there are some provisions in LB535 that are problematic just processwise that we would need to work on. And I would hope that whatever system that we did put in place would be something that our pharmacies could easily hook into so that when they adjudicate or send something, you know, that could be captured, because I certainly don't want it to be an additional, cumbersome process for them. But I think there's some real opportunities, and I think we can just, you know, go find a state that we really like and steal what they've done and, you know, or borrow. We'll borrow what they've done. But we don't have to reinvent the wheel. There's lots of wheels already out there. [LB535]

SENATOR CAMPBELL: Absolutely. Any follow-up questions? Thanks for coming today. [LB535]

JONI COVER: Thank you. [LB535]

SENATOR CAMPBELL: For not knowing, you did just fine there. [LB535]

JONI COVER: Yeah, I never know whether to go: well, I strongly support but here's all the things that are wrong, or I really am opposed but here's all the great things about it. So, anyway, there you go. Thank you. [LB535]

SENATOR CAMPBELL: Thank you. [LB535]

SENATOR CRAWFORD: We love supporters. [LB535]

SENATOR CAMPBELL: Our next proponent. Okay. Those who wish to testify in opposition to LB535. Good afternoon. [LB535]

JOSEPH ACIERNO: (Exhibit 7) Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Dr. Joseph Acierno, A-c-i-e-r-n-o, J-o-s-e-p-h on the first name. I'm the chief medical officer and director of the Division of Public Health in Department of Health and Human Services. I'm here today to testify in opposition to LB535. Though I am in opposition to LB535, I'm not attempting to minimize the public health impact in the lives affected from prescription drug abuse. This discussion should be focused on the methodology by which we address the problem. Nebraska drug overdose age-related death rate is one of the lowest in the country. In 2011 this Legislature passed LB237, which was signed into law by the Governor on April 14, 2011. The purpose of LB237 was to provide healthcare providers with another tool to monitor the care and treatment of patients to ensure that prescription drugs are being used for medically appropriate purposes and to prevent the misuse of prescription drugs. The department supported LB237 because the department recognized the value of the prescription drug monitoring program provided for by LB237 using the vehicle of the Nebraska Health Information Initiative, which, as is implemented, allows physicians and other prescribers access to patient information and healthcare records in close to real time. Real time is the somewhat elusive goal of all conventional prescription drug monitoring programs. The department has worked for the last two years with the Nebraska Health Information Initiative to incorporate the provisions of LB237 into Nebraska's health information exchange. Not only will providers be able to review a patient's aggregate health record and any previous sequence and type of medical care, they will be able to review any medications the patient has been prescribed along with the diagnosis and patient outcomes. Rather than having a goal of helping providers prescribe medication appropriately to the needs of the patient, LB535 essentially provides for a database with information about who prescribed what to what patient in what amounts and where prescriptions were dispensed. LB535 does not require the most important piece of information, which is, why was the medication prescribed. It should be about appropriate patient care. LB535 allows database information be provided to local, state, and federal law enforcement, which was specifically and intentionally not provided for in LB237 because that bill was focused on improving

patient treatment rather than for law enforcement investigations. LB535 tasks the department to review the data in the database to see if a person is obtaining prescriptions in a manner that may represent misuse or abuse of controlled substances. The department would be required to review data to see if there could be a violation of law or breach of professional practice by providers based on database information, and begin an investigation. The department already has authority to investigate breach of professional practice and can work with our law enforcement partners as needed. Also, LB535 carries a substantial up-front cost and significant annual operating costs and would require future funding to implement new technologies and methodologies as needed for potential modification to the database. The basic question should be asked: Would LB535, if enacted and funded, result in lower rates of addiction, overdose, and death? Or are the provisions of LB237, already in place, more likely to help the providers provide the best, most-effective medical treatment? The department believes that prescribers and dispensers will have a way to ensure patients are obtaining legitimate prescriptions for legitimate medical reasons by continuing on the present course. Thank you for allowing me the opportunity to testify. I'd be happy to answer any questions. [LB535]

SENATOR CAMPBELL: Senators, have any questions? Dr. Acierno, I have a question. [LB535]

JOSEPH ACIERNO: Yes. [LB535]

SENATOR CAMPBELL: In the sentence that you have, "the department already has the authority to investigate," could you provide to the Health Committee the data you have on how many investigations you've done and the results of that? [LB535]

JOSEPH ACIERNO: Oh, as far as the... [LB535]

SENATOR CAMPBELL: Well, it says, "the department..." [LB535]

JOSEPH ACIERNO: ...just as far as we...sure, and we could talk in more detail what exactly you want to have... [LB535]

SENATOR CAMPBELL: Okay. [LB535]

JOSEPH ACIERNO: ...as far as that information goes and work with you there. [LB535]

SENATOR CAMPBELL: Right, because you've indicated that you, you know, you now can investigate, so I assume that you have, and that you already work with law enforcement, I assume you have. I'm just trying to get a handle on what data you're seeing on this problem. [LB535]

JOSEPH ACIERNO: Right. But the bottom line is we do have the authority. If we get a complaint, somebody refers something to us, we can look at that provider, determine what they're doing, their practices. [LB535]

SENATOR CAMPBELL: Right. [LB535]

JOSEPH ACIERNO: And if we believe it may rise to criminal activity, by all means, we work with law enforcement. Our investigations unit routinely, in all the types of investigations... [LB535]

SENATOR CAMPBELL: Sure. [LB535]

JOSEPH ACIERNO: ...we do, we work with law enforcement. They're considered some of our partners. [LB535]

SENATOR CAMPBELL: And I'll be glad to refine the question and the data we're looking for... [LB535]

JOSEPH ACIERNO: Sure. [LB535]

SENATOR CAMPBELL: ...and counsel will send that over for you. [LB535]

JOSEPH ACIERNO: Uh-huh. Sure. [LB535]

SENATOR CAMPBELL: Senator Crawford. [LB535]

SENATOR CRAWFORD: Thank you, Senator Campbell. I think some of the pieces of information that would be important on that topic--and if you have any sense of it, today you get a sense of it, but it is something we probably need to follow up with--would be what percent of providers actually use the NeHII system. And since we've heard other testifiers say that you could opt out of it, so in...what percent of investigations get stopped because, you know, there's no information because the provider doesn't...isn't subscribed or the patient has opted out? [LB535]

JOSEPH ACIERNO: I'm just saying generally, and we might be mixing things a little bit here. Regardless of whether LB237 existed and whether this exists, if there is professional conduct that would rise to the level of somebody is inappropriately prescribing, whether it's that or any other... [LB535]

SENATOR CRAWFORD: Okay. [LB535]

JOSEPH ACIERNO: ...we have the legal authority to look at those individuals. [LB535]

SENATOR CRAWFORD: To... [LB535]

JOSEPH ACIERNO: As far as how many are opting out of NeHII, I think that information is available to you. But I think those are a little bit different questions, so it's just...I'm just giving you our overall authority as far as professional investigations go... [LB535]

SENATOR CRAWFORD: Okay. [LB535]

JOSEPH ACIERNO: ...regardless of the legislation. [LB535]

SENATOR CRAWFORD: Of professional practice, in that sense, not necessarily a patient who is going to four pharmacies or... [LB535]

JOSEPH ACIERNO: Well, and we would not be...we don't investigate the individual... [LB535]

SENATOR CRAWFORD: Right. [LB535]

JOSEPH ACIERNO: ...or the patient. We'll leave it at that. [LB535]

SENATOR CRAWFORD: Okay. Uh-huh. [LB535]

JOSEPH ACIERNO: We have authority to investigate the licensee... [LB535]

SENATOR CRAWFORD: Uh-huh. [LB535]

JOSEPH ACIERNO: ...not the individual. [LB535]

SENATOR CRAWFORD: Okay. [LB535]

JOSEPH ACIERNO: If something was to come to our attention, though, that could be referred, then, off to law enforcement... [LB535]

SENATOR CRAWFORD: Law enforcement. [LB535]

JOSEPH ACIERNO: ...if we saw something in that regard. [LB535]

SENATOR CRAWFORD: Is there any coordination or connection now with the way you're working with NeHII and to make that communication loop with law enforcement? [LB535]

