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Transcriber's Office

Health and Human Services Committee
January 29, 2015

[LB34 LB46 LB146]

The Committee on Health and Human Services met at 1:30 p.m. on Thursday, January 29, 2015, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB46, LB34, and LB146. 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: (Recorder malfunction)...and welcome to the hearings of the Health and Human Services Committee. I'm Kathy Campbell. I serve District 25 in Lincoln. I'm going to go through some of the procedures for the Health and Human Services Committee before we start the hearings. Our first is that if you have a cell phone or some device that makes noise, would you please turn it off or silence it? It's very, very disturbing if something goes off in the room. And there's a penalty, but I'm not going to tell you what it is. (Laughter). Although handouts are not required in this committee, if you do have handouts, we would like 15 copies. And if you don't have that number, why, we'll work with you at the end of the hearing to try to make sure that we have enough. If you are testifying today, you need to complete before you come up one of the orange sheets that's on either side of the room and print as legibly as you can. When you come forward to testify, you can hand to the committee clerk, Brennen Miller, who is over onto my far left, and you can also give him any of your copies that you'd like distributed and the pages will distribute those to the committee. The next is, at the beginning of your testimony...and we use the lights in the Health and Human Services Committee, which it's green and you have a total of five minutes. It will be green for four. It will seem like a long time to you, and then all of a sudden it will go to yellow, and you have one minute. And if it goes to red, I'll be trying to get your attention, because we want to be fair to the first hearing and the last hearing, the first testifier and the last that we have in the day. So when you come forward and give the clerk all the information, you can sit down. And we'd ask that you state your name for the record and spell it. And that's to help the transcribers hear your voice and know exactly how your name should be spelled. We are changing a few things in the committee this year. You will see most of the senators will have an iPad with them or their computer. And we're trying to get...cut down on paper. So we used to have those big black notebooks that would sit here. And now all of that...some of us still have a big...no, I'm kidding, Senator Baker. But now all of that is contained online for the senators. So with that, we will start introductions today. And I'm going to start on my far right. Senator Kolterman.

SENATOR KOLTERMAN: I'm Senator Kolterman from Seward County. I represent Seward, York, and Polk Counties, 24th District.

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

SENATOR CRAWFORD: Good afternoon. Senator Sue Crawford from eastern Bellevue, Offutt, and eastern Sarpy County.

SENATOR HOWARD: Senator Sara Howard. I represent District 9 in midtown Omaha.

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JOSELYN LUEDTKE: I'm Joselyn Luedtke, legal counsel for the committee.

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

SENATOR RIEPE: I'm Merv Riepe, District 12, which is Omaha, Millard, and Ralston. Thank you.

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

SENATOR CAMPBELL: And our pages today...are they there? I can't...sorry. Jay is at UNL and is a ag economics major from Dalton, Nebraska. And Brook--I think, might be gone for a minute--is from Omaha, also at UNL majoring in marketing, advertising, and political science. So if you need some assistance during the hearing, the pages will be glad to help you. With that, we will open our first public hearing today on LB46, Senator Watermeier's bill, which would change provisions of the Statewide Trauma System Act. And I want to make a comment before we begin. Senator Watermeier and I decided that it would be best. Some of you in the room may be aware of...the Creighton University Med School has lost temporarily their license or whatever to provide trauma services. And they are working to clear up any of those deficiencies. We have been notified that the survey team will be in the facility on February 6, which is very good news, because we had hoped to move quite expeditiously, and the Governor's office called the other night and said that that schedule had been met. So we're very pleased about that. We want to assure you that that situation has not any relationship to Senator Watermeier's bill. (Laughter) And Senator Watermeier has answered enough questions on that. I've had a few myself. But we decided that it would better for the record if I made a statement about that. So, Senator Watermeier, go right ahead.

SENATOR WATERMEIER: Thank you, Chairman Campbell and members of the Health and Human Services Committee. I am Senator Dan Watermeier, spelled W-a-t-e-r-m-e-i-e-r, representing District 1 in the southeast corner of the state. And it is great to be back here as a former member of the HHS. But it's changed significantly. I'm here today to introduce LB46. LB46 updates language regarding the accreditation of rehabilitation centers in the state as it specifically relates to the rehabilitation of trauma patients. The revised language will accept both Commission on Accreditation of Rehabilitation Facilities, which is CARF, and the Joint Commission of Accreditation as rehabilitation accredited bodies for rehabilitation centers in the state. LB46 updates the definition of rehabilitation services into a definition of current practice. It also updates the definitions of the three levels of rehabilitation centers as well as changing the type of designation from basic level to intermediate level rehabilitation center. These levels correspond with either CARF or the Joint Commission accreditation. The current law requires the submittal of governing body verification when requesting designation from the department as a designated center. However, in practice, rehabilitation hospitals are accredited by CARF or the Joint Commission and do not receive verification from a governing body. Therefore, the language is changed from "governing body verification documentation" to "verification or accreditation documentation from a recognized independent verification or accreditation body or public agency." I made it through all that. That sounds good. (Laughter) The purpose of this process is to help educate the public as to what a trauma center is and which hospitals are

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designated as such. The work behind this legislation actually took place quite a while ago. And I believe it was back in 2009 that the standards for designation of rehabilitation centers were reviewed by the interested parties. The recommendations were presented to the department and now, several years later, LB46 is the result of this work. There has been some confusion pertaining to the overall reach of this bill. I believe that there are now general consensus that the bill updates rehabilitation level trauma services and nothing more than that. I ask that you look favorably on LB46, as the updates are necessary so the department can start designating rehabilitation trauma centers. If you have any questions, I could try to answer them, but I do believe there's going to be much better historical perspective that will be following me. But I appreciate the time, and I was glad to take this bill on, and I think it is an important step and it's unfortunate it took this long, but I'd be glad to stay here and answer any questions. [LB46]

SENATOR CAMPBELL: Okay. Any questions for Senator Watermeier? Will you be staying to close? [LB46]

SENATOR WATERMEIER: Probably not. I would like to get back to Appropriations, because I do have another bill. [LB46]

SENATOR CAMPBELL: Okay. Well, before you go, you always have a home here. (Laughter) I want my colleagues to know and the audience to know that Senator Watermeier came to me as a freshman senator and said, I don't have a background in health nor human services, but I really want to learn about it. And his perspectives were often just right spot on. [LB46]

SENATOR WATERMEIER: Thank you. [LB46]

SENATOR CAMPBELL: So, you always have a home here. [LB46]

SENATOR WATERMEIER: Thank you. [LB46]

SENATOR CAMPBELL: So feel welcome to come back. [LB46]

SENATOR WATERMEIER: I might get chased out of there. I may come back here. (Laughter) [LB46]

SENATOR CAMPBELL: All right. [LB46]

SENATOR WATERMEIER: All right, thank you. [LB46]

SENATOR CAMPBELL: Have a good afternoon. Thank you, Senator. [LB46]

SENATOR WATERMEIER: All right. I'll probably listen for a little bit, but I will not close. Okay. [LB46]

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SENATOR CAMPBELL: Okay. Thanks a lot. All right. We will start with our first proponent. Good afternoon. [LB46]

LINDA STONES: (Exhibit 1) Hi. Good afternoon. Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Linda Stones, L-i-n-d-a-S-t-o-n-e-s. I reside in Senator Laura Ebke's District 32, and I am a certified rehabilitation nurse and employed by Bryan Medical Center as a patient care services director having responsibility over rehab services. I am here today to testify on behalf of LB46. I would like to thank Senator Watermeier for introducing this bill and for the work that was completed by Sherri Wren and the Trauma Program manager and other members of the state trauma team. This bill is presented to provide clarity on the different levels of rehabilitation levels of care. We really felt strongly that the standardized language would help the public understand the differences in the type of rehabilitation trauma services and assist the regional advisory boards in really determining the level of services in their region. This bill was also created to provide an efficient and effective way to designate those levels of trauma care. The State Trauma Program manager put a significant amount of work and effort into incorporating feedback from key stakeholders. This work actually began in 2009 with a committee of rehabilitation providers throughout the state. The work continued and I actually joined the work in March of 2011. And in November of 2011 is when that work went to the State Trauma Advisory Board and was approved. It was very thoughtful and deliberate work. We did make modifications to the three levels of care. There was a significant amount of discussion in that group about what comprised an advanced level of trauma care. There was a lot of discussion about having traumatic brain injury "and" spinal cord injury designation. But the group reached consensus, feeling that "or" was more appropriate because most of our trauma patients experience traumatic brain injuries. There are a few that do have spinal cord injuries and even a smaller number that have both. So they really felt strongly that the advanced level should be one or the other. And so we maintained that language. Since facilities have multiple accrediting bodies and at this time a joint commission was just coming out with a brand new rehabilitation accreditation component, we felt strongly that we shouldn't designate a specific accrediting body to...in the language, because we didn't know for sure what else would emerge. And accreditation is not an easy thing to go through. Different accrediting bodies have different costs associated with them and different criteria. And so we really felt like we shouldn't be prescriptive of which body needs to provide that. We did provide guidance in our work that the CARF, which is the Commission of Accreditation of Rehab Facilities, was a high standard, but also Joint Commission. And the work of the group really felt like we needed to be inclusive of facilities and not exclusive of facilities. So some of the smaller facilities that maybe couldn't afford to pursue another level of accreditation that maybe we should just leave it a little more vague or general in the language and have the State Trauma Boards make the designation of what they seemed as appropriate. And there is an appeal component so if you don't agree with what the State Trauma Board says that you can go back and appeal it. Bryan Medical Center, for example, is a 30-bed inpatient rehab unit. I do have...my unit does have accreditation in both Joint Commission as well as CARF accreditation. And then there are specialty CARF accreditations, and Bryan holds a CARF accreditation in amputation, stroke, and traumatic brain injury. So that just kind of shows the level of the different types of accreditation standards. One thing that we felt as the group is that, why should the state develop their own standards when there's these national standards that are already in place? So we really felt, by using national standards, that would be the most effective and cost efficient. It also would not require the State Trauma folks to have to go out to facilities. They could actually take information and with their limited resources look at national information and if they deem necessary could go do an on-site

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review. So Nebraska has an incredible trauma service system that not only saved lives but really helped trauma survivors move forward from their traumatic events. And I really recognize Nebraska, because a lot of trauma associations in states do not discuss rehabilitation as part of the trauma team, and that really is an important part for those patients. So I just want to, again, thank Senator Watermeier for introducing this bill and for the trauma folks. They did spend a significant amount of time with us to get consensus. It took a little while. They even brought in a special person to work with us. But we did reach consensus. And as a result of that work that happened a long time ago, we do ask for your support to move this forward. So I'll entertain any questions that you might have. [LB46]

SENATOR CAMPBELL: Excellent. Thank you, Ms. Stones. Senator Crawford. [LB46]

SENATOR CRAWFORD: Thank you. And thank you, Ms. Stones, for being here and for being part of that discussion. It struck me, one of the changes I noticed in reading through the bill, was replacing basic with intermediate. Is that...I mean, can you just tell us what the implications of that are? [LB46]

