[LB12 LB77 LB129]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, January 28, 2015, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB12, LB129, and LB77. Senators present: Kathy Campbell, Chairperson; Sara Howard, Vice Chairperson; Roy Baker; Tanya Cook; Sue Crawford; Mark Kolterman; and Merv Riepe. Senators absent: None.

SENATOR CAMPBELL: I think that we will go ahead and start this afternoon. I am Kathy Campbell. I serve as the Chair for the Health and Human Service Committee, and I represent District 25 in Lincoln. I'm going to go through some of the...sort of procedures that we use in the Health and Human Services Committee. First of all, I'd like to remind you if you have a cell phone to silence it or turn it off or if you have anything that makes noise. It can be very disconcerting to hear something going off in the background when you're trying to testify. Handouts are not required for this committee, but if you do, we would like to have 15 copies. And if you do not have them, we will help you figure out after the hearing is over with how we can get those extra copies. If you will be testifying today, we ask that each testifier pick up and complete one of the orange sheets that are listed on either side of the room. Please print as legibly as you can. And if you're testifying on more than one bill this afternoon, you have to have an orange sheet for every single time that you come up to testify on a bill. When you come forward, you can give your handouts and your orange completed sheet to the clerk, Brennen Miller, who is to my far left. And they will distribute the copies for you if you have copies. We do use the light system in this committee so that the first hearing and the last hearing are equal for folks who are testifying. So we'll start out. You have five minutes. It's on green for what seems like forever. And that's four minutes. It will go to yellow. That tells you you have one minute. And if it goes to red, you'll glance up and I'll be trying to get your attention. So we ask that you please be very mindful of the time. Also as you come forward and sit down we would ask that you state your name for the record and spell it. This is for the transcribers who listen to the tapes that they can hear you spell and know that they have that correctly. Trying to think...one other thing: You will see the senators using iPads and computers in the committee. We are trying to go more paperless, and so we don't have the big black binders that we used to have. But they are watching all of the bills and notes about those bills on their computer or iPad. With that, I think that we'll go ahead and do introductions, and today we'll start on my far right. Senator.

SENATOR KOLTERMAN: I'm Senator Kolterman from Seward, Nebraska, representing the 24th District.

SENATOR BAKER: Senator Roy Baker, District 30, Gage County, parts of southern Lancaster County.

SENATOR HOWARD: Sara Howard, District 9, midtown Omaha.

JOSELYN LUEDTKE: Joselyn Luedtke, committee counsel.

SENATOR COOK: Senator Tanya Cook, District 13, northeast Omaha and Douglas County.

SENATOR RIEPE: Merv Riepe, District 12, which is Millard, Omaha, and Ralston.

BRENNEN MILLER: I'm Brennen Miller. I'm clerk.

SENATOR CAMPBELL: And today our pages...I don't...are the pages there? I can't see. There they are. There's Brook. Brook is from Omaha, at UNL studying advertising, public relations, and political science. And Jay...there's Jay in the back. Jay is also at UNL studying ag economics and is from Dalton, Nebraska. So if you need assistance for something, the pages will be glad to help. And with that, we will go ahead and start on our hearings for today. So we'll open the first hearing, LB12 from Senator Krist, which is to suspend medical assistance provided to persons who become inmates of public institutions. Welcome, Senator Krist.

SENATOR KRIST: Thank you, Senator Campbell and members of the Health and Human Services Committee. It's great to be back. My name is Bob Krist, B-o-b K-r-i-s-t. I represent the 10th Legislative District in northwest Omaha, north central portions of Douglas County and the city of Bennington. I appear before you today in introduction and support of LB12. Rather than a lengthy explanation, I think I just want to walk you through the green copy of the bill. It would probably be the best way for you to see what its intention is. Line 4 of page 2: Federal law generally does not authorize federal financial participation in Medicaid when a person is an inmate of a public institution as defined in federal law...federal financial participation is available after an inmate is released from incarceration. So we have a period of time from the time that a person is an inmate until the time that they are released as an inmate. Those periods of time generally--and I stress that word generally, because we're going to talk about the exception to that today in a couple different ways--generally is not eligible for those services. The fact that the applicant is currently...and again, line 9: The fact that the applicant is currently an inmate does not, in itself, preclude the Department of Health and Human Services from processing an application submitted to it on behalf of the inmate. And that will come into play here in just a minute and some technical testimony will go further into detail. "Medical assistance under the Medical Assistance Program shall be suspended rather than canceled or terminated." This is predominantly the biggest change. Currently, those services are terminated when a person becomes an inmate in our corrections facilities in Nebraska by statute. We're changing that. We're saying that those services are suspended. Now, anyone who knows what happens when you cancel a policy, an insurance policy or whatever, and then you try to reinstate it knows that the bureaucracy involved to put it back in status sometimes can be cumbersome if not incumber the process incredibly. By suspending it, we are saying on day one, when you become an inmate, you are no longer eligible generally, but on day last, you are now eligible again. A suspension under supervision of this section shall end on the date that the person is no longer an inmate. "Upon release from incarceration, such person shall continue to be eligible for the receipt"...that's right out of the federal law. "The Department of Correctional Services shall notify the Department of Health and Human Services." Now, I've had many questions about, wow, you're putting something else on us and it's going to be a burden. Well, all we say on page 3, section (8)(a) is "The Department of Correctional Services shall adopt and promulgate rules and regulations, in consultation with"--I'm making the two departments talk to each other, woo-hoo! (laughter)--"consultation with the Department of Health and Human Services and local correctional facilities, to carry out this section." So I don't purport to tell them how to do it, but the notification process in and out is up to the departments to decide. And I would assume at this point, in terms of county jails and those, they already have induction processes and the

process to release someone. So I don't think it's going to be a huge deal. But I'm sure we'll hear about it today. And then back up on line 6 of page 3: Local correctional facilities, juvenile detention facilities, and other temporary detention centers shall notify the Department of Health and Human Services within ten days after receiving information that the person receiving medical assistance under the Medical Assistance Program...or will be an inmate for public institution, and on the release they're required to do it 45 days prior. I think this is a commonsense approach to not spending tax dollars out of the General Fund to provide those services for people who are inmates in our correctional facilities and making use of funds that are available. Let me just say this right now: This is not Medicaid expansion in any semblance. These are services that can be provided out of a different pot of money, and the General Funds are not attacked at this point. I'd also like to make one observation. As I was researching and going through this, I was told that our department of Medicaid refused to process claims even though the counties had wanted to process claims under this provision, this exception. The exception is simply this: If an inmate is taken outside the facility for more than 24 hours--emergency appendectomy, delivery of a baby for someone who is incarcerated and then has a baby afterwards--any time that inmate is out of the facility for 24 hours, they're eligible for Medicaid. It just has to be processed. That, so far, has been not honored by our own department, and I think that needs to come to light. It's possible. And that's also covered in here in terms of processing it. It doesn't preclude the Medicaid department from processing a claim where eligibility exists. So with that, I would stand for any questions, and I would invite you to listen carefully, because I'm sure there's people behind me that will have their own concerns. [LB12]

SENATOR CAMPBELL: Senator Cook. [LB12]

SENATOR COOK: Thank you, Madam Chair. And thank you, Senator Krist, for bringing this proposal. The question that sprung to mind when you talked about the inmates' eligibility status changing is whether or not this would impact the eligibility of his or her family in any way. [LB12]

SENATOR KRIST: Senator Cook, I asked that question with the department of Medicaid, and the answer I received was that it should not change the status of the dependents prior...this only affects the person who becomes an inmate, and at that point, that eligibility for that individual stops. [LB12]

SENATOR COOK: Thank you. [LB12]

SENATOR KRIST: Okay. [LB12]

SENATOR CAMPBELL: Senator Riepe. [LB12]

SENATOR RIEPE: Senator Campbell, thank you. Senator Krist, thank you for being here. Is this a situation where like having two insurance policies but they're a coordination of benefits so only one pays so we're, in essence, doubly paying through the prison healthcare system and through Medicaid? [LB12]

SENATOR KRIST: I never thought about it that way, Senator Riepe, but I would say it's a fair observation. If we can...if the person is eligible for Medicaid prior to becoming an inmate, we suspend it while they're in. If we then don't honor the fact that they could be...that we could use Medicaid, then we're taking money out of our own pocket. So there's another insurance policy, if you will, that's being tapped on for those services. So, it's a good observation. [LB12]

SENATOR RIEPE: Second question that I have, if I may, Madam Chairman... [LB12]

SENATOR CAMPBELL: Absolutely. [LB12]

SENATOR RIEPE: ...is, was one year picked with the idea that it's kind of like a ticking time bomb, if you will? The department says, you got to get this fixed in a year, or... [LB12]

SENATOR KRIST: It was my observation that it was an appropriate amount of time for them to act on the issue. [LB12]

SENATOR RIEPE: So they had...state gave you some counsel on that, did they? [LB12]

SENATOR KRIST: No. [LB12]

SENATOR RIEPE: HHS? [LB12]

SENATOR KRIST: No, but from my experience... [LB12]

SENATOR RIEPE: Okay. [LB12]

SENATOR KRIST: ...if I tell you tomorrow, you'll get it done the next day. So I'm telling them a year. Hopefully they'll get it done in an appropriate amount of time. [LB12]

SENATOR RIEPE: Out of the generosity of your heart. [LB12]

SENATOR KRIST: Yeah, well, if I had one, according to Senator Chambers. (Laughter) [LB12]

SENATOR RIEPE: Thank you. [LB12]

SENATOR CAMPBELL: Senator Howard. [LB12]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you, Senator Krist. I wanted to dig into the Affordable Care Act's 24 hours out of the detention center rule a little bit. So, does your

bill...if an inmate is out of the detention center for more than 24 hours, the Medicaid has to be reinstated? [LB12]

SENATOR KRIST: The provision for 24 hours out of the institution is if that person is Medicaid eligible... [LB12]

SENATOR HOWARD: Okay. [LB12]

SENATOR KRIST: ...which we would know, because it was simply suspended. [LB12]

SENATOR HOWARD: Right. [LB12]

SENATOR KRIST: And then they would be able to bill Medicaid for that service as opposed to paying for it out of the Corrections General Funds. [LB12]

SENATOR HOWARD: So in your opinion, does this specifically address reducing an administrative burden for the Department of Health and Human Services? [LB12]

SENATOR KRIST: On the back end, certainly. On the front end, if there is something that happens during incarceration, yes, very much so. [LB12]

SENATOR HOWARD: Okay. Thank you. [LB12]

SENATOR CAMPBELL: Senator Kolterman. [LB12]

SENATOR KOLTERMAN: Thank you, Senator Campbell. Senator Krist, I have just a couple of questions, and I think you probably have some of the answers on these. When a person gets incarcerated, who pays for their medical bills? Does the state of Nebraska, or is it part of the Medicaid program? [LB12]

SENATOR KRIST: The state of Nebraska. [LB12]

SENATOR KOLTERMAN: And do we carry insurance for that or do we just self-fund this? [LB12]

SENATOR KRIST: It's General Funds. [LB12]

SENATOR KOLTERMAN: General Funds? And then, I know that this deals specifically with Medicaid, but I've had some instances where my clients have been incarcerated. They went to the state penitentiary and when they were coming out, they couldn't get insurance, because they

couldn't prove credible coverage. So would this work...I know this works with Medicaid, but could that same thing work with... [LB12]

SENATOR KRIST: Private insurance? [LB12]

SENATOR KOLTERMAN: ...private insurance. [LB12]

SENATOR KRIST: I just had a conversation with the commissioner here from a county, and I'm not sure that they do that now. But I do know in other rehabilitation programs and other detention facilities and probation uses that concept that private insurance comes first, if you have private insurance, if it's in force. Probation uses that extensively. If I'm working with a probation child in the juvenile justice system, that probation officer looks for private insurance, looks for the ability to pay, and then, of course, falls into the General Fund. So I would assume that a county jail or corrections facility, if there's private insurance, could draw back on it. I don't know the answer to that, though. I think that would be a question for legal counsel to take a look at. As long as that insurance policy has not been suspended, Senator Kolterman, I don't know why it couldn't be used. [LB12]

SENATOR KOLTERMAN: And I'm not sure the credible coverage is as important as it used to be, because we have the Affordable Care Act, and I don't know if it would be a qualifying event or not, being incarcerated. I would hope that it would be. But just thoughts going through my mind. [LB12]

SENATOR KRIST: Good question. Sure. Absolutely. [LB12]

SENATOR CAMPBELL: Any other questions? [LB12]

SENATOR RIEPE: Senator Campbell. [LB12]

SENATOR CAMPBELL: Senator Riepe. [LB12]

SENATOR RIEPE: Thank you very much. This is a Curious George question: If the state is liable for the entire, I'll call it a premium or cost of the healthcare...if all of the incarcerated were on Medicaid, then the state is responsible for 50 percent of it and the federal government contributes the other 50 percent. So, I'm not saying I'm a fan of that idea, so I'm just saying it seems to me that... [LB12]

SENATOR KRIST: Lesser cost. [LB12]

SENATOR RIEPE: Well, it seems to me like it would cut the cost virtually in half. [LB12]

SENATOR KRIST: And I'll just remind you that by Medicaid law, they are not eligible for Medicaid during the time of incarceration...

SENATOR RIEPE: Oh, okay. [LB12]

SENATOR KRIST: ...with the exception of being outside the facility for care in a hospital for more than 24 hours. [LB12]

SENATOR RIEPE: Okay. Thank you. [LB12]

SENATOR CAMPBELL: Thank you, Senator Krist. [LB12]

SENATOR KRIST: And if I said anything wrong, Senator Howard will correct me. [LB12]

SENATOR CAMPBELL: Well, we are just discussing here...I mean, to be eligible for Medicaid, you not only have to meet an income eligibility, but you have to be in one of four populations. You have to be a child or a pregnant woman or disabled or elderly. So the single male, 35 years of age, would not be eligible. [LB12]

SENATOR KRIST: Will still be eligible for only private insurance if he has that coverage... [LB12]

SENATOR CAMPBELL: Correct. [LB12]

SENATOR KRIST: ...or our coverage out of our pocket out of General Funds. This does not increase Medicaid eligibility for any population. Thank you. [LB12]

SENATOR CAMPBELL: So you have to...at this stage and point, you have to be in one of those four categories. [LB12]

SENATOR RIEPE: Okay. Thank you. [LB12]

SENATOR CAMPBELL: Um-hum. Thank you, Senator Krist. Will you be staying? [LB12]

SENATOR KRIST: Oh, absolutely. [LB12]

SENATOR CAMPBELL: Okay. [LB12]

SENATOR KRIST: I love this committee. (Laughter) [LB12]

SENATOR CAMPBELL: You all should know that Senator Krist was the Vice Chair of this committee last year and this is his second home. And we consider it to be. The first proponent for LB12? Good afternoon. [LB12]

MARY ANN BORGESON: Good afternoon, Senators. My name is Mary Ann Borgeson, M-a-r-y A-n-n B-o-r-g-e-s-o-n, and I am the chair of the Douglas County Board of Commissioners. And I am here this afternoon to speak in support of LB12, as really everything Senator Krist said that exists right now would be of benefit twofold for the counties. And that is, we would be able to take advantage of that 24-hour rule, and then upon their release, if they have Medicaid or if we find and deem them eligible while they're in the facility, once they get out they're more apt not to be able to fall on the county's rolls in terms of general assistance in any way. I am also the chair of the...this year I'm very privileged to be the chair of our National Association of Counties health services committee. And I can tell you that we are working at the federal level to rid of that inmate exception rule so that those that enter the facility of prison or a jail would still have their Medicaid eligible in place until sentencing. And then it would fall into the other termination or suspension. So we are working on that on the federal level and I'll keep you abreast of that information as well, because it does play into what states are able to do then. [LB12]

SENATOR CAMPBELL: Okay. Questions? Senator Howard, and then we'll come back. [LB12]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you, Commissioner Borgeson, for your testimony. [LB12]

