[LB287 LB430 LB506]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, February 10, 2017, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB287, LB506, and LB430. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: Thank you for all being here. We're going to get started because it is on the stroke of 1:30, and so we want to be timely. This is the Health and Human Services Committee. If that's not where you think you're at, that's where you're at, so. Don't they say that on the airplanes that if you're not...if you don't think you're going to Denver, get off the plane now? I am Merv Riepe; I am the chairman of the Health and Human Services Committee. I represent District 12, which is Millard, Omaha, and Ralston. With me today are the members of this committee, and I will start and ask them to self-introduce, to my far right. Senator?

SENATOR KOLTERMAN: I am Senator Mark Kolterman from Seward, York, and Polk Counties--District 24.

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

SENATOR ERDMAN: Steve Erdman, District 47: ten counties in the Nebraska Panhandle.

SENATOR WILLIAMS: Matt Williams, District 36, from Gothenburg: Dawson, Custer, and the north part of Buffalo Counties.

SENATOR LINEHAN: Lou Ann Linehan, District 39, which is the western part of Douglas County.

SENATOR RIEPE: And Senator Crawford, who will be sitting here, would be arriving shortly, I believe. To my right is Kristen Stiffler, who's legal counsel for the Health and Human Services Committee. And to my far left is Tyler Mahood, who is the committee clerk. We also are privileged to have with us today two pages. We have Brianne Hellstrom from Simi Valley, California, and also Jordan Snader who's from Oakland, Nebraska. So...and we worked them real hard yesterday, so we hope they've recovered. There are a few pieces today. This is your opportunity to participate. Some of you have been here before, some not. And it is part of the Nebraska legislative process, so we encourage you to participate to the extent that you choose to. Committee members may come and go. They may open on other committees or they may be testifying at other committees. So please don't be offended if they happen to get up in the middle of your presentation and have to walk out. Some will also be working on their computers; we encourage that. That's the same information that some of us have in paper. But, like the rest of the world, we are moving more and more towards computers. To better facilitate our process today, there are few requests that we have. We ask you to please turn off or silence your cell phone. If you're going to testify, we will ask you to move up to the front rows; it just makes things move a little more quickly, in fairness to everyone that's going to be testifying. We also...the process will be, if you're not familiar with it: The senator who's introducing the bill will start; they will not have a time limit. And, following that, in their conclusion then, they will step aside. Hopefully they'll be able to stay around to hear the other, balancing testimony. We'll follow with proponents, and then we follow with opponents. And then we follow with any that are neutral. We will, at that time, following that, we will go to Tyler to see if we've had any letters that have been submitted in support of, or opposition to, the particular legislation that's going on. Following that, the introducer has an opportunity to come back up, if they so choose, to make any concluding remarks. Once those concluding remarks are made, the hearing will be concluded, and then we will move on to our next agenda item. Those that are coming up, we will ask you, as I said, the introducer is not under a time limit. Those that are here as proponents, opponents, or in neutral, we work on a time clock to try to be fair to everyone that has come. We work on a five-minute clock, four minutes on the green, one minute on the amber, and then we go to a red light. And when we go to the red light, we'll ask you to try to draw your conclusion, your presentation, to an end, best you can. Sometimes we wiggle a little bit on that because there's some issues we don't want to cut you off right then. But I may, at times, say: please, can you conclude, if it goes on too long. I want to read this one in so I get it into the record correctly. If you will not be testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance, where you may leave your name and other pertinent information. And these sign-in sheets will become exhibits in the permanent record at the end of today's hearing. Written materials may be distributed to committee members, as exhibits, only while testimony is being offered. When you would come up and it's your turn to testify, well, I ask you to hand them to the page, and the page will then distribute them to us, as committee members. And we're asking you...we will need ten copies of anything that you want us to have, as a committee. That said, we will start today's hearings. We have three particular hearings today. And our first hearing is LB287, and that is Senator Wishart. And the microphone is yours, Senator. [LB287]

SENATOR WISHART: Thank you. Well, it's good to be in front of this committee again. [LB287]

SENATOR ERDMAN: Thanks for coming. [LB287]

SENATOR WISHART: Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Anna Wishart, A-n-n-a W-i-s-h-a-r-t, and I represent the great 27th Legislative District in west Lincoln. I am here today to introduce LB287, a bill that eliminates the need for duplication of storage of certain data collected by the Department of Health and Human Services. The Nebraska Legislature created the Child and Maternal Death Review Team in 1993. The team reviews the number and causes of deaths of Nebraskans, age 0-17, and deaths of women during pregnancies, regardless if the death is considered suspicious. The goal of the team is to identify patterns of preventable deaths and report to the public and state policymakers recommendations on changes that might prevent future deaths. Currently Nebraska's Child and Maternal Death Review Team, within the Department of Health and Human Services, has an ongoing, no-cost agreement with the Michigan Public Health Institute to store, within a secure multistate database, data about each death that the team reviews. Interpretation of current statute allows only de-identified data to be stored in this database. The state also stores, in house, the same data with identifiers such as names, date of birth, etcetera, so that it can update the records as more information is gathered in the review process. LB287 would clarify in statute that, with proper privacy in place, the state would be able to eliminate the necessity for this duplication of data storage by allowing the storage of the data, with identifiers, in this off-site electronic database. The committee should also have received a copy, AM198, that includes some additional clarifying language that I worked with the Department of Health and Human Services on. AM198 simply reiterates that any data shared with an outside entity uses proper confidentiality and security measures to protect the data. I would be happy to answer any questions you may have. There will also be a representative from the Nebraska Medical Association who may be able to answer your questions, as well. Thank you. [LB287]

SENATOR RIEPE: Okay; thank you. Are there questions? Senator Howard. [LB287]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for bringing this bill. [LB287]

SENATOR WISHART: Yes. [LB287]

SENATOR HOWARD: My first year I had a bill about the Nebraska Child Death Review Team, and my year I added the word "maternal," so that we could reach into what was going on for women who passed away while they were pregnant. [LB287]

SENATOR WISHART: Great. [LB287]

SENATOR HOWARD: And so I want to just ask you two very specific questions about the language of the bill. [LB287]

SENATOR WISHART: Okay. [LB287]

SENATOR HOWARD: On page 3, line 13, if refers to qualified entities, and I wasn't sure if you just wanted to get into the record what you meant by qualified entities for the secure storage. Do we have a definition of it? [LB287]

SENATOR WISHART: So I would have to get back to you. We wrote this with specifically in mind that the state would continue their contract with this Michigan institute. Obviously they could go with another institute if they so chose to do that. [LB287]

SENATOR HOWARD: Okay. [LB287]

SENATOR WISHART: But I would be happy to include an additional definition to make that more clear for you. [LB287]

SENATOR HOWARD: That would be great; thank you. [LB287]

SENATOR WISHART: Yeah. [LB287]

SENATOR HOWARD: And then the other one is, and I know public health has a lot of data sets that they're managing... [LB287]

SENATOR WISHART: Um-hum. [LB287]

SENATOR HOWARD: ...over 90 different data sets that they're working on. [LB287]

SENATOR WISHART: Yeah. [LB287]

SENATOR HOWARD: Do they...do any of the other ones have similar agreements with third-party entities? [LB287]

SENATOR WISHART: I do not know the answer to that. Potentially somebody following us would, but I would be happy to follow up with that. [LB287]

SENATOR HOWARD: Okay; thank you. [LB287]

SENATOR WISHART: Yeah; thanks. [LB287]

SENATOR RIEPE: Are there other questions? Senator Erdman. [LB287]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you, Senator Wishart, for coming. On the top of page 3, you've stricken the information, or the language there from 2013 and '14, the team shall also provide a report for Health and Human Services. Do you want to tell about the date when that report should be filed? But just prior to that, it says it says the Governor and the Legislature and the public...and the public with annual ...shall provide the Legislature and the Governor with public reports, annual reports. When is...when is that report due? Shouldn't there be a...shouldn't there be a time line in there, or something that says this report is due on this date? It just says the annual reports. [LB287]

SENATOR WISHART: Let me talk with my legislative aide, and I'll follow up, in closing, with an answer to that. [LB287]

SENATOR ERDMAN: Because it...before it said on or before September 15. [LB287]

SENATOR WISHART: Yeah. [LB287]

SENATOR ERDMAN: That was only for the first two years of '13 and '14. [LB287]

SENATOR WISHART: Yeah. [LB287]

SENATOR ERDMAN: And I don't know what they've been doing since. I mean maybe they continued to use that date, but it maybe should say the 15th of September or some date, knowing it's due. [LB287]