JOSEPH ACIERNO: At this point, no, there is no authority to disclose anything from NeHII to law enforcement. LB237 did not allow that. [LB535]

SENATOR CRAWFORD: Okay. [LB535]

JOSEPH ACIERNO: I mean, we're talking about, when you start looking at this whole question, period, and I think what I hear from the physicians who testified before, and I agree with this, I'm looking at this as a health issue, which is a little bit different than a law enforcement issue. But this is a public health issue and to be addressed of how we're caring for patients, appropriately caring for them. And so there's different methodologies by which to do that, and I think that's what I'm bringing up. And I think people are talking about that, is, what is the best vehicle to use that? States have varying ways across the country how they've looked at this problem. There isn't a cookie cutter on any of these programs, quite frankly. [LB535]

SENATOR CRAWFORD: Thank you. [LB535]

SENATOR CAMPBELL: Senator Cook, did you have a question? [LB535]

SENATOR COOK: No, I'm kind of holding my head up with my hand like this. Thank you. [LB535]

SENATOR CAMPBELL: (Laugh) Okay. I just wanted to make sure I didn't miss your question. [LB535]

SENATOR COOK: No, not at all. [LB535]

SENATOR CAMPBELL: Are there any other questions? Thank you, Dr. Acierno. Anything that you could help to put a light on what the department is seeing as this problem would be helpful. [LB535]

JOSEPH ACIERNO: Perfect. Thank you. [LB535]

SENATOR CAMPBELL: Thank you. Further opposition? Those who wish to testify in a neutral position? Good afternoon. [LB535]

TIM GAY: Thank you, Senator Campbell. Good afternoon, Senator Campbell, members of the committee. My name is Tim Gay, T-i-m G-a-y. I had my testimony written up. I'm here on behalf of Blue Cross and Blue Shield; however, we're partners with NeHII, so, you know, in a way I'm...Deb Bass could not be here today, so I'm kind of pinch-hitting for Deb. But all the technical information she'll get back to you. But we did speak with Senator Lathrop and Doug Koebernick in a meeting, and they've been very helpful as far as describing. We know the bill probably isn't going to go anywhere right now. They're going to work on it. And he's been very accommodating to hear some of the concerns we have, and there will be probably a few other concerns. We're certainly not

in any way opposed to the bill. That's why we're neutral. However, we spelled out to Senator Lathrop about some of the issues that are ongoing on such a complex thing as NeHII. You heard from several of the testifiers here earlier, some of the doctors. Dr. Kruger talked about some of the flaws. Absolutely there are things that need to be worked on. The "subscription-based" means it's supposed to be a public-private partnership between NeHII and private providers, state of Nebraska, hospital and medical people. Currently we have about 2.3 million records on file from other states, too, because border states, when they come in and have a hospital visit. He also talked about some of the Lincoln hospitals are not in this now. In Omaha they are. And throughout the state, if you're familiar with NeHII, there's pockets still. So we're trying to fill that in. Some of the ideas, though, what I did want to touch on a little bit was some of the funding issues. On the fiscal note that was presented to you, I think it was about a half a million dollars. It shows you some of the cost. In LB237, there was no funding, so all these are happening on what he talked about, the subscription-based. That means anything more we do, if it's another half million dollars, those have to go up. It makes it harder to get people enrolled, and so you have a dual thing going on without some kind of injection of funds. And I think Joni talked about that, and I think Dr. Zeger also talked about those funding issues. So it is real. And we're not complaining. It is what it is, so that's something to consider. I would say, and I think, like I say, following me there will be some issues, but there are many issues of the different states on the interoperability of just talking to one another. If you can't talk to know what's going on in Kansas or Wyoming, and we do--the Wyoming NeHII is actively working in Wyoming--but if you can't communicate, you're going to get that state-jumping going on. So that's an issue too. So we have the interoperability issues, the constant funding issues, and, just, it's a lot of things to a lot of people. We do feel, and Deb can go into this more, that we could be a vehicle to do the PDMP. The reason why, with such limited funds, is probably, do we want something here, something there, something everywhere? So we're very far down the road, feel we can do it. I know Joni had some concerns, but you also heard some other good things going on. So that's a big key, is do we...if you are going to put any funds in this, let's focus on what we're doing. So we'd like to follow up on that with Senator Lathrop as the conversation goes on, as well. So with that, it's a long afternoon, and I'd try to answer any questions if there are any. [LB535]

SENATOR CAMPBELL: Questions? Thank you, Senator. [LB535]

TIM GAY: Uh-huh. Thank you. [LB535]

SENATOR CAMPBELL: All right, our next neutral testifier. [LB535]

COLEEN NIELSEN: (Exhibit 8) Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Coleen Nielsen, spelled C-o-l-e-e-n N-i-e-l-s-e-n, and I am the registered lobbyist for Express Scripts. We, too, have talked with Senator Lathrop's office about some concerns specifically that we had

with this bill. Express Scripts is a pharmacy benefit manager, and they dispense their drugs through mail order pharmacies, so their concerns are actually very business related and related to technical aspects of the bill. Since we're hearing that this bill is going to be worked on during the interim, we certainly would like to be a part of that discussion. And I won't go into the details since there will be further conversation. I'd be happy to answer any questions. [LB535]

SENATOR CAMPBELL: Questions from the senators? Thank you. [LB535]

COLEEN NIELSEN: Thank you. [LB535]

SENATOR CAMPBELL: (See also Exhibits 9, 10, 11, 12, and 13.) Anyone else who wishes to testify in a neutral position? Okay, Senator Lathrop has left to attend to his work on another committee, so we will close the public hearing on LB535. If you are leaving, please leave as quietly as you can because we will go on to the next hearing. Thank you. Senator Howard, take your time; try to get everybody out of the room. If you have a conversation, we'd ask that you take your conversation to the hall, please. Okay, we will proceed to the next hearing. And, Senator Howard, I'm going to make sure I'm going to read the right one here. LB236 is Senator Howard's bill to appropriate funds to the Department of Labor to establish an individual development accounts pilot project. Go right ahead. [LB535 LB236]

SENATOR HOWARD: Thank you. Good afternoon, Senator Campbell and members of the committee. For the record, I am Sara Howard, H-o-w-a-r-d, and I represent District 9. Today I bring you LB236, a bill to establish a pilot project for individual development accounts, or IDAs. An IDA is a goal-directed matched savings account for lower income families. Under LB236, the participant agrees to contribute a monthly amount in earned income to a special savings account over a specific duration of time. Agreed-upon contributions are matched from a public or private source, and the savings is then used toward an asset purchase. Government policies have a long history of incentivizing asset building but have traditionally left lower income families behind, based on the assumption that they cannot save. Low-income families can save and are more apt to do so with structures in place that support saving. That is the purpose of LB236. Families will leave the program with not only an asset, but better equipped with positive financial behaviors. In order to pursue this goal, other requirements are put in place during the savings period. Participants must attend financial education classes, take an asset-specific class or training, and establish a consistent pattern of savings. Research has shown that IDA programs teach better financial habits and create financial stability for low-income families over the long term. In fact, Nebraska has in the past created successful private and federally funded programs. In a grant-funded project that lasted from 2000 to 2006, there were 22 successful program participants with a combined savings of $26,900 in Nebraska. Fifteen of the individuals purchased homes, four started a small business, and three used funds for educational expenses. LB236 would

harness TANF rainy day funds for the creation of the pilot project. Of the 42 states that have IDA programs, 17 states use TANF funds for this program. The TANF funds would be used as matching funds for the development accounts: $2 of matching funds would be provided for every $1 of participants' funds, up to $3,000 per account, per participant in the pilot study for five years. Participants would not be limited in the amount or source of the funds they deposit, although matches would only be made on earned income. That means they wouldn't be able to use any ADC or any other type of funds; it had to be earned income. Additionally, these funds would not be considered assets for the purposes of other state assistance programs. IDAs are about incentivizing asset building for low-income families. I look forward to having a discussion with the committee about LB236 and the creation of a culture of savings. Thank you for your time and attention to LB236. I would welcome any questions. [LB236]

SENATOR CAMPBELL: Thank you, Senator Howard. Any questions? We know...oh, Senator Crawford, did you have a question? [LB236]