MARY ANN BORGESON: Hi, Senator. [LB12]

SENATOR HOWARD: It's nice to see you. My question is really related to your population because there are really stringent Medicaid restrictions on eligibility. Do you feel as though this would predominantly impact your juvenile population? [LB12]

MARY ANN BORGESON: Yes. Um-hum. [LB12]

SENATOR HOWARD: Okay. Thank you. [LB12]

SENATOR CAMPBELL: Okay. Senator Cook. [LB12]

SENATOR COOK: Thank you, Madam Chair. And it's good to see you, Madam Commissioner. [LB12]

MARY ANN BORGESON: You too, Senator. [LB12]

SENATOR COOK: I have a question that might relate more to the work you're doing on the national level right now. But I'm sitting here, fingers crossed, that it's something that we will be working on. And that's related to an inmate coming in. And on day one let's say he is putting together his exit strategy in terms of accessing particularly mental health drugs, counseling...could you tell me about that in Douglas County and across the state? [LB12]

MARY ANN BORGESON: We actually have really centered our attention on once a person enters our facility, we begin discharge planning. So we do a whole intake assessment and to find out what they have, what the gaps are, what their needs are, not only what they were, entering, but what they're going to be when they get out. It could be housing. It could be the medical. It could be the prescriptions. It could be setting up their appointments for their mental health for just their primary healthcare. So we work on that the minute that they step foot in our facility and have a good plan for when they exit. [LB12]

SENATOR COOK: Wonderful. Thank you. [LB12]

SENATOR CAMPBELL: Any other questions for the commissioner? Thank you, and thanks for your service. [LB12]

MARY ANN BORGESON: Thank you guys. [LB12]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB12]

MOLLY McCLEERY: (Exhibit 1) Good afternoon. Senator Campbell and members of the committee, my name is Molly McCleery, M-o-l-l-y M-c-C-l-e-e-r-y, and I'm a staff attorney at Nebraska Appleseed in our Healthcare Access Program. I'm here today to testify in support of LB12. I wanted to touch on a couple of questions that were brought up during the introduction. The materials that I site to in my written testimony, I think, will be helpful in clarifying some of those points. I site to a CSG study from 2012...or from 2013 that looks at Medicaid and the criminal justice involved population. And attached to that study is the 1997 guidance that really clarified how this exception for suspension and termination where an inmate receives inpatient care for 24 hours...it really clarified how that works in practice. That was further clarified in some guidances that were put out in the early 2000s, and those are also attached to that CSG report. And it kind of walks through hypothetical situations that might be involved in implementation. So LB12 really creates the opportunity for financial savings for our state. As was mentioned in the introduction, currently the state has the obligation to provide healthcare for inmates out of state General Fund dollars or through local dollars. So the state has the opportunity to draw down federal reimbursement for inpatient care. The opportunity to leverage that money is very significant. I would like to note that in the fiscal note for this bill, it does not actually reflect any of the potential cost savings for this bill. The fiscal note does discuss the ability to bill Medicaid for some of these services, but it does not project what the cost would be. In doing research, I found that in North Carolina, before the Affordable Care Act...and I would like to note for Senator Howard, this is not a rule that came about because of the Affordable Care Act. This policy has been in place for much longer than that. So this...in 2011, North Carolina started billing Medicaid for these inpatient treatments for their inmates. And in the first year,

they had roughly 1,500 inmates that received inpatient treatment. About 50 percent of them were Medicaid eligible, and the state estimated that they saved around $10 million. And so that would be, as Senator Campbell noted, the traditional Medicaid eligibility categories of individuals. So, looking at Nebraska's population would be similar in characteristics to the North Carolina projections...there is certainly an opportunity for our state to save substantial state dollars. Additionally, and not less importantly, by having individuals not have to reapply for Medicaid upon release, there's a greater continuity of care for folks that are leaving our corrections institutions. This really would allow our state to build on the investments that we are making in healthcare in our corrections institutions and make sure that we're getting the most for our money in those investments. If folks are receiving treatment in a corrections facility, we want to make sure that that treatment can continue as they exit. In my written testimony, I point to a paper by the Center on Budget and Policy Priorities that discusses the impact of health reform on criminal justice involved populations. And they point to a study that was done by the Department of Justice on Washington and Florida in looking at Medicaid coverage of substance abuse and mental health treatments for those leaving their corrections facilities and saw a decrease in recidivism. So with that, I would just like to say that for those two reasons, the continuity of care and the cost savings, we support this bill. And I would invite any questions that the committee may have. Thank you. [LB12]

SENATOR CAMPBELL: Questions from the senators? Senator Cook. [LB12]

SENATOR COOK: Thank you, Madam Chair. And thank you. A question went through my mind. [LB12]

MOLLY McCLEERY: Okay. [LB12]

SENATOR COOK: And so clarify for me: This bill that we're considering is not going to impact a pregnant inmate's access to prenatal care through however that happens? [LB12]

MOLLY McCLEERY: No. This would only allow for inpatient care in...so when an individual leaves the corrections facility for more than 24 hours and receives inpatient care. So this would be things like hospital admissions. [LB12]

SENATOR COOK: Okay. Right. [LB12]

MOLLY McCLEERY: So a birth and delivery type situation would be something that could be billed and federally reimbursed. But the care that an individual is getting on a daily basis in a corrections facility is still the obligation of the state General Funds. [LB12]

SENATOR COOK: Even with the adoption of this bill proposal? [LB12]

MOLLY McCLEERY: Yes. Yes. [LB12]

SENATOR COOK: Okay. Thank you. [LB12]

SENATOR CAMPBELL: Any other questions, Senators? Thank you, Ms. McCleery. [LB12]

MOLLY McCLEERY: Thanks. [LB12]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB12]

SARITA PENKA: Good afternoon. My name is Sarita Penka, S-a-r-i-t-a P-e-n-k-a. I am from District 6 in Douglas County. I am an Omaha Together One Community mental health action leader. I want you to know that Omaha Together One Community is made up of congregations from Gretna to north and south Omaha. We go to our congregations and find out, what is their biggest need? And when we brought the need of mental health to their attention, we got great response. And so for the last 14 months, I have headed up that action team. Now, as a person...just as a person on it, I am the oldest of 13 children, two of which are mentally ill, two of which I have kept out of prison and the jail system. But I have had to work to get that Medicaid and disability coverage. If I had to do that all over again, it would be impossible almost. When we have talked to these parents that have loved ones in these systems, they have...because of the overcrowding, they often don't get to the...they don't get the services as soon as they'd like, especially with mental health and substance abuse situations. So the thought of these people left out, having to get their Medicaid once again to re-up, could be nearly impossible. I've worked...I've testified in front of Brad Ashford and saying we need a full system of aftercare for the mentally ill leaving the prisons and for all prisoners leaving the prisons. But this is particularly hard, because the mentally ill have particularly interesting problems. So upon release, we would think it would be easier for the parole officers to help the individual get meds, see their doctors, and reintegrate into the normal population. As families, we would like our loved ones to get the mental health care that they need so they do not end up coming back to the prisons, coming back and offend again. And this would help the whole population of Omaha. Thank you very much. [LB12]

SENATOR CAMPBELL: Thank you, Ms. Penka. Questions? Thanks for your testimony today. [LB12]

SARITA PENKA: Thank you. [LB12]

SENATOR CAMPBELL: Thank you. Our next proponent? Good afternoon. [LB12]

FREDERICK J. ECHTERNACHT: (Exhibit 2) Good afternoon. My name is Frederick J. Echternacht, F-r-e-d-e-r-i-c-k J., last name is E-c-h-t-e-r-n-a-c-h-t. I'm a physician. I have worked for the state of Nebraska. I was a medical director at the Hastings Regional Center in the past. I've also worked for state mental health facilities in the state of Iowa and I have most recently worked with the Veterans Administration. With a background in mental health and behavioral health issues, I've seen what happens to the patient who comes in and is incarcerated and taken out of the Medicaid system. When they leave, they basically have to restart their life

from page one. So...and that's a common theme that I've heard at NAMI, the national association for the mentally ill...National Alliance for the Mentally Ill (sic) in their meetings that the patients that will...that are fairly high functioning will come and make these statements, and it's clear that they are very distressing to them. From the economic standpoint, it's been pointed out very succinctly that if you don't have the continuity of care, then the patient is going to deteriorate, and your healthcare costs are going to go higher, much higher. So being able to come from a incarcerated situation back into the regular population and have that coverage in place so you don't fall between the cracks...it's going to be a major asset for the state to save money. And I can assure you that the people coming out of jail are not really thinking about getting their insurance back in place. They're bothered with a lot of things. They're also at the highest risk. So then they reoffend and then you have an increased recidivism problem. So this bill would be very, very helpful. I've presented a paper that was from a medical journal. This Dr. Hurley is a...works for a colleague of mine, Dr. Robert House in Denver. Dr. House is the psychiatrist in charge of the Denver Health and Hospital psychiatry division. And they recognize this in Colorado, too. And it's just kind of interesting that this article and this bill and stuff, it's just kind of come together. And I think it raises the point that there is an increased consciousness of this issue. And I really strongly encourage our Legislature to look at this seriously and pass it. [LB12]

SENATOR CAMPBELL: Questions for the doctor? Senator Riepe. [LB12]

SENATOR RIEPE: Thank you. Doctor, you...I think you said that you're a physician? [LB12]

FREDERICK J. ECHTERNACHT: Yes, I am. [LB12]

SENATOR RIEPE: Are you a board certified psychiatrist, or what is your... [LB12]

FREDERICK J. ECHTERNACHT: No, I'm an internist. [LB12]

SENATOR RIEPE: An internist. Okay. You were talking about mental health, and I just was... [LB12]

FREDERICK J. ECHTERNACHT: Well, yeah, the one thing about mental health and behavioral health, these people often have a lot of medical conditions. And that was my job, to take care of the medical conditions. And some medical conditions will cause mental illness and so you identify those, treat the medical condition, and then the mental illness goes away. So that was my point. Working with the psychiatrists, that was my job, to look for the medical causes or treat medical problems that coexist with the mental illness. [LB12]

SENATOR RIEPE: Okay. Thank you. [LB12]

SENATOR CAMPBELL: Other questions? Thank you very much for coming today. [LB12]

FREDERICK J. ECHTERNACHT: Thank you for your time. [LB12]

SENATOR CAMPBELL: Our next proponent? [LB12]

FRED UHE: Senator Campbell and members of the Health and Human Services Committee, my name is Fred Uhe, F-r-e-d U-h-e. I'm the director of community and government relations for Sarpy County appearing before you today on behalf of the Sarpy County Board of Commissioners. We applaud Senator Krist for introducing this bill. On first reading, we basically shared it with most of our service providers within the county, and whether it be our juvenile justice facility, our adult corrections...we did share it with a couple of judges, our human services director who handles all of our billing issues for incarcerated folks, and they were all very, very supportive. Actually, last night at a meeting with our mental health diversion director, I mentioned this bill to him and he was ecstatic, because I think what they were finding--and previous testifiers touched on this--where, you know, people are going to leave a facility, whether it be juvenile or adult, they run out of psych medication or are unable to refill a prescription because they are not Medicaid eligible. And by the time the eligibility is reestablished, there may be an incident, they reoffend, they're back in the system at a greater cost to the county and the state in general. I do want to touch on one brief thing, and I noticed some fiscal notes regarding how...impact on a couple of the counties and our adult jail. Our commander over there figured his estimate of cost to Sarpy County would be between $2,400 and $4,800 and his feelings were that that was extremely high. So we think overall that this bill would be very, very beneficial to the taxpayers of Sarpy County and the state of Nebraska as well as providing services to people that are greatly in need of these services. So with that, I would be willing to entertain any questions. [LB12]

SENATOR CAMPBELL: Thank you, Mr. Uhe. Are there questions? Okay. Thank you. [LB12]

FRED UHE: Thank you. [LB12]

SENATOR CAMPBELL: Our next proponent? [LB12]

ELAINE MENZEL: Good afternoon. [LB12]

SENATOR CAMPBELL: Good afternoon. [LB12]

ELAINE MENZEL: Chairman Campbell and members of the Health and Human Services Committee, my name is Elaine Menzel. It's E-l-a-i-n-e M-e-n-z-e-l. And I am here on behalf of the Nebraska Association of County Officials in support of LB12. And we would also like to echo our support to Senator Krist, and we concur with the opinions of the prior county representatives that have testified to you. And rather than be duplicative of their testimony, I will defer to questions. However, I would like to...I believe it was Senator Kolterman had an exchange with Senator Krist related to going to private providers. And it's been several years since I've looked at this statute that pertains to the private providers and counties being able to utilize that, because when it was last addressed from my recollection was in the late '80s or early '90s when Senator Crosby was here, so as you can imagine, that's been quite a while ago. But they do have the ability, from my recollection, to go to the health insurance providers. And I

would be glad to share those provisions with legal counsel. So, any questions and I would be glad to try to answer them? [LB12]

SENATOR CAMPBELL: Okay. Any questions? Thank you, Ms. Menzel. Our next proponent? Anyone else supporting LB12? Okay. We will take testimony from those opposed to LB12. Okay. Those who may be in a neutral position on LB12? Seeing no one, Senator Krist, you are to close. [LB12]

SENATOR KRIST: Thank you, Senator Campbell. First of all, thank you to all those that took time out of their day to come down and testify. I appreciate that. It was one of those bills that I really didn't solicit the support of individuals, and it's good to see people are paying attention to the things that make a difference to the state. Thank you very much for coming. First of all, I think you heard from the experts and from the technical side, if we're serious about medical home and it has to stop to be incarcerated, then it needs to start back up at the end. This is the easiest way to maintain that medical home environment where someone who is being treated can be treated at the end. The point was made by the doctor very well, I think. Lack of medications as they leave the facilities and the time it takes to get back on Medicaid and lack of medication may cause the issue. We may see an increase in recidivism. That, by the way was...as you know, I've been involved with the performance audit study, the Special Investigative Committee, and CSG, and it was alluded to that the continuation of services after release is as important as the services that we are not giving to people in the facility itself. So it lends credibility to that process. And the other thing I would remind the committee is that, at least in the state corrections facility, all these people will process through the DEC--and it's the Diagnostic Evaluations Center--before they go to their final place of incarceration. And that's a perfect place for the departments to coordinate on the events both during incarceration. And I'd like to applaud my own county, Douglas County, for the efforts they've put in to making sure that--which is what we've tried to do in juvenile justice all along--from the day that there is a problem and that there is an incarceration or a detention, there needs to be an exit plan and there needs to be a reentry process. And they've led the way in that and I applaud the commissioners in Douglas County. [LB12]

SENATOR CAMPBELL: I would be very remiss if I did not say also, for the record, Senator Krist is absolutely right. This is not about Medicaid expansion. But in the article that the physician distributed to us, there is a paragraph that talks about those states who have expanded Medicaid, and so their population coming out would be qualified if they had expanded Medicaid. And many of them are starting programs to get people prepared to leave in order to do...to ensure that they get their meds and they get the medication and therapy that they need. So your bill is not that. But the article does bring that out. Thank you, Senator Krist. [LB12]

SENATOR KRIST: Thank you so much. [LB12]

SENATOR CAMPBELL: Okay. Brennen, will you read into the record any letters that we have received? [LB12]

BRENNEN MILLER: (Exhibit 3) Thank you, Senator. In support, a letter from the Nebraska Hospital Association. That's all I have, Senator. [LB12]

SENATOR CAMPBELL: Okay. We just want to make sure that you heard that before you left. [LB12]

SENATOR KRIST: Sure. Thank you. [LB12]

SENATOR CAMPBELL: Okay, thanks. All right. We will proceed to our next bill on the agenda and open the hearing on LB129, Senator Harr's bill--sorry, Senator Nordquist--which would require a criminal background check for applicants for an initial nursing license. Hold on just a minute. Senator Nordquist, is that going to cause a problem for you? Okay. All right. Senator Harr, welcome to the committee, and go right ahead and open on your bill. [LB12]