SENATOR WISHART: Okay. Let me ask...look into that. but I should get an answer to you by the closing. [LB287]

SENATOR ERDMAN: Okay. And then the other question I had is how in the world do you get an agreement with somebody that's going to do something for nothing? [LB287]

SENATOR WISHART: Well, actually...so this is the Michigan institute that we currently work with. They are...I believe they are funded through federal grants... [LB287]

SENATOR ERDMAN: Okay. [LB287]

SENATOR WISHART: ...federal block grants. [LB287]

SENATOR ERDMAN: Okay. [LB287]

SENATOR WISHART: So that's where the funding comes. But it's free to us as a state. [LB287]

SENATOR ERDMAN: Thank you. [LB287]

SENATOR RIEPE: This looks like it's legislation that minimizes or eliminates needless duplication. [LB287]

SENATOR WISHART: Yes. [LB287]

SENATOR RIEPE: And that's music to my ears. [LB287]

SENATOR WISHART: Yes. It creates better efficiencies. [LB287]

SENATOR RIEPE: Are there other questions of the committee? Hearing none, thank you very much. [LB287]

SENATOR WISHART: Okay; thanks. [LB287]

SENATOR RIEPE: Will you be staying around for closing? [LB287]

SENATOR WISHART: Yes, I will be able to answer some of those questions at that time. [LB287]

SENATOR RIEPE: Okay, great; thank you. Nice job. Are there proponents who would like to speak now? [LB287]

MATT SCHAEFER: (Exhibits 1 and 2) Good afternoon, Chairman Riepe, members of the committee. My name is Matt Schaefer, M-a-t-t S-c-h-a-e-f-e-r, appearing today on behalf of the Nebraska Medical Association, in support of the bill today. This will be one of the easiest bills this committee hears all year. As you noted, Senator Riepe, this does get rid of a duplicate of record-keeping process. As you've also heard, the Death Review Team was tasked with reviewing child deaths in Nebraska in order to make public health recommendations to decrease the likelihood of infant and child mortality and maternal deaths in the state. The Michigan Public Health Institute received a federal grant through a center that's housed at that institute, in order to build a database that states could use to store this information. And I think that's how we got involved with them. That information can be collated and analyzed so that national trends can be identified. But, because I think interpretation of current statute, the team is not allowed to store identifying information along with those records with this federal...with the Michigan center, which forces us to keep the second set of records, in house, that does have the identifying information, things like: name, date of birth, date of death, county...those type of things. So this bill would let them just keep the set of...that set of data at the center externally, outside of HHS. Senator Howard, I think I can answer one of your questions. The amendment that Senator Wishart introduced actually strikes the term "qualified" so that... [LB287]

SENATOR HOWARD: Fine. [LB287]

MATT SCHAEFER: ...that's no longer...would be part of the bill, if that amendment was adopted. As for your other question, I don't know how those other data sets are handled. That would be a good question for HHS. So that would conclude my remarks. If there's any other questions, I can try to answer; I'd be happy to. [LB287]

SENATOR RIEPE: Matt, can you tell me how many other states then use this central data bank out of Michigan? [LB287]

MATT SCHAEFER: I don't; I am sorry. [LB287]

SENATOR RIEPE: So we've stumped the band. [LB287]

MATT SCHAEFER: Pardon me? [LB287]

SENATOR RIEPE: We've stumped the band. [LB287]

MATT SCHAEFER: Yes. [LB287]

SENATOR RIEPE: Okay. And you may not be aware of how other states allow for the identifying for the (inaudible). [LB287]

MATT SCHAEFER: Yes. So the bill would specifically contemplate our HHS making an agreement with the Michigan entity for the security of all of this data and how it's going to be handled. But current statute does limit the disclosure of identifying information very strictly, and that would still apply under this bill. And that's Statute 71-3411. [LB287]

SENATOR RIEPE: Additional questions? Seeing none, thank you very much. [LB287]

MATT SCHAEFER: Thank you. [LB287]

SENATOR RIEPE: Next proponent, please. Any more proponents? No? Any in opposition, opponents? Seeing none, any in the neutral capacity? Seeing none, Tyler, do we have some letters? [LB287]

TYLER MAHOOD: I do not have any letters for the record. [LB287]

SENATOR RIEPE: Okay. [LB287]

SENATOR KOLTERMAN: Somebody passed one out. [LB287]

SENATOR RIEPE: Senator Wishart, would you like to close, please? [LB287]

SENATOR KOLTERMAN: Senator? [LB287]

SENATOR HOWARD: They passed the two out. [LB287]

SENATOR RIEPE: Oh, yes. I am sorry. [LB287]

SENATOR KOLTERMAN: Somebody passed out one to...from the Medical Association and the UNMC. [LB287]

KRISTEN STIFFLER: Oh, we didn't get them to you. [LB287]

SENATOR KOLTERMAN: Must not have got them. [LB287]

TYLER MAHOOD: I included those as exhibits. [LB287]

SENATOR KOLTERMAN: Okay. [LB287]

SENATOR WILLIAMS: Okay. [LB287]

SENATOR LINEHAN: Oh, okay. [LB287]

SENATOR RIEPE: So okay; thank you. Thank you for clarification; it's always good. Now, Senator Wishart. [LB287]

SENATOR WISHART: Well, to answer Senator Erdman's question, this was...we strike 2013 and 2014; it was just clarifying--excuse me--just updating the statute. [LB287]

SENATOR ERDMAN: Okay. [LB287]

SENATOR WISHART: But I do think you brought out a good point. We may want to include, back in line 5, "on or before September 15th of each year." [LB287]

SENATOR ERDMAN: I agree. [LB287]

SENATOR WISHART: So that is something we can work on, as an amendment. [LB287]

SENATOR ERDMAN: Yeah, just so that they know when to file. [LB287]

SENATOR WISHART: Yeah. [LB287]

SENATOR ERDMAN: Thank you. [LB287]

SENATOR WISHART: And then the...am I allowed to... [LB287]

SENATOR RIEPE: Go ahead. [LB287]

SENATOR WISHART: ...ask a question? [LB287]

SENATOR RIEPE: Well, not really, but go ahead (laughter). [LB287]

SENATOR WISHART: Freshman moment. Senator Howard, just to kind of talk a little bit further about your question on qualified...just wondering if that was something that you felt we should explain more or whether you felt comfortable with that--striking that in the amendment. [LB287]

SENATOR HOWARD: So...so I always get nervous when we don't define something in statute or we don't have a definition to go back to, because right now the amendment strikes the word "qualified," but now it just says with an entity that provides secure storage, and then, has that 34ll piece go back to the privacy issues, even though you're giving them de-identified information. So I don't know if we necessarily need to. I actually would refer to counsel on that. [LB287]

SENATOR WISHART: Okay. Well, that's something we are happy to work on, as well. [LB287]

SENATOR RIEPE: (Inaudible). Okay. [LB287]

SENATOR HOWARD: Thank you. [LB287]

SENATOR WISHART: Thank you. [LB287]

SENATOR RIEPE: Are there questions of Senator Wishart? Evidently not. Thank you very much. [LB287]

SENATOR WISHART: Thank you. [LB287]

SENATOR RIEPE: This closes the hearing on LB287, and thank you very much. We will now proceed on to LB506 and Senator Albrecht. [LB506]

SENATOR ALBRECHT: Thank you. [LB506]

SENATOR RIEPE: Senator, please go forward. [LB506]

SENATOR ALBRECHT: (Exhibit 1) Thank you. Good afternoon, Chairman Riepe and my colleagues, fellow colleagues. My name is Senator Joni Albrecht; that's J-o-n-i Albrecht, A-l-b-r-e-c-h-t. And I proudly represent the Legislative District 17. LB506 is the Compassion and Care for Medically Challenging Pregnancies Act. It may seem like a simple bill, but it will make a world of difference. It will mean a great deal for the families dealing with a devastating, life-changing ordeal. Perinatal hospice and palliative care is an innovative and compassionate model of support for families who find out a pregnancy has a life-limiting condition. This care begins at diagnosis and continues through the baby's birth and death. Unfortunately, many parents faced with this horrible situation find themselves adrift without a life raft and having to find out for themselves what resources there are. This bill asks the Department of Health and Human Services to host, on their Web site, information that medical professionals may share with the parents. This fight, for me, is a personal one. Five years ago, we had...my daughter, my second-born daughter, had her first baby, at 18 weeks, diagnosed with a medical condition that...I mean, years ago, you probably wouldn't have had that opportunity to know that soon or to even do anything about it. But throughout her pregnancy, you know, with our faith, it was...we just held tight to that but, more importantly, it was, you know, not only were we planning...I am sorry. [LB506]