LINDA STONES: Well, the first was general. And then the second level was basic. And we really felt like the public wouldn't know what the difference between those two were. And so we felt like general, intermediate, and advanced kind of laid a better level of distinction, because general and basic seem to be really kind of along the same lines. And we didn't want anybody to feel like they were just getting the bare minimum. And basic kind of set that tone. So that was kind of the impression that the group had. [LB46]

SENATOR CRAWFORD: All right. Thank you. One more question. [LB46]

SENATOR CAMPBELL: Absolutely. [LB46]

SENATOR CRAWFORD: Thank you. So as I understand it, the discussions that you had when you reached consensus was in 2011. Is that correct? [LB46]

LINDA STONES: Um-hum. Yeah. [LB46]

SENATOR CRAWFORD: So this is 2015. (Laugh) And a lot has changed between 2011 and 2015. So were there discussions bringing parties back together to see if that consensus still made sense with those changes? [LB46]

LINDA STONES: We did not reconvene after we went to the State Trauma Board and got their approval, and we kind of... [LB46]

SENATOR CRAWFORD: In 2011? [LB46]

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LINDA STONES: In 2011. And we were all kind of sitting with baited breath to figure out when it was coming out. So I can't speak to the delay. I don't know what happened there. But from my perspective, I don't think anything has changed. And really, from the perspective of the groups that were involved, they were primarily rehab providers. I'm not sure that it would change based on our discussions, but I know there's a lot more beyond just rehab. [LB46]

SENATOR CRAWFORD: Right. Right, right. All right. Thank you. So this...the bill is based on the agreement in 2011? [LB46]

LINDA STONES: Um-hum. Um-hum. [LB46]

SENATOR CRAWFORD: Thank you. [LB46]

SENATOR CAMPBELL: Other questions? Senator Riepe. [LB46]

SENATOR RIEPE: Senator Campbell, thank you. I have two questions. My first question was, of this committee that was together, you talked there was a consensus. Was there any written minority opinion that came out of there in the sense of... [LB46]

LINDA STONES: You know, there was one facility that struggled with the "or" concept. And so...but when we got to the State Trauma Board, at that point we decided that whatever the State Trauma Board approved is what we would move forward and support as a group. [LB46]

SENATOR RIEPE: Okay. Thank you. My second question is, are the third-party payers accepting either/or on this, or have they been just accommodating and taking what you've given them? [LB46]

LINDA STONES: You know, there really hasn't been any impact from a payer perspective. Payers have their criteria for acute rehab approvals. And it really isn't based on any kind of a ranking from a trauma service. It's...those are standard no matter what kind of facility you have... [LB46]

SENATOR RIEPE: Okay. [LB46]

LINDA STONES: ...particularly like Medicare, it's just a base requirement. [LB46]

SENATOR RIEPE: Okay. Thank you. Thank you, Senator. [LB46]

SENATOR CAMPBELL: Anything else, Senators? Thank you very much for your testimony today. [LB46]

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LINDA STONES: Thank you. [LB46]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB46]

MARTY FATTIG: (Exhibit 2) Good afternoon, Senator Campbell, always a pleasure. Senator Campbell and members of the Health and Human Services Committee, I am Marty Fattig, M-a-r-t-y F-a-t-t-i-g, and I am the CEO of Nemaha County Hospital in Auburn, Nebraska. I am here today to support LB46, which will change provisions of the Statewide Trauma System Act as it pertains to rehabilitation hospital trauma designations. The testimony that I will be giving was written by Dr. Paul Dongilli, who is the executive vice president and chief operations officer at Madonna Rehabilitation Hospital. Paul was unable to be here today, but I believe it is important that his comments are shared with you to help us all better understand the origin of LB46 and its intended purpose. And on full disclosure, I do sit on the Statewide Trauma Board with Paul, and that's how I got involved in this whole thing. But the opinions expressed here today are my own or Paul's. Nebraska's Statewide Trauma System states as its goal: to create an integrated trauma care system matching patients' needs and the resources for treating healthcare providers and facilities. The trauma system has always recognized that the continuum of trauma care must include rehabilitation in order to reduce the personal and societal burden resulting from trauma. As a specialty rehabilitation hospital, Madonna is proud that the state of Nebraska's regulations for the Statewide Trauma System include standards for designation of rehabilitation centers. Since adoption of these regulations in 2002, the trauma program has focused on developing the infrastructure for the designation of hospitals. As the system prepares to designate rehabilitation centers, it should assure that the statutory requirements are current and not outdated. In 2009, Madonna Rehabilitation Hospital participated with other rehabilitation units throughout the state to review the standards for designation of rehabilitation centers. This group provided the Department of Health and Human Services with recommendations for statutory revisions. LB46 reflects these recommendations. Specifically, LB46 would redefine the standards for rehabilitation hospital designation to reflect current rehabilitation practice. Secondly, it would differentiate rehabilitation center program accreditation between CARF--the Commission on Accreditation of Rehabilitation Facilities--and the Joint Commission and, thirdly, would update the statutory language and define the levels of rehabilitation programs to include general, intermediate, and advanced levels. These levels correspond with the accreditation from either CARF or the Joint Commission. Standards used by the accrediting agencies of CARF and the Joint Commission substantiate evidence-based practice, establish a framework for a rehabilitation program, and provide guidance in the pursuit of high-quality, positive outcomes. LB46 is consistent with the goals of the Statewide Trauma System, especially the charge to match rehabilitation needs of trauma patients to the resources of the state's identified rehabilitation programs. With these changes, designation of state's rehabilitation programs by the Statewide Trauma System can advance. Madonna Rehabilitation Hospital supports LB46. We hope that the committee will advance the bill to the floor and support its passage. [LB46]

SENATOR CAMPBELL: Thank you, Mr. Fattig. Questions from the senators on the testimony? Any questions? Thank you. Always good to see you. [LB46]

MARTY FATTIG: Thank you. [LB46]

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SENATOR CAMPBELL: And for my colleagues, Mr. Fattig has been very active in the last two years working with Senator Gloor and myself on the LR422 process. And thank you again. [LB46]

MARTY FATTIG: Thank you. It was a pleasure. [LB46]

SENATOR CAMPBELL: All right. Our next proponent? Anyone else? Mr. Rieker has regained his voice. [LB46]

BRUCE RIEKER: (Exhibit 3) I did. I think maybe a few are okay with me having my voice back. (Laughter) I think that there's a lot that thought the world was a better place without it. My name is... [LB46]

SENATOR CAMPBELL: No comment. (Laughter) [LB46]

BRUCE RIEKER: My name is Bruce Rieker. It's B-r-u-c-e R-i-e-k-e-r, vice president of advocacy for the Nebraska Hospital Association, here representing, of course, the Hospital Association in support of LB46. The history and the merits of this particular proposal have been very well outlined by the two previous testifiers. We have spent a great deal of time over the last 48 hours getting to the bottom of exactly what this bill means. And through all those discussions with, you know, many of our counterparts, we think that this is the right thing to do, that it's needed to renew the outdated provisions within the Statewide Trauma Act. It not only protects the patients, but it also promotes quality. Rehabilitation hospitals are recognized as part of the system, and the program has reached a point in its development to begin designation of those units. And LB46 accommodates those...that progression. So for those reasons, we support LB46 and urge you to advance it to General File. [LB46]

SENATOR CAMPBELL: Thank you, Mr. Rieker. Are there questions? Senator Kolterman. [LB46]

SENATOR KOLTERMAN: Mr. Rieker, thanks for coming to testify. And you're just the person that could probably answer this question for me. When we talk about the different levels of rehabilitation trauma centers that we're talking about here, where would places like Nemaha County and Seward Memorial and York and some of those that don't have the regular rehab facilities...would they still...would they fit into the general level? [LB46]

BRUCE RIEKER: I'm going to defer to...I mean, one has already testified before me. But if I can...most of them would be Level IV trauma centers. They wouldn't be rehab centers. But may I ask Mr. Fattig to respond to that, or... [LB46]

SENATOR CAMPBELL: I tell you what we'll do. We'll let you finish with any questions, and then we'll have Mr. Fattig come back so it's very clear to the transcribers. [LB46]

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BRUCE RIEKER: Okay. Perfect. [LB46]

SENATOR KOLTERMAN: That's fine. I'm agreeable. I just would...I just don't want to... [LB46]

BRUCE RIEKER: I'm not the person to answer that question. [LB46]

SENATOR KOLTERMAN: Yeah, I just don't want to put a burden on some of the smaller hospitals that can't meet the criteria. And yet I don't want to take away from them either. So that's the reason for my question. [LB46]

BRUCE RIEKER: Well, yeah. And I would say that through our conversations with the critical access hospitals that the changes here change nothing for them from what existed already. But I will let Mr. Fattig and others try to clarify that. [LB46]

SENATOR KOLTERMAN: Okay. Thank you. [LB46]

SENATOR CAMPBELL: Okay. Before you leave, Mr. Rieker, are there any other questions for Mr. Rieker? Senator Crawford. [LB46]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. And thank you, Mr. Rieker. [LB46]

BRUCE RIEKER: You're welcome. [LB46]

SENATOR CRAWFORD: I just wondered if you knew what...why there would be a delay from 2011 till now. I don't know if...how closely you were involved in the process or if that is very common in these kinds of discussions there would be that kind of delay. [LB46]

BRUCE RIEKER: I was not involved in any of the process clear back to 2009. In fact, until LB46 was introduced...that's when this became a case of first impression for me. So I wasn't involved in that. [LB46]

SENATOR CRAWFORD: Okay. Thank you. [LB46]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Rieker. [LB46]

BRUCE RIEKER: You're welcome. [LB46]

SENATOR CAMPBELL: And we'll ask Mr. Fattig to come back up. And for the record and for the transcribers, Marty Fattig is resuming his testimony here to answer a question for Senator Kolterman. Go right ahead, Senator. [LB46]

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SENATOR KOLTERMAN: Thank you, Senator Campbell. And I'm sorry that I didn't ask the question before. [LB46]

MARTY FATTIG: Not a problem. [LB46]

SENATOR KOLTERMAN: But I'm a newbie here. [LB46]

MARTY FATTIG: Not a problem at all. [LB46]

SENATOR KOLTERMAN: Could you explain if this will have any impact on critical access hospitals? And where do they fit into the bill? [LB46]

MARTY FATTIG: The bill essentially deals with hospitals that have a designated rehabilitation center. My understanding is Seward would not have one of them. I know we don't. I know...I would not think that any critical access hospital in the state would have what we would consider a designated rehab center. There are several in the larger hospitals throughout the state, and those are the ones then that would be...have a trauma designated rehab unit. For hospitals like ours and Seward's, we are designated as a basic level trauma center, and that is essentially dealing with how we respond to emergencies. And that would be the difference. And see, that's the area that the Statewide Trauma System has been working on since its inception in 2002. And now they're finally getting around to designating rehab centers as well. The one...if I may, Senator Crawford, the...what I understand about the delay was that in 2011, this group of rehab centers gave their recommendations to the department. Then the Department of Health and Human Services essentially wrote the reg. And that was finished in 2012. No one introduced the bill in 2013 session or '14 session. When I got on the board they said, we need to find a senator to introduce this. (Laughter) And thus, here we are. [LB46]