SENATOR HARR: Thank you, Senator, Chairwoman Campbell, and members of the Health and Human Services Committee. My name is Burke Harr, H-a-r-r. I represent Legislative District 8, which includes the neighborhoods of Dundee and Benson, the true midtown of Omaha. (Laughter) Last year I was approached by a member...members of the nursing profession who asked that I introduce a bill that would require criminal background checks for individuals who apply for registered nurse or licensed practitioner practical nurses in Nebraska. As a result, I introduced LB129. LB129 simply amends state statute 38-131 to require such applicants to go through a criminal background check process. The criminal background check process would be the exact same that exists for applicants for other licenses who practice a profession which is authorized to prescribe controlled substances. The nursing profession consists of highly skilled and responsible individuals who are relied upon to work with vulnerable individuals who need safe and competent care. Currently, the nurse licensing process in Nebraska only consists of a name check through the Nebraska Data Exchange Network and a review of convictions only within Nebraska. This does not provide the most thorough information regarding an applicant and does not provide any information about an applicant that took place...applicant actions that took place outside of the state of Nebraska. The National Council of State Boards of Nursing has proposed that requiring background checks is a best national practice standard that protects consumers. In addition, the Council of State Governments adopted a resolution in 2012 that supports fingerprint-based criminal background checks for nurses who apply for licenses. By passing LB129, Nebraska would not only join 34 other states who require fingerprint-based background checks for new nursing licenses, it would provide an important protection for the public health and safety of our great Nebraska citizens. With that, I would be...entertain any questions you may have. [LB129]

SENATOR CAMPBELL: Questions from the senators? Senator Riepe and then Senator Cook. [LB129]

SENATOR RIEPE: Okay. Thank you. Senator Harr, my question would be, is on the application process there's obviously an associated cost. Who would bear that cost? [LB129]

SENATOR HARR: That cost would go to the student nurses. [LB129]

SENATOR RIEPE: Okay. Thank you. [LB129]

SENATOR CAMPBELL: Senator Cook. [LB129]

SENATOR COOK: Thank you, Madam Chair. And thank you, Senator Harr. Is there a reason why the proposal does not include certified nursing assistants that you are aware of? [LB129]

SENATOR HARR: Not to the best of my knowledge. I have others coming up afterwards. [LB129]

SENATOR COOK: Okay. [LB129]

SENATOR HARR: I'm always, of course, open to amendments. I think one of the reasons...well, I'll let those who come after me answer that question. It's a very fair question. Thank you. [LB129]

SENATOR COOK: All right. Thank you. [LB129]

SENATOR CAMPBELL: Okay. Any other...Senator Kolterman. [LB129]

SENATOR KOLTERMAN: Senator Harr, thank you for bringing this bill to us. Just as a point of interest, I have a securities license. And in order to sell people financial services, I have to be fingerprinted and go through the same process. If we're dealing with people that are dealing with people's lives and their health concerns, I think this is a very appropriate bill. And by the way, I do pay my own fees, Senator Riepe. So thank you for bringing this. [LB129]

SENATOR HARR: Well, thank you. And thank you for those comments. I appreciate it, Senator Kolterman. [LB129]

SENATOR CAMPBELL: Any other questions? Senator Harr, will you be staying? [LB129]

SENATOR HARR: (Exhibits 1, 2) I will be. I also have two handouts I forgot about. I apologize. [LB129]

SENATOR CAMPBELL: Okay. [LB129]

SENATOR HARR: One for the Nebraska Hospital Association...unfortunately, Mr. Rieker is sick and Ms. Hurst could not make it. And then I also have a little checklist of the benefits of the bill. So thank you very much. [LB129]

SENATOR CAMPBELL: Okay, great. Thank you Senator Harr. Our first proponent? How many people wish to speak in favor of LB129? Okay. I can't quite see around Linda. So we have one additional, is that correct? Those who wish to speak in opposition? Those in a neutral position? Okay. Go right ahead. Welcome. [LB129]

LINDA LAZURE: (Exhibit 3) Hi. I'm Dr. Linda Lazure, L-i-n-d-a L-a-z-u-r-e, currently the baccalaureate educator member of the Nebraska Board of Nursing. I am handing out my testimony as we speak. I speak today on behalf of the Board of Nursing members in support of LB129 which would require federal fingerprint-based criminal background checks for new RN and LPN licensure applicants. The Nebraska Board of Nursing's primary statutory charge is to protect the health, safety, and welfare of the consumers of nursing care in Nebraska. To this end, ensuring that new RN and LPN license applicants meet the minimum competency of licensure and safe practice is essential. The Board of Nursing has thoroughly researched fingerprint-based criminal background checks and wants to offer the Nebraska citizens the protections provided by the majority of states in the Nurse Licensure Compact and across the country. We want to improve the protection of consumers by providing the most thorough information about RN and LPN applicants, including convictions across state lines to ensure that the Nebraska Board of Nursing can make the most informed decisions. Besides a one-page key facts, your packet that Senator Harr passed out includes the criminal background check instructions and the fingerprinting procedure currently used by the Department of Health and Human Services and the State Patrol. The July 2013 Capitol Facts and Figures published by the Council of State Governments that you have gives an overview of states' background check practices and describes the Kansas experience with fingerprint checks, as well as a Texas study of 1,508 nurses. Before the background checks, 330 Texas nurses self-reported criminal history, the process currently used in Nebraska. After fingerprint checks were implemented, within the same group, Texas found 1,182 applicants with a criminal history. Felonies accounted for 28 percent of these past crimes and 62 percent were misdemeanors. The lesson to be learned is that requiring fingerprint-based criminal background checks is a sound safety policy. The Board of Nursing is pleased to have received an outpouring of support from several key stakeholders. I understand that the committee has received their letters, and I respectfully ask that you join these stakeholders in support of LB129. Are there any questions? And I can answer some of the previous questions. [LB129]

SENATOR CAMPBELL: Okay. Senator Cook, you want to... [LB129]

SENATOR COOK: I'll just ask it out loud so it's all in the transcript in the same part. Dr. Lazure, why is it that certified nursing assistants are not yet included in this proposal? [LB129]

LINDA LAZURE: That is a good question, and this proposal is strictly limited to RNs and LPNs that are licensed as RN and LPNs. And in regards to Senator Riepe, it's not just new nursing students. It's anyone that would come to Nebraska for a Nebraska license. But you bring up a good point, Senator Cook, and I think that should be an agenda item perhaps for the Board of Nursing if, you know, that I can take back to the members. I can give you anecdotal evidence, and I have to be confidential about the cases that we have had before us. There are problems with certified nurse assistants. And that would not be a bad conversation to have. [LB129]

SENATOR COOK: All right. This inhabits the world between patient and family protections and, for me, work force development. So I'd appreciate whatever information you can provide. [LB129]

LINDA LAZURE: Yes, yes. And the bottom line is we want the citizens to be as safe as possible. [LB129]

SENATOR COOK: Sure. [LB129]

LINDA LAZURE: Many times, folks in nursing homes are very vulnerable and we really do have to protect them. [LB129]

SENATOR COOK: Yes. [LB129]

SENATOR CAMPBELL: Senator Riepe. [LB129]

SENATOR RIEPE: Senator Campbell. Using Senator Cook's words, in terms of patient protection or something to that effect, then my question gets to be, and it sounds like a very good idea. It also sounds like an idea that maybe should be carried forward to respiratory therapists, physical therapists. Clinical nurse assistants are the ones who probably are in the rooms and have more contact than anyone. I mean, is it an industry-wide problem or concern that we should be thinking about? [LB129]

LINDA LAZURE: You know, actually, many of the employers do require background checks on many of the work force that you identified. You know, when you go--as you know--in a hospital situation, people get background checks. [LB129]

SENATOR RIEPE: Okay. And we did, but I'm not sure that we did fingerprints and to the extent that... [LB129]

LINDA LAZURE: No. No. And that would raise it to a higher level for sure. Um-hum. And in your previous question, you asked about the cost. And that would be passed to any applicant, whether they were students coming in to get their very first license or people coming into the state getting their first Nebraska license as well. [LB129]

SENATOR RIEPE: Do you have an estimate of what that cost would? I mean, is that like... [LB129]

LINDA LAZURE: It was on the key facts that we thought...and we thought about $30 to $40. [LB129]

SENATOR RIEPE: Oh. Okay. [LB129]

LINDA LAZURE: Any other questions? [LB129]

SENATOR CAMPBELL: Dr. Lazure, part of the current language reads that "An applicant for an initial license to practice a profession which is authorized to prescribe controlled substances" and I'm assuming that's why we're looking at the registered nurse in the license. But that would also apply, I believe, to Senator Cook's question, would it not? A CNA? [LB129]

SENATOR COOK: If a CNA wants to prescribe... [LB129]

LINDA LAZURE: They don't prescribe. Neither would, you know, the regular RN. The reason that's where it lands is that originally anybody that would prescribe medications in Nebraska has to have a fingerprint background check. And, you know, actually, Senator Cook, I never took that into consideration. But I think it's something we need to go talk to the Board of Nursing about. [LB129]

SENATOR CAMPBELL: Dr. Lazure, would you be...would the Board of Nursing, you think, oppose an amendment which would include certified nursing assistants to Senator... [LB129]

LINDA LAZURE: I can't speak for them without talking with them. I'd be reluctant to do that. [LB129]

SENATOR CAMPBELL: Okay. [LB129]

LINDA LAZURE: I think it's not...I think you'd also want to include medical assistants, you know, people who actually pass medications as well. I don't think I'd leave it just to the CNAs. And I'd want to confer with the Hospital Association on that... [LB129]

SENATOR CAMPBELL: Okay. [LB129]

LINDA LAZURE: ...and to see what their thoughts were before I would say...there's many other folks that are stakeholders in this that would have an opinion, I think. [LB129]

SENATOR CAMPBELL: It just might be helpful to Senator Harr if we could address some of those questions expeditiously. [LB129]

LINDA LAZURE: Okay. Um-hum. [LB129]

SENATOR CAMPBELL: Okay. Any other? [LB129]

LINDA LAZURE: Any other questions? [LB129]

SENATOR CAMPBELL: Thank you. [LB129]

LINDA LAZURE: Thank you. [LB129]

SENATOR CAMPBELL: Our next proponent? [LB129]

LINDA STONES: (Exhibit 4) Good afternoon, Senator Campbell and committee members. My name is Linda Stones, L-i-n-d-a S-t-o-n-e-s. And I'm a registered nurse who resides in Senator Laura Ebke's District 32. And today I'm here on behalf of the Nebraska Nurses Association which represents about 25,000 licensed registered nurses in the state of Nebraska. Today we're here to ask you for your support of LB129. We would like to thank Senator Harr and the State Board of Nursing for introducing this legislation. I'm going to break it down to the abbreviated version so that we can keep moving forward. I think most important to us as nurses is, for the last 13 years, Gallup has done a poll on the most trusted professions, and nurses have been voted as the number one most trusted profession for the last 13 years. Eighty percent of all Americans vote nurses as high or very high in the status of honesty and ethical standards. And that's 15 percentage points above any other profession. We take great pride in that recognition, but we also understand that that has with it a lot of responsibility and a commitment to ensure the public's perception is maintained. As a nurse, our number one most important thing is patient safety. And the individual's trust in our profession is extremely important to us. While criminal background checks prior to licensure may not prevent all situations, it is...it does provide us a level of protection. As my grandfather used to share, one of Ben Franklin's famous quotes, "an ounce of prevention is worth a pound of cure." And I think that applies in this situation. So criminal background checks as part of licensure process is a proactive attempt to minimize the risk and protect the citizens of Nebraska. We applaud the State Board of Nursing and Senator Harr for introducing this legislation, and we ask for your support and your advancement of LB129. I'd be glad to answer any questions. [LB129]

SENATOR CAMPBELL: Thank you, Ms. Stones. Questions from the senators? Thank you. [LB129]

LINDA STONES: Sure. Thank you. [LB129]

SENATOR CAMPBELL: And we appreciate your hitting the highlights of your testimony. Other proponents for LB129? Those in opposition to LB129? Those in a neutral position on LB129? Senator Harr, we are back to you. [LB129]

SENATOR HARR: Thank you. Thank you, Chairman Campbell. Thank you for your time today, listening attentively. I will follow up and run the bases on certified nurses. That seems like a great idea. They have many of the same roles and responsibilities. So with that, I would ask that you hold off...I would ask you to advance, obviously, this bill, but to hold off until I can get an answer back to you, which I will do in short order. [LB129]

SENATOR CAMPBELL: Okay, that's great. [LB129]

SENATOR HARR: And I'd entertain any other questions. [LB129]

SENATOR CAMPBELL: Senator Harr, just so you know, we exec in this committee every Thursday. [LB129]

SENATOR HARR: Okay. [LB129]

SENATOR CAMPBELL: So tomorrow we'll take the bills we had last week. So you have some time. [LB129]

SENATOR HARR: Okay. [LB129]

SENATOR CAMPBELL: So we would be glad to visit with you when you're ready. And let us know, and then we'll put it on the exec. [LB129]

SENATOR HARR: Thank you, Madam Chair. I appreciate that. [LB129]

SENATOR CAMPBELL: (See also Exhibit 5) Um-hum. Thank you, Senator Harr. And that closes our hearing on LB129. If you are leaving, we ask that you leave very quietly. And we will open the public hearing on LB77, Senator Nordquist's bill to require a Medicaid State Plan Amendment for family planning services and state intent relating to appropriations for the Every Woman Matters Program. Welcome, Senator Nordquist. [LB129]

SENATOR NORDQUIST: Thank you, Madam Chair and members of the committee. I took some cold medicine earlier, and I know I'm not supposed to operate heavy machinery. It didn't say anything about testifying before your committee. (Laughter) So I hope this goes well. LB77 requires the Department of Health and Human Services to apply for a State Plan Amendment for the purpose of expanding Medicaid for family planning services for individuals who earn...whose income is at or below 185 percent of the Federal Poverty Level which for a family of three would be about $36,000. Prior to the passage of the Affordable Care Act, states were already expanding eligibility for family planning services. These services are reimbursed at a 90 percent matching rate by the federal government, and the state's cost would be 10 percent of the services. The bill also would appropriate $1 million over a two-year period to Every Woman Matters, a program within the Department of Health and Human Services that funds...those funds are used for mammograms, breast examinations, pap smears, colonoscopy, laboratory costs, education, and outreach. Right now, we did put in the budget intent language previously. It's my understanding the department has not been using any of its current appropriations for education and outreach. This would clarify for them that they are able to do that. These services right now under Every Woman Matters are provided free to women at or below 100 percent of Federal Poverty Level, and they request a small donation of $5 for women above 100 percent up to 225 percent. And there will be individuals testifying after me who know the Every Woman Matters Program inside and out. There are 778 clinics, hospitals, radiology groups in Nebraska that provide services for Every Woman Matters. To date, there have been over 1,400 women diagnosed through the program, and then those individuals are able through our Medicaid