SENATOR RIEPE: That's fine; take your time. [LB506]

SENATOR ALBRECHT: Thanks. We shouldn't have to do this; sorry. We were planning her birth, but we were also planning a funeral. So that's why I am introducing LB506 today. Sorry. Okay. Over the last few months, I've had a wonderful, eye-opening, and emotional experience speaking with medical professionals and families, some of which have sent letters in support and are here to speak today. I want to thank them for their input as we put the legislation together. This is the first bill that I started working on, and it's a bill I am committed to seeing passed into law. Let me be clear; this isn't a mandate. There's no penalty on a professional medical field, anyone in that field, in this bill. I am simply asking medical professionals to make it easier for families going through a horrible time to find help. To this end, I am offering an amendment today, which you have before you, that clarifies that the intent of this bill, removing language which could be construed as a mandate. I took out "shall" and I said "may." That is not my intent at all, to make any medical professional in their field to do something that they don't feel that they should be doing. And I appreciated all the feedback that I received from the medical field. Lastly, there is a one-time fiscal note attached to this bill. It has been communicated to my office that the agency will be able to absorb those funds and not use new money. So you're perfectly welcome to contact them and talk to them about that. I would ask for your support for LB506, and I'd be happy to take any questions that you may have. Sorry about that. [LB506]

SENATOR RIEPE: Thank you for your opening. Are there questions from the committee? Senator Erdman. [LB506]

SENATOR ERDMAN: Senator Riepe, thank you. Thank you, Senator Albrecht. I appreciate your story. I understand; my family has dealt with stuff like that, as well. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR ERDMAN: On line 7 of page 2... [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR ERDMAN: ...it says when they're "diagnosed before birth that will, with reasonable certainty." Can you explain what reasonable certainty is? Or will there be somebody following you that can do that? [LB506]

SENATOR ALBRECHT: Well, hopefully there will be. But just in my talking to some of the doctors, with the technology and the advancement that they have today, I mean, they know what they're looking at. And sometimes...I did have a lady at St. Elizabeth's, who takes care of the mothers that go through this. She happened to have one where the doctor just knew, without a...beyond a shadow of a doubt, that that child would not have life on this earth. And the couple decided not to talk to the gal; they just wanted to go home and pray about it. And they do have a seven-year-old today that has life. So again, this is just something that I think that the doctors know enough today to let you know what's ahead of you, but they can't predict. You know, not any one of us in this room could predict what could really happen, so. [LB506]

SENATOR RIEPE: Thank you. [LB506]

SENATOR ALBRECHT: Yes. [LB506]

SENATOR RIEPE: Senator Howard. [LB506]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for bringing this bill to us. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR HOWARD: I know a little bit about bringing really personal bills. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR HOWARD: So I am...it takes a lot of bravery to do that. I also have a question, a language question. [LB506]

SENATOR ALBRECHT: Okay. [LB506]

SENATOR HOWARD: And it is on page 3, line 4. You mention palliative care, but there isn't a definition, or at least it's not included in the perinatal hospice portion. And we did just move a palliative care bill from Senator Kolterman. And so I am wondering if you might want to sort of talk to him and make sure that your definitions align. [LB506]

SENATOR ALBRECHT: Okay. [LB506]

SENATOR HOWARD: So I guess it's more of a statement than a question. [LB506]

SENATOR ALBRECHT: Okay, so on...you're talking about on page 3? [LB506]

SENATOR HOWARD: Page 3, line 4. [LB506]

SENATOR ALBRECHT: Line 4. [LB506]

SENATOR HOWARD: So it requires a statement indicating that perinatal hospice and palliative care... [LB506]

SENATOR ALBRECHT: Um-hum, yes; uh-huh. [LB506]

SENATOR HOWARD: ...and so we don't have a definition of palliative care as a part of the perinatal hospice. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR HOWARD: But we did just move a bill, about palliative care, with Senator Kolterman. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR HOWARD: And so you may want to try to align the definitions together... [LB506]

SENATOR ALBRECHT: Okay, I'd be happy to. [LB506]

SENATOR HOWARD: ...because I think that's a really good fit. [LB506]

SENATOR ALBRECHT: Very good; thanks for the opportunity. [LB506]

SENATOR HOWARD: Sure. [LB506]

SENATOR ALBRECHT: Did you get that, Charles? Okay. [LB506]

SENATOR RIEPE: Are there additional questions? Senator Williams. [LB506]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Senator Albrecht,... [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR WILLIAMS: ...for being here and bringing this. My question revolves around the fact that a great deal of this information is available just with a quick Internet search right now... [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR WILLIAMS: ...which I did just while you were testifying, and found four sites here in Nebraska, including St. Elizabeth's here in Lincoln, that has a great site, talking all about this and telephone numbers. I am struggling sometimes, when we continue to ask the government to provide things that are already apparently available. Have you got a comment about that? [LB506]

SENATOR ALBRECHT: Well, you know, some people have brought up the fact that, if you're out in rural America and maybe you don't have access to your...to the computer. But more importantly, I think when you get that devastating news, it's not just about finding that person; it's making certain that somebody is going to be with you through it all to kind of prepare you for what's to come. And I think it's the palliative care part of it. And the hospice takes care of that little baby, but you need to take care of the parents, too, and the loved ones waiting for that baby to arrive. And with that said, I think preparing emotionally and spiritually to decide what you want to do at that point. For my daughter, you know, there were several things wrong with that little girl's heart, so I mean we were on-line all the time. But sometimes you don't...as you're trying to find out about the problem with the child more so than how am I going to deal with all this. So I think those places that just came up would be nice to be able to have right away so that you can get in contact with somebody who's going to help you through what you need to do and the steps you need to take. And... [LB506]

SENATOR WILLIAMS: Thank you for your explanation. [LB506]

SENATOR ALBRECHT: ...that would be. [LB506]

SENATOR RIEPE: Okay; thank you. Are there additional questions? Thank you. Will you be staying for closing? [LB506]

SENATOR ALBRECHT: Yes, I'd be happy to. [LB506]

SENATOR RIEPE: We appreciate that. [LB506]

SENATOR ALBRECHT: Thank you. [LB506]

SENATOR RIEPE: We'd like...now like to hear from other proponents, please. [LB506]