SENATOR CRAWFORD: Thank you. [LB46]

SENATOR CAMPBELL: We should indicate...and Mr. Fattig, I don't know whether you did or not, but you are the administrator for the Auburn Hospital. [LB46]

MARTY FATTIG: Yes, I did that in my original testimony. [LB46]

SENATOR CAMPBELL: Sorry if I missed that. [LB46]

MARTY FATTIG: Not a problem. [LB46]

SENATOR CAMPBELL: I just want to make sure the transcribers get that. Senator Kolterman, would you like to follow up? [LB46]

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SENATOR KOLTERMAN: Yes, thank you, Senator Campbell. I guess the reason for my question is, having been a volunteer fireman and an EMT and...we were always instructed to haul to the closest facility. [LB46]

MARTY FATTIG: Right. [LB46]

SENATOR KOLTERMAN: In our case it was Seward Memorial. [LB46]

MARTY FATTIG: Right. [LB46]

SENATOR KOLTERMAN: And I would assume it's the same there. [LB46]

MARTY FATTIG: Yes. [LB46]

SENATOR KOLTERMAN: But I just want to make sure that this bill doesn't do anything...I understand what a rehabilitation hospital is or... [LB46]

MARTY FATTIG: Um-hum. Sure. [LB46]

SENATOR KOLTERMAN: But it's titled Statewide Trauma System, and I'm more worried about the trauma aspect than I am the rehabilitation aspect of this bill. [LB46]

MARTY FATTIG: Yeah. And this is designed to deal with trauma patients after they have been stabilized, their immediate medical needs have been met, and they have a condition that requires rehabilitation. [LB46]

SENATOR KOLTERMAN: Okay. Thank you very much. I appreciate you coming back. [LB46]

MARTY FATTIG: Yes, sir. Not a problem. [LB46]

SENATOR CAMPBELL: And you shouldn't apologize. We're always glad to clarify questions, Senator. New or experienced (laughter), we will make sure that we get the answer. So good question. [LB46]

SENATOR KOLTERMAN: Thank you, Senator. [LB46]

SENATOR CAMPBELL: Any other questions for Mr. Fattig? Thank you for coming back up. [LB46]

MARTY FATTIG: Thank you. Not a problem, Senator. [LB46]

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SENATOR CAMPBELL: Okay. Our next proponent? Anyone else who wishes to testify? Okay. Those who are opposed to LB46? Any opponents? Okay. Anyone in a neutral position? Okay. Go right ahead. [LB46]

KIM MOORE: (Exhibit 4) Thank you, Madam Chairperson and members of the committee. My name is Kim Moore, K-i-m M-o-o-r-e, and I'm the president of CHI Health St. Elizabeth here in town. And I'd like to offer neutral comments regarding LB46. St. Elizabeth, just for your information, is in Lincoln. And we've offered all kinds of services in the community for over 125 years. We're one of the largest employers in Lincoln and we do 34,000 ED visits and over 10,000 surgical procedures. Before I begin, I'd like to thank Senator Watermeier for introducing the proposal as well as the work of the State Trauma Board members, including Marty Fattig, who has helped to shepherd these changes to the Statewide Trauma Act since 2009. It's not my intention to slow down the work of the supporters that you've heard from this afternoon but to seek clarification on the impact of this bill to our Burn and Wound Center. And my comments are similar to Dr. Kolterman's questions related to the beginning. [LB46]

SENATOR KOLTERMAN: I'm not a doctor. (Laugh) [LB46]

KIM MOORE: Yeah. Yeah. So St. Elizabeth has offered its Burn and Wound Center for over 40 years. We are Nebraska's only verified burn center, a designation from the American College of Surgeons and the American Burn Association. And we've got excellent patient outcomes compared to national databases. One of the only...there's only 63 hospitals in the United States to earn this distinction from these centers, and we're proud of the work that we do and the miraculous stories of the patients that we serve. Annually, our 16-bed center provides care to over 500 patients from a six-state area. Research shows that burn patients actually do better when they're cared for in these trauma centers that are verified separately from trauma centers. For this reason, changes impacting the designation process of burn centers in Nebraska Trauma Act are of extreme importance to us as we don't want to see any unanticipated consequences resulting from the passage of LB46. The committee sees dozens of technical issues each session. And for many--myself included--proposed changes to the Statewide Trauma Act can be difficult to navigate. As such, we are asking the committee and other stakeholders to help us clarify the language surrounding the burn center designation so that the patients, families, and our communities continue to receive the highest caliber of care. We're committed to being at the table for these discussions and, once clarified, would encourage the committee to advance LB46. Changes to our healthcare system have been swift and many. For that reason, my colleague, Father Jim Clifton, will be outlining his unique perspective on the opportunity we have to advance the Statewide Trauma Act to match where our current and future healthcare needs are going. So thank you for your time and attention in dealing with this issue, and I look forward to seeking any clarity regarding LB46. [LB46]

SENATOR CAMPBELL: Thank you, Ms. Moore. Questions? Senator Cook. [LB46]

SENATOR COOK: Thank you. And thank you for coming today. [LB46]

KIM MOORE: Please. [LB46]

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SENATOR COOK: Could you identify one or two examples of an unintended consequence as the result of passage of this bill in its current form for CHI in general or for the Burn and Wound Center? [LB46]

KIM MOORE: Actually it would be for burn patients. [LB46]

SENATOR COOK: Okay. [LB46]

KIM MOORE: There are only about...last year...or 2013, there were only about 175 burn discharges in the state of Nebraska. So if the designation were to allow burn patients to go to nonverified burn centers, it could dilute the care that those burn patients receive to a lot of different centers and, therefore, we're concerned about the impact on patients. [LB46]

SENATOR COOK: Thank you. [LB46]

KIM MOORE: Um-hum. [LB46]

SENATOR CAMPBELL: Other questions, Senators? Ms. Moore, I have one. Through the process from 2011 to now, did you have an opportunity or, you know, at any point--what would I say?--vocalize your concerns? [LB46]

KIM MOORE: I wasn't aware of the process, so no. [LB46]

SENATOR CAMPBELL: Okay. So it's not like you've had an opportunity to do that. I mean, it wasn't like a public hearing at that point. This is really relatively new concern or information that may have to be looked at, at the bill before it goes to the floor? [LB46]

KIM MOORE: Yeah, and I think it's just clarification. If there was an opportunity, I wasn't aware of it. [LB46]

SENATOR CAMPBELL: Okay. And really, it's much better to do this now to make any clarifications than when we get to the floor. Now's the hour, so thank you. [LB46]

KIM MOORE: Yeah. You're welcome. [LB46]

SENATOR CAMPBELL: Thank you. Any other questions, Senators? Thank you, Ms. Moore, for your testimony today. [LB46]

KIM MOORE: Thank you. [LB46]

SENATOR CAMPBELL: Anyone else in a neutral position? Good afternoon. [LB46]

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JIM CLIFTON: Good afternoon. Madam Chairwoman and members of the committee, I'm Father Jim Clifton, J-i-m C-l-i-f-t-o-n, and I would like to make comments regarding the context for this LB46. As Kim mentioned before me, we've all experienced unprecedented change in healthcare and we're all running to keep up. And I think the experience that we've had together since March in separating the two--the Joint Trauma Program between University of Nebraska Medical Center and Creighton University Medical Center--has given us an experience of kind of the uncharted waters that we've been going through. So I'd like to remind the committee, I suppose, that while the ramifications for the work of this group and the trauma committee are clearly preeminently important for the citizens and the health of our state, the ramifications do go beyond. As you know, most academic medical centers seek the highest level of trauma designation both to fulfill their mission of caring for those who are most in need and as a way also to help train tomorrow's healthcare professionals to continue that urgent work of caring for those who are most severely injured. And so we're very fortunate in Nebraska to have both the University of Nebraska in its healthcare schools or health science schools and its associated academic medical center and system as well as the Creighton University counterpart. In a state with its population of this size, it isn't common to have two medical schools and so on. But I would urge you to think of our programs not as competitors, because I think that we damage the healthcare of the state when we think of these two university-based programs as competitive. We have distinctive and complementary roles in the state. Creighton University, for example, is the only health sciences program in the country to have all of the major health sciences schools on one campus. And so the implications for interprofessional care and interprofessional clinical education in the context of a trauma center are really very important. We enroll about 2,200 healthcare students each year, each academic year, and about 1,600 of those spend significant time in Creighton University Medical Center and other hospitals within the state. We bring in a good many of those health science students from around the country which has a wonderful net effect brain gain for the state. And of course, our urgent hope is that, training in this state, they will fall in love with it and stay and so on. But to have that steady pipeline of these really talented students from around the country is urgent for us, which brings me to another request to continue to build upon the cooperation of the Department of Health and Human Services in setting that quick resurvey date but to have the follow-up be as expeditious as possible, because we are right now in the process of interviewing for the first-year medical student class at Creighton. And they will make their decisions based upon the programs that offer the most opportunities. In order to get the best students, we really would be benefitted by our reaccreditation. And also, February 25 is the final date for fourth-year medical students across the nation to rank their residency programs. And again, we have 61 places for first-year residents at CUMC that need to be filled, and we want the best and the brightest of those students. And our designation is important. So we see the work that's been done in LB46 as an important first step, but we want to underscore the urgency for both University of Nebraska and Creighton University and our trauma centers and our academic medical center programs in general to have the clearest possible, most transparent and fair process for trauma accreditation, because that will help us serve our citizens in their healthcare, especially those most in need--in dire need--and also to continue to recruit faculty, residents, and students from across the nation and globally for the best possible healthcare of tomorrow. [LB46]

SENATOR CAMPBELL: Okay. Questions? Senator Cook. [LB46]

SENATOR COOK: Thank you, Madam Chair. And thank you, Father, for coming today. I represent northeast Omaha and Douglas County. We, of course, were very disappointed with the

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admission or announcement that Creighton University Medical Center would be, in effect, closing. I guess I'm not quite certain how to frame this question. I'll just frame this initial question and perhaps I'll have follow-ups for you directly, because I understand you were a member of the Board of Directors when the decision was made. [LB46]

JIM CLIFTON: Yes. [LB46]

SENATOR COOK: When people are in the hospital--let's say they currently live in northeast Omaha in my district or the one to the south--will they be hospitalized as of right now at Bergan? Is that still the plan on paper for those patients? [LB46]

JIM CLIFTON: Yes, it is, Senator. [LB46]

SENATOR COOK: Okay. And they will be treated where, Father? [LB46]