SENATOR CRAWFORD: I was just going to say just we've talked on several of these TANF rainy day fund bills, you know, about the match to the four TANF goals. So I don't know if you've talked about that or you want to put that on record or... [LB236]

SENATOR HOWARD: Absolutely. You know, and it does match the four TANF goals of keeping people, keeping kids in their homes, to asset building. [LB236]

SENATOR CRAWFORD: Uh-huh. Okay. [LB236]

SENATOR HOWARD: ...enjoying financial security, that sort of thing. [LB236]

SENATOR CRAWFORD: Right, good point. [LB236]

SENATOR HOWARD: But I think it's helpful that other states are already using TANF funds for this type of program because it's indicative of a federal preference for an IDA. Thank you. [LB236]

SENATOR CRAWFORD: Excellent. Thank you. [LB236]

SENATOR CAMPBELL: Any other questions? Great question. Thanks, Senator Howard. [LB236]

SENATOR HOWARD: Thank you. [LB236]

SENATOR CAMPBELL: We know where you are, so we know you'll be back. Our first proponent. Good afternoon. [LB236]

AUBREY MANCUSO: (Exhibit 14) Good afternoon, Senator Campbell, members of the committee. My name is Aubrey Mancuso, A-u-b-r-e-y M-a-n-c-u-s-o, and I'm here on behalf of Voices for Children in Nebraska. We're here in support of LB236, and attached to your testimony is an issue brief we produced on individual development accounts, which will give you probably more information than you wanted to know about individual development accounts. But it explains a little bit more about how these programs work and the research really showing that they are effective. Almost one-fourth of Nebraska households are considered asset poor in 2012, meaning that they lack the resources to live at the poverty line for three months in the absence of income. And this bill is really an attempt to look at a different way of looking at poverty, not just income poverty, but asset poverty, based on the understanding that things like home ownership, starting a small business, being able to pursue an education are things that can really make a difference for families in the long run. As Senator Howard mentioned, research has demonstrated that lower income families can save, but in many ways our public policy structures lack the same incentives, like tax deductions that we have for higher income families, to do so. Many families in the lower income range don't necessarily have the tax liability that makes something like a mortgage interest deduction or a deduction for educational savings a feasible way of really building assets for them. LB236 would allow for state recognition of the promise that IDA programs have as an economic development tool for low- to moderate-income families. As Senator Howard said, 17 other states use these TANF funds and 42 other states use some sort of funding for IDA programs. These have been existing in the state since at least 2000, and you'll hear a little bit more about that from the testifiers that will follow me. But the research on IDA programs shows clear potential. Some examples of how these programs have been used already in Nebraska, just to give you some examples from Scottsbluff: tuition and books for community college education, closing costs on the purchase of a first home, several small-business expenses. Some examples of these are of a gentleman who is working to purchase a limo for his limousine business, someone who is working to purchase cosmetology supplies to start a business doing cosmetics, someone who is working to purchase a tanning bed for a tanning salon. So these are some examples of the businesses that have been started with that. And you will hear also from a gentleman today who was able to participate in one of the programs in Nebraska. So with that, thank you for your time, and I'm happy to take any questions. [LB236]

SENATOR CAMPBELL: Questions from the senators? Okay. Oh, sorry. Senator Cook. [LB236]

SENATOR COOK: Thank you. That was not holding my face up. [LB236]

SENATOR CAMPBELL: That was a question. [LB236]

SENATOR COOK: Thank you, Senator. (Laugh) I guess a question about...I guess because it is related to the IDA and the person participating in the program, that it is

exempt from all those asset tests that we are looking at this session. [LB236]

AUBREY MANCUSO: Yeah. It's my understanding that IDAs are specifically exempt under Nebraska law. I know at least in every program except LIHEAP, I'm not sure...actually sure about LIHEAP, but I know in the other programs, I believe, IDA accounts are specifically exempt. [LB236]

SENATOR COOK: All right. Thank you. [LB236]

SENATOR CAMPBELL: Any other questions? Thanks for coming today. [LB236]

AUBREY MANCUSO: Okay. Thank you. [LB236]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB236]

WARREN KITTLER: (Exhibit 15) Good afternoon. My name is Warren Kittler, W-a-r-r-e-n K-i-t-t-l-e-r, and I'm here to voice my support for the pilot individual development account project proposed by Senators Howard and Nordquist in LB236. My wife, Casie, and I dream of someday owning our own small vegetable farm with a bed and breakfast. With four small boys at home and limited income, we figured that our dream would have to wait. As we talked about our options, we realized that the IDA would be the perfect opportunity for us to launch our business. It would enable us to purchase some valuable equipment for our farm that we would otherwise be unable to afford. In turn, our business would provide some supplemental income for our family and give us valuable experience of farming at the micro level before making the jump of purchasing our own farm. We started saving in September 2012, and in February 2013 we made our final deposit to our IDA account. We saved $1,500, which will be matched with an additional $3,000 by Community Action Partnership with the support from local foundations. This money is helping us rent land for the coming season, buy wood to build beehives, and purchase small tools to manage our vegetable plot. Not only that, but the training I received through the Money Smart course ensured that Casie and I use our money well, and the business plan requirement made us think through our plans deliberately. I'm excited for this coming year and the potential for our business. I can only imagine how much the proposed $300,000 per year in LB236 will mean to families like ours across the state of Nebraska. Please pass this bill to help families like ours achieve our dreams. [LB236]

SENATOR CAMPBELL: Great testimony. Questions from the senators? Thank you very much. [LB236]

WARREN KITTLER: Uh-huh. [LB236]

SENATOR CAMPBELL: It's helpful to hear from somebody who is putting that to a

business. Our next proponent. [LB236]

LAUREL SARISCSANY: Hello. Thank you for having me here today. My name is Laurel Sariscsany, that's S-a-r-i-s-c-s-a-n-y, first name L-a-u-r-e-l. I'm here today representing Family Housing Advisory Services. I am currently one of their case advocates. At Family Housing Advisory Services, we have a mission of improving the quality of life for people who are looking to purchase a home, and also for financial education, and we do that through education and advocacy. Currently, we have several services that we provide to our clients, including housing counseling, foreclosure prevention, tax preparation, fair housing advocacy, nontraditional mortgage lending, as well as rental services and financial education. In 2000, Family Housing had the opportunity to begin administering a community-funded pilot IDA program with ten participants. In 2002, FHAS received federal dollars to serve 22 individuals. Currently, FHAS administers a community IDA program funded by community dollars and United Way dollars. We also administer, or are a subgrantee, excuse me, of the statewide IDA program, and we have 32 available accounts. Last but not least, we administer an IDA program specifically for youth with a foster care history. That program is called Opportunity Passport. Opportunity Passport is a Jim Casey initiative in partnership with Nebraska Children and Families Foundation. We also...in this program we match people not only in housing, education, and small businesses, such as the adult IDA program, but also in vehicles, debt reduction, medical expenses, and investments. Currently we have 233 youth in that program. To date, we've closed 37 accounts through the adult IDA program. Twenty-six individuals chose to purchase homes valued at a total of $2.5 million in our community. The individuals and participants saved a total of $52,000 for these matches. Seven used their matches for education, and four for microbusinesses. In the Opportunity Passport Program we have enrolled a total of 379 youth to date. One hundred and sixty-six of those youth have made 174 purchases. Of those purchases, 22 used their purchase for credit repairs, 8 for education, 3 for medical, 17 for housing, 7 for investments, 1 for a microbusiness to open a DJ company, and 116 for vehicles. As part of the curriculum we also offer financial education in all three of our IDA programs. We cover topics such as the psychology of money, credit, banking, credit cards, consumer loans, investments, taxes, insurance, predatory lending, and identity theft. We also offer them one-on-one counseling where we discuss credit repair and reestablishing your credit. We at Family Housing believe that providing IDA accounts to low-income individuals as well as youth aging out of the foster care system is a vital service to our community. The services help incentivize savings, which establish savings habits long after the asset is purchased. Low-income individuals also have far less access to the financial education than their higher income counterparts. By our community offering this education along with an incentive to participate, then we are giving the tools to our low-income individuals to help them raise themselves to a better financial position. Thank you for your time. [LB236]