KELLY GERKEN: (Exhibits 2 and 3) Thank you, Senator Albrecht. Good afternoon to the committee. My name is Kelly Gerken, K-e-l-l-y G-e-r-k-e-n. I am from Sufficient Grace Ministries for Women Incorporated, and we're from the great state of Ohio actually. So I am happy to be here today. I am here today as both a mother and a professional in perinatal hospice and bereavement support. Our family said goodbye to twin daughters, Faith and Grace, who were born still at 26 and a half weeks gestation in 1996, due to a condition called twin-to-twin transfusion syndrome. In 1998 our son Thomas was diagnosed with a life-limiting condition, known as Potters syndrome, midway through our pregnancy. There were no resources available for families faced with the myriad of decisions which occur when a doctor gives a diagnosis using the words "incompatible with life." We chose to carry our son for as long as he remained with us. He was born close to full-term and lived for six hours. His life changed not only the life of my family, but the lives of thousands around the world. I would endure those four and a half months of waiting and wondering, again and again, for the opportunity to sing to him as he left this earth, for the opportunity to be his mother. In 2004 we founded Sufficient Grace Ministries and created the Dreams of You Memory Book and other resources for bereaved parents. We learned, from our own experience, from evidence-based studies, as well as the testimony from thousands of other bereaved parents around the world, that creating lasting, tangible memories brings comfort to a parent's grieving heart. We send about 700 of our packages to families worldwide, and continue on-line support for them. Spending time with your baby helps to alleviate regrets, which complicate the grieving process. As we spoke with families throughout the state of Ohio and around the world, we found that they were often not connected with resources or support when facing a life-limiting diagnosis or at the time of baby's birth and death, when supportive guidance is most essential. Options enable parents to navigate through their fears toward embracing the small window of time they are given with their babies. Without support and resources, many families did not know they could spend time bonding and creating memories with their babies. One of the dilemmas is not that there aren't resources, but often you're so shocked, you shut down; you don't know where to go to look. So having someone to say: Here's...here are some resources for you, can make the world of difference between those families getting access to that, the much needed resources. We developed a birth professional's training in 2006, on the importance of compassionate care and creating memories when a baby's life is expected to be brief. In order to further bridge the gaps that remained, in 2012 we established comprehensive, community-based perinatal hospice and bereavement support services, partnering with hospitals in Ohio to offer a trained support companion--the senator mentioned having someone to come and give you some guidance in that time when you don't know what's available to you--and also a remembrance photographer. We help them with memory-making items, birth planning support and resources from a time the family receives the diagnosis through the birth, life, and death of the baby and through the grief beyond. Many families are not offered the option to receive perinatal hospice support. In training birth professionals and also speaking to families, we're finding that there's actually a great lack of awareness. I once trained, in Ohio, about 100 birth professionals over a three-day period of time, and I asked any of them if they've heard of perinatal hospice--these are people in OB care. And I would say less than five of them raised their hand. And I also go to other states, and we receive the same response. So even though they exist, people are not connecting with these resources. According to studies posted on perinatalhospice.org, only about 20 percent of parents, given a poor prenatal diagnosis in pregnancy, will continue to term or as long as the baby lives. However, when they are just offered the option of perinatal hospice support, also referred to as hospice in the womb, that percentage goes up to about 85 percent. Those statistics indicate that it is important for families to be made aware of this option. Also stated on the perinatal hospice site, as of 2016 the American College of Obstetricians and Gynecologists and the Society for Maternal Fetal Medicine has updated their prenatal testing practice guidelines to include a recommendation that post-diagnosis counseling for parents should include the option of perinatal palliative care. So this is already recommended for obstetricians. From evidence-based studies, as well as our own experience with grieving families, parents were offered...who were offered all the options available to them experienced less grief-related physical, emotional, and mental illness. Offering options and resources allows the parents to make informed decisions and restore some control over an otherwise overwhelming and devastating situation. SGM has had the privilege of training HEALing Embrace, one of the only community-based perinatal hospice organizations in the state of Nebraska, on the companioning method and the protocol for perinatal hospice care. With out on-line support groups and distance support services...one of your questions or one of the things mentioned was people getting access to support in rural parts of Nebraska. And, because we serve families all over the world, we're able to support them either from a distance...we can connect them with in-person support on the phone, we can send items to them. I just have a few more sentences; I know I am... [LB506]

SENATOR RIEPE: Please, you've come a long way, and we intend to go on. [LB506]

KELLY GERKEN: Okay, I am talking fast. Thank you; I appreciate it. Pregnancy and infant loss is a difficult topic that many struggle to acknowledge. With one in four pregnancies ending in loss, we must find the courage to show compassion to grieving parents. I could tell you countless stories of the value of perinatal hospice for families. If I could just direct your attention to the packets that we passed around. There are some pictures there. And what I want you to notice is the images...in those images we captured, you can see the peace and the joy on the faces of the family members. That's not something you would expect to see. That is happening as they not only grieve their babies, they're getting to celebrate their lives. Having the options is what gives them the opportunity. There's no one more equipped to parent a baby, whether alive or not, than his or her parents. Offering options empowers parents to do just that. When facing a life-limiting diagnosis in pregnancy, parents should be informed of all the resources, support, and options available to them. I've had the honor of watching multiple families go from the brokenness and fear that comes from a life-limiting diagnosis to the beauty of celebration and healing that comes from comprehensive support options. We can't take the pain and grief that comes with losing your child, but we can alleviate some of those regrets. Do you have any questions? [LB506]

SENATOR RIEPE: Thank you very much; you're very courageous. [LB506]

KELLY GERKEN: Thank you. [LB506]

SENATOR RIEPE: And do we have any questions from the committee? Again, thank you for coming such... [LB506]

KELLY GERKEN: Thank you so much; I appreciate your time. [LB506]

SENATOR RIEPE: ...and the courage to tell your story. Thank you. Additional proponents, please. [LB506]

JENNIFER SOMMER: Thank you so much for the honor to be here and to speak in front of all of you today and just have the opportunity to share our hearts on this. My name is Jennifer Sommer, J-e-n-n-i-f-e-r S-o-m-m-e-r. I'll never forget where I was standing, what I carrying, the little boy running around, and the sweet mama I was talking to. I'll never forget sitting in the ultrasound room just moments earlier, watching her son's heart flicker on the TV screen and listen with delight to the incredible whooshing sounds of the blood flowing through the mama to her precious baby in utero. Her four-year-old son was mesmerized at learning about his little brother, and he was excited to show him his Toy Story friends and a stuffed turtle that he loved. But as we stood in the hallway before we left the hospital, the sweet mama said: I would have terminated if I didn't know these resources existed. My eyes filled up with tears, my heart broke, but was gathered quickly because this mama was experiencing life in her womb. This mama, her husband, four-year-old son, her mother, family, and friends would never have had the honor of meeting this sweet little boy. In the months that followed that appointment, there were several more ultrasounds, recordings of the heartbeat, maternity pictures taken. Many bonding moments occurred, and they cherished every moment they had with him. The sweet mama carried her son for 37 weeks. He was born alive and lived approximately 90 minutes, until heaven kissed earth. All of the family and friends were there to love on him, celebrate his life, and cherish all of his sweet baby fat rolls, adore his perfect toes, kiss his button nose, and feel the weight of his love in their arms. His first bath was from his grandma. His first outfit was specially picked out. There was so much happiness and joy in celebration of his life. Hundreds of pictures were captured, and countless memories were made to last a lifetime. To this family, the lifetime was 37 weeks and 90 minutes. What would you do if you knew you only had 37 weeks and 90 minutes to spend with your baby or your grandchild? I am a lost mama of three babies. My heart deeply aches for each family that I meet and serve. But it is the death and legacy of my children that drive my passion for perinatal hospice. After the loss of my second baby, Joy, I reached out to a local hospital in Omaha for help and resources. They would not help me. I called the same hospital three times to speak to three different areas, and they all told me no. As a mother in shock, horror, and disbelief of learning that my baby was no longer alive, I trusted the hospitals to meet my needs. I was new to Omaha, so my resources were limited. Instead I had to reach out to a friend, who worked at a different hospital, for help. She brought me supplies and resources to navigate this unbearable loss. It was through my grief, anger, and sadness that I wanted to make sure that no family would be left without resources and options when they find out their baby is no longer alive or expected to live after birth. I went on to become Nebraska's first certified birth and bereavement doula. It was my heart's deepest desire to embrace the families of loss and to offer them the love, support, validation, and compassion that they so rightly need and deserve. Often women and families are left to fend on their own. They're treated like a number and not a grieving mom. They're often patted on the back and given a sentence like: You can always try again; at least you have your other children at home; or at least you didn't know your baby. Many times the loss is underserved, and the family goes home lost and confused. It was ten months after the loss of Joy that HEALing Embrace was birthed. Between my cofounder and I, we have lost six children. the time, memories, and opportunities that we didn't have with our children is something we so deeply want to bring to others. Perinatal hospice compassionately provides families with the clear and relevant information they need. It begins at the time of diagnosis and continues through delivery and the bereavement period. It focuses on the emotional, physical, and spiritual needs of everyone in the family. Simply stated, the perinatal hospice teams comes alongside the family, as they make meaningful plans to honor and celebrate the life of their baby. It's a humbling honor to be invited into the sacred space where birth and bereavement meet. I have had the privilege to walk alongside families and witness the fierce love they have for their babies. The memories of singing to them, changing their outfits, giving them a bath, planning their hello and goodbye are all gifts to the heart that the family will forever embrace. And by saying yes to this bill, your legacy of support, love, and validation will be a voice for the voiceless. Thank you. [LB506]

SENATOR RIEPE: Thank you. Do we have questions from the committee? Thank you very much. One of the questions that I will kind of...to you to pass on to Senator Albrecht will be is what position, maybe, that the Hospital Association has taken, if any. Maybe in your closing remarks you could, if you know anything, you can bring that forward to us. Okay; thank you very much, for your courageous story... [LB506]

JENNIFER SOMMER: Thank you very much. [LB506]

SENATOR RIEPE: ...and for being here. [LB506]

JENNIFER SOMMER: Appreciate it. [LB506]

SENATOR RIEPE: Thank you. More proponents? [LB506]