JIM CLIFTON: We are building a very robust, really, I think, sort of ground-breaking outpatient interprofessional clinical care and education center on the northwest corner of 24th and Cuming. It will be unlike anything that the city has seen before. We'll have a freestanding emergency room 24 hours a day, 7 days a week that will be staffed by the same emergency physicians that will staff the hospital emergency department. We'll have 24-hour pharmacy access. It will be the home for our family medicine residency program and so very full primary care focus. But we will also rotate all of the specialties through that clinic, and we will include, you know, sort of integrated into that center behavioral health so that folks seeking behavioral health don't have to go to a, you know, a separate facility with a big behavioral health sign on it. But we'll just have that care as part of their routine medical care as it should be. We'll have nursing, pharmacy, PT, OT students as part of that experience, and our goal is to start from day one with interprofessional teams treating patients and using those healthcare students as coaches and contacts with people's home life in between, you know, outpatient clinic visits to help really to promote wellness and to keep them from needing to be in the hospital, to keep them well at home. So, you know, we think it's...this has the possibility, if we can do this well and, you know, if the community will partner with us well, I think that we have the possibility of really moving healthcare in a significant way for the northeast Omaha community. [LB46]

SENATOR COOK: Okay. I have another question. So if you come to the emergency room in a traditional sense and you were admitted to the hospital, are you then transported to Bergan... [LB46]

JIM CLIFTON: Yes. [LB46]

SENATOR COOK: ...from this facility? [LB46]

JIM CLIFTON: Yes. [LB46]

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SENATOR COOK: Okay. I still have to say again out loud what a disappointment it is to have one hospital north of Dodge Street in the city of Omaha, the greater metropolitan area of more than 800,000 people. It's an enormous disappointment and it's more than a loss of...I agree with the coordinated care and behavioral health and all that. I've heard about the facility. But the idea that it shuts and employment opportunities are lost, people who live in the neighborhood aren't able to visit their loved ones or get back and forth to the hospital as they had, and then I'm certain you've heard input about the process, the community engagement process such as it was. [LB46]

JIM CLIFTON: Yes. You know, we have a lot to learn. And I think that we have benefitted greatly from, you know, sort of the community embracing us and helping us to learn, teaching us even the way that the process should work. We've learned a lot and we've grown a lot. We have a long way to go. And I think that we've been working really hard to incorporate those concerns into the planning process. It's an enormous change. There's no getting around that. But my pledge is that we will do a much better job of providing the kind of care that most people need most of the time which actually isn't hospital care but really comprehensive and integrated primary care. We're going to be doing a much better job with that than we have traditionally done with the clinics that are sort of isolated and siloed within the CUMC building now. So we're hoping that working together we can maximize those advantages and minimize the disadvantages. [LB46]

SENATOR COOK: I think it's unfortunate that it took an experience like this to...especially since Creighton University Medical Center has...had been there a very long time. To say it as you have just said that you are learning, I think it's an ironic but typical example that this happens and you are learning as opposed to...you were a fixture in the community for a long time and then, oh, we're learning. I don't... [LB46]

JIM CLIFTON: I understand. I understand. It's... [LB46]

SENATOR COOK: I think you understand, probably, intellectually and maybe a little bit more than that. I will stop asking questions. Thank you for coming. Thank you, Madam Chair. [LB46]

JIM CLIFTON: Thank you. [LB46]

SENATOR CAMPBELL: You're welcome, Senator Cook. Senator Kolterman. [LB46]

SENATOR KOLTERMAN: Father, thanks for coming. My question deals with the second part where you just commented on what you're doing now. As you...I assume this is an integrated health type of system that we're hearing a lot about throughout the state and throughout the nation. And obviously...I'm in the insurance business, and there's lots of challenges there. How are we going to control cost? And so I hope that you will come back and tell us more about that as time goes on and we can use you, because even at Health and Human Services, we look at expanding services to other people. That's the type of model that I think we're going to be looking at in the future, so... [LB46]

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JIM CLIFTON: Thank you. We've been visiting programs around the country who are making efforts at this, trying to learn from these early steps. And we're really committed to doing the kind of outcomes research along the way that will help us figure out the best practices and let this be a model for others, because we absolutely have to transform healthcare, not just locally but in our nation, to make it affordable and to do a better job with the dollars that we're investing in healthcare. [LB46]

SENATOR KOLTERMAN: And one follow-up question: As you're doing this, it takes a lot of dollars to build facilities and to put these types of organizations together. You indicated earlier on that you were working in public and private partnerships. Are those public...are those corporations that are working with you on this, like, the larger employers in Omaha? Or are they just other private providers? I'm just curious to know how that all comes together. [LB46]

JIM CLIFTON: Sure. Our...as part of CHI Health, which is the Nebraska system that operates 13 hospitals within the state and two behavioral health facilities and 140 clinics...so we're fortunate to have the resources to do the building of the programs, of the facilities. And so we'll spend about \$170 million over the next few years to create a new home for the academic medical center on the Bergan Mercy campus and to create this ambulatory center near the Creighton campus. So our vision is to have one academic medical center with two campuses and very different focus for care and for learners. And...but we certainly do hope to engage foundations and philanthropists in the local area. We really have to prove ourselves, I think. [LB46]

SENATOR KOLTERMAN: Okay. [LB46]

JIM CLIFTON: And I think that there a lot of people who are really interested in doing something effective for primary care in northeast Omaha in particular, but using that as a model then for the rest of the city. And I think that we will be able to attract some grant support because, as you suggest, it's an expensive undertaking and especially at the beginning as you put in a lot of resources and efforts to make personal contact and help people learn preventive health and so on. It's more expensive up-front, and we hope that it actually reduces to a much more economical system over time. But we do hope to attract grants. [LB46]

SENATOR KOLTERMAN: Thank you. [LB46]

SENATOR CAMPBELL: Father Clifton, I have a couple questions for you. [LB46]

JIM CLIFTON: Yes. [LB46]

SENATOR CAMPBELL: I just want to make sure for the record, and you've been answering questions with regard to the facility, but it...that...LB46 doesn't necessarily impact your new facility because it would have a trauma department, would it not? [LB46]

JIM CLIFTON: Sure. [LB46]

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SENATOR CAMPBELL: I'm just trying to clarify for the record, because we want to center and focus in on LB46 and make sure that we have the right things in it. [LB46]

JIM CLIFTON: Absolutely. It...certainly the work that is represented by LB46 affects our present initiative to regain our designation as a Level I trauma center for now. But this will be important again when we make the move to the Bergan campus with the academic medical center, because the trauma program will move there and we will have to seek the appropriate redesignation or new designation as the department guides us at the time of that move. And so it's...you know, the work does have an effect immediately, sort of the expeditious implementation of what we're doing for the sake of this year's recruiting for students and so on. But we're looking ahead to our reapplication at the time of the move to the Bergan campus. [LB46]

SENATOR CAMPBELL: But LB46 really deals with the rehab part of it. I'm not trying to say that we aren't...we certainly sent a letter urging an expeditious way for the survey team and we're glad that's taking part. But I think Senator Watermeier has tried to be very clear that that does...his bill would not--what would I say?--it's not harmful to the efforts that CHI Creighton would be undertaking. That's what I just want to make clear for the record. [LB46]

JIM CLIFTON: No, indeed, and that's an important clarification. But I would add that the example of what LB46 is trying to accomplish for clarification in these other areas of trauma designation, whether for burn centers or for rehab, is important and challenging work that lies ahead of us for the larger trauma accreditation process, because I think that we, you know, we all experience that the process was clear to us when we were primarily dealing with a joint program between Nebraska and Creighton and that separating those two really reveals to us the important work that we have ahead to do the same kind of thing that LB46 does in these areas with the larger trauma system in general. [LB46]

SENATOR CAMPBELL: Okay. Thank you very much. [LB46]

JIM CLIFTON: Thank you. [LB46]

SENATOR CAMPBELL: Any other questions? Thank you, Father Clifton. [LB46]

JIM CLIFTON: Thank you. [LB46]

SENATOR CAMPBELL: Oh, Senator Crawford, did you... [LB46]

SENATOR CRAWFORD: I was just...I just thought...could you help us to understand which facilities in CHI Health would actually...would be the kinds of rehabilitation centers that LB46 would need...would govern? [LB46]

JIM CLIFTON: You know, I would have to defer to Kevin Nokels or to Kim Moore to answer that question. [LB46]

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SENATOR CRAWFORD: Okay. All right. [LB46]

JIM CLIFTON: The burn center at St. Elizabeth's is our primary focus for testimony on this LB46. [LB46]

SENATOR CRAWFORD: All right. Thank you. [LB46]

JIM CLIFTON: Uh-huh. [LB46]

SENATOR CAMPBELL: All right. Thank you very much. Anyone else in a neutral position? Okay. Senator Watermeier, I think we're back to you. And Senator Watermeier waives. That...okay. Now, Brennen, would you give us items for the record on LB46? [LB46]

BRENNEN MILLER: (Exhibit 5) Thank you, Senator. A letter of support from the Department of Health and Human Services Nebraska. That's all I have. Thank you. [LB46]

SENATOR CAMPBELL: Okay. And with that closes the hearing on LB46. All right. We will proceed. Do we have...oh, we have all the senators here, so we don't need to worry about whether they're here. We will proceed to the hearing on LB34 and that is--I guess I would ask if you're leaving to leave as quietly as you can, because we're going to move to the next hearing--Senator Howard's bill, LB34, to adopt the Carbon Monoxide Safety Act. Gentlemen, I'm going to ask you to go out in the--thank you, sorry--because that kind of conversation gets picked up by the transcribers and they don't like that, so with that, Senator Howard, you go right ahead. [LB46]

SENATOR HOWARD: Thank you, Senator Campbell and members of the committee. For the record, I am Senator Sara Howard, S-a-r-a H-o-w-a-r-d, and I represent District 9. Today I am introducing LB34, a bill to create the Carbon Monoxide Safety Act. Just for a little bit of history, I introduced this bill in 2013, my very first session, and held it in committee after learning quite a bit from that first hearing about who was very supportive and who may not have been as supportive. And at the beginning of the 2014 session, I had been able to craft a compromise over the interim working with every single stakeholder that I could think of who was interested or uninterested in carbon monoxide. However, it got to the floor. It was passed out of this committee unanimously, but without a priority in the short session we didn't have enough time to bring it up on General File. The bill I present to you today is the version that was agreed upon by all the interested stakeholders in the last session. And I feel that this bill is vital in protecting Nebraska's families from carbon monoxide poisoning. Carbon monoxide is an odorless, tasteless, and colorless gas that is produced when fossil fuels are burned incompletely. Carbon monoxide poisoning can be deadly. Many common household appliances can be sources of carbon monoxide; and when things go wrong, this can include portable heaters, fireplaces, gas refrigerators, stoves, grills, furnaces, water heaters, dryers, and even automobile exhaust from the garage. Carbon monoxide poisonings tend to spike in the winter because we use our furnaces and water heaters and space heaters much more during the cold months. We're often tempted to start our cars in the garage before braving the cold weather outside, and that can sometimes lead to carbon monoxide poisoning. Carbon monoxide kills hundreds of people every year. And in fact, the increase in carbon monoxide related calls originating from the Nebraska Poison Control