SENATOR CAMPBELL: We have to ask you to very slowly spell your name. [LB236]

LAUREL SARISCSANY: I'm sorry, yes, it's very difficult. [LB236]

SENATOR CAMPBELL: And that's okay, because we can't quite figure it out on the orange sheet, so... [LB236]

LAUREL SARISCSANY: Okay. It's...first name is L-a-u-r-e-l, last name is S-a-r-i-s-c-s-a-n-y. [LB236]

SENATOR CAMPBELL: Thank you so much. [LB236]

LAUREL SARISCSANY: Thank you. [LB236]

SENATOR CAMPBELL: Questions from the senators? I do have. As I was listening to your testimony, you talked about the youth program that you run. Those are former state wards or...? [LB236]

LAUREL SARISCSANY: It's for youth 14 to 24. [LB236]

SENATOR CAMPBELL: Fourteen to twenty-four. [LB236]

LAUREL SARISCSANY: Yes, so they could be current, former, or state wards temporarily. [LB236]

SENATOR CAMPBELL: But they are all in...they all have been or are in foster care. [LB236]

LAUREL SARISCSANY: Yes. [LB236]

SENATOR CAMPBELL: Okay. So how do the young people hear about your program, or the adults? I mean is it just you advertise or...? [LB236]

LAUREL SARISCSANY: Mostly throughout the community. For the youth program, we work very closely with Project Everlast... [LB236]

SENATOR CAMPBELL: Yes. [LB236]

LAUREL SARISCSANY: ...which is a combination of many different programs... [LB236]

SENATOR CAMPBELL: Right. [LB236]

LAUREL SARISCSANY: ...within the Omaha community. [LB236]

SENATOR CAMPBELL: Okay. [LB236]

LAUREL SARISCSANY: So we all spread the word to the youth together. [LB236]

SENATOR CAMPBELL: Okay. [LB236]

LAUREL SARISCSANY: For the adult programs, again, it's through the different communities within Omaha and agencies. [LB236]

SENATOR CAMPBELL: We will be having a bill on the floor of the Legislature having to do with aging out of the foster care system. [LB236]

LAUREL SARISCSANY: Uh-huh. [LB236]

SENATOR CAMPBELL: So if it would not be too much of an imposition, would you send to my office some materials on your youth program? [LB236]

LAUREL SARISCSANY: Yes, we can certainly do that. [LB236]

SENATOR CAMPBELL: Written...I'm sure you have written materials. [LB236]

LAUREL SARISCSANY: Uh-huh. [LB236]

SENATOR CAMPBELL: And so if you wouldn't mind sending them to the Capitol, to my office, or sending them electronically... [LB236]

LAUREL SARISCSANY: Okay. [LB236]

SENATOR CAMPBELL: ...I'd like to read more about that so that we're real clear when we go to the floor that this is one opportunity that foster youth would have. [LB236]

LAUREL SARISCSANY: I can certainly do that. [LB236]

SENATOR CAMPBELL: That would be great. [LB236]

LAUREL SARISCSANY: Thank you, everyone, for your time. [LB236]

SENATOR CAMPBELL: Uh-huh. Thank you. Our next proponent. Good afternoon. [LB236]

ROGER FURRER: (Exhibit 16) Good afternoon, Madam Chair, committee members. My name is Roger Furrer, and I'm the executive director of Community Action of Nebraska. Our agency is a partnership of the nine Community Action agencies serving

low-income communities here in the state. We are here in support of LB236. Five of our Community Action agencies have been operating IDA accounts on a small scale since 2010. The Family Housing Advisory Services in Omaha has also been participating in our program. Funds have been secured for this effort through a collaboration with the U.S. Department of Health and Human Services, the Nebraska Children and Families Fund, and a generous donor who chooses to remain anonymous. Thus far, the Community Action agencies have enrolled 39 of their...39 clients in the 50 slots dedicated to Community Action agencies, and 6 have successfully completed their program, with several more on track to complete their program in the next few weeks. We strongly support the idea of matched savings for the following reasons. Low-income families often cycle from crisis to stability time and again over the course of their lives. Frequently, the cause of this cycling is the difficulty in establishing a pool of assets that can assure their income and provide a cushion so they can weather difficult times. The targeted financial literacy training, as part of the IDA accounts, builds the capacity of the family to manage and sustain the assets for which they are saving. The IDA accounts reward positive, proactive behaviors, which are often not supported in families that have experienced generational poverty. IDA accounts also promote planning for long-term stability, something that is hard for families to imagine when they've been living from paycheck to paycheck. While the numbers that we offer here may seem small for a state of 1.8 million, we encourage you to consider the impact of adding another home to the local tax rolls, of the long-term financial benefit of another successful business in a small community, or the lifelong impact on the potential earning for someone who gets an associate's degree rather than just having a high school degree. A quote that we have from one of our clients in Scottsbluff, Julia, a married mother of four, illustrates this impact. She wrote us: We had always dreamed of owning our own home. However, just coming right out of high school and my husband going into college, of course, at that age we didn't know what we were doing, and we went into debt. We signed up for the IDA program and made our first deposit in August 2009. I was required to make at least six consecutive months of deposits, attend four financial fitness sessions, a Money Matters course, the homebuyers education class, and meet with the assets development coordinator monthly. At first I thought that I would just get through the requirements so that I could get the match money, but I got so much more out of that. I wish this program would have been there from the start of my journey. It would have saved us a lot of time. Not only did I earn the match money for our closing cost, the Money Matters course was fun and I learned information about credit that I wish I would have known earlier. I also started taking my eldest son, Andrew, to the classes. He enjoyed them and learned the basics of money management. After completing my IDA requirements, I continued taking classes. We are now the proud owners of a brand-new four-bedroom, energy-efficient home. I can't describe how grateful we are. IDAs are not suited to every family living in poverty; however, they are a valuable tool to have in our toolbox for a handful of families who are ready to make the next step to economic stability. Thank you for your time. [LB236]

SENATOR CAMPBELL: Thank you, Mr. Furrer. Any questions from the senators? Thanks much. [LB236]

ROGER FURRER: Thank you. [LB236]

SENATOR CAMPBELL: Our next proponent. Okay. Those who wish to testify in opposition to the bill? Anyone in a neutral position? Okay, seeing no one, Senator Howard. (See also Exhibit 17.) [LB236]

SENATOR HOWARD: I won't say much in closing, but I did want to just note the fiscal note on this: $300,000 is intended to come from the TANF rainy day funds, and the Department of Labor is granted one person to sort of manage the project. However, there is the possibility that we could do a grant system or contract this work elsewhere, and that may save some cost to the Department of Labor in that regard. So we wouldn't take very much from the General Funds, ideally. So that's all I have to say in closing. Are there any questions about this? [LB236]

SENATOR CAMPBELL: I don't see any questions. Thanks, Senator Howard. [LB236]

SENATOR HOWARD: Thank you. [LB236]

SENATOR CAMPBELL: Why don't you just stay right where you are? [LB236]

SENATOR HOWARD: Yeah, no intention of leaving. [LB236]

SENATOR CAMPBELL: How many people in the audience are here to testify on LB427? Okay. I'm going to let the other people leave for just a minute. Thank you, Senator Howard. I continue to watch for any risk factors in the room, so I wanted to make sure...

SENATOR HOWARD: I appreciate your commitment to public health.