Women's Cancer Control Program to get reimbursement for cancer treatment through Nebraska Medicaid. Otherwise they would go without. On the family planning portion, currently 28 states, including our neighboring states of Iowa, Missouri, Wyoming, have federal approval to extend the Medicaid program for family planning services. I introduce this bill because it's the right thing to do for Nebraska's women and families in need. It will save the state millions of dollars a year, as evidenced in the estimates by the Department of Health and Human Services and the fiscal note as a whole. And it would undoubtedly help reduce the number of unintended pregnancies and abortions in the state. A focus on prevention in women's health will create healthier families and communities and will reduce healthcare costs as well as social and economic costs in the long run. Half of all pregnancies in the United States are unintended and are highly concentrated among low-income women and have high burdens on taxpayers. One study by the Brookings Institute estimated that taxpayer spending on Medicaid subsidized medical care related to unintended pregnancy totals more than $12 billion a year, substantially more than our nation spends on Head Start or Early Head Start. More importantly, unintended pregnancies are significantly more likely than intended pregnancies to be terminated, as unintended pregnancies account for about 90 percent of all abortions. While I have...I am pro-life and have a pro-life voting record in this institution, I think it's a fair statement that all Americans of all political stripes support the goal of reducing the number of abortions in this country. As a result, federal and state governments have worked in tandem to expand family planning services for young and low-income women. According to a study in the Milbank Quarterly which looks at population health and health policy in 2010, care provided for family planning services was provided to 8.9 million poor and low-income women and helped to avert an estimated 2.2 million unintended pregnancies that year, 1.1 million of which would have resulted in an unplanned birth, 760,000 in an abortion, and 360,000 in a miscarriage. The net savings for the services provided to those 8.9 million women was $10.5 billion. Moreover, the care from these services extends far beyond just contraception. Routine checkups from these services also include screenings for sexually transmitted infections, cervical cancer prevention, breast examinations for early detection of breast cancer, and screens for a variety of other health conditions and risks such as diabetes, high blood pressure, and intimate partner violence. These screenings and services can lead to early detection and preventative behavior. In 2010, care provided for these services averted over 99,000 cases of chlamydia, over 16,000 cases of gonorrhea, and 410 cases of HIV. The gross public savings attributed to these services totaled $123 million from STI/HIV testing and $23 million from Pap and HPV testing and vaccines. If you look at the fiscal note, I want to point out, obviously, the tremendous savings that are projected on the fiscal note. It's a up-front cost of about $1.9 million, but a savings in the second year of the biennium of $11--I'm sorry, let me pull it up, here--$11.9 million. And that's real savings. As a member of the Appropriations Committee--and we're going through our budget right now and picking and choosing priorities--we certainly will be doing something substantial on property tax relief. But this is a bill that can create even greater savings to allow us to choose other priorities that will come forward, whether they are investing in critical areas that we believe we need to invest in or advancing other tax policy changes. That is $10 million in this biennium, $13 million every year beyond that, of true General Fund savings by enacting LB77. Good health certainly comes not from receiving...just receiving regular high-quality healthcare, but it comes from preventing disease before it starts. And this is a bill to help take a step in that direction for Nebraska women. And I hope the committee looks favorably upon it. Thank you. [LB77]

SENATOR CAMPBELL: Thank you, Senator Nordquist. Questions for the senator? Will you be staying to close? [LB77]

SENATOR NORDQUIST: (Exhibit 1) Yes. And I do have a proposed amendment that strikes just a couple words that I'd like to offer to the committee for their consideration. [LB77]

SENATOR CAMPBELL: Okay. I'm going to start with asking Brennen Miller for letters for the record because I tend to forget... [LB77]

SENATOR KOLTERMAN: I...oh. I have some questions. [LB77]

SENATOR CAMPBELL: Oh, I'm sorry. [LB77]

SENATOR NORDQUIST: Please. [LB77]

SENATOR CAMPBELL: I'm sorry. Go right ahead. [LB77]

SENATOR KOLTERMAN: Senator Baker, go ahead. [LB77]

SENATOR BAKER: Senator Nordquist, with regards to the fiscal note, you showed that will actually be a savings in the biennial or in time....$19 million. Will that mean the Health and Human Services budget will be reduced by that amount? [LB77]

SENATOR NORDQUIST: Right. So in General Funds, which...you're right, the total would be that, yes. But in General Funds, the Medicaid Division's appropriation would be increased $1.9 million in the first year of the biennium. It would be reduced by $11.9 million in the second year of the biennium, so a net $10 million savings. And then if you look down, the last sentence on the second to last paragraph on the page, it says that in Nebraska, we're looking at $28 million a year annually going forward. Of that, $13.8 million is General Funds, and $14.5 million is federal funds. So the idea is, essentially, we provide family planning services. And there's been plenty of research. The estimate, I think, the fiscal note uses is about a $4 to $1 savings. And that has been documented pretty much across the board in the states...the 20-some states that have already done this option. There has been other studies that show as much as a $7 to $1 savings. But...so the Fiscal Office is using a fairly conservative approach, but by reducing unintended pregnancies in low-income populations, we see real savings in future years. [LB77]

SENATOR BAKER: Thank you, Senator. I thought that was what I was looking at. I just wanted to make sure. Thank you. [LB77]

SENATOR NORDQUIST: Um-hum. [LB77]

SENATOR CAMPBELL: Senator Kolterman. [LB77]

SENATOR KOLTERMAN: Thank you, Senator Campbell. Senator Nordquist, my questions primarily deal with some of the definitions that aren't necessarily spelled out inside the bill. What constitutes family planning under this bill? [LB77]

SENATOR NORDQUIST: So it's...what I have here is consultation and treatment that may include physical examination, health history, annual follow-up visits, laboratory services, prescribing and supplying contraceptive supplies and devices, counseling services, and prescribing medications for specific treatments. We were trying to track down...we already do this...provide these services under our CHIP program for those that are under the age of 19. And so I assume it would be a similar array of services that's provided...we currently provide there. But it is...it would be limited by federal regulation, too. But what...I can get more detail on that. You didn't have that. Right. [LB77]

SENATOR KOLTERMAN: Yeah, I'm just...I'm not that familiar with Medicaid or expansion of Medicaid, and so that's one of my questions. My second question would be, would certain contraceptives be included in the bill where there would be, like, oral contraceptives, IUDs... [LB77]

SENATOR NORDQUIST: Right. [LB77]

SENATOR KOLTERMAN: ...birth control pills, are those part of this expansion? [LB77]

SENATOR NORDQUIST: Right. Yes. Absolutely. I know there's a controversial one that's now over the counter. My understanding is that would not be covered because it is an over-the-counter drug. [LB77]

SENATOR KOLTERMAN: I don't know what that is. [LB77]

SENATOR NORDQUIST: But any that are covered through prescription would be covered. [LB77]

SENATOR KOLTERMAN: Okay. All right. Thank you. [LB77]

SENATOR NORDQUIST: Yeah. [LB77]

SENATOR CAMPBELL: Other questions? We should just note for the record, and I commented to Senator Nordquist this morning, that family planning is a part of our current Medicaid plan. [LB77]

SENATOR NORDQUIST: Right. Right. [LB77]

SENATOR CAMPBELL: And contraceptives are listed in our current state plan. [LB77]

SENATOR NORDQUIST: Right. [LB77]

SENATOR CAMPBELL: And we would be glad to give you the references to those. [LB77]

SENATOR NORDQUIST: Right. [LB77]

SENATOR CAMPBELL: But it is already a part of it, this... [LB77]

SENATOR NORDQUIST: Yeah. And I don't have the list in front of me of what is covered, but Senator Campbell is absolutely right. [LB77]

SENATOR CAMPBELL: That would be helpful, I think, to the new senators to be able to see that, Senator Nordquist, if you could provide it. [LB77]

SENATOR NORDQUIST: Yeah. [LB77]

SENATOR CAMPBELL: Senator Kolterman. [LB77]

SENATOR KOLTERMAN: One last question: Really, isn't the essence of this bill really just bringing it down to that 185 percent of poverty level? [LB77]

SENATOR NORDQUIST: Right. So coverage right now would be for...in our CHIP program and for the low income...very low income that essentially are falling into the coverage gap. But so...yeah, we're expanding. [LB77]

SENATOR KOLTERMAN: So it fills that gap... [LB77]

SENATOR NORDQUIST: Right. [LB77]

SENATOR KOLTERMAN: ...between Medicaid eligibility... [LB77]

SENATOR NORDQUIST: Right. [LB77]

SENATOR KOLTERMAN: ...and where you can't get Affordable Health Care, correct, or subsidized... [LB77]

SENATOR NORDQUIST: Right. Right. That's exactly right. [LB77]

SENATOR KOLTERMAN: Okay. [LB77]

SENATOR NORDQUIST: And the federal government's limitation on this is, you can only cover up to what you cover pregnant women up to. And we cover pregnant women health coverage up to 185 percent of poverty. [LB77]

SENATOR KOLTERMAN: Right. [LB77]

SENATOR NORDQUIST: So that's where we can take this up to. [LB77]

SENATOR KOLTERMAN: Just fills the gap. [LB77]

SENATOR NORDQUIST: Yeah. And the federal government...and again, this was pre-Affordable Care Act...states were able to take advantage of a 90-10 matching amount through a waiver, and Iowa was one of the first states to move forward with it. But... [LB77]

SENATOR KOLTERMAN: And so is that why, as you read through the bill, there's references to 2004, 2009, different dates that are in the bill? [LB77]

SENATOR NORDQUIST: Right. Right, right, right. [LB77]

SENATOR KOLTERMAN: Okay. I'm just trying to understand. [LB77]

SENATOR NORDQUIST: Right. [LB77]

SENATOR KOLTERMAN: Thank you. [LB77]

SENATOR NORDQUIST: No, absolutely. [LB77]

SENATOR CAMPBELL: Good questions. Thank you. Anything else? [LB77]

SENATOR NORDQUIST: I'll be here. Thank you. [LB77]

SENATOR CAMPBELL: Thank you, Senator Nordquist. Our first proponent for LB77? Good afternoon. [LB77]

DAVID HOLMQUIST: (Exhibit 2) Good afternoon, Senator Campbell. I do have some handouts here. I have 15 copies, so everyone in the world will be able to know what I'm talking about, I hope. Good afternoon, Senator Campbell. Members of the committee, my name is David Holmquist, D-a-v-i-d H-o-l-m-q-u-i-s-t. I am a registered lobbyist, and I represent the American Cancer Society Cancer Action Network. I'm here today to support LB77, however, I do want to add a little bit of a codicil. The American Cancer Society Cancer Action Network takes no position on the contraceptive portion of this bill. I'm here simply to testify on the Every Woman

Matters portion. So I'd like to offer a brief history and a small suggestion as well. Nebraska's Every Woman Matters program is part of a National Breast and Cervical Cancer Early Detection Program, which was created by Congress in 1990. It's major funding source is the federal government, and of course the federal government places certain parameters on how those funds can be spent. NB--well, I'll just say it--National Breast and Cervical Cancer Early Detection Program, which we call NBCCEDP, services are available in all 50 states, the District of Columbia, 5 U.S. territories, and 11 American Indian/Alaska Native organizations. The programs bring lifesaving breast and cervical cancer screenings, information, and follow-up services to women at high risk, especially poor, low-income, and racial/ethnic minority women. As a result of federal budget cuts, combined with sequestration, the program at the federal level, administered by the CDC, has seen funding reductions of almost 10 percent over three years. Nebraska lawmakers should be proud of their support. Almost since its inception, Nebraska has provided limited state funding to help support the program's services, and several years ago increased that funding somewhat significantly. Actually, it went from $135,000 a year to $335,000 a year in rough numbers. I was very pleased to participate in the committee's--your committee's--LR422 this past fall. At a large meeting held at the University of Nebraska Medical Center, Chancellor Gold welcomed participants. During his remarks, he challenged us to make improvements to health outcomes in several areas. Specifically, he suggested that along with very high incident rates for pediatric cancer, Nebraska should be embarrassed by its low screening rates for breast cancer. These statements led me to consider what we might do to increase the number of women being screened. Today I am providing you with three documents that give a brief overview of Nebraska's position with respect to breast cancer screening. As indicted on the chart provided, Nebraska falls below the national average in terms of percentage of eligible women being screened with a total of 54.4 percent. This includes all women, whether they're screened through private insurance or through the Every Woman Matters program or other available services. But breast cancer is still the second leading cause of death from cancer for women. The other documents explain the National Breast and Cervical Cancer Early Detection Program in Nebraska as well as an overview of the program in general. Historically, Nebraska can be proud that it created Every Woman Matters soon after Congress created the program and was the second state to adopt the treatment option under the leadership of state Senator Don Pederson and former Governor Mike Johanns. That happened very early on. We were the second state to do it, as I said. So how can we prove...improve outcomes in this critical area? Importantly, Senator Nordquist's bill calls for an increase in state funding to $500,000. This will serve as one important component toward increasing screenings among low-income and uninsured women. But an additional component of successful screening is outreach and education. As I understand it, under current guidelines, the number of women screened through Every Woman Matters has been limited because of limits placed on the program's ability to reach out and engage more women. I would suggest that the Legislature adopt language in LB77 that will allow Every Woman Matters to spend a greater percentage of state funds on outreach and education. In an effort to achieve this end, I might suggest that Section 2, paragraph 2(a) might be reworded as follows: The funds appropriated pursuant to subsection (1) of this section only...may only be used for state aid for Every Woman Matters program for the following purposes--and here's the change, education and outreach come first, rather than last, so--education and outreach, reimbursement for the provision of mammograms, breast examinations, pap smears, colposcopy, associated laboratory costs, and preventative health services. For the past several years, I don't believe our state programs have been encouraged to provide appropriate education and outreach for programs or appropriate access to programs. I think we only need to look at the problems associated with ACCESS Nebraska as an example of what I would call bad faith. It's time to change that culture and it's time to seek a way in which to

better serve the people of Nebraska. A focus on education and outreach will alert more women to the need for early screening and detection and will alert them to the availability of these services through Every Woman Matters. Thank you, and I'd be happy to take any...answer any questions that I am able to. [LB77]

SENATOR CAMPBELL: Thank you, Mr. Holmquist. Questions? Senator Howard. [LB77]

SENATOR HOWARD: Thank you, Senator Campbell. Just a clarification about the Every Woman Matters program, and thank you for your testimony. [LB77]

DAVID HOLMQUIST: Sure. [LB77]

SENATOR HOWARD: It's always nice to see you. The Every Woman Matters program does not cover women who are undocumented, correct? [LB77]

DAVID HOLMQUIST: Correct. [LB77]

SENATOR HOWARD: Okay. Thank you. [LB77]

DAVID HOLMQUIST: Um-hum. You're welcome. [LB77]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Holmquist. [LB77]

DAVID HOLMQUIST: Thank you, Senator Campbell. [LB77]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB77]

MICHELLE ZYCH: (Exhibit 3) Good afternoon. Chairwoman Campbell and members of the Health and Human Services Committee, my name is Michelle Zych, M-i-c-h-e-l-l-e Z-y-c-h, and I'm the executive director of the Women's Fund of Omaha. We are an organization dedicated to improving the lives of women and girls in the Omaha community. To do this, we identify critical issues through research, fund innovative solutions through grants, and influence dynamic change through advocacy to ensure that every woman and girl has the opportunity and ability to reach her full potential. I'm here today to testify in support of LB77, a bill that will improve the health and economic security of women and families in Nebraska by offering preventative health care services. Driven by research, we conduct a biennial survey to take the pulse of our community. When we ask which issues are most pressing for girls under the age of 18, our community consistently points to pregnancy, sexual literacy, and poverty. And we know that poverty is a risk factor for teen pregnancy and a lack of sexual literacy and vice versa. To be clear, sexual literacy is defined as the knowledge needed to advance and protect one's own sexual health and well-being. This is important as an adolescent, or those ages 15 to 24, because we know that over the past 20 years, approximately 50 percent of high school students will have sex. This number is

lower for 9th graders and higher for 12th graders, but the numbers are stable. Since our community surveys have consistently shown sexual literacy and pregnancy to be among the top issues facing girls in our community, we are proud to have invested more than $200,000 into sexual literacy programs over the years. Unfortunately, we know that it's not enough. We know this because our community continues to have epidemic rates of sexually transmitted diseases, specifically among adolescents 15 to 24. We know this because while teen pregnancy rates are declining, 86 percent of which is attributed to increased contraceptive use, there is a glaring disparity between whites and African-Americans, Native Americans, and Hispanics. In fact, an African-American teen in Douglas County is five times more likely to become pregnant than her white counterpart. She's also ten times more likely to contract chlamydia. Based on best practices research, we have found that we need to base our solutions on understanding potential risk factors and intervention strategies. Two of the major risk factors that were identified as increasing the probability of teen pregnancy and STD are inadequate access to healthcare and poverty. This means that in order to effectively address these issues, we need to provide access to healthcare regardless of socioeconomic status, which is exactly what LB77 seeks to do. Further, when we talked to the adolescents, we were astonished to hear that they had an overall lack of knowledge around their sexual health. Not only were they not using condoms to protect themselves, they preferred to ignore their potential STD status. Finally, we found that a majority of them would rather become pregnant than find out if they have an STD. In fact, each of the nearly 100 adolescents we interviewed reported at least one peer who was currently pregnant. This research provided context to the issues of sexual literacy and pregnancy. It also provided a framework for our Adolescent Health Project. This project, which kicked off last Friday, seeks to create sustainable community-wide changes through a research-based, results-focused, comprehensive community approach that will increase the sexual knowledge and health of our adolescents and thereby decrease the number of youth engaging in risky sexual behavior. We believe that this will decrease the rates of both STDs and teen pregnancy in our community. In developing these goals, we have worked hard to develop strategic community partners to ensure that the project is sustainable. These partners include Omaha Mayor Jean Stothert, the University of Nebraska Medical Center, the Douglas County Health Department, and Methodist Health System, among many others. Major priorities in the project involve building capacity for STD testing and treatment while increasing access to long-acting reversible contraception like IUDs, which are incredibly effective at postponing pregnancy. These priorities are directly related to LB77 in that, if passed, it would allow more women the opportunity to meet the income eligibility levels and receive family planning services including contraception and STD testing and treatment. Guided by research, the Women's Fund of Omaha supports LB77 and increased access to family planning services. We feel that the evidence is clear that support for family planning services, including access to contraception and testing and treatment for sexually transmitted diseases, is an investment in girls and the economically self-sufficient women they will become. Thank you for your time. I would be happy to answer any questions you have. [LB77]