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Center increased from 107 calls in 2013 to 167 calls in 2014. That's a 56 percent increase. This problem is becoming increasingly worse and it's important that we do all we can to prevent needless tragedy. Professionals in medicine, utilities, and fire prevention agree that the key to preventing carbon monoxide is early detection. Because we cannot observe carbon monoxide with our senses and the symptoms of poisoning often mimic the flu or food-borne illness, a carbon monoxide detector is the only way to detect unsafe levels of carbon monoxide in the home. Even very small leaks can turn deadly, partially because it remains in your system. Small amounts of carbon monoxide over a long period are just as deadly as large amounts in a short period. LB34 would require the installation and maintenance of a carbon monoxide detector with an alarm in any dwelling sold, rented, or for which a building permit is issued after January 1, 2017. Specifically, all single family dwellings with fuel-fired appliances must place a detector on each habitable floor of the home. The bill also requires landlords to repair or replace carbon monoxide detectors as necessary during the occupancy of their units and to make certain that the alarms are checked and any repairs or replacements made before a new tenant moves into the apartment. Modification, removal, or destruction of alarms outside of the repair or replace provisions of the bill is prohibited. Additionally, the bill contains requirements that realtors notify a home buyer about compliance with the Carbon Monoxide Safety Act upon home purchase. The standards set by LB34 are based on safety recommendations. My goal for this bill has always been the prevention of carbon monoxide poisoning and carbon monoxide related deaths in our state. The testifiers that follow me will paint a full and complete picture of why this legislation is so very important. I thank you for your time and attention to this important issue, and I would urge the committee to advance LB34. I would be happy to try and answer any questions. [LB34]

SENATOR CAMPBELL: Questions for Senator Howard? Senator Crawford. [LB34]

SENATOR CRAWFORD: Thank you, Chairwoman Campbell. I don't remember this from our discussion last time, so just for the record and for the edification of the committee, are there similar requirements for smoke detectors? [LB34]

SENATOR HOWARD: Yes. [LB34]

SENATOR CRAWFORD: Okay. [LB34]

SENATOR HOWARD: And what's interesting about this bill is that the requirements in this bill are actually already in place in our large urban areas. This would take them statewide. And so that was why it was so important for me to work with the statewide group--so the statewide property owners, the statewide home builders--so that their groups were well represented not just from the urban areas, but also from across the state. So there are similar provisions for fire detectors and this just brings carbon monoxide detectors up to that level. [LB34]

SENATOR CRAWFORD: So just to clarify, there are similar requirements for smoke detectors across the state, not just in urban areas. [LB34]

SENATOR HOWARD: Exactly. [LB34]

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SENATOR CRAWFORD: Thank you. [LB34]

SENATOR HOWARD: Thank you. [LB34]

SENATOR CAMPBELL: Other questions? Senator Riepe. [LB34]

SENATOR RIEPE: Thank you, Senator Campbell. Senator Howard, the question I have...I think the concepts are excellent. I'm just concerned about the enforcement of it and how...and the standards, if you will, of these are not your \$12.59 detectors, maybe, that you find at Lowe's and...are they more sophisticated on that, because we'll get a kickback if they're \$100 units, if you will? I don't know whether that's stipulated as a standard in this bill. [LB34]

SENATOR HOWARD: No. The standards of the type of carbon monoxide detector is not specified, although in the interest of sort of ease for, maybe, landlords who are putting them in, it's important to note that they're often now sold as a set with fire alarms. So places like Lowe's, you get a fire alarm and a carbon monoxide detector at the same time. And so I'm not sure about any national standards in terms of detectors themselves or if that would be wise to put into a bill since those often change. But I can certainly look at that closer. [LB34]

SENATOR RIEPE: Are there any monetary punishments for failure to comply? [LB34]

SENATOR HOWARD: Not to my knowledge, no. [LB34]

SENATOR RIEPE: Thank you. [LB34]

SENATOR HOWARD: Thank you. [LB34]

SENATOR CAMPBELL: Other questions? Senator Kolterman. [LB34]

SENATOR KOLTERMAN: I'm just...thank you for bringing this bill. I built a house 22 years ago and it has hardwired... [LB34]

SENATOR HOWARD: Detectors? [LB34]

SENATOR KOLTERMAN: ...smoke detectors. And you might not know this, and somebody following you might, but could you take that smoke detector off of that and put in a dual carbon monoxide fire protector? I assume that's what they do now. I'm just curious. [LB34]

SENATOR HOWARD: That is a great question. If anybody from the Homebuilders is able to come and testify--I'm not sure if they're here--that would be a good question for them. [LB34]

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SENATOR KOLTERMAN: Okay. Thank you. [LB34]

SENATOR HOWARD: Thank you. [LB34]

SENATOR CAMPBELL: Thanks, Senator Howard. You know, if we don't have someone from the Homebuilders, I'm sure you'll be willing to follow up. [LB34]

SENATOR HOWARD: I will absolutely follow up. I will get up on my construction skills. (Laughter) Thank you. [LB34]

SENATOR CAMPBELL: I have to admit, I was thinking about that same thing. We built our house and everybody put in smoke detectors. But I doubt whether a systems...many old systems have anything to do with the carbon monoxide. All right. We will move to the first proponent for LB34. Good afternoon. [LB34]

KARA EASTMAN: Good afternoon, Senator Campbell and members of the committee. My name is Kara Eastman, K-a-r-a E-a-s-t-m-a-n. I'm the president and CEO of Omaha Healthy Kids Alliance. We're a nonprofit organization that works to create a safe and healthy home environment for Omaha families. I'm here today to thank Senator Howard and to testify on behalf of LB34, because the proposed legislation will make the homes of all children and families across the state of Nebraska healthier and much safer. I'd like to begin by sharing a quick story with you about one of our dedicated staff members, Nickie. In 2013, Nickie conducted a Healthy Home Assessment on a home referred to us by the city of Omaha's Lead Hazard Control Program. Nickie arrived at the house and met with the owner, Marvin, who was in his mid-70s and an Air Force veteran. The state of his home prevented him from having his grandchildren over and for Marvin, this was unacceptable. Nickie was shocked by the state of Marvin's home. The bathroom floor was dangerous. The stove in the kitchen was broken. There was chipping lead-based paint on many of the windows and an extremely large hole in the ceiling of his bedroom. As Nickie went through the house, she started feeling dizzy and having a little difficulty breathing. Two carbon monoxide leaks were found in Marvin's home. The hole in his bedroom ceiling was likely the only reason Marvin was still alive. There is good news, however, for both Marvin and for other families who face similar issues. Omaha Healthy Kids Alliance, in partnership with Rebuilding Together fixed the carbon monoxide leaks and the lead hazards in his home. We also replaced the stove, renovated the bathroom and the bedroom. When Nickie saw a picture of Marvin standing with his grandkids in his refurbished living space, she cried. As the CEO of Omaha Healthy Kids Alliance, I now do not let any of my employees conduct Healthy Home Assessments without wearing a portable carbon monoxide detector, as half of the 200 to 300 homes we visit every year are not equipped with CO detectors. In homes where we are the first organization to visit, we find that only 25 percent have a detector. LB34 will help alleviate a significant danger faced by far too many Nebraskans and we urge the legislators to support this bill. Thank you. I'm happy to answer any questions. [LB34]

SENATOR CAMPBELL: Thank you, Ms. Eastman. Senator Riepe. [LB34]

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SENATOR RIEPE: Thank you, Senator Campbell. My question would be...is, for those that are unable to afford to have a system...say they own their home and, like poor Marvin--I can identify with him as a Mervin, so--how would you fund those? I mean, would they be...do you have a foundation side to your Healthy Kids? [LB34]

KARA EASTMAN: And so you're asking, how would we fund the carbon monoxide detector? [LB34]

SENATOR RIEPE: The detectors, yes. For someone that doesn't have the resources for it, it's... [LB34]

KARA EASTMAN: Right. In Omaha, we do, as an organization...actually we've been able to get some donated carbon monoxide detectors from companies that produce them. And so we do give them out. The city of Omaha also gives them out regularly within any of their programs where they go into a home. And sometimes the fire department is able to get some for free. These are not as expensive as they used to be. The prices have come down considerably. And to answer the question, you can...the dual set, the carbon monoxide and fire detector, can be installed where just a smoke detector was. So this...the price is not as much of an issue as it used to be. [LB34]

SENATOR RIEPE: Thank you. [LB34]

SENATOR CAMPBELL: Ms. Eastman has all the answers today. (Laughter) All right. [LB34]

KARA EASTMAN: Well, some of them. Thank you. [LB34]

SENATOR CAMPBELL: Thank you for your testimony. Our next proponent? Good afternoon. [LB34]

GENE ECKEL: Good afternoon. Senator Campbell, members of the Health and Human Services Committee, my name is Gene Eckel. I'm on the board of directors for the Nebraska Association for Commercial Property Owners, and I'm also on the board of directors for the Apartment Association for Greater Omaha and Lincoln. [LB34]

SENATOR CAMPBELL: Sir, would you... [LB34]

GENE ECKEL: Oh, I'm sorry. Gene Eckel, last name is E-c-k-e-l. [LB34]

SENATOR CAMPBELL: Okay. Thank you. [LB34]

GENE ECKEL: All of our members recognize the lifesaving importance of carbon monoxide detectors. And we've worked with Senator Howard and other stakeholders to find legislative language that would enact the carbon monoxide detector requirement in a responsible time frame

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that will allow the apartment community owners and other property managers adequate time to plan for purchase and safely install appropriate carbon monoxide detectors as required under the bill. We think this is a tenant-friendly bill. We think this is extremely important for the tenants in the apartment industry. We want to commend Senator Howard. She took all the stakeholders together. We met several times. That showed true leadership, in our opinion, to do that and listen to everybody involved. So with that being said, we would urge this committee to support LB34 and to advance this bill to General File. If you have any questions, I'd be happy to answer any at this time. [LB34]

SENATOR CAMPBELL: Thank you, Mr. Eckel. Questions from the senators? Any questions? Senator Crawford? Okay. Thank you for your testimony today. [LB34]

GENE ECKEL: Thank you very much. [LB34]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB34]

JEFFREY COOPER: (Exhibit 1) Hi. Good afternoon, Senator. Senators, I'm Dr. Jeffrey Cooper, J-e-f-f-r-e-y C-o-o-p-e-r. I'm testifying on behalf of the...in support of LB34, the Carbon Monoxide Safety Act. I practice medicine in two capacities at the University of Nebraska Medical Center. I'm an emergency physician and so I'm tasked with the difficult task of identifying patients suffering from carbon monoxide poisoning. I'm also the director of our Hyperbaric Medicine Center there. And so as such I treat the patients, the victims of carbon monoxide poisoning, in an attempt to alleviate their immediate poisoning issues and to prevent complications from carbon monoxide toxicity. Carbon monoxide is a very difficult poisoning to diagnose. The signs and symptoms are very nonspecific to the disease. In milder cases, it tends to look like a flu-like symptom or a food poisoning type illness. More severe cases present with chest pain, altered mentation, breathing problems, and fainting, all of which get essentially worked up...you know, when we have somebody come in with chest pain, they get worked up for chest pain. And carbon monoxide is usually not what we're thinking about. So unless there's some sort of a clue that rings a bell for us, it's tough to come up with carbon monoxide. We end up being suspicious when the story has an obvious source of gas exposure such as a car left running. But often we don't have these kind of clues, and the best way for us to identify the problem is if there's a sounding of a carbon monoxide alarm. These detectors alarm when there's no obvious source of carbon monoxide. Common ways for this to happen are like a faulty flu, a furnace that's malfunctioning, a water heater that's malfunctioning. The carbon monoxide is otherwise undetectable. There's no way to sense it. It's odorless, tasteless, nonirritating. It's very underreported in the literature as it's underidentified. Certainly a lot of cases are slipping past us, and low-level carbon monoxide exposures are undoubtedly being missed. These kind of patients end up being treated for viral illnesses or being worked up for cardiac disease at great expense and little utility and the potential for disaster. Eighty percent of carbon monoxide deaths, of deaths from carbon monoxide, tend to be suicidal issues. But that still leaves about 20 percent which accounts for about 500 deaths a year in the United States. And I've got some data that I've presented here basically showing that two-thirds of those sources from accidental deaths are from things that would be detectable by a home carbon monoxide detector such as a faulty heating system, water heaters, and appliances such as gas ovens and ranges that are malfunctioning. So carbon monoxide detectors are the key to preventing these deaths as well as