SENATOR CAMPBELL: Yeah. Well, I've watched people come up here, and they aren't always paying as close of attention. Senator Howard, we're going to go right ahead and open on LB427, Senator Howard's bill to adopt the Carbon Monoxide Safety Act. Thank you, Senator. You just start right in whenever. [LB427]

SENATOR HOWARD: (Exhibit 18) Thank you, Senator Campbell and members of the committee. For the record, I am Senator Sara Howard, H-o-w-a-r-d, and I represent District 9. Today I am introducing LB427 on behalf of the Omaha Healthy Kids Alliance. LB427 would create the Carbon Monoxide Safety Act to protect Nebraska's families from accidental carbon monoxide poisoning. Carbon monoxide is an odorless, tasteless, and colorless gas that is produced when fossil fuels are burned incompletely. Carbon

monoxide poisoning can be deadly. Many common household appliances can be sources of carbon monoxide when things go wrong, including portable heaters, fireplaces, gas refrigerators, stoves, grills, furnaces, water heaters, dryers, and even automobile exhaust from the garage. Carbon monoxide kills hundreds of people every year. Professionals in medicine, utilities, and fire prevention agree that the key to preventing carbon monoxide poisoning is early detection. Because we cannot observe carbon monoxide with our senses and the symptoms of poisoning often mimic the flu or food-borne illness, a carbon monoxide detector is the only way to detect unsafe levels of carbon monoxide in the home. LB427 would require the installation and maintenance of a carbon monoxide detector with an alarm in any dwelling sold, rented, or for which a building permit is issued after September 1, 2014. Specifically, in all single-family dwellings with fuel-fired appliances, a detector must be placed within 15 feet of each room used for sleeping. In multifamily dwellings, that is, apartments, condos, and cooperative buildings, each unit must have detectors placed within 15 feet of each room used for sleeping. Additionally, the bill contains requirements that Realtors notify prospective buyers about the status of carbon monoxide detectors. I do have an amendment with regard to the notification requirements--thank you, Deven--because the Real Estate Commission felt that the listing agreement wasn't the appropriate place to make buyers aware of carbon monoxide detectors. The standards set by LB427 are based on safety recommendations. In the time between putting the bill in, and this is the first time we've done this, and in this hearing, I've reached out to various stakeholders, many of whom you'll hear from today. And they raised a lot of important questions about carbon monoxide as well as the provisions and the importance of making sure that this bill matches building codes that are already in place in the state of Nebraska or being worked on currently. I was informed by the city of Omaha that they are finalizing their building codes in June, and so I hope to work on this bill over the summer to make sure that this bill matches those codes, if possible. My goal for LB427 has always been the prevention of carbon monoxide poisoning and carbon monoxide-related deaths, and I remain committed to that goal. And I look forward to working on this bill over the summer. Thank you for your time and attention to LB427, and I would be happy to answer any questions you may have. [LB427]

SENATOR CAMPBELL: Any questions? Senator Crawford. [LB427]

SENATOR CRAWFORD: Thank you, Senator Campbell. This is more about renting and selling, buying and selling homes. Do we require carbon monoxide detectors in foster homes or day-care centers? [LB427]

SENATOR HOWARD: Not to my knowledge. [LB427]

SENATOR CRAWFORD: Okay. [LB427]

SENATOR HOWARD: Not to my knowledge, but I don't know...you know, that's a good

question. [LB427]

SENATOR CRAWFORD: I just put it on the table if you're working on it over the summer. [LB427]

SENATOR HOWARD: Yeah, that's a really good question, actually, because we would have to look at the list of the requirements for foster homes. [LB427]

SENATOR CRAWFORD: Right. Right, it's different (inaudible). [LB427]

SENATOR HOWARD: Yeah. That's really interesting. Thank you. [LB427]

SENATOR CAMPBELL: Senator Howard, what's the primary cause of carbon monoxide problems in a home? [LB427]

SENATOR HOWARD: You know, I will leave that to the gal from Omaha Healthy Kids Alliance, but the complaint that I heard the most was a furnace, if your furnace isn't working properly. [LB427]

SENATOR CAMPBELL: So a gas furnace? [LB427]

SENATOR HOWARD: Uh-huh. Uh-huh. [LB427]

SENATOR CAMPBELL: Okay. Any other questions? Thanks, Senator Howard. [LB427]

SENATOR HOWARD: Thank you. [LB427]

SENATOR CAMPBELL: We'll take our first proponent. Good afternoon. [LB427]

KARA EASTMAN: Good afternoon, Senator Campbell, members of the committee. My name is Kara, K-a-r-a, Eastman, E-a-s-t-m-a-n, and I'm president and CEO of the Omaha Healthy Kids Alliance. We are a children's environmental health organization that focuses on healthy housing in Omaha. Over the last couple of years we and our partners, including the Douglas County Health Department, the Rebuilding Together, Habitat for Humanity, the city of Omaha, have done over 2,000 healthy home assessments on homes in the metropolitan area. And we have found that in 80 percent of those homes there is no carbon monoxide detector. Many of those homes are foster care homes. We are shocked by this. Oftentimes when our staff go into a home to do a healthy home assessment, I actually require that my staff wear a carbon monoxide detector on their person, because my staff is going into homes and getting headaches and finding that it was the result of carbon monoxide detectors. Many of the homes that they go into, their detectors go off the minute they walk in to the door. People are unaware that this is happening, and it's something that is preventable and that we need

to fix. So I am basically here, obviously, in support of LB427. This is something that is not only fatal but also can just make kids and families sick. Nebraska is the number one state in the country for carbon monoxide deaths, and that to me is an embarrassing statistic that we need to eradicate and can do that by requiring a detector in homes. [LB427]

SENATOR CAMPBELL: Okay. Any questions from the senators? Ms. Eastman, Senator Howard identified the furnace as the major contributor. Are there any other appliances in the house or any other that would cause...? If you have a gas furnace, I can understand that. Anything else? [LB427]

KARA EASTMAN: Right, so we see cracked...the cracked water...heat exchange is actually a huge issue in our city and in our state, but also oftentimes people are using the gas stove as a heating source in the house and that can cause carbon monoxide poisoning. Obviously, if you have an attached garage, that's an issue as well. People bringing in nontraditional sources of heating into the home, all these kinds of things, even unvented appliances and space heaters, things like that can cause carbon monoxide. [LB427]

SENATOR CAMPBELL: Okay. Thank you very much. [LB427]

KARA EASTMAN: Thank you. [LB427]

SENATOR CAMPBELL: Our next proponent. Good afternoon. [LB427]

KAREN SMITH: (Exhibit 19) Good afternoon, Senator Campbell and committee members. My name is Karen Smith, it's K-a-r-e-n S-m-i-t-h. I'm representing the Nebraska Regional Poison Control Center today in support of the Carbon Monoxide Safety Act. We are supporting this bill for the following reasons. Carbon monoxide is a colorless, odorless, and tasteless gas, so in order to detect that gas we need to rely on the presence of carbon monoxide detectors in the environment. This bill supports established guidelines that carbon monoxide detectors be installed in every sleeping area of the home, have battery backup, and have audible alarms. Residential carbon monoxide exposures most commonly occur from furnaces, as has been previously mentioned, but can also occur from any kind of fossil fuel-burning appliance in the home. Sometimes that occurs from those appliances malfunctioning, and sometimes it occurs from them being used inappropriately. It can also occur from exhaust fumes entering the home from a vehicle that is left running in the garage or when the remote start is accidentally engaged, or even a vehicle outside of an open window can allow for exhaust fumes to drift inside of the house. The morbidity and mortality resulting from unintentional carbon monoxide poisoning is significant. Without a carbon monoxide alarm to warn of its presence, symptoms can occur, and symptoms early on can mimic the flu or food poisoning. And because of that, people often think those symptoms will

just run their course and clear up; but, in fact, if they're related to carbon monoxide, they will get worse and can become very serious, including abnormal heart rhythms, seizures, loss of consciousness, and death. So this is a national public health issue. It results in thousands of calls to poison control centers, thousands of emergency room visits, and hundreds of fatalities every year. In one recent five-year period, Nebraska had the highest rate of unintentional non-fire-related deaths from carbon monoxide. The Nebraska Regional Poison Center has received as many as 340 carbon monoxide-related calls per year, and many of those end up in a referral to the emergency department for callers and their families. And sadly, there are cases that we're not contacted about because the victims are discovered too late. Properly placed carbon monoxide detectors can alert people to the presence of this deadly gas before they become seriously ill, and that can save lives. However, a study that the Nebraska Regional Poison Center did in 2009 found that only about one-third of the homes that were surveyed had carbon monoxide detectors placed according to established guidelines. In Nebraska, residential use of smoke alarms has been mandated since 1982, but carbon monoxide can be just as life-threatening as smoke and fire, and it is much more insidious in nature, making residential use of carbon monoxide alarms also extremely important. To date, there are at least 25 other states that have enacted legislation related to carbon monoxide alarms. The legislation is sometimes the result of a tragedy involving carbon monoxide that attracts a lot of media attention and public attention, and that was the situation seven years ago, in 2006, in Wahoo, Nebraska. There was a 55-year-old man and his 18-year-old son that died as a result of carbon monoxide buildup in their home that came from a faulty furnace. And after that tragedy, the city of Wahoo actually enacted legislation requiring carbon monoxide detectors be placed in all newly constructed homes and for certain remodeling projects. So, in conclusion, the Nebraska Regional Poison Center would like to thank Senator Howard for drafting this bill, for the committee for listening to testimony of it. And we really urge your support of the bill. It will undoubtedly save lives. [LB427]