SHAWNA HOFFMAN: Good afternoon, Senators. My name is Shawna Hoffman, S-h-a-w-n-a H-o-f-f-m-a-n. I am a Nebraska resident and cofounder of HEALing Embrace. I am also a bereaved mother of three children. I have worked with and had the pleasure of meeting these parents that have had to say goodbye to their child far too soon. Some of these families have been given a diagnosis for their child that is said to be incompatible with life, or their life is expected to be brief. Many of these families are offered a very...very limited options or are only encouraged to terminate their pregnancy. If they choose to continue their pregnancy, community and national resources are often not shared with them, leaving them isolated to search on their own, for support groups, other families that have experienced a similar situation or diagnosis, and options for the remainder of their pregnancy and delivery of their child, including perinatal hospice. I have met families that felt abandoned after they received their child's diagnosis. Expecting to hear whether their baby was a boy or a girl, now they have received the absolute worst news that anyone can imagine. They are terrified, stricken with grief and disbelief, and feel totally alone. Now is the time that they need to hear all of their options and available resources from their providers that they have trusted for their entire care, up until this point. I have met families that have received the news that their child would not live, and did not hear of any community support groups or organizations that could assist them with the rest of their pregnancy. So they had to go home and Google search support groups. Why are these families responsible for doing this alone rather than being presented the information, at the time of diagnosis, from the people that they trust the most? This is the...a disservice to these families, especially during this very delicate time for them. Families grieve and find healing in many different ways, so providing the widest range of options and support networks would serve to help each family find the way most appropriate for them. For families who choose to continue their pregnancy after a life-limiting diagnosis, perinatal hospice can give these families time and a voice in this intimidating, terrifying situation. Education on options and available resources can change their entire experience of their pregnancy and their birth. Perinatal hospice workers can educate these families on what they are able to do with their child after delivery, as well as prepare them for what their baby may look like and how to prepare for that. They can find community support, properly process their child's diagnosis, and prepare themselves for it, and feel supported, embracing the time that they do have with their child. As a mother of a son that died during delivery, I believe that every single moment that a parent has with their child is absolutely irreplaceable. I wish that I could have had even one moment with my son alive in my arms. Being given the option of perinatal hospice may give these families that opportunity. Even if the child is not born alive, they can prepare for the priceless memory-making opportunities: handprints, clay molds, taking photos, bathing their child, diapering and dressing their child, singing a special lullaby in a rocking chair, opportunities to use the CuddleCot, having baby baptized or blessed, taking walks with their baby, having extended family members meet their child. These are all possibilities with the option of perinatal hospice. This option gives the families an opportunity to create irreplaceable memories and a life-changing experience, embracing their pregnancy and the time that they do have with their child. This also is an amazing gift to the extended families, as I mentioned. Brothers and sisters can meet their sibling, grandparents can hold their grandchild. It's a chance to take a family photo that would serve as a treasured possession that can never be replicated. Perinatal hospice also allows families the freedom of time to process and accept that they will be saying goodbye to their child, which can greatly improve their grief process and their recovery after loss. It seems a huge disservice to me to not provide information about an option that offers so many benefits to these families who it is right for. In a world that is saying: why would you choose to put yourself through this, perinatal hospice provides the opportunity to focus on saying hello to their child before saying goodbye. While we cannot change the outcome of their pregnancies, we can offer every option available to these families to heal from their loss. Thank you. [LB506]

SENATOR RIEPE: Thank you very much. Are there questions? A question I would have is, at the hospitals that you were in, most hospitals that...my experience with are...have chaplains... [LB506]

SHAWNA HOFFMAN: Um-hum, um-hum. [LB506]

SENATOR RIEPE: ...staff that are usually very good at that. Was that your experience? [LB506]

SHAWNA HOFFMAN: I did have a very good chaplain that...with my experience it is a little different because it was very unexpected. But chaplains are very good about providing information but, with a perinatal hospice situation, since they do have the time to prepare themselves for it, it provides them the option of time. They can get to know the people that they're working with, they can get to know the different organizations available to them, they can try out different support groups, if they want to, and find what works for them and their family. [LB506]

SENATOR RIEPE: So what you're saying is the chaplain staff...well, they would be at the hospital; would not be there at the time of first understanding that the pregnancy had challenges. [LB506]

SHAWNA HOFFMAN: Correct, correct. [LB506]

SENATOR RIEPE: What about...what are the options for organ donations? I know that may be a difficult thing to talk about, but... [LB506]

SHAWNA HOFFMAN: It really depends on the situation. And I know that some of these other mamas that are here may be able to speak a little bit more to that in their situations. For my situation, like I said, it really depends on the situation and what the diagnosis is. But I know that there is an option, in nearly every case, that something can happen. Even with the case of my son, who was passed before he was born, they could at least take his heart valves. It was the only thing that they could take because, obviously, decomposition starts so quickly. But they could take his heart valves and give those to a child that needed them, or even use them for research. [LB506]

SENATOR RIEPE: Okay. Any...I see no further questions. [LB506]

SHAWNA HOFFMAN: All right. [LB506]

SENATOR RIEPE: Thank you very much for being here and sharing your story. [LB506]

SHAWNA HOFFMAN: Thank you very much; thank you. [LB506]

SENATOR RIEPE: Additional proponents? [LB506]

NANCY GIBB: Well, I thank you all for the opportunity to share my story today. My name is Nancy Gibb, N-a-n-c-y G-i-b-b. I am a second grade teacher and a warrior mama, a mama that has lost a baby. I am here today to support this bill because it's near and dear to my heart. [LB506]

SENATOR RIEPE: Just take your time. [LB506]

NANCY GIBB: This didn't happen when I practiced. [LB506]

SENATOR RIEPE: We're used to being here a while. [LB506]

NANCY GIBB: Last April my husband and I found out, on my birthday, that we were expecting. I just knew we were having a girl. Her name was always going to be Hayden, even before I asked my husband if he even liked the name and even before I knew we were having a girl. She was to be born in December. We were so excited. I am sorry. [LB506]

SENATOR RIEPE: It's okay. [LB506]

NANCY GIBB: She was going to be our firstborn. Being an older mom, I was really nervous. I knew that we had to get past that 20-week appointment. Everything was fine until that appointment, and we got terrible news. We spent the next four hours in perinatal, doing in-depth ultrasounds and talking to specialists and consulting with doctors. We came to find out that our baby was not growing like she should have been and had very little amniotic fluid. The prognosis was not good, and we were devastated. But we did not give up hope. We Googled some things that we can do. The recommendations were to drink some more water, drink more water during the day and eat more protein, so that's what I did. For the next eight weeks we had weekly appointments. Hayden continued to keep a strong heartbeat, which fed our hope despite what the doctors were telling us. At about 24 weeks there was still no change. The doctor offered the chaplain's services, stating that he or she would have information on support groups, but was not specific about what kind of support that the chaplain could offer. Neither my husband nor I were interested in a support group at that time and assumed that was the end of what was offered. Families at this time are emotionally and physically exhausted. The thought of trying to make another appointment with someone you aren't even sure is going to be able to help you in the ways that you need is a tremendous burden. So we decided not to contact the chaplain. Our last appointment with the doctor was on September 15, when we were told that our baby did not have a heartbeat. Although we knew this day was coming, the sorrow was overwhelming, and reality came crashing in. In the matter of 24 hours we planned our time off work, the delivery at the hospital, and packed our bags for the hospital stay. Hayden Shay was born September 17, 2016, at ll:54 a.m. We had no plan on what to do next. Luckily, I have a friend who is an event planner. She previously had shared a story of a friend of hers who had lost a baby and regretted not having a photographer. So I called her to find a photographer because I did not want that same regret. She fell upon HEALing Embrace. Within hours, Jennifer was at the hospital with a care package full of needed items, even though she was supposed to be leaving for her mother's birthday party that night and had a four-hour drive. While she was there, she offered to resources for photographers, funeral information, and insight from someone who had been in our shoes. She spent four hours with us at the hospital, listening to our story. She set up a photographer for us, offered support, love, and options. She also ordered us a Hayden bear that weighs just as much as Hayden did when she was born. It now sits in my living room and I smile every time I see it. Hayden's funeral was on a sunny Friday morning. It was a beautiful tribute to our angel baby. HEALing Embrace enlarged some of the photos taken at the hospital for no charge. The funeral home they recommended was incredible. We concluded the ceremony with a balloon launch, with "Over the Rainbow" playing in the background. Jennifer has contacted me several times since this day, just to see how I am doing. HEALing Embrace has helped cover some of the immense doctor bills from perinatal doctors and the hospital. I think of my angel baby every day. I have vowed to make something good come out of this tragic situation, and that's why I am here today. HEALing Embrace and its volunteers helped ease our tragedy immensely in countless ways. It is imperative that this information be presented by physicians to families who are facing this tragedy, so that they have the resources they need when physical and mental energy is depleted. I implore you to pass this bill to ease the pain of families who may experience the tragic loss, and to honor all the angel babies who have already passed. Thank you for your time and consideration. [LB506]