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poisonings from these common home sources. The toxicity of carbon monoxide is somewhat multifactorial. Carbon monoxide binds to red blood cells and prevents them from delivering oxygen to tissues. Additionally, it directly binds to the cellular mitochondria and prevents oxygen from being used. So we're not only preventing oxygen from being delivered, but we're preventing it from being used and essentially the tissues suffocate to death. Additionally, there's binding of carbon monoxide directly to other cellular components. In particular, it binds to cardiac muscle and to the sheaths around nerve cells, and so it can end up causing both heart injury but, more importantly, brain injury and a degenerative neurologic disorder. And so oftentimes, patients with carbon monoxide poisoning will look okay, and they'll deteriorate days later. And this is where we try to identify this and treat it with hyperbaric oxygen. But we only ameliorate a small percentage of that. And really, again, the only way to prevent these kind of brain damage issues is through early detection with carbon monoxide detectors. We've seen an increase in cases over the last years. We average about 19 hyperbaric treatments per year, 19 of these patients. This has gone up to about 24 in the last year, which is concomitant with the poison center reporting about a 50 percent increase in their calls. So, as I'm out of time, I strongly support the use of these carbon monoxide detectors; and I leave some of the other data to you to review. Thank you. [LB34]

SENATOR CAMPBELL: Excellent. Thank you, Doctor. Questions? Okay. No questions. Thank you for bringing the data. That's very helpful. [LB34]

JEFFREY COOPER: Thank you very much. [LB34]

SENATOR CAMPBELL: Our next proponent? [LB34]

DON JOHNSON: (Exhibit 2) Good afternoon. My name is Don Johnson, D-o-n J-o-h-n-s-o-n. And I'm the president of The Lauren Project. The Lauren Project has two purposes. It's domiciled in Colorado, where I'm from. It has two purposes. One is to promote carbon monoxide projects and education. And the second is to give grants to young people to do international volunteer service projects. The reason for that part will become clear when you learn more about my daughter, Lauren. She was a graduate student at the Joseph Korbel School of International Studies--it's a very prestigious school for international studies--pursuing a degree in international human rights. [LB34]

SENATOR CAMPBELL: It's okay, sir. Just take your time. [LB34]

DON JOHNSON: Lauren had one goal in life, honestly, and that was to make the world a better place. And her short life...I wish I had more time to tell you about all the kinds of things, the homeless centers, the battered women's shelter, the places that she worked and gave her time. On January 5, 2009, as she was doing some additional reading for a trip to Israel that she had been chosen to lead for the graduate students, she began feeling ill--you just heard about some of those symptoms--thought she was getting the flu. So she left that chair and went back to her back bedroom. And there was where they found her dead of carbon monoxide poisoning with a level of 1,500 parts per million. Three hundred parts per million can be lethal over time. She was five feet from a doorway and fresh air when she was sitting in that chair, but there was no carbon

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monoxide alarm in that apartment nor in the other 40 units in that building. A windstorm had blown a roof vent off, and the landlord asked the painter to put the roof vent back on. The painter didn't know that the roof vent was damaged, and it forced the exhaust from the boiler three stories below into Lauren's apartment which was directly below the vent. She never knew why she died. It just so happened that in the Colorado legislature six years ago almost to the day, there was already a bill introduced as Senator Howard has introduced this one--very similar, by the way--on carbon monoxide safety. Within days of Lauren's death, I was asked to testify and did along with the Lofgren family of four that died in an \$8 million home in Aspen just five weeks before Lauren. It turns out that carbon monoxide doesn't care whether you're rich or poor. It will kill you in any case. The law called the Lofgren Johnson Families Carbon Monoxide Safety Act passed by a vote of 29 to 5 and was signed into law three months later and enacted six months later. Ponder this: I bet all of you, every one of you, have in your homes smoke alarms. And most public buildings are also required to have smoke alarms. You can see smoke. You can smell smoke. You can surely feel heat. And yet we have those alarms and they're required by law. Carbon monoxide, as you've heard, cannot be smelled, cannot be seen, and you can't feel it, and if you have symptoms, it's symptoms like the flu, is where it starts out. And yet there is no law for carbon monoxide alarms. Does that make sense to you, Senators? It doesn't make any sense to me. I have so much more I would love to tell you about Lauren, but I'm going to try and be honest about the time. So I'll ask you: What is the difference between this incredibly gifted, talented, beautiful young woman, 23 years of age, who had this goal of life of trying to make the world a better place...what's the difference between her and this? This is what I have left of Lauren. These are her cremains, her ashes. I'll tell you what the difference is: right here, \$30 to buy one of these. Is that too much to ask of a landlord? Is that too much to ask of a homebuilder? Is that too much to ask of someone when they go to sell their house that they protect the people that are going to live there? I think not. I try to live by a mantra that goes something like this: It's always the right time to do the right thing. You have a huge responsibility to the citizens of Nebraska to do the right thing. Now is the right time. I urge you to pass this bill, to get it enacted as quickly as possible, so you don't have to listen to other sad people tell sad stories about incredible, well-loved human beings who should be out there doing good and living life but instead are in a box. I learned about this hearing when I was sitting at my in-laws' in Ralston Sunday night. And I kindly thank Senator Howard, who I stopped by her office on my way to Colorado to ask if I could come back and talk to you. And so I thank you for allowing somebody outside my wife's home state to share with you my thoughts. [LB34]

SENATOR CAMPBELL: Thank you, Mr. Johnson. Questions from the senators? Senator Riepe. [LB34]

SENATOR RIEPE: First of all, my sympathy for your great loss. [LB34]

DON JOHNSON: Thank you. [LB34]

SENATOR RIEPE: It's indescribable. My question to you would be, is have you been engaged in some follow-up programs for education? [LB34]

DON JOHNSON: A great deal of them. In fact, I have an answer for your question earlier...asked about whether a \$12.50 alarm will work. It will work. All of the ones that are out there all have

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to perform up to a United Underwriters level of performance. And so even the \$12.50 one will have to work. The great ones now, or the most recent innovation, is ones like this that have a 10-year lithium battery. And so you put them in. And one of the problems you heard is tenants will take the batteries out and put them in their, you know, VCR or whatever. These are sealed units and they've just become available. And so that's going to help with that problem. Ten years goes by and you throw the whole unit away and get another one. By the way, you asked, what if I have a 22-year-old smoke alarm? Just so you know, it hasn't been working for about ten years. Smoke alarms and CO alarms...CO alarms typically last for five to seven years. Smoke alarms will last as long as ten years. The sensors degrade. You press the button. What you're really pressing is, does it have electrical supply, is the battery working? The sensor isn't after that period of time. So just know that those are things that do need to be replaced whether they're wired in or whether they're battery operated or otherwise. [LB34]

SENATOR RIEPE: Is there an alarm, sir, on the...when the lithium battery is no longer working? Does it chirp? Does it blink? Does it... [LB34]

DONALD JOHNSON: This latest generation actually has a message that pops up. It will chirp and beep and it also says end of life, throw it away. So these are the most recent ones. [LB34]

SENATOR RIEPE: Thank you. [LB34]

SENATOR CAMPBELL: Any other questions, Senators? Mr. Johnson, thank you very much for coming back. And it's always difficult to tell a personal story and we appreciate that very much. [LB34]

DONALD JOHNSON: Thank you. Thank you very much for having me. [LB34]

SENATOR CAMPBELL: Our next proponent? Okay. Those who wish to speak in opposition to the bill? Okay. I thought we might have...those who wish to speak in a neutral position on the bill? Senator Howard, we're back to you, I believe. [LB34]

SENATOR HOWARD: I truly don't have much really of closing. But having spent three years on this issue, I will tell you that Mr. Johnson's story is not unique. There are lots of citizens in the state of Nebraska and lots of families who have been impacted. And I have heard all of their stories and tried to remember them as we worked on negotiations with groups that have often been characterized as cats and dogs who came together understanding that there's an underlying mission of helping Nebraska families in a truly meaningful way. And so with that, I would be happy to answer any final questions if there's anything else you'd like to get into the record. [LB34]

SENATOR CAMPBELL: Just one last question, Senator Howard. The bill is exactly the same as I recall? [LB34]

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SENATOR HOWARD: Yes, although we did extend the dates, because... [LB34]

SENATOR CAMPBELL: Okay. But the dates...get that. [LB34]

SENATOR HOWARD: ...presumably it would be a little bit later, give them a little more time. [LB34]

SENATOR CAMPBELL: Senator Crawford and I need the reminder about that. (Laughter) Items...oh, Senator Riepe. [LB34]

SENATOR RIEPE: I'm sorry, Senator. Is it the same bill not only that you had before, but is it the Colorado bill, or is it... [LB34]

SENATOR HOWARD: No. So it was a unique Nebraska bill and then we worked out a compromise over that first interim and so it is the compromise that we crafted last year. [LB34]

SENATOR RIEPE: Were there any embellishments from Colorado that could have enhanced and strengthened your bill? [LB34]

SENATOR HOWARD: You know, I could revisit that certainly. But I think it's very similar. [LB34]

SENATOR RIEPE: Okay. Thank you. [LB34]

SENATOR CAMPBELL: Brennen, items for the record? [LB34]

BRENNEN MILLER: (Exhibits 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14) Thank you, Senator. Letters of support: the Apartment Association of Greater Omaha and Lincoln; a joint letter from the Nebraska State Volunteer Firefighters and Nebraska Fire Chiefs Association; The Professional Fire Fighters Association of Omaha; Nebraska Realtors Association; Nebraska Association of Commercial Property Owners; City of Omaha; City of Lincoln; Homebuilders Association of Lincoln; Doug Koebernick; The Nebraska Regional Poison Center; National Electrical Manufacturers Association; and the American Public Health Association Governing Council. Thank you, Senator. [LB34]

SENATOR CAMPBELL: Thank you, Brennen. That concludes the hearing. And, Senators, we'll take a five-minute break. [LB146]