SENATOR CAMPBELL: Thank you. Questions? I really do have to say that I looked at this and thought, that's exactly five minutes. Wow. (Laughter) [LB77]

MICHELLE ZYCH: It was. I timed it a few times. [LB77]

SENATOR CAMPBELL: I could tell that. [LB77]

MICHELLE ZYCH: Thanks. [LB77]

SENATOR CAMPBELL: Thank you so much. [LB77]

MICHELLE ZYCH: Thank you. [LB77]

SENATOR CAMPBELL: Senators, one thing that we might be able to do is, I know I take all the material out of a folder and I put it in my bill folder, and so I really don't need the very nice folder. So I'm willing to give back my very nice folder so that it could be reused. So we'll pass...if you want to keep your folder, you can. But if you're not going to, we would very much like to recycle them and not create a greater expense. So for anybody in the audience that gives out folders, just know that if it's a bill, it goes in the bill file. Our next proponent? Good afternoon. [LB77]

RENAISA ANTHONY: Good afternoon. Good afternoon, Madam Chairwoman Campbell and to the HHS Committee. My name is Dr. Renaisa Anthony, spelled R-e-n-a-i-s-a, last name A-n-t-h-o-n-y. I am a physician by training, a public health practitioner by passion. I am the deputy director of the Center for Reducing Health Disparities at the University of Nebraska Medical Center. I am an assistant professor in the Department of Health Promotion in the College of Public Health. And I care for and treat women across the life course at Charles Drew Community Health Center, which is a federally qualified health center. My areas of expertise are maternal and child health and health disparities. And for the record, I am not representing the University of Nebraska Medical Center, but representing myself as a resident of Senator Howard's district and a woman. I am representing Charles Drew Health Center. And I'm a proud member of the Omaha Women's Fund. First and foremost, I would like to thank Senator Nordquist and the members of this committee for your leadership, commitment, and investment in the lives of women in Nebraska. While women represent 50 percent of our population, we give birth to 100 percent of the population. And that means when you have healthy women, we have healthy children, we have healthy communities, and we have healthy families. At Charles Drew, over 70 percent of my patients are beneficiaries of the Every Woman Matters program or the Pap Plus Program. Every Woman Matters provides resources for low-income women who are 40 and over to receive evidence-based screening for breast and cervical cancer in addition to chronic diseases like diabetes. Every Woman Matters without a doubt saves lives. This program is paramount to not only reducing health disparities, but also improving the health of women, because the women who qualify are those who are at the highest risk of cancer as well as chronic diseases. In many instances, my patients and those who are recipients of Every Woman Matters...sometimes it's the only opportunity they have to interface with a healthcare provider. There are many stories I could share with you about my amazing yet socially challenging patient population. I could tell you about the outstanding problem-solving skills it takes for a provider to work at a federally qualified health center or the unimaginable challenges and obstacles that my patients must overcome to just make it to the clinic to see me. But what I will tell you is, for every woman I take care of that is a beneficiary of Every Woman Matters that walks through my door, there are hundreds that never make it through. In my hand is the Every Woman Matters paperwork. It's seven pages. To qualify for the program, you have to have a smart phone or a computer. You have to have access to the Internet. You must have a printer that has toner, ink, and paper. You have to have literacy and writing skills, a stable home address that you'll be at six

weeks later, and a stamp. Or you need transportation to make it to Charles Drew, and we'll help you fill out the paperwork and we send it in ourselves. Right now, it currently takes about four to six weeks for our patients to receive a card in the mail and some paperwork. Once women receive that, they have to call the clinic. They have to make an appointment. And then they must get transportation again to come in to see me, and they must bring the packet with them to get into my clinic. These steps may seem feasible for most of us in this room, but they are tremendous barriers for the most vulnerable women and disadvantaged groups in our population, again, those who are at the highest risk of cervical and breast cancer as well as chronic diseases. I ask, if every woman really does matter, then how can we ensure that every woman who meets criteria has equal access and opportunity to utilize the benefits of the Every Woman Matters program? Thanks to Senator Nordquist, LB77 is a step in the right direction. LB77 has the potential to expand Every Woman services...Every Woman Matters services to women who desperately need them and are at highest risk of adverse health outcomes including unintended pregnancies and STDs and not just limited to cancer. Senators, investing $1 million over the next two years will make a difference in the lives of women and potentially save taxpayer dollars. However, investing $1 million plus identifying solutions to limit current barriers and challenges for women to access services will ensure a significant return on your investment. Every Woman Matters indeed matters in the lives of the most vulnerable women across our state and the women I serve at Charles Drew Health Center. It is for all of these reasons that I support the senator and LB77 and I ask that you will too. Thank you for this opportunity and thank you for all that you do on behalf of Nebraskans. [LB77]

SENATOR CAMPBELL: Thank you, Dr. Anthony. Questions from the senators? [LB77]

SENATOR KOLTERMAN: I have just a couple. [LB77]

SENATOR CAMPBELL: Senator Kolterman. [LB77]

SENATOR KOLTERMAN: First of all, Doctor, thank you for coming to testify and thank you for all the volunteer work you're doing. I appreciate that. I just...because I'm new here, I don't...I have some questions. And it really deals with what your organization is doing, because it sounds like you're a federally funded healthcare organization. Is that outside of the bounds of Medicaid or what we're doing here? [LB77]

RENAISA ANTHONY: No. So that's a great question. As a federally qualified health center, I actually take care of a lot of Medicaid patients, low-income patients, and patients without insurance. So we are one of those sites that Senator Nordquist talked about that is an Every Woman Matters site. So patients are often...they get a list of where they can go. And for many patients, say in the North Omaha area, which is where Charles Drew is located, we're the closest facility for them to get services. And so we take care of Medicaid. And we do have some private patient population numbers as well. But for the most part we take care of the underserved, the underinsured, the noninsured, and Medicaid patients. [LB77]

SENATOR KOLTERMAN: So if...can I keep asking questions, Senator? [LB77]

SENATOR CAMPBELL: Sure. Absolutely. [LB77]

SENATOR KOLTERMAN: So if they're qualified for Medicare...or Medicaid, then there's no real issue with the billing. You're just working with limited billing...limited income. But it sounds like the seven-page application process...if we have somebody now that comes in and they fall in that gap of 185 percent to the poverty level, you would still take care of them, but they still have to jump through your own personal hoops at your organization. Does that sound...is that an accurate statement? [LB77]

RENAISA ANTHONY: So that's a great question. When you ask about Medicaid, I'll got back to what Senator Campbell said. Medicaid eligibility...you must be pregnant, so my pregnant patients don't need contraception. They need postpartum contraception, but they don't need contraception at that time...the elderly who are usually postmenopausal, so they don't need contraception; the disabled possibly but I can't tell you...I've rarely taken care of that population; and then there's one other that I'm forgetting about. [LB77]

SENATOR CAMPBELL: Children. [LB77]

RENAISA ANTHONY: Children. And because of certain laws that we have, I technically can't treat children either. And so what happens is, for instance, I've had patients who have shown up. They've heard about Every Woman Matters. And they show up at the clinic. And they want an appointment. And they say, I'm here. I've taken a bus. Someone has dropped me off. I want to get my Pap test. I haven't had one in decades. I haven't had a mammogram in five years. And someone told me I can come here and get these services. Well, what happens is, our social workers, our behavioral health people, will come and say, oh, well, you need to fill this out. And we're going to send it in, and it takes about four to six weeks. You'll get something in the mail. When you get it in the mail, then call us back and we'll set up the appointment, and then you come in. And I can tell you, we lose a lot of women to follow-up, because there are so many obstacles for them to do that. [LB77]

SENATOR KOLTERMAN: They're overwhelmed with the process? [LB77]

RENAISA ANTHONY: They are overwhelmed. Now, if they don't have insurance, then it will cost them on a sliding scale...again, they have to fill out a different type of paperwork. To see me whether you have insurance or not, the cheapest you will pay is $35. That's just to see me. For me to send off your Pap test, you're going to get a bill for over $100. If I STD check you, luckily at...and I brought my clinical nurse director here as well. She does more of the billing because she and I have bumped heads many times when I say, but she doesn't have insurance and she has Every Woman Matters, but she's interested in contraception, I have been told, you can't give her a Depo shot if she's here for Every Woman Matters. You have to have her come back. And I've said things like, if I send her out of the door, by the time she comes back, she may be pregnant. So let's do whatever we need to do, because I'm not sending this patient out of the door without giving her Depo, because I have a patient who said, I care enough about my health. I care enough about preventing unintended pregnancies. But I'm here now, go ahead and take care of me. And so there are a lot of different gaps. And that's why, in my testimony, I said Every Woman Matters

is an outstanding program. The Pap Plus Program is an outstanding program. There are some gaps, though, in which we're missing women who are at highest risk who need these services. And can we identify what those barriers are and come up with solutions to make it much more feasible for those women to have access? [LB77]

SENATOR KOLTERMAN: Okay. Thank you. And one...and again, this is just a question of understanding on my part, when we talk about elderly, I probably fall in that group, but are we talking about women under the age of 65, because after 65 I think they're eligible for Medicare? So are we talking 50 to 65 or...I'm just curious. [LB77]

RENAISA ANTHONY: I would actually...I don't know the answer to that. [LB77]

SENATOR KOLTERMAN: And I don't know if that's a question I should be asking you or not. [LB77]

SENATOR CAMPBELL: When you reach 65, you're eligible for Medicare... [LB77]

SENATOR KOLTERMAN: Right. I'm aware of that. [LB77]

SENATOR CAMPBELL: Right, regardless of your income. [LB77]

SENATOR KOLTERMAN: So they're not...so what are we defining elderly as? That's, I guess, my question... [LB77]

RENAISA ANTHONY: I don't know the answer to that. [LB77]

SENATOR KOLTERMAN: ...because we've talked about that in several... [LB77]

SENATOR CAMPBELL: Medicaid eligibility... [LB77]

RENAISA ANTHONY: Yes. [LB77]

SENATOR KOLTERMAN: Yeah. [LB77]

SENATOR HOWARD: Medicaid is often used for long-term care for people who are elderly. [LB77]

SENATOR KOLTERMAN: Oh. [LB77]

SENATOR CAMPBELL: Right. [LB77]

SENATOR HOWARD: So even if you're Medicare eligible... [LB77]

SENATOR KOLTERMAN: Okay. [LB77]

SENATOR HOWARD: ...over 65, you're still Medicaid eligible if your income falls into the appropriate categories. [LB77]

SENATOR KOLTERMAN: All right. Again, I'm just asking because I don't know. [LB77]

RENAISA ANTHONY: That's a good question, because I don't know either. [LB77]

SENATOR HOWARD: That's a good question. [LB77]

SENATOR CAMPBELL: No, no, that's fine. Medicare will cover you. On an elderly person...let's say they're 75. Okay, if they have to go to the hospital, Medicare will cover that. [LB77]

SENATOR KOLTERMAN: I understand what Medicare covers and what it doesn't cover. [LB77]

SENATOR CAMPBELL: Right. But Medicaid covers... [LB77]

SENATOR KOLTERMAN: The question really dealt with the...you're not the first that have talked about the elderly today, and I just wondered where that classification fits. [LB77]

SENATOR CAMPBELL: I've... [LB77]

SENATOR KOLTERMAN: So...and we can...I can learn that elsewhere, but. [LB77]

RENAISA ANTHONY: I think I'm going to look it up, too, because I don't know. [LB77]

SENATOR KOLTERMAN: Okay. [LB77]

SENATOR CAMPBELL: It's income...it depends on age, income...it's not... [LB77]

SENATOR KOLTERMAN: To me, you know, I'm a senior citizen now. I get discounted rates when I go to the movies and things like that but I don't consider myself elderly yet. [LB77]

SENATOR CAMPBELL: I wouldn't consider you elderly either, Senator. (Laughter) [LB77]

SENATOR KOLTERMAN: Thank you, Senator Campbell. [LB77]

SENATOR CAMPBELL: Okay. Other questions... [LB77]

SENATOR KOLTERMAN: No more questions. [LB77]

SENATOR CAMPBELL: Good questions. That's why we're here. Dr. Anthony, we much appreciate your service at Charles Drew and all that you do to help women have good, healthy futures. [LB77]

RENAISA ANTHONY: Thank you, Madam. [LB77]

SENATOR HOWARD: Senator Campbell, I have a question. [LB77]

SENATOR CAMPBELL: Oh, I'm sorry. I missed you. [LB77]

SENATOR HOWARD: That's okay. I didn't wave very prominently. It's nice to see you. Thank you for your testimony. It was really helpful. I wanted to clarify sort of the difference between the Every Woman Matters program and some of the work that LB77 is going to do. So the current eligibility for Every Woman Matters is 40-plus. But say I'm a 39-year-old woman. I am interested in family planning or reproductive health services or Pap smears or anything along those lines. What type of services would I be able to access or what type of support would I be able to access for that type of care? [LB77]

RENAISA ANTHONY: That's a great question, because I run into that all the time. We have the Pap Plus Program. And so if you need a cervical cancer screening, you could be screened under that program. I've run into problems where people literally are going to be 40 within the next six months and they don't qualify. But I need them in so they can get their mammogram. And so the one thing that the Pap Plus program doesn't cover that Every Woman Matters covers that's important is the mammogram. Out of all the screening services that we do, the one that's most expensive is the mammogram, so much so that it is evidence-based in best practices that every person at the age of 50 and higher should be getting a colonoscopy. Yet through Every Woman Matters, because of the cost of a colonoscopy, there are other hoops that you have to go through before you can get a colonoscopy. So, for instance, there are these little guaiac packets and you have to have blood in your stool before you can get a colonoscopy. But you can imagine, by the time you have blood in your stool, you probably have a significant pathological issue going on in your colon. So again, this...Every Woman Matters matters. It's not perfect but it's definitely a step in the right direction. A 39-year-old could get Pap test services. She can get STD screened. During that visit, I can talk to her about contraception, but the billing gets a little weird if I were to give her a Depo shot while she was there. [LB77]

SENATOR HOWARD: So...and LB77 would change that? [LB77]

RENAISA ANTHONY: LB77, with that piece about contraception, would definitely change that and afford that opportunity to more women across the state and especially my high-risk patient population who is more likely to have an unintended pregnancy. [LB77]

SENATOR HOWARD: Thank you, Dr. Anthony. [LB77]