SENATOR RIEPE: Thank you very much. It's a very moving story. Are there questions from this committee? I see none. Again, thank you. [LB506]

NANCY GIBB: Thank you. [LB506]

SENATOR RIEPE: Thank you for your courage. [LB506]

NANCY GIBB: You guys have better Kleenex than they do at the hospital (laughter). [LB506]

SENATOR RIEPE: They must not be state-provided (laughter). Additional proponents? [LB506]

SARAH TAYLOR: Okay. Good afternoon. Thanks for allowing me to share my story with you. My name is Sarah Taylor, S-a-r-a-h T-a-y-l-o-r. I am also a warrior mom, like Nancy. And when I went in for my ultrasound to find out what our baby's gender was, we found out that we were having a little girl. When they saw something wrong, they had me come back for another ultrasound, and it was that appointment that they told us our daughter had anencephaly and it was 100 percent fatal. I asked what I could do, and they told me that most people, given this diagnosis, terminate. I told them that I didn't want to do that, and I was told it was okay to continue the pregnancy but I would probably miscarry soon anyway. So I was told to go home and think about it and let them know my decision. I left in such a blur, I had no idea what to expect or what continuing my pregnancy meant. I Googled everything I could about her condition, and there wasn't much to find. When I shared on Facebook that our daughter wasn't going to make it, one of my friends reached out to me and told me about HEALing Embrace. When I met with Jenn, I was so lost and confused, and she told what other moms had done with their babies and that how that they got to hold them and dress them. And I wanted to do that with my daughter. I had no idea that I was allowed to bath her and dress her. And they told me what other things that their organization offered, and I was so lucky to find such great support. I love that I got to treasure every minute of my pregnancy, I got to bond and fall in love with my daughter, Evelyn (phonetic). My doctor was wrong, and the baby...that the baby would be a miscarriage, and she was born at almost 36 weeks and lived 2 hours and 15 minutes. I got to see that she had her daddy's toes and long, dark hair. HEALing Embrace was there with me, all through labor and in the hospital, and took pictures and helped with anything I needed. They came to her funeral, and they still support me now. I wasn't alone. I have to make...I have made friends and connections that will be with me forever. Without this support group, I would have felt so alone. I think offering all the resources on diagnosis day would help families so much. You're not pushing for one thing over another, just supplying both options. When you are given information that your baby isn't going to make it, you're in such shock and pain, it's hard to find help on your own. It makes moms like me feel like terminating was their only option. And giving us both options lets us know that we can make the decision for what's best for our family, not just told that there's only one option. And then I just wanted to address...our daughter was an organ donor. She was only three pounds, two ounces, so she donated her organs for research. With HEALing Embrace and with another support group I contacted, they got me in touch with, a Purposeful Gift. And they got in contact with the organ donation team for me, so I didn't have to do any of that. They contacted me so that I was able to do that, and they told me all the different things that I would qualify for. And I wouldn't have been able to find that on my own without someone giving me the resource. That's all I have. [LB506]

SENATOR RIEPE: Thank you. Are there questions from the committee? I have a question. [LB506]

SARAH TAYLOR: Yeah. [LB506]

SENATOR RIEPE: The term "warrior moms"--where did that come from? [LB506]

SARAH TAYLOR: HEALing Embrace. We have shirts that say "warrior mom." All been through something really hard and can relate to each other. And it's nice knowing that we have each other and someone to relate to and yeah, yeah. [LB506]

SENATOR RIEPE: That's the story of it. Okay; great. Thank you...just a "Curious George" question. Thank you very much for being here. [LB506]

SARAH TAYLOR: Thank you. [LB506]

SENATOR RIEPE: Additional proponents? [LB506]

ANASTASIA VAUGHN: Hi. My name is Anastasia, A-n-a-s-t-a-s-i-a, last name Vaughn, V-a-u-g-h-n. I would like to first say that I am honored to be speaking on behalf--sorry--of the mothers and families that have been, are, and will be going through these trying times and could benefit from the passing of this bill. In my personal experiences, I've encountered the best and worst of care during the most trying times of my life. I would like to share just a little bit of my story, as I only have a small amount of time, and hope that it brings a little perspective into why this bill is so important. At age 26, I became pregnant with my first child, Arlo (phonetic). I began my care with a midwife, who sent me to Creighton's Women's Center (sic: Center for Women) to have my...to have an anatomy scan completed. I can't begin to explain our joy as the stenographer scanned over Arlo's precious face, and my fiance's bursting smile when it was confirmed we were expecting a boy. We had barely stopped out tears of joy when the maternal fetal medicine doctor came in to go over the scan with us. He began to explain how each little thing that we thought was adorable was, in fact, a clue towards the final diagnosis of arthrogryposis. This disorder has many causes, many symptoms, and many outcomes that can be life-limiting. The doctor immediately began explaining to me I had a couple of options: continue pregnancy and allow him to perform an amniocentesis, or terminate. I chose to do neither. My child's heart was beating, and I would neither terminate his life or put him in further danger by having a procedure done that carries a risk of preterm labor and fetal death. As the weeks continued to near the cutoff for termination, the doctor and midwife continued to push termination and amniocentesis, but offered me no other alternatives and certainly no other resources for hospice care or support. At the time of delivery, I had spent weeks in and out of the hospital. My midwife had dropped me, my "perinate" at Creighton had taken my case; however, throughout my final weeks of pregnancy, he never showed up to an ultrasound, rescheduled my checkup, and he never showed up to my bedside when I was being hospitalized for bleeding and preterm labor. I felt like I had been lost in the system, so to speak. And I wondered, and still wonder, how many mothers are left with little to no options or resources, navigating the most terrifying and testing time in their lives alone. Even as I prepared to leave labor and delivery one final time, gathering my belongings, the doctor still never offered me any resources for support or counseling. I was simply offered birth control and antidepressants. I was given my discharge papers, offered no further assistance...walking out on our own, no medical staff even attempting to make eye contact. Nine months later, I found out I was expecting our daughter Liliana (phonetic). This time was going to be different. Of course we were sure of it. The doctors at Bergan had told us it was a fluke and there was nothing genetic or chromosomally wrong with Arlo, so why enter this pregnancy with fear? This time I chose UNMC, who proceeded care as if this was a normal and healthy pregnancy. At 12 weeks, I had my first trimester screening done. During this ultrasound we noticed wrist contractures similar to Arlo's. And while there are many positive differences, the doctor came in and immediately began pushing termination and genetic testing. The doctor hadn't even read my file and was unaware the date she wanted me to terminate would be my son's birthday, the first anniversary of my first loss. Again, I was given no alternatives and no resources to cope or navigate and no resources for hospice care. I then chose to transfer to Methodist and Mid-City OB-GYN and, eventually, Children's Hospital became involved in my prenatal care, as well. During this time I was given above-and-beyond compassion, love, and personal care. I was very informed and felt comfortable that these doctors were giving my Liliana every chance. At the time of birth, we had great hope that she would make it but, despite every effort, the doctors just couldn't keep her breathing, and her heart wasn't strong enough. My doula, Missy Bailey, with Omaha Birth Connection, contacted Jennifer, with HEALing Embrace, who then came in and gave me various resources for postnatal grief support. And most importantly, she gave me the chance to spend my only night with Liliana. The doctors and nurses at Methodist provided me with information and grief counseling support groups, and encouraged me to spend ample time with Liliana, as much time as I needed. I never felt rushed and I felt a lot of compassion and love. During my care with Creighton, Bergan, and UNMC, I was often uninformed of important medical details. I offer...I was offered limited options; I was not offered any important resources that could have made the shocking grief much easier to navigate. The significant difference in care highlights the glaring issue that so many mothers often have so little support from medical care providers when they choose to carry a child that may have a disorder, deformity, or life-limiting condition. These resources are very important, moving forward. And I sincerely hope, with the passing of this bill, no mother will have to feel alone and unsupported or limited in their options. [LB506]

SENATOR RIEPE: Thank you. [LB506]

ANASTASIA VAUGHN: Thank you. [LB506]

SENATOR RIEPE: Thank you. Let's see if we have any questions. Seeing none, thank you so very much. Additional proponents? [LB506]