SENATOR CAMPBELL: Questions? Senator Gloor. [LB427]

SENATOR GLOOR: Yes, thank you, Senator Campbell. Thank you for your testimony. Why would we put smoke detectors in front of each sleeping room? [LB427]

KAREN SMITH: Carbon monoxide detectors? [LB427]

SENATOR GLOOR: Carbon, sorry, carbon monoxide detectors. [LB427]

KAREN SMITH: Uh-huh. [LB427]

SENATOR GLOOR: We don't do that with smoke detectors. We don't do that with fire detectors. Why would we do it with carbon monoxide detectors? [LB427]

KAREN SMITH: The rationale for that is because carbon monoxide is so insidious. You can't taste it, see it, or smell it. And if people are sleeping, they need to be able to hear the alarm. The alarms don't...are not triggered at extremely low levels. It has to build up a little bit to trigger the sensor on the alarm, and so you just want to be sure that people are able to hear that alarm and be warned before they become significantly symptomatic. [LB427]

SENATOR GLOOR: I have a carbon monoxide detector that I bought on my own... [LB427]

KAREN SMITH: Uh-huh. [LB427]

SENATOR GLOOR: ...and installed in a wall outlet. I've tested it. I can hear it outside. I mean, it would wake me from (laughter)...it would wake me. I can't think of ever being so tired that wouldn't have gotten me up. So, I mean, I'm really asking from a standpoint there will be an added cost to this and there will be an added hassle factor when it comes to maintenance for owners, because I'm assuming we'll require it installed but we won't require anybody to go around and check on a regular basis for, you know, whether it's still operational. [LB427]

KAREN SMITH: That's my understanding. [LB427]

SENATOR GLOOR: And so what I'm wondering is, can't one be placed centrally per floor, as would be the case with smoke detectors in many homes... [LB427]

KAREN SMITH: Uh-huh. [LB427]

SENATOR GLOOR: ...and to accomplish the same thing, as opposed to putting it outside every sleeping quarters? [LB427]

KAREN SMITH: That might be effective for some people. They might hear it at night. But I think that guideline originates from the Consumer Products Safety Commission. They recommend that a carbon monoxide detector be placed in every sleeping area of the home, and the National Fire Protection Association recommends that as well. [LB427]

SENATOR GLOOR: Okay. Of course, our Fire Protection Association also recommends sprinklers placed in every home, I think, and so... [LB427]

SENATOR COOK: Sprinklers. [LB427]

SENATOR GLOOR: ...I think they are, yeah, they approach this differently, although they have consumers' interests in mind, clearly. Okay, thank you. [LB427]

KAREN SMITH: Uh-huh. [LB427]

SENATOR CAMPBELL: So if I owned an all-electric home, I'd still need one? [LB427]

KAREN SMITH: All electric home with no fossil fuel... [LB427]

SENATOR CAMPBELL: No gas appliances, zero. [LB427]

KAREN SMITH: Well, there is the potential for fumes to enter from the outdoors if somebody is running a vehicle near an open window or even a gas-powered, you know, lawn mower or other big piece of equipment. Or if anybody decided to bring a grill inside and barbecue; or a propane heater, if it were used incorrectly indoors without adequate ventilation, that could also produce carbon monoxide. [LB427]

SENATOR CAMPBELL: Because I live in an all-electric home (laughter) with zero... [LB427]

KAREN SMITH: Uh-huh. [LB427]

SENATOR CAMPBELL: ...gas appliances, so that's why the question. [LB427]

SENATOR CRAWFORD: Yeah. Yeah. [LB427]

KAREN SMITH: That certainly reduces your risk. [LB427]

SENATOR CAMPBELL: Yeah. But I'm questioning, when Senator Howard puts this bill together, if you don't need to think about the fact that some homes are all electric. And so it's a variation of, then, when, one, you need it, and would you require it in all these areas. That's where I'm going. [LB427]

SENATOR HOWARD: Uh-huh. [LB427]

SENATOR CAMPBELL: So thanks for your testimony. [LB427]

KAREN SMITH: Okay. Thank you. [LB427]

SENATOR CAMPBELL: Thought I was safe, but I better check. Our next proponent. Okay...oh, sorry. Good afternoon. [LB427]

ANN THOMSEN: Good afternoon. I'm Ann Thomsen. My first name is spelled A-n-n, last name T-h-o-m-s-e-n. [LB427]

SENATOR CAMPBELL: Go right ahead, Ms. Thomsen. [LB427]

ANN THOMSEN: I'm here today to share my family's incident with exposure to carbon monoxide. My husband, Gary, and I have three daughters. At the time of the carbon monoxide exposure, which occurred in April of 2000, our oldest daughter, Kate, was away to college out of town. Our other two daughters lived at home. Maureen, our middle daughter, was a sophomore in high school at the time and our youngest daughter, Megan (phonetic), was a 7th grader. It was a typical evening, with parents and children having busy schedules, juggling work, school, and extracurricular activities. Megan and I were on the early schedule, arriving home around 6:00 p.m., and my daughter Maureen and my husband, Gary, arrived home later on that night, around 9:00 p.m. We live in a two-story home, and all the bedrooms are on the second level. Maureen's bedroom is located on the east side of the house, and the master bedroom and Megan's bedroom are both on the west side of the house. Megan's bedroom is located directly above the garage. Megan and I went upstairs to go to bed before Gary and Maureen, as they came home later than us that evening. I woke up around 5:30 in the morning to a very strong turpentine-type odor. Thinking it was some type of paint substance, I went to the basement of our home, where we keep the paint supplies. Nothing was opened that could be causing that smell. I then proceeded to go back upstairs. As I ascended the second set of stairs, I began to cough and sort of gag. I told my husband, Gary, I smelled something funny. He got up to see what was causing the odor. I then started to shower for work. While in the shower, I began to feel dizzy and nauseous and continued coughing. I left the shower and told my husband something was terribly wrong. Gary and I continued to search for the source of the smell and opened windows. We told Maureen to wake her sister up and get out of the house. After numerous attempts to wake Megan up, Maureen realized she was unconscious. She yelled to us that Megan wouldn't wake up. Gary persisted by saying, just get her up. Maureen responded to him saying, she's not waking up. Gary told Maureen to call 911. He carried Megan outside, checked her vitals and found none. He then proceeded to give her mouth-to-mouth resuscitation. I told Maureen to go wake up the neighbors. Our neighbor was a doctor and his wife is a nurse. The neighbors helped get Megan to their house, where it was warm, until the emergency responders came. The firemen checked our house to investigate the source of the odor. They discovered that our van's engine had been running inside the closed garage all night long. We proceeded to the hospital in the ambulance. Megan showed very faint responses before we left our neighbor's home. She was given oxygen in the ambulance and finally began to show more positive responses. Once we arrived at the hospital, all four of us were tested for carbon monoxide levels and put on oxygen. Megan and I were both admitted, as our levels were the highest. She and I were given hyperbaric oxygen treatments. We all stayed at the hospital most of the day and then were released. I returned to the hospital several times the following week for further oxygen treatments. We truly believe that our guardian angels were watching over our family that night in April 13 years ago. [LB427]

SENATOR CAMPBELL: It's okay. [LB427]

ANN THOMSEN: Many people have told us that we were very lucky that we survived this carbon monoxide exposure. Our luck was due to quiet, quick thinking in an emergency situation, wonderful neighbors, excellent paramedics, and the grace of God. I hope that by the passage of this bill Nebraskans will not have to rely on luck when exposed to poisonous fumes, but on detection systems already in place in their homes by law. Thank you for allowing me to share my story today. [LB427]