RENAISA ANTHONY: Thank you, Senator Howard. [LB77]

SENATOR CAMPBELL: Anyone else? Senator Baker. [LB77]

SENATOR BAKER: Thank you, Madam Chairman. Doctor, I really appreciate what you're doing, what you've described there. You talked some about the highest-risk people. What if they don't come to you? Is there...how do you make that known to those people who are highest risk so that they will access you or some other similar service? [LB77]

RENAISA ANTHONY: That's an outstanding question, and I think the person who testified from the American Cancer Society really emphasized the importance of this bill reaching out and covering education and outreach. Women need to know that these services are available. They need to have easy access to Every Woman Matters, the Pap Plus Program, and if LB77 is accepted, the new benefits of such a bill. I think if we have educational outreach, we encourage women to get tested, and they know that they can get it at no cost to them, that women will come in. If we don't do that, the difference is, we pay a lot more in taxes by women who have invasive cervical cancer which, in my opinion, is a preventable disease, and no woman in the United States, let alone Nebraska, should die of cervical cancer. And we can catch breast cancer in the earliest stages where it's not a death sentence. If we don't get women in, especially these high-risk women, low-income, minority women...we know minority women, for instance, when it comes to breast cancer, we have lower incidence rates, but once you're diagnosed we have higher mortality rates. Who pays for that? Taxpayers pay for it. And so it's in our best interest to increase awareness of these programs and the benefits and to get women in the doors and make it accessible and easy and feasible. [LB77]

SENATOR BAKER: Thank you. [LB77]

SENATOR CAMPBELL: Any other questions? Thank you, Dr. Anthony. [LB77]

RENAISA ANTHONY: Thank you. And again, thank you for the work that you do on behalf of Nebraskans. [LB77]

SENATOR CAMPBELL: Our next...thank you. Our next proponent? How many more proponents do we have? Okay. Thank you. [LB77]

MOLLY McCLEERY: (Exhibit 4) Senator Campbell, members of the Health and Human Services Committee, again my name is Molly McCleery, M-o-l-l-y, M-c-C-l-e-e-r-y, and I'm a

staff attorney in the Health Care Access Program at Nebraska Appleseed. And Nebraska Appleseed is a nonprofit organization that fights for justice and opportunity for all Nebraskans and our Health Care Access Program is focused on making sure that Nebraskans have access to quality affordable healthcare. Healthy families are one of Nebraska's greatest resources, and a Medicaid State Plan Amendment to provide family planning services for Nebraskans up to 185 percent of the Federal Poverty Level will help ensure that our families are strong and healthy. By increasing access to these services, we can help reduce unintended pregnancies, which a number of the proponents have mentioned. And it will also help many men and women in our state avoid the negative health consequences associated with sexually transmitted infections and reproductive cancers. As Senator Nordquist pointed out, in addition to promoting the positive health outcomes associated with family planning services, a State Plan Amendment for family planning services is a financially sound choice for our state. He pointed to the fiscal note with the $11 million savings. In my written testimony, I point to one of the studies that Senator Nordquist mentioned in his introduction that talks about, in 2010 roughly $7 was saved for every $1 in publicly funded family planning services. That was over $49 million in costs in Nebraska alone in 2010. So that would be, as Senator Campbell mentioned, the population of individuals traditionally eligible for Medicaid who would be receiving these publicly funded family planning services. If it was at a $7 to $1 ratio, it would be $49 million in that one year. So, as Senator Nordquist mentioned, that $7 is not the most conservative of the numbers. But even if we're thinking $3 or $4 as more conservative estimates, that's still a substantial amount of savings that our state could have. And it's a sustainable amount of savings that we could see every year. One other point that is very important to note regarding family planning services under Medicaid is that these are services that are reimbursed at a 90 percent matching rate. So for this group of individuals who would be up to 185 percent of the federal poverty level not otherwise eligible for Medicaid, if they were to go seek out family planning services, we could draw down a 90 percent federal reimbursement for those services. So that's a huge incentive for our state in addition to the overall financial benefit. But we're...we'd be drawing more federal dollars back into our state. Additionally, as other proponents have mentioned, the Every Woman Matters program is crucial in our state to providing these fundamental screening and testing services for women, ensuring that women ages 40 to 74 can live long, healthy lives in our state. So for those reasons we support LB77, and I would be happy to answer any questions at this time. [LB77]

SENATOR CAMPBELL: Questions from the senators? Senator Riepe. [LB77]

SENATOR RIEPE: I know I came in late, and I apologize for that. [LB77]

MOLLY McCLEERY: Oh, no, that's fine. [LB77]

SENATOR RIEPE: I had to make a presentation. I guess my question, and I'll start where I came in, is in the 90 percent, these...what happens after the 90 percent diminishes? [LB77]

MOLLY McCLEERY: It's always 90 percent for this particular service. [LB77]

SENATOR RIEPE: For infinity? [LB77]

MOLLY McCLEERY: Yes. [LB77]

SENATOR RIEPE: Okay. [LB77]

MOLLY McCLEERY: So it's not 90 percent for this year and then reduce it. It's...because of the services that are being requested, it is 90 percent always. [LB77]

SENATOR RIEPE: Okay. Always is a long time. [LB77]

MOLLY McCLEERY: Well...I guess I can't speak to forever. (Laughter) But, you know, probably not wise on my part. [LB77]

SENATOR RIEPE: I would agree. [LB77]

MOLLY McCLEERY: But part of the reason for that is a federal policy to really encourage states to take up this option of extending coverage for these services for all of the reasons that other proponents have mentioned, both the public health impact and also cost savings for states. So... [LB77]

SENATOR CAMPBELL: Any other questions? Okay. Thank you, Ms. McCleery. [LB77]

MOLLY McCLEERY: Thank you. [LB77]

SENATOR CAMPBELL: Audience, we're going to take a five-minute break. And then we'll come back and finish the proponents and go to the opponents. Okay? [LB77]

BREAK

SENATOR CAMPBELL: We will let the record show that we are resuming the hearing this afternoon. And before we take our next proponent, we're going to get items for the record so that we do not forget them. So, Brennen, go right ahead. [LB77]

BRENNEN MILLER: (Exhibits 6, 7, 8, 9, 10, 11) Thank you, Senator. On the previous bill, LB129, in a supportive letter, Nebraska Nurse Practitioners. On LB77 in support: Healthcare Center Association of Nebraska; Nebraska Association of Social Workers, Nebraska Chapter; Holland Children's Movement; Nebraska Children and Families Foundation; and Planned Parenthood of the Heartland. In opposition, a letter from the Nebraska Family Alliance. That's all I have. [LB77 LB129]

SENATOR CAMPBELL: Okay. All right. Thank you so much. And we appreciate your patience, but as warm as it is today, it felt very good to get some fresh air, or at least get out of the room for a little bit. We will proceed, so go right ahead. [LB77]

MARY LARSEN: (Exhibit 5) Okay. Good afternoon, Chairwoman Campbell and members of Health and Human Service Committee. My name is Mary, M-a-r-y, Larsen, L-a-r-s-e-n. I'm the director of program services and advocacy from the March of Dimes Nebraska Chapter. The March of Dimes is a voluntary health organization dedicated to improving the health of women of childbearing age, infants, and children by preventing birth defects, preterm birth, and infant mortality. Access to health coverage is critical to achieving these goals. We strongly believe that healthy pregnancies and healthy babies start with planned pregnancies. The March of Dimes is a strong supporter of extending medical assistance for family planning services for persons whose family's earned income is at or below 185 percent of the federal poverty level. We believe that the expansion requested in LB77 saves money and, more importantly, saves lives. The March of Dimes recognizes Medicaid as an important partner in improving maternal and child health. Some state Medicaid programs are and have been particularly effective in supporting healthy pregnancies and improving birth outcomes for high-risk pregnant women. We have learned from these state programs and can use their innovations to achieve better outcomes. A central purpose of family planning is to promote optimal health of mothers-to-be and their babies starting before pregnancy. Family planning information and services help prospective parents to make informed decisions about the timing and spacing of childbearing. This is especially important for women at medical risk for those...or those wishing to modify risky lifestyle factors before conception. In 1993, Rhode Island pioneered an expansion of Medicaid family planning benefits by extending family planning and primary care coverage from sixty days up to two years for women who had delivered a baby on Medicaid. This increased access to family planning cut in half the number of women who delivered another baby within 18 months of a previous pregnancy, and helped to reduce infant mortality among Medicaid infants. Short interval pregnancies and unintended pregnancies are risk factors for preterm birth and also poor birth outcomes. In the first three years, Rhode Island saved $14 million in Medicaid expenditures. Unintended pregnancies continue to be a serious public health concern in the United States. Nationally, 49 percent of births to 18- to 44-year-olds can be classified as unintentional. And in Nebraska, approximately 40.9 percent of pregnancies are unintended, which means that these women were not prepared and faced higher risks for a poor birth outcome, for example, low birth weight, preterm birth, birth defects, pregnancy loss, or infant death. Currently, Nebraska ranks 51st in making family planning services available and 49th in the nation for providing funding for this issue. Access to and use of family planning services is an integral part of reducing the number of unintended pregnancies. March of Dimes recognizes the value of preconception and interconception healthcare and family planning in reducing the risks of birth defects, low birth weight, prematurity, and infant mortality. We believe that providing comprehensive Medicaid family planning services to low-income women in Nebraska will reduce our rates of unintended pregnancy, improve health outcomes of mothers and their babies, and reduce costs to Nebraska taxpayers. Improving health before pregnancy makes a big difference for mother and babies alike. Family planning is critical to healthy childbearing. In closing, I want to thank you for your service and dedication to our state. And I would be happy to try to answer any questions that you might have. [LB77]

SENATOR CAMPBELL: Thank you, Ms. Larsen. Questions from the senators on the testimony? Thank you for coming today. Our next proponent? Good afternoon. [LB77]

SHARON RICKMAN: Good afternoon. My name is Sharon, S-h-a-r-o-n, Rickman, R-i-c-k-m-a-n. And for 14 years, I've been the executive director of Family Health Services, and for the past 14 months, I've been the president of the Family Planning Council of Nebraska. And I'm here speaking on behalf of that council. I first want to express our appreciation to Senator Nordquist for taking the initiative to propose LB77 and to thank committee members, Senators Campbell, Cook, and Howard, for cosponsoring the bill. Family Health Services, which is the agency I direct, is a 40-year-old, not-for-profit based in Tecumseh. We provide services in nine southeast Nebraska counties including Lancaster County...kind of odd that our admin offices are at Tecumseh...a little backwards. Our primary focus is providing WIC, which is the federal Women, Infants and Children Nutrition Program, and providing family planning services. The Nebraska Family Planning Council, also a very old agency, at least 30 years old...most of the agencies that provide family planning services--I'm talking about Title X family planning services--are a member of that council. The agencies that provide family planning services... (loud noise) [LB77]

SENATOR CAMPBELL: Okay. We're going to try to go ahead. And I apologize. I'm sorry. [LB77]

SHARON RICKMAN: That's okay. The agency...one of our offices has construction, so I'm very used to that. That's minimal. Nothing. [LB77]

SENATOR CAMPBELL: Oh, okay. Good. Perfect. [LB77]

SHARON RICKMAN: Agencies that provide family planning services, Title X, are funded through...the state of Nebraska is the grantee of that Title X grant. The state receives $2,031,071 in fiscal year '14. Now this is a weird thing: We count people, though, by calendar year. Calendar year '13...that served 26,159 people equivalent to $77.64 of federal dollars for each recipient. Along with that number, I do want you to think about what...(loud noise) [LB77]

SENATOR CAMPBELL: We'll just have to go ahead. [LB77]

SHARON RICKMAN: ...what cost that individual would have had associated with them had they been pregnant or received the host of other benefits, including Medicaid, WIC, ADC, housing; $77.64 would not have covered their first physician's visit. When I started 14 years ago, I would hear about the good old days, days when there was adequate funding, that we were able to reach out. The outreach piece is just not...we can't do it. There's not enough money. And in those good old days, family planning was seen as a high priority in a very conservative oval office and Congress. Your mouth might fall open. One of the cosponsors of the Title X bill was a U.S. House of Representative from the state of Texas, George Herbert Walker Bush. I find that amazing, what things change. Nebraska's situation is a lot different than a lot of other states. We do not have a Medicaid waiver. We don't have a state plan amendment, nor do we have Medicaid expansion. I am fortunate enough to get to go to national meetings. We don't have the money to do it, but our association, the National Family Planning Council for Reproductive Health Association, they will reimburse our travel cost. And it's challenging in every state. And they're always amazed we don't have any of those things available to us. And they all talk about how

they won't be able to make it if they don't have a SPA, or don't have a waiver. We don't have any of those. And it is true. I'm not sure how we make it. There are days I don't know. How much longer do you do it? Those states, as well as states with Medicaid expansion, are able to tap into an additional source. Because of the Affordable Care Act, they can draw down meaningful use dollars. And the piece of meaningful use was really to target those serving low income, but it's measured by Medicaid recipients. Our clients aren't Medicaid recipients, because we don't have a SPA. We don't have a waiver. We're not Medicaid expansion. So the very people that it's supposed to help aren't because of how it's measured. Our office, of course, every day sees families that struggle. We've heard a lot today on how families that make 185 percent of poverty are able to tap into other services. So in WIC we see those families. Yet that client, if they want to postpone...if they're making 182 percent of poverty and they, once they deliver, want to postpone having a child, when they come see us in family planning, they will pay almost full fee, because it's on a sliding fee scale. And it slides to zero at the poverty level. If you make $1 over poverty level, you will pay something for family planning services. And LB77 would help us bridge that gap which has been talked about numerous times today. I would say if any lawmaker--conservative, liberal, Democrat, Republican--would sit in our WIC waiting room on a busy WIC clinic afternoon, they would very quickly say, we need additional dollars in family planning. And it's not that those kids aren't loved. They absolutely are. But living in poverty or even a bit above the poverty line is a sentence, a sentence that children do not deserve. Money doesn't make you happy, but if you're a child living in poverty, your life is affected. There's no way to not feel the household pressures of how bills are going to get paid. For most of us, luckily, and I include myself in this, I can't live that life...luckily did not live that life. I never worried about, was I going to be forced out of my home? I worried when I thought my dad was going to take a transfer to Iowa. I was beside myself. These kids are beside themselves of, will I be in a homeless shelter tomorrow...not all WIC kids, absolutely not. But in our waiting room, you would know. They worry about the roof over their head, their food. I use the example, you know, if they make the cheerleading squad, who's going to pay for their uniform...all things probably none of us worried about but very much a reality for them. I always say, wouldn't it be better if we spent some money up front, helped families plan their families, do some spacing? And I don't know if any of you have all...ever done any of the modules where you're put in a place of being in poverty. And it very quickly is, how do you survive that day, not two years down the road, not, oh, if I get pregnant it's going to affect me today and ten years down the road. It's, what about today? [LB77]

SENATOR CAMPBELL: Ms. Rickman, we should probably try to get to the summary here. [LB77]

SHARON RICKMAN: Okay. The fiscal note most certainly does say, you know, saves $4 for every dollar spent. And I would like you to think just beyond that of the quality of life it would give people. I'm not a person who...I say I'm not a person who touches people routinely, but at one point my staff did say, we're going to teach you how to do a pregnancy test. And I would do them on occasion. This couple...I remember nothing about them except the fear on their face when they were...they had a child in the NICU yet and came in for a pregnancy test and was pregnant. I don't remember if they qualified at what level for services, but that fear...and we see that fear every day with clients. LB77 would help eliminate some of those fears. We could do outreach to those people and serve them. And I truly believe it would help. It would not only save money but make Nebraska families emotionally and financially stronger. [LB77]

SENATOR CAMPBELL: I think we're at the question point. [LB77]

SHARON RICKMAN: Okay. [LB77]

SENATOR CAMPBELL: Are there any questions for Ms. Rickman on the services that they provide? Okay. Would you tell me once again the figure...you had how many people you served in 2013? 26,000... [LB77]