JEANNA FAULHABER: (Exhibit 4) My name is Jeanna Faulhaber, J-e-a-n-n-a F-a-u-l-h-a-b-e-r, from Omaha, Nebraska, and my husband Robert is here with me today. We are here to testify in support of LB506 and to raise awareness for perinatal hospice care. This is about families and providing them the necessary support. While I received outstanding care, not every woman knows about perinatal hospice. It's available to support them in one of life's most feared and challenging moments. LB506 is designed to raise awareness and provide information to women. I was blessed to receive information and support, and I'd like to share my story. Next week, on February 14th, we'll mark the three-year anniversary of having our lives turned upside down. All my life, my dream was to be a wife and mother. So when we found out, in early November, 2013, that we were pregnant, we were on cloud nine. We both wanted a family. Our 20-week ultrasound was scheduled at Methodist on February 14, 2014. We were so excited...what a perfect day to meet our firstborn and find out what we were going to have. At the time, I was a director of supply chain optimization for ConAgra Foods, and just transitioning into a role of IT to lead change management and training. The day of the ultrasound arrived. It's a girl. We were having a little Bernadette--Bernadette Mariana. Then the doctor gave us the news. Our little girl had Trisomy 18, with only a 10 percent to make it to term. If she was born, only a smaller percent chance to live and even a small chance for these children to live to their fifth birthday. She had a problem with her heart. She was smaller than she should be at 20 weeks. I felt like I was hit broadside. How could this be? I never heard of Trisomy 18. I live a good life; never smoked, don't drink a lot, no drugs. I couldn't breathe. The prognosis was confirmed a week later by a MaterniT21 blood test. Our doctor told us about Journey to Love, one of the many support groups for families faced with these types of crises. I was lucky my physician knew about the support services, but some women are never told. There were so many people, over the course of the next several months, who were so unaware that perinatal hospice existed. Some of the older women I know had experiences and wish this type of support had existed when they were going through this. We are both very close to our parents, but they were grieving, too, for us and their grandchild. At times we needed a calm pillar of support. Having a dedicated person to walk beside us during this time was so amazing. Our person was Paula, and she walked us through all of this. All this time I needed to hold it together at work and drive change for hundreds of people. Most never knew the problems I was undergoing, and I attribute this to having a strong support system. Paula went with us to Children's Hospital when we had a fetal echocardiogram, so we could understand exactly what was wrong with her heart. She was there with us and my mom when I had to have an amnio fluid reduction (sic: amnioreduction) at 33 weeks. She helped us to appreciate the moment we had with Bernadette in the womb. Robert even was kicked by Bernadette one evening while his hand was on my belly. Paula helped us research birth plans. This was probably one of the most difficult things I had to do. We had to plan for all the possible scenarios and even the death of my little girl. Since Paula was a retired nurse, she helped us understand medical reports and agreed to be my birthing coach. My high-risk doctor allowed us to come each month for an ultrasound and have the video recorded. And those were some of the only live moments we have with our daughter. Sunday afternoon, June 1st, at 35 weeks, I didn't feel Bernadette at all and felt a chill. My husband took me to Methodist Women's Hospital. It was that evening we learned Bernadette's little heart had stopped. It was my worst nightmare. All along my biggest fear was to give birth to a stillborn child. I remember the nurse at Methodist giving us all the time we needed in the room. She even went to get a better box of tissues for us. We chose the evening of June 2nd to check into Bergan Mercy to deliver Bernadette. When my water broke at 4:00 a.m. on June 3rd, I called Paula, and she was there. The support of the Journey to Love team and Bergan Mercy hospice nurses was unbelievable. Although our daughter was stillborn, the support of perinatal hospice didn't stop. It was because of them we got to hold our little girl. Robert got to cut the cord. We have memories such as a lock of her hair, a mold of her hands and footprints. The support group Journey to Love worked with a photographer who took my maternity pictures and also all types of pictures on the day Bernadette was borne into heaven, at no charge. It's because of them we have a lasting image of our precious daughter, Bernadette Mariana. Paula was there to help us as we planned Bernadette's funeral. She was there for us along Bernadette's arrival and continues to be a great friend, even today. We were so helped by being told, by my doctor, of these services. But not everyone knows. When family dreams are shattered by devastating news of a difficult pregnancy prognosis, they are looking for the smallest glimpse of hope. We were helped by perinatal hospice and hope more families can learn about these services in their time of need. Please advance LB506. Thank you. [LB506]

SENATOR RIEPE: Thank you. I want to see if we have some...do we have any questions? I have a question... [LB506]

JEANNE FAULHABER: Um-hum. [LB506]

SENATOR RIEPE: ...because you talked of your husband. I was just curious. Sometimes in traumatic situations, the fathers might get lost in the process because they're grieving at the same time. Did you find that...it sounds like your husband was very much engaged...or the father of the child was very engaged. [LB506]

JEANNA FAULHABER: Um-hum. He came with me to every doctor's appointment. He was there for every ultrasound. [LB506]

SENATOR RIEPE: Is that your sense that that's very common? [LB506]

JEANNA FAULHABER: Yes. [LB506]

SENATOR RIEPE: Okay. [LB506]

JEANNA FAULHABER: Yes, but we were both... [LB506]

SENATOR RIEPE: I figured as much (inaudible). [LB506]

JEANNA FAULHABER: We both were very emotional and, having Paula there to help us...because when you're emotional, you don't hear everything the doctors are telling you. [LB506]

SENATOR RIEPE: That's true; that is very true. Thank you very much for being here. [LB506]

JEANNA FAULHABER: Thank you. [LB506]

SENATOR RIEPE: Senator Crawford has now joined us, so. [LB506]

JEANNA FAULHABER: (Inaudible). [LB506]

SENATOR RIEPE: Do we have more proponents? I think we have one proponent coming from the...representing the Nebraska Medical Association. [LB506]

KIM ROBAK: Senator Riepe, members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k. I am here today in support of LB506, on behalf of the Nebraska Medical Association. I want to thank Senator Albrecht and the Nebraska Family Coalition for their work on this bill. Initially the Nebraska Medical Association was opposed to the bill because of a mandate on physicians. And we take the position that mandates are...shouldn't be in law because it prescribes how a physician should practice, and that should be the standard of care that is prescribed by the medical community. But in working with Senator Albrecht and with Nate Grasz, they agreed to change the language from "shall" to "may" and, as a result, the Nebraska Medical Association supports the bill. As we testified earlier, palliative care is an important process. It is a process that the medical community is coming to grips with and learning about. And the fact that we can expand that across the state would be a good thing for all involved. And so, as a result, we support the bill, and I would be happy to answer any questions. [LB506]

SENATOR RIEPE: Thank you very much. Are there any questions? For those in the audience who don't know that Ms. Robak was the Lieutenant Governor under Governor Ben Nelson, so it's a little (inaudible). [LB506]

KIM ROBAK: Look how far I've fallen; look at this. [LB506]

SENATOR RIEPE: Thank you very much for being with us. [LB506]

KIM ROBAK: Thanks, Senator Riepe. [LB506]

SENATOR RIEPE: Additional proponents? Anyone speaking in opposition to LB506? Seeing none, any neutral capacity? [LB506]