SENATOR CAMPBELL: Questions? Ms. Thomsen, did you ever find out, was there a malfunction with the car? [LB427]

ANN THOMSEN: No. [LB427]

SENATOR CAMPBELL: It was just, someone left it running. [LB427]

ANN THOMSEN: Yes. [LB427]

SENATOR CAMPBELL: Okay. [LB427]

ANN THOMSEN: In answer to your question, no, we don't have an all-electric home... [LB427]

SENATOR CAMPBELL: Yeah. [LB427]

ANN THOMSEN: ...but stuff happens. [LB427]

SENATOR CAMPBELL: Yeah, and that's why I was asking her the questions, because you'd have a lot of people like me who would go, I'm in an all-electric home, why do I need to test this? [LB427]

ANN THOMSEN: Uh-huh. [LB427]

SENATOR CAMPBELL: So I appreciate that very much. And thanks for telling your personal story. It's always very difficult to do so, but we appreciate it. [LB427]

ANN THOMSEN: Thank you for listening to it. [LB427]

SENATOR CAMPBELL: Thank you. Our next proponent. Okay. [LB427]

JAY DAVIS: Good afternoon, Senators. [LB427]

SENATOR CAMPBELL: Good afternoon. [LB427]

JAY DAVIS: I've been kind of sitting back there a long time, haven't I, like you've... [LB427]

SENATOR CAMPBELL: Yes, you have. [LB427]

JAY DAVIS: ...been sitting up here a long time. [LB427]

SENATOR CAMPBELL: Yes, you have. [LB427]

JAY DAVIS: My name is Jay Davis, J-a-y D-a-v-i-s. I am the assistant planning director for the city of Omaha, as well as the superintendent of permits and inspection department. We are here to support the bill in fundamental basis, but we need to put some facts on the table, as well, to kind of help you out a little bit. I'm going to start with the first question first. You live in an all-electric home, would you be required this year after June to put a...yes, you would if your garage is attached to the home. The code itself, and most of you have heard me talk about code plenty, so I apologize for that, but the code itself is always done and adapted and changed due to, usually, something that has gone wrong. The case of the carbon monoxide detector actually started to come into the code in 2009. The reason it hadn't been in place much before that was the devices were extremely expensive and highly reactive, sometimes to the point that false alarms got to the point where people kept shutting them off anyway. And you don't want that to happen in this situation. So currently in the city of Omaha, along with the city of Ralston, Papillion, Bellevue, La Vista, Sarpy County, Gretna, I mean, I can name everybody in our region, we are currently working to adopt the 2012 International Residential and the 2012 International Building Code. The code has gone miles and miles and miles to put carbon monoxide detectors into a separate category from even smoke detectors. Two thousand nine allowed you to use the same smoke detector rules and use the same smoke detector placement. Now the 2012 has separated those. We understand that these are two entirely different devices. We also understand there's two entirely different causes and effect. Now with our higher efficiency furnaces, in fact, when we went to the 80 percent...or 90 percent efficiency furnaces, had that stayed in place for this year, would have taken care of some of that simply because of the air changers that are required within the code. However, we still have the old homes and we still have the rental properties. One thing the code does not address and cannot address is maintenance, and maintenance is the biggest cause we have of over 500 deaths a year in carbon monoxide. But it's also the same thing that causes 2,500 deaths a year in fire. And smoke detectors, while they've cut that number down from 1977 from 4,000-something to 2,700 in 2011, that's just a wonderful thing, it shows that it's working; but again, the maintenance is the issue. When we read this bill, all the code officials thought the same thing: We're putting them in, but now we have to enforce it. We understand it under new construction, we understand it under renovation, anything that requires a permit. One way we can help that is some situations that we don't

require permits for today, maybe we step that up and put that into our arsenal of permits that we need to take out. But the point is that even if we do this, if the person doesn't like that chirping sound or, as you said, Senator, it wakes you up from a very sound sleep, they take the batteries out. Kids take batteries out routinely out of smoke detectors today to do what? Put in their iPads or whatever they're playing with that needs a battery. So we cannot enforce that. That's the part that scares the city and, actually, the building officials across the state the most. We're being asked, sort of, in this law to do that, and yet we have no powers. If I wanted to come into your home to check your batteries on your smoke detector and/or your carbon monoxide detector, I have to go to a judge to get a search warrant. And that's the problem that we're concerned about. We want a law that works. As I talked to Senator Howard earlier today, we are more than willing to sit down and come up with something that works within the code itself and then also within what does it really take to make this work across the state. As Senator Gloor pointed out, fire sprinklers came in pretty quickly, caught us all off guard in 2009, it happened so quickly. We're now dealing with that. How do we work with that? The state has amended it out of the 2009 building code. We're working with it within 2012 because changes have been made, but we are not touching the smoke detector and/or carbon monoxide provisions in the code. So with that being said, we do support it fundamentally. We're more than willing to work with anybody to move this forward because we want a safe environment as much as anybody else does. But at the same time, we want to make sure that it's done in a way that can actually be enforced. And more importantly, it's a benefit to the consumer as well as it is to us in the regulatory agency. With that, I'll be happy to answer any questions. [LB427]

SENATOR CAMPBELL: Questions? Senator Gloor. [LB427]

SENATOR GLOOR: Thank you, Senator Campbell. And when I saw you in the back of the room, I thought I can wait with my questions because you'll probably address them, and you did. [LB427]

JAY DAVIS: Thank you. [LB427]

SENATOR GLOOR: Yeah, it's a...not a touchy issue, but it gets to be a complicated issue in terms of installation and enforcement. And when I saw the battery operation component of it, I thought, oh, yeah, I think if we're serious about this, having it hard-wired, just as smoke detectors are for new construction, is about the only way we can go with this, but... [LB427]

JAY DAVIS: Right. In NFPA 275, which is the charging language that we use that's actually in this section of the code now, that's been talked about. In fact, we're trying to get away from battery-operated smoke detectors at every...or detectors at every level, whether it's smoke and/or carbon monoxide. And the industry...in fact, you all created

a...I don't remember the standard now, but they created a standard a few years ago that has actually allowed for the introduction of smoke alarms that are actually radio-controlled. In other words, they have to be hard-wired in. So if you're in an existing home, for example, you hard-wire the first unit in, all the other ones are wired off of an outlet or off of a ceiling light that can't be switched. But it's radio-operated, so the main one goes off, everything else goes off. That interconnects them and saves the huge cost, which was usually an argument, not...shouldn't be an argument, but it was an argument, the huge cost of installing retrofit units in a house. We see that the carbon monoxide are going to be coming that same way very quickly. [LB427]

SENATOR GLOOR: Does the uniform residential code speak to placement within 15 feet? I mean, is that where that language comes from or...? [LB427]

JAY DAVIS: No, it actually is very clear, sort of like it did with the smoke detectors, except...with one exception. The smoke detectors back in 2003, I believe it was, were required in each sleeping room and then one outside the adjacent sleeping area. Again, because the carbon monoxide devices are so sensitive, we're able to put one right adjacent to the one outside of the sleeping area and then one on each level and then one directly adjacent to the door from an attached garage coming in, and that usually catches most...well, the one in the basement also, which would catch anything coming out of the furnace or hot water heater at that time. So that's the important part. They do limit, and they do tell you where to put them. A lot of that is based on testing that was done both in UL and in the NFPA 275 standard. They test these because sometimes more is not better. In fact, more can be worse in some cases. And so when they test these devices, they test an average home. They put them in the average locations. Then they either put too many in, they start taking too many out, to decide if it works or it doesn't work. [LB427]

SENATOR GLOOR: Okay. Well, thank you. Just as was the case with sprinklers, I appreciate your knowledge base... [LB427]

JAY DAVIS: Thank you. [LB427]

SENATOR GLOOR: ...and common-sense approach towards some of this. So thank you. [LB427]

JAY DAVIS: Thank you. [LB427]

SENATOR CAMPBELL: Mr. Davis, I always appreciate your testimony. One of the things that I know you're fully aware of and that is when this is all put together it has to work in Omaha, Douglas County, Lincoln, Lancaster, Pierce, Ogallala, Chadron, Alliance. [LB427]