SHARON RICKMAN: 26,159. [LB77]

SENATOR CAMPBELL: Okay. Sorry, I missed the last one. Thank you very much for your testimony today. [LB77]

SHARON RICKMAN: Thank you. [LB77]

SENATOR CAMPBELL: Brennen, do we know what's causing the noise? [LB77]

BRENNEN MILLER: We do not. Chuck is on it. [LB77]

SENATOR CAMPBELL: Investigating it, okay. All right. Any other proponents? Okay. Those who oppose LB77...in opposition? Good afternoon. [LB77]

TERESA KENNEY: Good afternoon. Thank you. I'm here representing myself as Teresa Kenney, T-e-r-e-s-a K-e-n-n-e-y. I am a women's health nurse practitioner. I've been in practice for over 14 years. I believe very strongly in providing good healthcare to women in all reproductive ages. I have listened and provided care to thousands of women over the years. And I have listened to them pour out their hearts concerning their physical, emotional, and psychological health issues. It's my...in my opinion that greater access to the so-called family planning services or contraceptive services is not in the best interest of women and families. I would like to state that I am not opposed to the preventative Every Woman health Matters services in this bill. Despite what research and media outlets want you to believe, greater access to contraception does not increase...does not decrease unintended pregnancy, nor has it led to a decreased number of abortions in our country. If it did, we would not live in a country that provides over a million abortions a year. The sociological, behavioral, and cultural reasons are complex, but the outcomes are clear. Since the wide release of contraception in the 1960s, women and families have not benefited from greater access to contraception and abortion. Since 1973, we have performed 57 million abortions in this country, and those are just the surgical abortions. Why have there been so many abortions if contraception is the answer for safe, rare, and legal abortion? Contraceptives fail more than they are often cited in their perfect use effectiveness. Humans are largely imperfect, and despite how easily accessible or how affordable, they will continue to use contraceptives imperfectly, leading to unintended pregnancies. In fact, the Guttmacher Institute reports that 50 percent of pregnancies in the United States are still unintended and half of those pregnancies will end in abortion. They further

reported that 54 percent of women who are using a contraceptive in the month they conceive...and stated imperfect use of that method as being the most common reason they felt they became pregnant. Adolescents are the largest group of individuals in this group of noncompliant users of contraceptives. In the first 12 months of contraceptive use, 16.4 percent of teens will become pregnant. If the teen is cohabitating, the pregnancy rate or failure rate rises to 47 percent. Among low-income, cohabitating teens, the failure rate is 48.4 percent for birth control pills and 71 percent for condoms. Many would say that the answer is just better education for our young, especially all adolescents in the area of sexual and reproductive health. But no matter how young you want to educate people on so-called safe sex, (1) it will never be safe; (2) they will still be noncompliant. It is the nature of humans. I recently read a case study in the educational Journal for Nurse Practitioners that discussed the autonomy we should give our young people. They described a 16-year-old girl and that the healthcare provider should ask them first what their pregnancy plans are. And if their pregnancy plans were to try to achieve pregnancy, that they should be given prenatal vitamins and STD testing. If your child came to me and disclosed her age at 16 and the desire to become pregnant, would you really expect or think it to be healthy physically, emotionally, or psychologically to respect her autonomy and just put her on prenatal vitamins? I feel this demonstrates that we have just lost some good common sense when it comes to reproductive health. Just as if your child were to come to me and say, I would like to start smoking and, by the way, I'd like to continue to eat a dozen donuts followed by a six-pack of Mountain Dew daily, would I just say, that's your choice and here are a couple of medicines that might prevent you from becoming obese or destroying your lungs? No, of course I wouldn't, nor would any sane person. What I would do is counsel the person on what is best for her health and her well-being, because that is what being in healthcare is supposed to be about. I would talk to her about healthy eating, preventing obesity, not smoking, so that they would not have the risks that come from unintended use of products that are harmful to their body. I have seen over the years the negative impact of unhealthy sexual choices over and over from depression in young girls to sexually transmitted diseases to sexual abuse to unplanned pregnancies to unhealthy relationships one after another. Promiscuous sex leads to unhealthy physical and emotional...and the psychological well-being of women, men, and their families. I feel the pain of women day after day who suffer the fallout of a culture that promotes sex for recreational purposes. It is the woman who suffers the STD's effects on her body more than a man. It is her emotions, many times, that are abused as they are used for sexual pleasure. It is her that is forced to destroying the baby in her womb after an unintended pregnancy, a burden that she will carry for the rest of her life. It is the woman who has to come and take the pills with the carried risks of heart attack, stroke, liver tumors, depression and psychological changes, increased risk of breast cancer and cervical cancer, just to name some, not to mention having foreign devices inserted inside their uterus, implanted under their skin, or having their reproductive organs mutilated, all in the name of controlling fertility. These are the reasons that I disagree with expanding contraceptive services in the bill LB77 and I thank you for your time. [LB77]

SENATOR CAMPBELL: Thank you, Ms. Kenney. Questions from the Senators? Senator Cook. [LB77]

SENATOR COOK: Thank you, Madam Chair. And thank you, Mrs. Kenney, for coming today. Do you support the use of contraception in general, since you're testifying on behalf of yourself personally today? [LB77]

TERESA KENNEY: I personally do not support the use of contraception. I do provide or support family planning. And the family planning that I support is fertility care type of services that have been studied in reproductive medical journals to be found as effective as birth control...all hormonal birth controls. [LB77]

SENATOR COOK: All right. Thank you. [LB77]

SENATOR CAMPBELL: Okay. Senator Howard, and then we'll go to Senator Kolterman. [LB77]

SENATOR HOWARD: Thank you, Senator Campbell. Thank you for your testimony today. So your concern with LB77 is exclusively around the contraceptive...the contraception provisions? It's not around Every Woman Matters. [LB77]

TERESA KENNEY: That is correct. [LB77]

SENATOR HOWARD: It's not around STD screenings... [LB77]

TERESA KENNEY: That is correct. [LB77]

SENATOR HOWARD: ...or health outreach and education. [LB77]

TERESA KENNEY: That is correct. [LB77]

SENATOR HOWARD: And are there specific types of contraception that you're concerned about that we could narrow the focus or anything like that? [LB77]

TERESA KENNEY: I am particularly concerned about hormonal contraceptives, the IUD, and all long-acting contraceptives because of their severe health risks to women but also because it gives a false sense of security, especially to young people, that they are able to engage in sexual behavior that is unhealthy and that somehow that's going to mitigate their risks. And unfortunately, the studies have just shown over the years that throwing more contraceptives at young people just doesn't help prevent unintended pregnancies or sexually transmitted diseases. Henceforth, I mean, even in Omaha or in Douglas County, the chlamydia rate was the highest in the country. [LB77]

SENATOR HOWARD: Right. And I...if I may, a follow up? [LB77]

SENATOR CAMPBELL: Sure. [LB77]

SENATOR HOWARD: And I absolutely agree with you that LARCs don't prevent sexually transmitted diseases. But do you feel as though they lead to risky sexual behavior? [LB77]

TERESA KENNEY: I think it gives young people a sense that, yes, they are protected in some way. And I think it's...the approach to young people should be that all sex outside of a committed relationship and marriage is unhealthy. Sex basically has, you know, two purposes. It's for procreation. It's for unifying a couple. But the procreative aspect, you can't ever get away with that 100 percent for most methods of birth control. And unfortunately, when we just keep dispensing birth control, especially, I mean, you look at Planned Parenthood--they're the largest provider of contraceptives and abortion in our country--constantly throwing more and more condoms in all sorts of places like colleges and high schools and people who come in there. Well, condoms are largely ineffective for preventing pregnancy and STDs, for that matter. And we continue to, you know, just give them. It's like giving them a gun and saying, go play Russian roulette. Well, the more times you play Russian roulette, the chances are, eventually you're going to hit that bullet. And that's what I think, is that we can't continue to just say it's "we just need more contraception; we just need to teach you it in kindergarten what sexual health should be," because we need to teach these kids that it's important to wait for sex, that women deserve better, that they don't need to be enslaved by these devices, by these dangerous hormones that they take and later on when in their forties may develop a breast cancer, which I've seen many times. [LB77]

SENATOR CAMPBELL: Follow up? [LB77]

SENATOR HOWARD: Yes. Thank you. Is it your understanding that adolescents between the ages of 15 and 24 are not having sex? [LB77]

TERESA KENNEY: No, it is not my understanding that they are not having sex. [LB77]

SENATOR HOWARD: Is there any way to prevent them from having sex? [LB77]

TERESA KENNEY: I do really think there is a way. [LB77]

SENATOR HOWARD: One hundred percent? [LB77]

TERESA KENNEY: I'm not saying all women...I mean, all humans are, of course, imperfect, and at all times people make mistakes. Certainly I'm not under this guise that we can somehow keep all adolescents from having sex. But the approach that we take to teaching children does give them a sense of whether or not we think that they should wait to have sex. And if we continue to throw contraception, contraception at them, what we're telling them as adults is, those unhealthy sexual choices are fine. In fact, go for it. And, again, it's like playing Russian roulette with them. You know, eventually that bullet's going to hit them, not everybody, but for those ones that it does, getting cervical cancer, getting a horrible STD like chlamydia, which we have seen destroy fertility in women. You know, those are outcomes that are very, very poor. And it's not in the best interest of women, men, their families, to continue to just let kids do this. And

I'm not saying it won't happen, but to take the...it's just like smoking. We wouldn't tell a kid, smoke, when we know it's so harmful, right? We don't do that anymore. Everybody knows that's the wrong thing to do. But in the area of sex, there are so many risky, negative outcomes. But we continue to kind of give them the idea, it's okay. Just go ahead. We'll try to mitigate the risks for you. [LB77]

SENATOR HOWARD: Thank you. No further questions. [LB77]

SENATOR CAMPBELL: Okay. Senator Kolterman. [LB77]

SENATOR KOLTERMAN: My question is very...it's similar in nature to Senator Howard's. And first of all, thank you for testifying today. Back in 2012, there was similar bill that was proposed in this body. I think it was LB540 at the time. And it did much of the same, but it was amended several times to eliminate things like abortion and also contraceptive medications, I believe. I'm not 100 percent, but very similar like that. Would you be open to a bill that would have those types of amendments, excluding those types of benefits? [LB77]

TERESA KENNEY: Yes, if it excluded, you know, all hormonal contraceptives, IUDs, and access to any sort of birth control or contraceptive services and especially, of course, in the area of abortion. [LB77]

SENATOR KOLTERMAN: Okay. Thank you very much. [LB77]

SENATOR CAMPBELL: Any other questions? Thank you, Ms. Kenney. [LB77]

TERESA KENNEY: Thank you for your time. [LB77]

SENATOR CAMPBELL: Our next opponent? Good afternoon. [LB77]

GREG SCHLEPPENBACH: Good afternoon. Senator Campbell, members of the Health and Human Services Committee, my name is Greg Schleppenbach, G-r-e-g S-c-h-l-e-p-p-e-n-b-a-c-h. I am the executive director of the Nebraska Catholic Conference. The conference, which represents the mutual interest of the Catholic bishops in Nebraska, believes that there are significant moral, social, and health implications to LB77. And we also believe that there are serious flaws in the primary argument propelling it: that it will reduce unintended pregnancies and abortions and realize a cost savings to the state of Nebraska. I do want to say that we appreciate Senator Nordquist and his pro-life convictions. We've worked with him on many other issues affecting the poor and areas of healthcare and take him at his word in that. But we just believe that this will do...will not do what it proposes to do in the area of family planning. The cost-savings argument asserts that if Nebraska expands government funding for contraception, two results will occur. First, more women in the target population will use contraception. And two, as a result fewer pregnancies will occur in this population, which ultimately results in a cost savings to our state by reducing prenatal, delivery, and postnatal costs

that would otherwise be paid by Medicaid. To substantiate this argument, proponents and the fiscal note itself points to a 2004 study commissioned by the Centers for Medicare and Medicaid Services. The study examined six states that already had implemented a Medicaid expansion of contraceptive coverage. The study claims that all six states experienced a net cost savings by reducing the number of pregnancies and births that would result without this expansion of contraception. A critical examination of the study reveals some significant doubts about the cost-savings assertion. First, the study's conclusions are based entirely on estimates and assumptions, not empirically-based data. The study simply uses a formula to estimate how many women may avail themselves of this new source of contraception and how many pregnancies may be averted as a result. This formula makes two assumptions: first, that the problem driving unintended pregnancies is inadequate access to contraception, and two, that increased access to contraception will result in increased use and fewer pregnancies. The first assumption is undermined by studies showing that few women forgo contraception due to cost or availability. For example, an Alan Guttmacher study of sexually active women found that only about 8 percent cited cost as their reason for not using contraception. The second assumption is undermined by the facts of the CMS study itself. The study admits that not every state in the study experienced an increase in family planning use. And only two of the six states "appeared" to experience a reduction in unintended pregnancies. How can the study credibly claim that all six states saved money by averting births due to better access to contraception when not every state experienced an increased use of contraception and four of the six states did not experience a decline in unintended pregnancies? That strains credibility. According to some family planning researchers, increased access to contraceptives may actually drive unintended pregnancy and abortions up, not down. Nonmarital pregnancies, for example, increase in the long term when access to contraception services...which studies suggest is due to risk compensation, the belief that one is insured against the risk of pregnancy. Encouraging this false sense of security may end up achieving the opposite of what this bill intends. There is little or no meaningful data to support the claim that free contraception causes improved women's health. No one has demonstrated any causal link between either greater access to contraception and fewer unintended pregnancies and abortions nor between greater usage of contraception and fewer unintended pregnancies. It is simply assumed that what may work on an individual level will work on a societal level. But data and experience contradict this assumption. On a national level, unintended pregnancies have risen, along with increased access to contraceptives through various public programs. This result is borne out in numerous studies that have been conducted by family planning proponents, demonstrating that greater access to contraception does not reduce unintended pregnancies and abortions. In May of 2000...as one example, a 2004 article in the publication Contraception, Anna Glasier said about contraception that estimates of efficacy are unsubstantiated by randomized trials. "Efficacy is based on rather unreliable data and a great many assumptions and have been questioned both in the past and more recently." "While advanced provision of emergency contraception probably prevents some pregnancies for some women some of the time, the strategy did not produce the public health breakthrough hoped for." Finally, another concern we have about expanding the use of our tax dollars for contraception is the fact that many forms of contraception can cause early abortions. I'm just about done. As the product insert in any package of hormonal contraception spells out, these drugs work in three ways: by preventing ovulation, by preventing fertilization if ovulation occurs, and third, by preventing implantation of an embryo in the womb if fertilization occurs. That third mode is an early abortion. For these reasons, we urge you to oppose LB77. Thank you, Senator. [LB77]

SENATOR CAMPBELL: Questions for Mr. Schleppenbach? Senator Cook. [LB77]

SENATOR COOK: Thank you, Madam Chair, and thank you, Mr. Schleppenbach, for coming today. [LB77]

GREG SCHLEPPENBACH: You bet. [LB77]

SENATOR COOK: I have a question. It might be an idea. Does the Catholic Conference provide education and outreach that might amount to the kind of support young women would get in a family that would talk to her and a young man about postponing sexual activity? Do they do that sort of thing on a broad basis? [LB77]

GREG SCHLEPPENBACH: I don't know how broad of a basis of...if it's...that it's done, but we certainly do. There's strong commitment on behalf of all three dioceses here... [LB77]

SENATOR COOK: Okay. Um-hum. [LB77]

GREG SCHLEPPENBACH: ...to provide chastity type of education in the schools. It's taken very seriously, and we try to create, you know, an environment of support that helps young people to lead healthy lives. And, you know, we believe in young kids. We believe that young kids want to do what is right and good. And we believe they're capable of doing what is right and good. And frankly, the culture too often dismisses them as incapable of controlling themselves. And we think that's an insult. We think we have the capacity, the ability...if we as a society decide that waiting until marriage to engage in sexual activity is the best thing, the healthiest thing to do, we have the ability to create an environment in...which would be supportive. Is everybody going to do that? Of course not. We're never going to reach that kind of perfection. But we should try. We should try to uphold those kind of standards and help kids to really leave what is...lead what is...and generally accepted, the healthiest lifestyle. [LB77]