BREAK

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SENATOR CAMPBELL: All right. We will open the hearing on LB146, which is Senator Crawford's bill that provides for disposition of unclaimed cremated remains in a veteran cemetery. Senator Crawford, you are welcome to open. [LB146]

SENATOR CRAWFORD: (Exhibit 1) Thank you. Good afternoon, Chairwoman Campbell and fellow members of the Health and Human Services Committee. My name is Sue Crawford, S-u-e C-r-a-w-f-o-r-d, and I represent the 45th Legislative District of Bellevue, Offutt, and eastern Sarpy County. I am honored to bring LB146 before you today. This bill was brought to our office by a constituent, Bill Henry, who you will hear from later today. Bill and Larry Schaber are the state directors for the Nebraska chapter of the Missing in America Project. Nebraska's chapter is one of 48 nationwide. Missing in America Project is a national veterans service organization run solely by volunteers. Their mission is to locate, identify, and secure a final resting place for the unclaimed cremated remains of veterans. To achieve this mission, Missing in America Project works with funeral directors, the state and federal Veterans Administration, and families. In some cases, Missing in America Project locates next of kin who did not know that their loved ones had passed away. In other cases, these service members outlived their families or they became estranged from their family and there is no one left to make funeral arrangements. This is where Missing in America and other veterans service organizations can step in. Since 2013, Bill and Larry have arranged for burial with full military honors for 29 of these veterans. There could be as many as 200 more of these unclaimed veteran remains in Nebraska. LB146, the bill before us today, establishes a voluntary process for funeral directors and veterans service organizations like Missing in America to work together to ensure these veterans and their dependents receive the dignified burial they deserve. The pages are circulating a simple amendment to LB146. It just adds 501(c)(4) to the type of charitable organizations able to participate under LB146. Some veterans organizations, including Veterans of Foreign Wars and Disabled American Veterans are 501(c)(4) organizations. Under the bill, funeral directors may work directly with veterans service organizations if next of kin have not stepped forward 60 days after the date of cremation. Funeral directors begin the process by contacting the Nebraska Department of Veterans Affairs to determine whether the remains are those of a veteran or a dependent of a veteran and whether the individual is eligible for burial in a veterans cemetery. If the Nebraska Department of Veterans Affairs confirms the individual's eligibility, the funeral home can work directly with these veterans service organizations to secure the burial of the remains. At this point in the process, the veterans service organization must secure the remains for a period of at least one year before interment and make reasonable efforts to locate next of kin. In Missing in America Project's case, they have 13 volunteer genealogists who work with Bill and Larry to locate next of kin. Once the funeral director transfers the remains to the veterans service organization, the funeral director must keep a record of the transfer for a minimum of five years. I understand that most veterans service organizations engaged in this work, including Missing in America Project, also keep their own records as do veterans cemeteries where the veterans are eventually buried. So all parties are keeping these records just in case someone from the family comes back. The funeral directors work tirelessly with grieving families every day to ensure their loved ones are treated with care and respect which is a tough job. And LB146 is not in any way a judgment or a criticism of funeral directors or the work they're already doing for veterans and their families. Instead, this bill provides an additional tool for funeral directors to use in cases where family members cannot be found or have lost contact with a veteran family member over the years. And I emphasize that, again, it's a voluntary opportunity for funeral directors, a tool for them to use. Today you will hear from Dennie Phelps, owner of the Good Shepherd Funeral Home, who, along with his business partner, Dan

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Miller, has worked with Bill Henry and the Missing America Project to secure military burial for several deceased veterans. And I greatly appreciate their work to ensure dignified interment for those who have served our country. And we've reached out to the Funeral Directors Association as well to let them know about the bill, and they in E-mail communicated back that they were fine with the bill as it was. So we've done that outreach as well. And I also want to clarify that the remains are interred in a way that if the family comes that they are able to have those remains and deal with them in some other manner. So they're not allowed to be buried. They're not allowed to be scattered. So it's always protecting those remains so if the family does show up, they're able to get the remains. So with that, I will close my opening and I could answer questions now, but I'd be happy to stay and answer questions later. [LB146]

SENATOR CAMPBELL: I think what we'll do, Senators, because Senator Crawford has a testifier that needs to leave, and so I think if you'll hold your questions for Senator Crawford... [LB146]

SENATOR CRAWFORD: That would be fine, yeah. [LB146]

SENATOR CAMPBELL: ...we're going to go ahead and take that testifier who needs to be somewhere else in a more timely manner. So we want to make sure that we cover that. Good afternoon. [LB146]

BETTY J. ALBANEZ: Good afternoon. My name is Betty Albanez. I am and have been a resident of the Omaha metro area since 1982. [LB146]

SENATOR CAMPBELL: Ma'am, we need to have you... [LB146]

BETTY J. ALBANEZ: Betty J. Albanez, A-l-b-a-n-e-z. [LB146]

SENATOR CAMPBELL: Thank you. [LB146]

BETTY J. ALBANEZ: You're welcome. I am here out of luck. I represent Daughters of the American Revolution and several other organizations. I have been to a memorial ceremony for veterans in western Nebraska at the McPherson Cemetery with the Daughters of the American Revolution as we have a memorial committee that goes to any funeral that we are aware of and makes sure that these veterans are not buried alone. I am a four-year military veteran. I have used the Omaha VA for 28 years. I am a dependent wife for 19 years; wife of a veteran for 36 years; a mother of an active duty C-130 navigator; a mother-in-law to two active duty, one in an F-15 and one does things I don't know about. I am a sister of a veteran and have been for 54 years. I am a daughter of a veteran, 54 years; niece...aunt of a veteran for 33 years who served in Afghanistan, Iraq; a cousin for 54 years; a cousin of a World War II KIA; and it goes on. This is my family, glad you could meet them. I recently had a very bad experience with posttraumatic stress. I have posttraumatic stress due to a military sexual trauma that I experienced in 1978. I have battled posttraumatic stress for all of those years. I recently had a steroid-induced psychotic episode which resulted in a coma. I almost died three or more times. If I were to die and my remains

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were cremated and they were at a place and they were not identified, first I'd be mad at my family (laughter), but second, I would hope that somebody somewhere that I've helped over my 12 years as a volunteer service officer would take those remains and place them somewhere properly. I have visited with veterans from World War II, Korea, Vietnam, Beirut, Gulf War, Afghanistan, Iraq, etcetera. Some of those ashes that we don't know what to do with could be people my veteran clients know. I would hope that you would see that this is a necessary thing to happen. I'm not sure what else to say, so I guess that's all. [LB146]

SENATOR CAMPBELL: Ms. Albanez, thank you so much for your service to our country... [LB146]

BETTY J. ALBANEZ: You're welcome. It was an honor. [LB146]

SENATOR CAMPBELL: ...and for your family. [LB146]

BETTY J. ALBANEZ: Thank you. [LB146]

SENATOR CAMPBELL: My husband is a veteran, so I understand very much how important that is. [LB146]

BETTY J. ALBANEZ: Thank you. That knock at the door that you might get, it's something that you always worry about. Now I worry about it for my daughter and my two sons-in-law who are out of the country. [LB146]

SENATOR CAMPBELL: Absolutely. [LB146]

BETTY J. ALBANEZ: My daughter is in country. She's a five-foot-two, eyes of blue, C-130 navigator that's dropped all kinds of stuff over Afghanistan and everywhere else. So thank you for your time. That's all. [LB146]

SENATOR CAMPBELL: Would you just... [LB146]

BETTY J. ALBANEZ: Oh, I didn't know we could bring props, but I won't. I won't. I have a family tree in my bag. (Laughter) [LB146]

SENATOR CAMPBELL: Okay. Senators, were there any questions? Okay. Thank you so much, and we appreciate your coming. [LB146]

BETTY J. ALBANEZ: Thank you. [LB146]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB146]

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BILL HENRY: (Exhibits 2, 3, 4) Good afternoon. Senator Campbell and the HHS Committee, my name is Bill Henry, H-e-n-r-y. I am the Missing in America Project for Nebraska volunteer coordinator. We are part of a national organization whose mission is to ensure that all unclaimed abandoned veterans receive a burial with honor, dignity, and respect for faithfully defending our country. They can be found in mortuaries, in funeral home shelves, in cans, plastic bags that are in boxes, and they...are they homeless? They are without family, indigent, or just forgotten by the family and their loved ones and they remain unclaimed. Missing in America Project began in 2006. It is a massive nationwide effort to locate, identify, and inter the unclaimed remains of forgotten veterans when no next of kin can be located. Missing in America Project is a 501(c)(3) veterans organization. We are 100 percent volunteer with no salary, no compensation, and no reimbursement paid or received by the board of directors, officers, volunteers. Nebraska does not receive or pay any fees to our national organization. The national organization does furnish us with a \$1 million insurance policy and legal assistance if and when it is needed. All money that we raise through fund-raising stays in Nebraska. Larry Schaber, a retired marine, and myself, Vietnam veteran multiple tours, we started MIAP of Nebraska in January 2013. I became the volunteer coordinator by a secret ballot of one that I wasn't even aware of the election. (Laughter) So...and Larry, he works a full-time job. He works many hours. So he does all of the mailings, all of the appointments, and I go at his direction. I make all the presentations that are, you know, during business hours and things like that and contacts with funeral homes and our donors. But when it is time for a ceremony, if we have not...if we do not have sufficient funds, we pay for it out of our pocket. We will cover the expense. There's no problems. We don't care. That is part of it. Out of our donations, we cannot pay for our internet, our search engines such as, you know, all of the finding, ancestry.com and similar. And we cannot pay for our food, our phone, or fuel that we burn to travel throughout the state. We do have five part-time volunteers, supporters that help us when we have major fund-raising and at the service itself. One of them is a ride captain. Another one, he drives the funeral car. As Senator Crawford has mentioned, we do have 13 genealogists that also volunteer their time to help us find the families of these veterans. And at no time, even if we do find/locate the next of kin, we do not charge them anything. We do not charge the funeral home anything. We cover all expenses. Nationally, we have visited over 1,600 funeral homes in the United States, found over 10,000 cremations. Of those 10,000, 2,459 were veterans. Of those, 2,260 we have interred and 199 of them are...were given to the families and they decided what they wanted to do with them, there again, at no charge to no one. In Nebraska, I have...we have contacted every funeral home by phone or mailings, but I have visited 30. Out of those 30, 5 of them have worked with us, especially Good Shepherd Funeral Home. And out of those, we have interred nine out of Fort McPherson...eight at Fort McPherson, excuse me, and one at Fort Leavenworth, Kansas. We have located ten families and we have sent their loved ones' remains to five different states in the country: California, Texas, Florida, New Jersey. And we've had about 15 that, unfortunately, did not qualify by the VA's standards, whether it was bad discharge or I...you know, all they say is they do not qualify. But I know for sure they cannot be a convicted felon or a convicted sex offender. We do have a couple of the funeral homes that are holding remains for us to be buried at the Omaha National Cemetery once it is open. We will be the first one. The funeral homes' main objection and worry is the fear of lawsuits. And LB146 will ease that concern because it states in there that they or the veterans organization cannot be held liable unless there is gross negligence or willful misconduct. Passage of LB146 will be at no cost to anyone. I will not take any state funds. I don't want any city funds. I don't...but I'll take it out of your pocket if you send it to me. (Laughter) [LB146]