JAY DAVIS: Yes. [LB427]

SENATOR CAMPBELL: And having served on a county board at which at that time, for a period, there was no code in the county whatsoever. [LB427]

JAY DAVIS: Right. [LB427]

SENATOR CAMPBELL: I mean, you could build anything you wanted to and nobody had to check anything. So I just, as you work with Senator Howard, I know you will, but keep in mind that we have a lot of places across the state that are different than, certainly, our urban areas. [LB427]

JAY DAVIS: Well, and I thank you. And I believe you heard me say that before, that we would love to have a state building code commission or at least some type of advisory board to the entire state. The Nebraska Code Officials Association, which I'm a member of, an active member of, we're working very diligently. We see some things going on in Norfolk right now, for example, where the city of Norfolk is actually doing Pierce and I can't remember how many small communities around them, they are actually doing their inspection work. And it's beneficial, because Pierce can't afford it. But we can do a small permit fee and carry that over. And we're trying to work...like I said, it was huge for us to go with all of the Sarpy, Douglas, Washington County areas, including Council Bluffs. We actually brought them back across the river. But it's beneficial to our builders. I'm in constant conversation with Lincoln. I spoke to them yesterday again. I was going to stop today, but apparently there was a little gas leak down in the area, so that didn't work out so well. But, hey, you know, that happens. [LB427]

SENATOR CAMPBELL: That's what finally some of the small communities in Lancaster did... [LB427]

JAY DAVIS: Yeah. [LB427]

SENATOR CAMPBELL: ...was that they contracted with somebody else because they just...they couldn't afford the code enforcement, so... [LB427]

JAY DAVIS: Absolutely. It's expensive. There's no doubt about that. [LB427]

SENATOR CAMPBELL: Yeah. [LB427]

JAY DAVIS: And every year we keep losing more and more, so we have to become more resourceful in what we do, too. [LB427]

SENATOR CAMPBELL: Doesn't mean we shouldn't do it. We just have to be creative in how we get to it. [LB427]

JAY DAVIS: Yeah. I was going to say just the opposite: We need to do it, but we have to be creative in how we get there. That's correct. [LB427]

SENATOR CAMPBELL: Well, exactly. All right. Thank you very much, Mr. Davis. [LB427]

JAY DAVIS: You're welcome. You're welcome. [LB427]

SENATOR CAMPBELL: Any other proponents? Anyone in opposition to the bill? Anyone in a neutral position? Good afternoon. [LB427]

JUSTIN BRADY: Good afternoon, Senator Campbell and members of the committee. My name is Justin Brady, J-u-s-t-i-n B-r-a-d-y, and I appear before you today as the registered lobbyist for the Nebraska Realtors Association, the Home Builders Association of Lincoln, and the Metropolitan (sic--Metro) Omaha Builders Association in a neutral capacity. It's one of those that all of these groups discussed this bill from multiple aspects. In all honesty, I won't take a lot of your time. I would echo most of what Mr. Davis said. As drafted, these groups were opposed to how the green copy looks, but Senator Howard has indicated that she's more than willing to work with us to approach so it equals or looks like the building codes that are there. And with that, I'll try to answer any questions. [LB427]

SENATOR CAMPBELL: Mr. Brady, you get the gold star today. That's probably the shortest we've had. Are there questions? And your organizations have always been very good to come to the table, so I'm sure that offer for Senator Howard is very genuine. Thank you. [LB427]

JUSTIN BRADY: Thank you. [LB427]

SENATOR CAMPBELL: Our next neutral testifier. Good afternoon. [LB427]

BILL MUELLER: Good afternoon, Senator Campbell, members of the Health and Human Services Committee. My name is Bill Mueller, M-u-e-l-l-e-r. I appear here today in a neutral position on LB427 on behalf of the Nebraska Association of Commercial Property Owners and the Eastern Nebraska Development Council. And I would echo what Mr. Brady testified to, that, as introduced, our groups have concerns about the bill. We've talked to Mr. Davis and are aware that at least in the metro Omaha area they are working on updating the code, and the code does address this. I will tell you, the way to get compliance is to put it in the code. The people who are involved in the building industry know the code. They are very well aware of what Mr. Davis and his group are doing. And that's the best way to get these things in buildings. So we will work with Senator Howard. She's been very willing to help with us. And I'd take questions. [LB427]

SENATOR CAMPBELL: Any questions for Mr. Mueller? Good to see you... [LB427]

BILL MUELLER: Thank you. [LB427]

SENATOR CAMPBELL: ...first time this year I think. [LB427]

BILL MUELLER: It's good to be here. [LB427]

SENATOR CAMPBELL: Our next testifier. Good afternoon. [LB427]

GREG LEMON: Chairperson Campbell and members of the Health and Human Services Committee, my name for the record is Greg Lemon, G-r-e-g L-e-m-o-n. I am the director of the Nebraska Real Estate Commission, appearing in a neutral capacity on LB427. I'll see if I can be as quick as Mr. Brady or even quicker. [LB427]

SENATOR CAMPBELL: Gee. [LB427]

GREG LEMON: Just want to say we appreciate Senator Howard working with us on the amendment to the bill. And we don't deal with public safety. That's why we're neutral. We regulate a trade organization, and so we would probably remain neutral on the bill. But we do appreciate you seeking our input. And it sounds like the bill may have further changes as it goes down the road, and we would be glad to provide further input. We do get into the aspect of disclosures in real estate transactions, and since that's part of the bill, we'd be glad to work with you on that if the bill changes and things need to be changed as well. That's all I had to say. [LB427]

SENATOR CAMPBELL: Thank you, Mr. Lemon. Any questions? I don't think you've ever appeared here before. [LB427]

GREG LEMON: I don't think I have. I think I've been in front of this committee, but it's been many, many years ago. [LB427]

SENATOR CAMPBELL: Well, thank you. [LB427]

GREG LEMON: Thank you. [LB427]

SENATOR CAMPBELL: One of the things, and it's not based on Mr. Lemon's testimony, but I'm going to advise Senator Howard to visit with Senator McGill. I think this bill may have been misdirected... [LB427]

SENATOR CRAWFORD: Oh. [LB427]

SENATOR CAMPBELL: ...because I believe that Senator McGill's committee deals with all the code issues. [LB427]

SENATOR GLOOR: Yeah, that's where my sprinklers went. [LB427]

SENATOR CAMPBELL: And so I think that it might be wise for you to bring Senator McGill into some of your discussions, and probably the bill ought to be there rather than in front of the Health Committee. I'm sure that it was brought here for a particular reason, but in the end it's going to probably deal with a code situation. And I don't see Mr. Davis nodding, but if he disagrees... [LB427]

JAY DAVIS: That would be true, yes. [LB427]

SENATOR CAMPBELL: Yeah. [LB427]

JAY DAVIS: Yes. [LB427]

SENATOR CAMPBELL: I just think that committee is probably used to dealing with code issues more than this committee. Okay. Any other neutral testifiers? I didn't see anyone jumping up. Senator Howard, we're back to you. [LB427]

SENATOR HOWARD: May I close from here? [LB427]

SENATOR CAMPBELL: Sure. [LB427]

SENATOR HOWARD: Okay. [LB427]

SENATOR CAMPBELL: Absolutely. [LB427]

SENATOR HOWARD: I'll be brief. This is the first time we've ever tried a carbon monoxide bill, and so it's been a learning experience for me. But at the same time, I think that what I've learned more about, beyond building codes, is, actually, that there are a lot of families who have been impacted by this. And so when I first heard about the Wahoo city ordinance, I talked to Senator Johnson, our colleague, and he said that it was a much beloved family and they went to sleep and they did not wake up. Yeah, and so I think this bill would be a great step forward for families in Nebraska. And I have no idea why it got sent here, but I'm glad I'm among friends. And I thank you for listening to this bill. Are there any other questions? [LB427]

SENATOR CAMPBELL: Any other questions? [LB427]

SENATOR HOWARD: Thank you. [LB427]

SENATOR CAMPBELL: And with that, we conclude the hearings this afternoon. Thank you all for coming. Have a great weekend. (See also Exhibit 20.) [LB427]