SENATOR COOK: Thank you. [LB77]

GREG SCHLEPPENBACH: You bet. [LB77]

SENATOR CAMPBELL: Any other questions? Thank you, Mr....oh. Go ahead. [LB77]

GREG SCHLEPPENBACH: I...if I can just mention, I want to clarify, too, that we don't have a problem with the funding for Every Woman Matters, that provision of it. [LB77]

SENATOR CAMPBELL: Okay. [LB77]

GREG SCHLEPPENBACH: This does have...do something that...the funding that Senator Nordquist mentioned has been in the budget for a number of years for these types of services. Does it...it would expand it or add family planning services to it that we would have some concerns about, but the Every Woman Matters program, we've never opposed it. We support it in

the budget in terms of the funding that's available for that. So I want to be clear about that. [LB77]

SENATOR CAMPBELL: Absolutely. Thank you for clarifying that. [LB77]

GREG SCHLEPPENBACH: You bet. [LB77]

SENATOR CAMPBELL: Okay. Thank you very much for your testimony today. [LB77]

GREG SCHLEPPENBACH: Thank you so much. [LB77]

SENATOR CAMPBELL: Our next opponent? Good afternoon. [LB77]

AMIE HOLMES: Good afternoon. Senator Campbell and the HHS Committee, thank you for having me here today. My name is Dr. Amie Holmes. That's A-m-i-e H-o-l-m-e-s. I represent myself today. I am an obstetrician and gynecologist practicing in Omaha, Nebraska, where I practice reproductive medicine at Creighton University Medical Center, Boys Town National Research Hospital, and Bergan Mercy Medical Center. In addition to obstetrics and gynecology, I also have over two years of urgent care experience. Throughout my practice I have provided numerous women with reproductive counseling and safe family planing. I am here to testify in opposition to LB77, which would expand eligibility for family planning services under Medicaid, predominantly the family planning or contraceptive portion. I am not opposed to the Every Woman Matters portion. I would like to focus this testimony on the poor health implications and negative side effects of contraception. In my informed opinion, contraception should not be considered a standard of primary care. As part of the Hippocratic Oath that I took upon receiving my medical diploma, I pledged to do no harm. I have witnessed so many harmful results from contraception that I believe it should be classified as bad medicine. In fact, in the words of Dr. Peck and Norris who have studied risks of oral contraceptives in detail, OCPs fail the most important test of preventative medicine. They increase the risk of disease. First and foremost, OCPs are...which stand for oral contraceptive pills, are classified as Group 1 carcinogens. This means that they have known carcinogenic risks to humans, most notably increased risk of breast, liver, and cervical cancer. Oral contraceptive pills increase the risk of HPV, which leads to cervical cancer. Breast cancer occurs in one of eight women and is particularly increased in young women who are exposed to OCPs prior to a full term pregnancy. It has been suggested that they also act...I'm sorry, that oral contraceptive pills also act as a cofactor with HPV to cause cervical cancer. Unfortunately, I have watched many women die from these diseases. A recent article published in the British Journal of Clinical Pharmacology showed a 50 percent higher chance of developing a glioma, which is a type of brain cancer, in women who use the oral contraceptive pill. One of the most well-known and devastating side effects of hormonal contraception is cardiovascular. This includes DVTs, which are peripheral blood clots; PEs, which are blood clots in the lungs; MIs or myocardial infarctions, which are heart attacks; and strokes. I have seen far too many women fall victim to blood clots that have led to severe disability and even death. Estrogen-containing contraception is estimated to increase risk of thrombosis by three to five times the general population. This is even higher in women who are older and who smoke. Women were designed to have complex hormonal cycles.

By flattening out their cycles, a woman's body is put into an unnatural state. Hormones are tied to brain function and personality. Women who are on OCPs start to think and act differently, often making relationship decisions that they wouldn't make otherwise. Some common and well-known side effects include weight gain, depression, and migraine headaches. It bears mentioning that relationships are changed when couples use contraception. When the potential for pregnancy is taken out of the question, women are prone to becoming used for pleasure. This can and has led to infidelity in relationships, as is evidenced by the increased rates of sexually transmitted infections and even domestic violence since the birth control pill was released on the market. Speaking of sexually transmitted infections, most don't know that contraceptives thin the lining of the endometrium and decrease the function of the immune system, thus making STDs easier to contract. And this...add this to the increased rate of infidelity and we have a problem. Not all STDs are treatable. And many cause long-term suffering. They often lead to chronic pain and infertility. I would like to also address the abortifacient effects of contraceptives, because this is rarely discussed with patients. One of the known mechanisms of action of contraceptives is to thin the lining of the endometrium. And this can cause an early embryo to slough off of the inhospitable lining. Many women do believe that life begins at conception and not at implantation. I would like to conclude by stating that I believe there's a better approach. I believe that we can actually treat fertility and pregnancy for what it is, a normal part of female physiology. We can teach women and couples about their bodies and ways of learning fertility awareness methods that work as well as other forms of contraception. I urge you to vote against this bill in order to foster and preserve good medicine and true preventative healthcare. And please consider the true health implications of expanding eligibility for family planning services under this bill. Thank you for your time. [LB77]

SENATOR CAMPBELL: Thank you, Dr. Holmes. Senator Cook. [LB77]

SENATOR COOK: Thank you, Madam Chair, and thank you, Doctor, for coming today. As I listened to the health risks you described, which are spelled out, I think, on the outside of the, certainly, birth control pills that are widely distributed by prescription, I'm recalling some health risks with a pregnancy. Could you list some of the health risks... [LB77]

AMIE HOLMES: Yes, however... [LB77]

SENATOR COOK: ...in a planned pregnancy? [LB77]

AMIE HOLMES: Sure, of course. However, I would like to state that many of the studies do compare the health risks of contraceptives to pregnancy. I don't think that's a safe comparison. [LB77]

SENATOR COOK: Okay. [LB77]

AMIE HOLMES: I think that what we should compare is the health risks of being on contraceptives to the health risks of using fertility awareness based methods, because they do work. [LB77]

SENATOR COOK: Okay. But there are health risks to a pregnancy, and what are they, two or three? [LB77]

AMIE HOLMES: Yes, and some of those do also include cardiovascular risks such as DVTs. However... [LB77]

SENATOR COOK: "EVTs?" [LB77]

AMIE HOLMES: However, it does occur more frequently with OCP use. [LB77]

SENATOR COOK: What's an "EVT?" I'm sorry. [LB77]

AMIE HOLMES: DVT. [LB77]

SENATOR COOK: DVT. [LB77]

AMIE HOLMES: Venous thrombosis, distal venous thrombosis, yes. [LB77]

SENATOR COOK: Okay. Thank you. And one more question. [LB77]

SENATOR CAMPBELL: Go right ahead. [LB77]

SENATOR COOK: It goes to my idea. [LB77]

AMIE HOLMES: Um-hum. [LB77]

SENATOR COOK: I hear the call for counseling and family planning with couples... [LB77]

AMIE HOLMES: Um-hum. [LB77]

SENATOR COOK: ...presumably married couples in the context of the conversation we've heard from the opposition. [LB77]

AMIE HOLMES: Um-hum. [LB77]

SENATOR COOK: What is available? We've got a teen pregnancy... [LB77]

AMIE HOLMES: Um-hum. Sure. Um-hum. [LB77]

SENATOR COOK: ...issue, certainly in parts of my district. What is available... [LB77]

AMIE HOLMES: Well, if... [LB77]

SENATOR COOK: ...in terms of...I mean, if I walk in, I'm a Baptist... [LB77]

AMIE HOLMES: Um-hum. [LB77]

SENATOR COOK: ...15-year-old and I walk...where do I go to talk about these things? [LB77]

AMIE HOLMES: Sure. Two things: The first is that I believe that we do need to train more of our medical professionals on fertility awareness based methods because that is lacking in our education system. Secondly, you do not have to be Catholic to use these methods. In fact, where I work we have about 50 percent Catholic and 50 percent Christian or not religious at all. And they come to us because we provide healthy fertility awareness based methods that actually treat their cycle as normal and teach them about their body. And they are able to learn when they're fertile and when they're not fertile and improve their health. [LB77]

SENATOR COOK: Um-hum. [LB77]

AMIE HOLMES: One other thing that I would like to add about oral contraceptives, while I'm at it, is that they often mask underlying disease. So women will be on pills for years with underlying endometriosis, precancerous states, multiple issues. And without identifying those biomarkers that are there with normal cycles by charting and reading biomarkers, which is very simple to do when taught, these women...we're missing many health conditions in these women. [LB77]

SENATOR COOK: All right. And you offer these services to unmarried teen women, if she were to present herself, or a young man? [LB77]

AMIE HOLMES: We do, yes. Um-hum. Yes, we do encourage abstinence, but we do teach the method. [LB77]

SENATOR COOK: Okay. Thank you. [LB77]

AMIE HOLMES: Um-hum. You're welcome. [LB77]

SENATOR CAMPBELL: Any other questions from the senators? Thank you, Dr. Holmes. [LB77]

AMIE HOLMES: Thank you. [LB77]

SENATOR CAMPBELL: Our next opponent? Good afternoon. [LB77]

KRISTINA PAKIZ: Good afternoon. My name is Kristina with a K, Pakiz, P-a-k-i-z. And I'm a board certified obstetrician gynecologist practicing in women's health in Omaha, Nebraska, for the last five and one-half years. I'm also the local Omaha Guild chapter president of the Catholic Medical Association. I care for women and their families every day and have the privilege of discussing women's health concerns within the confidence of the patient-physician relationship. Contraceptive use is nearly universal, and yet the consequences it boasts to prevent are actually fueled by it. According to the National Vital Statistics Report, the percentage of "nonmaritable" births has increased from 5.3 percent in 1960 to 41 percent in 2010. When I was a college student and went to student health for a sinus infection, I was lectured on why I was not on the birth control pill. And so why, with all of these young women being pushed onto the birth control pill, and the birth control pill being touted as the cure for a panacea of gynecological problems, why are there still so many unintended pregnancies? The obvious answer is that patients do not properly take the medication. A September 2010 study published in the Journal of Obstetrics and Gynecology proposed that perhaps daily text messages would help remind women to take their oral contraceptives. However, the results of this randomized controlled trial revealed that daily text message reminders did not improve adherence. In fact, the number of pills missed per cycle was higher in the group that received the text messages, approximately 5 plus or minus 3 pills per month versus 4.6 plus or minus 3 in the control group. And the average age in this study group was 22. And 99 percent of them were high school graduates. So I can only imagine how poor the results would be in a study of adolescents using the birth control pill. But the fact that is most often ignored in these discussions is the behaviors that are altered by the widespread and ubiquitous use of contraception. This is the real crux of the matter. The female patient will engage in more high-risk behavior if she is promised that oral contraception will allow sex without consequences. She is then duped by the same medical profession when she finds herself pregnant. And the subsequent option posed to her is abortion. This becomes the only foreseeable backup plan because in her mind becoming pregnant in the first place was never a possibility. One risky behavior and bad decision leads to the next and the next. And I speak to women behind the confines of confidentiality, which is when they speak freely. And there is no woman who is proud of her previous abortions. I recently had a 56-year-old woman present for a Well Woman exam, and her blood pressure was elevated, so I inquired with concern. She explained that she did not have high blood pressure. Rather, she was nervous, because she knew as a new patient she would have to reveal to me her medical history. And as her eyes filled up with tears she explained that she had had an abortion when she was a teenager. My 56-year-old patient was still grieving the loss of that child taken by abortion almost 40 years prior. Women carry the pain caused by contraception and abortion with them for the rest of their lives. When I was in medical school, we had a lecture one afternoon about how to prevent the transmission of HIV. And the only option that they really gave that we were supposed to push to our patients was condom use. And I left that lecture angry, because I felt like I was supposed to be in the room filled with all of these bright individuals who could really find answers to help people. But yet in the realm of sexuality, the idea that a person could have self control was not an option. So the best thing they had for them was condoms. So I oppose the expansion of contraception, the family planning portion of LB77, because I do not think this benefits women. [LB77]

SENATOR CAMPBELL: Thank you. Sorry, I was writing. Questions? Any questions? Thank you for your testimony today. [LB77]

KRISTINA PAKIZ: You're welcome. [LB77]

SENATOR CAMPBELL: Our next opponent? Those who would like to testify in a neutral position? Senator Nordquist, I believe we're back to you. [LB77]

SENATOR NORDQUIST: Thank you, Madam Chair and members of the committee for your time today. Just a couple things to clean up: First of all, this program, again, only...would not apply to those under the...those that qualify for the Children's Health Insurance Program. For those that have philosophical concerns about this coverage, we already do cover this in the Children's Health Insurance Program and in Medicaid for those that are eligible. This bill simply would extend that eligibility up to 185 percent of poverty. Again, I know there is a question about the 90 percent funding going away. And just to be clear, this again does not have any ties to the Affordable Care Act. This was happening in states before the Affordable Care Act. And that funding was in place. Twenty-six states have pieces in play...have this in place, including our neighboring states of Iowa, Missouri, Wyoming, also conservative states like Texas has a...they run their own state plan. Oklahoma has taken up this option, Montana, Louisiana, Georgia, Indiana, so this is something that is seen in both states that are more conservative and more liberal. Somebody mentioned coverage for abortion. Just to be clear that the Nebraska Medicaid Public Assistance Program covers medical procedures and abortions only when the life of the mother would be endangered if the fetus were carried to term. And such procedure must receive prior authorization from the Department of Health and Human Services. So this has no impact there. As far as the questioning the savings, this is...you'll see many bills come before this committee where proponents will say, if we invest in this, we're going to save this. And while that very much may be true, rarely is that reflected on the fiscal note. It may be reflected in the testimony and good research, but rarely does the Department of Health and Human Services, which certainly doesn't answer to me, do they...or does then it go to the Legislative Fiscal Office...rarely do they account for those savings. But this is a program that is so well-documented, the research is so crystal clear from the states that have done this already, that even the Department of Health and Human Services, which answers to the Governor, came in and said, doing this program will save $11 million a year next year and $13 million a year every year going forward. So, you know, we build budgets based solely on the Legislative Fiscal Office's estimates, and they take what they get from the agencies. They review it. They come out with their estimate. They both concurred: These are real savings. And then we took some of those savings, $0.5 million a year and put into the Every Woman Matters Program. I doubt we would be able to make that investment with all the other priorities we have in state government this year without capturing some of those savings from this program. It's a program that has been very successful in all the states that have moved forward with it. And just in closing, you know, I'm, as I said earlier, I'm pro-life. I'm a Catholic. I have my religious beliefs. My church has its religious beliefs. But certainly I don't think those should limit the ability of Nebraska women to get access to preventative health coverage. Thank you. [LB77]

SENATOR CAMPBELL: Senator Nordquist, before we close the hearing, did you want to make any other comments about the proposed amendment? [LB77]

SENATOR NORDQUIST: Right. So that's simply...it would strike out of the language related to Every Woman Matters. Every Woman Matters doesn't do anything with family planning services,

so we just took that out. So the money is...the $500,000 would still go to Every Woman Matters for all the programs that they do now and education and outreach. So we would just be removing the family planning language out of Every Woman Matters. But they would...largely, they need authority to use the money for education and outreach. And once they do that, then they would need some additional funding to be able to reach more women in need. [LB77]

SENATOR CAMPBELL: Excellent. Any other questions from the senators? Thank you, Senator Nordquist. [LB77]

SENATOR NORDQUIST: Thank you. [LB77]

SENATOR CAMPBELL: And that concludes our hearings for the day. Thank you all for coming and testifying. [LB77]