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SENATOR CAMPBELL: Mr. Henry, we probably need to finish so we can ask you some questions. [LB146]

BILL HENRY: Okay. And so we want to make sure that every veteran in this state receives a military funeral. And it doesn't have to be by Missing in America Project. Every veterans organization in the state that qualifies through the state, I'm happy to have them help. [LB146]

SENATOR CAMPBELL: Okay. [LB146]

BILL HENRY: And I thank you for your time, and I can answer any questions that you might have. [LB146]

SENATOR CAMPBELL: Mr. Henry, I think we all thank you for your service to our country and what you are doing. This is just an excellent project. Are there questions from the senators? Senator Kolterman. [LB146]

SENATOR KOLTERMAN: Yeah. First of all, thank you for your service. And thanks for doing this. Can you tell me--and this is just for my own information--if you have a mortician that maybe has cremations on their shelf, how do...is there a database that they can test to find out if that's a service member or not? [LB146]

BILL HENRY: No. You know, they can contact the VA, the state of Nebraska. [LB146]

SENATOR KOLTERMAN: Okay. [LB146]

BILL HENRY: And we also...for some funeral homes, they are not sure. And we...our national has a pipeline right...well, we have a office at Jefferson Barracks that is right close to the VA. And we can get the answer usually within 24 hours. [LB146]

SENATOR KOLTERMAN: Wow. [LB146]

BILL HENRY: And at times, you know, they're bogged down or whatever. But because MIAP does so many and has worked with them and is approved by them, we are able to, you know, get it a lot faster than anyone else. [LB146]

SENATOR KOLTERMAN: And are there three veterans cemeteries in the state that you're aware of or two? [LB146]

BILL HENRY: In this state, you have the one...the state Veterans Cemetery in Alliance and the one at Maxwell, Fort McPherson, and once Omaha is built, whenever, we will have three. [LB146]

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SENATOR KOLTERMAN: Okay. Thank you very much. [LB146]

SENATOR CAMPBELL: Other questions? Mr. Henry, I'm very interested in the fact that there would not be the liability. When I served on the county board and we...and it wasn't always with veterans. I want to emphasize that. But I was...would be the county's responsibility to bury the indigent. And oftentimes we did not cremate the body in case a family showed up. And it was...really had more to do with the liability. So I'm very appreciative of your covering that in your testimony. [LB146]

BILL HENRY: There's one thing...the reason that...I'll take just a minute more, please. [LB146]

SENATOR CAMPBELL: Sure. [LB146]

BILL HENRY: We put the urns in a columbarium. We do not put them in the ground. Now, the VA...if you come to the VA...maybe in five years, you find out that your brother or cousin or somebody...and you're from Texas, and you come to the VA, all you have to do is fill out the form. And since they are in the columbarium, you don't have to pay to have him exhumed. The VA will dig down up to 1 foot over the remains. And then you have to pay to have it...and all they have to do is take off the four bolts, the name plate. They hand you the urn. You are responsible for the transportation. And if you want, you can call at MIAP, and we will inter him down there and the VA will put a new name plate on the columbarium. So, you know, we don't want to take up any of the ground space. That's why we only use the columbariums. [LB146]

SENATOR CAMPBELL: Excellent. Thank you for clarifying that. [LB146]

BILL HENRY: Thank you very much for your time. [LB146]

SENATOR CAMPBELL: Thank you, Mr. Henry. Our next proponent? Welcome. [LB146]

GREG HOLLOWAY: Good afternoon, Senator Campbell. Thank you for letting me speak to you. My name is Greg Holloway, G-r-e-g H-o-l-l-o-w-a-y. And I'm here to represent a lot of different veterans organizations. I'm the legislative representative for the Disabled American Veterans, the Vietnam Veterans of America, and I'm the senior vice commander for the Nebraska Veterans Council presently, so I represent them. And AMVETS gave me a call and asked me to be their mouthpiece today, too, so I'm wearing a lot of different hats. But we had our regular meeting for the Nebraska Veterans Council and this is one of our top priority bills. We want to see this done. It's long overdue. The Vietnam Veterans of America support this wholeheartedly. We all do. And we want to make sure that this is moved along fine. It's a held-harmless bill for anybody. So I don't see any things that should be thrown in the way of it. We'll take care of our veterans. I was a County Veterans Service officer...no veteran to be buried in a pauper's grave. I actually made Wyuka move a veteran once. They weren't happy with me but they did it. I think Wyuka Cemetery does have some sort of state designated. And, you know, Lincoln Memorial, Wyuka, they all have free space for veterans too. But I like the way they're doing it. I'm not going to advocate any other way for doing it. But there are other options available if they just

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downright have to. So the veterans organizations are going to assist them in any way they possibly can. And I'm going to start working on trying to get more financial assistance through our veterans organizations. I've been the designated beggar for a lot of organizations, too. (Laughter) So I'm not the bashful guy. I'm the guy with the biggest mouth. So we're here to help them. There's seven veterans organizations in the Nebraska Veterans Council, six veterans organizations and one of the County Veterans Service Officers association is a member of the council. And we're out here to assist this function. So if you have any questions, I'd be more than...answer. If not, I'll sit down and shut up. [LB146]

SENATOR CAMPBELL: Any questions for Mr. Holloway? Okay. [LB146]

GREG HOLLOWAY: Thank you very much for listening to me. [LB146]

SENATOR CAMPBELL: And thank you for your service, sir. [LB146]

GREG HOLLOWAY: Thank you. Thank you, everybody. It was good to see some new faces and a lot of old friendly faces, even one old, friendly, new face. (Laughter) All right. Thank you very much. [LB146]

SENATOR CAMPBELL: Thank you. Our next proponent? That's...sir, you can just take it...sit in the front, if you'd like to, and then you'll be ready. Go right ahead, sir. [LB146]

JON REICHMUTH: Madam Chairman, thank you for the opportunity. My name is Jon Reichmuth, J-o-n R-e-i-c-h-m-u-t-h. I'm the owner of Reichmuth Funeral Home in Elkhorn, Nebraska. I'm also a past president of the Nebraska Funeral Directors Association and current committee member of our legislative committee. I am here today just to lend the Nebraska Funeral Directors proponent...list ourself as a proponent of this bill. We don't have anything to add. We'd be happy to answer any questions you have. [LB146]

SENATOR CAMPBELL: Okay. Any questions? Okay. If someone dies within a county, as I was talking about, the county often has that responsibility. But I'm assuming that any of the funeral establishments check if that person is a veteran. [LB146]

JON REICHMUTH: Say...I'm sorry? [LB146]

SENATOR CAMPBELL: Well, I mean, if the county has a person that's indigent, I'm sure that they check, do they not, if the person is a veteran? Do you know that? [LB146]

JON REICHMUTH: Generally, yeah, Nebraska has a Nebraska Veterans' Aid Fund that would take over finances and provide burial. [LB146]

SENATOR CAMPBELL: Yeah, okay. [LB146]

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JON REICHMUTH: If there was no next of kin, we cannot have cremation... [LB146]

SENATOR CAMPBELL: Correct. [LB146]

JON REICHMUTH: ...because we have no one to sign the cremation authorization and the NVA Fund would take care of burial. [LB146]

SENATOR CAMPBELL: Okay. That answered my question. Thank you very much for coming today. [LB146]

JON REICHMUTH: Thank you. [LB146]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB146]

DENNIE PHELPS: Thank you for having me. I'm Dennie Phelps, P-h-e-l-p-s, owner of Good Shepherd Funeral Home. And Mr. Henry came to us some time ago and we began the discussions of helping them and also seeing the need for the avenues that they have to provide help to us to identify these people. And normally our search with a person that is homeless is next of kin, whether or not they're a veteran. The county defers to the Veterans Assistance if they're a veteran. Otherwise, the county takes care of those arrangements for that person. And...but Mr. Henry has been able to help us identify people that we had no means of identification as a funeral home. We do not get a lot of cooperation. People are looking at HIPAA regulations. They don't want to give out information. And that's one of our stumbling blocks to be able to identify people. And we have also had...the county requires us to run an obituary in the paper. That will allow for maybe someone to step forward. And we have had friends that have been able to provide us information whether they were a veteran...but we always do that search first. We're in full support. We have been the...for...the two funeral processions out to Fort McPherson have originated at our facility. And we have helped the Missing in America Project get started here in Nebraska because we felt a real need for that. Does anybody have any questions? [LB146]

SENATOR CAMPBELL: Excellent. Thank you, Mr. Phelps. Any questions from the senators today? Thank you for coming. And thank you for helping them. I think you might have been interviewed on television. I saw a story about the project. I thought that you had given some quotes. [LB146]

DENNIE PHELPS: The...Dan, my partner, was in the Lincoln paper. [LB146]

SENATOR CAMPBELL: Oh, okay. [LB146]

DENNIE PHELPS: And then I think we may have both been in the Omaha paper. [LB146]

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SENATOR CAMPBELL: But someone did a television story on it also. I don't know. [LB146]

DENNIE PHELPS: Yeah, that may have occurred at one of the funeral processions that we did... [LB146]

SENATOR CAMPBELL: Could be, so... [LB146]

DENNIE PHELPS: ...because they started...like I said, they've both started there at Good Shepherd. [LB146]

SENATOR CAMPBELL: Yes. Excellent. Thank you so much for coming today. [LB146]

DENNIE PHELPS: Thank you. [LB146]

SENATOR CAMPBELL: Our next proponent? Okay. Is anyone here to testify in opposition to the bill? Anyone here who wishes to provide neutral testimony? Okay. Senator Crawford, I think we've returned. And the clerk indicates that we have no letters for the record. [LB146]

BRENNEN MILLER: Right. [LB146]

SENATOR CRAWFORD: Excellent. Thank you. I do...I appreciate your questions and I thank everyone who has come to testify. I do want to have one clarification for the record where I misspoke. I said that you cannot bury, but the language actually does allow burial, but the point is that in whatever way it's...whatever method is used is used so that the remains can be given to the family if they appear. So burial is one of the options that's listed in the bill as it stands. And so the bill provides a process to follow that's clear to everyone and protections for the funeral home and the veterans service organization to be able to do this great work. And just, I think, to get to your question, your experience in the county, you will see at the end of the bill, the language on page 8 is probably what you're familiar with in terms of the burial for indigent veterans and the veterans service organizations stepping up to do that. So this is a situation where that process didn't happen and you have unclaimed remains. And so this is a process to help in those situations where that process was not...did not happen, so... [LB146]

SENATOR CAMPBELL: I just thought it was best to get that on the record for you. [LB146]

SENATOR CRAWFORD: No, I appreciate that. Thank you. [LB146]

SENATOR CAMPBELL: Okay. Any other questions for Senator Crawford? Okay. [LB146]

SENATOR CRAWFORD: Thank you. [LB146]

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SENATOR CAMPBELL: That concludes our hearings for today. [LB146]