MEG MIKOLAJCZYK: I feel very short...sorry. Good afternoon. Chairperson Riepe, members of the committee, my name is Meg Mikolajczyk, M-e-g M-i-k-o-l-a-j-c-z-y-k, and I am the public affairs manager with Planned Parenthood of the Heartland. Initially we were also going to come in in opposition because of the mandate piece. And we're pleased to hear that that was easily resolved. First, I also just want to say we respect and honor the opportunity for all people to exercise bodily autonomy and to have the opportunity to learn and make important medical decisions that are right for them. And I really do appreciate all of the brave women who came today and testified about their stories. You know, I am getting choked up now even talking about it. So thank you for sharing your story, each of you. Planned Parenthood of the Heartland provides health services for over 8,700 Nebraskans, men and women, regardless of who they are, ability to pay, or ZIP Code. Our services range from contraceptives to family planning counseling, and adoption. Because we have such a wide breadth of services for people planning their families, it's not unheard of that people that are pregnant, seeking referrals for OB/GYNs or other services, would come to us. Also, because we do adoption services, we sometimes see the same family come in again. And again, they are looking for referrals for services we don't provide, like prenatal care. So I think it's important that we also come in and have a statement on this because we'd like the opportunity to make sure that this information is being made available to all women, that they do really understand what all of their medical options are when they're faced with these very difficult diagnoses. We would not be fulfilling our mission if we weren't standing up for women and families and making sure that they had medically-accurate information that's judgment free. And I, you know, I was saddened to hear today that a lot of the women did feel some sense of judgment when they were getting these diagnoses. And we agree that that should not be happening on either side of the coin. But we're neutral today because I do have some questions, still, that I want to raise. And hopefully we can have--or not me--but you all can have a little bit of a thoughtful conversation on some of the pieces, and maybe I just haven't fully thought through some of these things. The first piece is I have some concerns about how low-income people pay for these services and which services would be paid for. And I do think, if we're giving them information about this option, we also don't want to set them up for further disappointment by telling them about these wonderful services and then they can't afford them. And I also wonder if that might be something that could be put into the DHHS written document, so they have that information to them, as well, and they can really consider what they're going to do. I also wonder if CHIP covers any of this, some of this, if any of us know. I have no idea, but I am hopeful that potentially it would, so that families really do have a meaningful way to experience the birth of their child, if that's their choice, and build...make those memories with their children, if that's the choice they want to make. The other piece that we have concerns about regarding DHHS making the materials is, in our experience, sometimes people who are not medical professionals are the ones gathering this information and putting it together. And then, sometimes, it's not medically accurate or it's not the most up-to-date information or it's not complete information. And we really want to make sure, particularly as this is an ever-emerging and evolving area of medicine, that it's updated regularly with the most accurate information. We do have a little bit of a concern, as well, about the geography of Nebraska. We know that these services are available in Lincoln and Omaha, but we do have some concerns about a woman or a family in Sidney, Nebraska, getting this diagnosis and then not knowing what their real options are. So we also would like to suggest that, as DHHS is making these materials, that they include a geographic range of professionals and a variety of specialists in medicine that would cover these topics: neonatologists, OB/GYNs, counselors...anyone who may be coming in to these families. And hopefully, stretching out that geographic reach might help those areas, also start to offer these services and be more familiar with them, as well, and build better relationships. So those are just some of the things we're thinking about as we look at this. But I do really appreciate the opportunity to testify today. Oh, one more piece. In Section 4, subsection(2), DHHS just has the opportunity to receive referrals from providers of services and then they may post it on the Web site. One concern we have is that DHHS then has the discretion to only allow certain providers to be referrals. Now of course, Planned Parenthood doesn't provide these services, but let's say, in some alternate universe, we did, we would like to be able to be a referral for our patient, as well, and be part of that conversation. And other businesses should also have that same opportunity. So I appreciate your time and for allowing me to testify. [LB506]

SENATOR RIEPE: Thank you very much. Senator Erdman. [LB506]

SENATOR ERDMAN: Thank you, Senator Riepe. These concerns that you brought up--have you spoken with the bill's sponsor about these things? [LB506]

MEG MIKOLAJCZYK: I did this morning; it was a really good conversation. Yes. [LB506]

SENATOR ERDMAN: Did you know this bill was coming for a hearing before today? [LB506]

MEG MIKOLAJCZYK: I did. And we talked about it, and I don't want to speak for Senator Albrecht. Maybe she wants to address it on her own, but I don't think there was any problem with some of the issues we were bringing up. [LB506]

SENATOR ERDMAN: I'll ask Senator Albrecht, when she comes up here, questions I have for her. The question I have for you is you knew about this bill long before today. [LB506]

MEG MIKOLAJCZYK: That's right. [LB506]

SENATOR ERDMAN: It would have made sense to me that you would have contacted her, before this morning, about your concerns. [LB506]

MEG MIKOLAJCZYK: I agree, except we originally opposed this bill, and my testimony about the bill was solely focused on the mandate piece. And when we learned this morning, at about 10:00 a.m., that it was no longer going to be mandate, I had to quickly change course. And I immediately pulled Senator Albrecht from the floor and started having these conversations. So we weren't expecting it not to be a mandate. And so...but I do agree and I hear you, and that's typically my practice, as well. [LB506]

SENATOR ERDMAN: Your conclusions, or your comments, lead me to believe that you're less in support for this bill than I would think you would be. [LB506]

MEG MIKOLAJCZYK: That I am what? [LB506]

SENATOR ERDMAN: I said you're less in support of this bill than I thought you would be. [LB506]

MEG MIKOLAJCZYK: I think we support the bill, but we just want to make sure medical professionals are creating medically accurate information because, in our experience, sometimes that's not the practice. And we also want to make sure that the service is available to everybody or that people at least really know what the expense of it is and how they can pay for these services or if there are other financial opportunities to help with those services. I am not against it; I just need more information. [LB506]

SENATOR ERDMAN: Okay. [LB506]

SENATOR RIEPE: Thank you, Senator Erdman. Other questions? Senator Crawford. [LB506]

SENATOR CRAWFORD: Thank you, Chair Riepe. And thank you for being here and offering your suggestions, which is often, I think, the role a neutral has, is offering suggestions on improving. And I wondered if you had any experience with some other kind of health information that we could see as a model or example, that you think maybe does include this information about affordability or supports, that might be an interesting model for us to see. [LB506]

MEG MIKOLAJCZYK: I would be happy to look into that and help get any information to help make this better and more robust, give examples. But I need a little time to do that. [LB506]

SENATOR CRAWFORD: Oh, I am sure that's fine. [LB506]

MEG MIKOLAJCZYK: Yeah. But I'd be happy to. [LB506]

SENATOR CRAWFORD: Okay. I just didn't know if there was one you had in mind. [LB506]

MEG MIKOLAJCZYK: No. I more have in mind things that we have not really liked... [LB506]

SENATOR CRAWFORD: Right, okay. [LB506]

MEG MIKOLAJCZYK: ...which are not necessarily great examples, so. [LB506]

SENATOR CRAWFORD: All right; great. Thank you. [LB506]

MEG MIKOLAJCZYK: Um-hum. [LB506]

SENATOR RIEPE: Okay; thank you. Other questions? Seeing none, thank you very much for your testimony. [LB506]

MEG MIKOLAJCZYK: Okay. Thank you. [LB506]

SENATOR RIEPE: Any more in a neutral capacity? Seeing none, Senator Albrecht, we would afford you the opportunity and then we'll have Tyler read in...Tyler. Excuse me; go ahead and sit down. And Tyler, read in any letters we may have that may influence the senator. [LB506]

TYLER MAHOOD: (Exhibits 5 and 6) Okay, I have a letter of support, signed by Robert Bonebrake, who's an MD; and a letter of opposition from Mary Sullivan, of the Nebraska...or the National Association of Social Workers-Nebraska Chapter. That is it. [LB506]

SENATOR RIEPE: Okay; thank you. Senator Albrecht, you're welcome to close. [LB506]

SENATOR ALBRECHT: Thank you. Do you all have copies of those letters from...with you? [LB506]

SENATOR RIEPE: Do we, Tyler? Yes, we do, I guess. [LB506]

SENATOR ALBRECHT: I just wanted to make sure that you did, because the Methodist perinatologist, Senator, at Women's Hospital...I think his letter is very telling of what they feel needs to happen and why this is so important. So I am happy to hear that the medical folks were here. And some of the ladies that spoke, and some of them that are involved in some of these community-based organizations, these nonprofits, offer the perinatal hospice support and resources free of charge. So there's no charge for them to help these ladies through what they're going through, through the end. And again, they said chaplains are a great support to families; however, they're not trained on birth planning during the initial planning months. They're also not there for the entire labor and birth, to walk and talk the families through it. Perinatal hospice includes helping families create memories, as well as helping families to physically care for a fragile baby with anomalies and, while part of the comprehensive support team, chaplains alone do not cover all the needs of the perinatal hospice families' care. So...and also, if they did want other resources, they...for organ donation there is a Web site, www.purposefulgift.com, that they can...the families can find comfort in donating, if that's their wish. And the perinatal hospice enables them to have this opportunity. So I would certainly hope that, if you have any concerns or wishes to work with me on this bill and to see it to the end, that would be great. So I'll take any questions. [LB506]

SENATOR RIEPE: Senator Williams. [LB506]

SENATOR WILLIAMS: Thank you, Chairman Riepe; and thank you again. A question about, again, the availability of these services in other parts of the state. I noticed, from the testimony and doing some research, that I think both Ms. Sommer and Ms. Hoffman... [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR WILLIAMS: ...offer services through their organizations. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR WILLIAMS: Do you know, or can you talk to me about whether, through communication, through internet or phone, they would help provide these services in other areas of the state? [LB506]

SENATOR ALBRECHT: They probably could but, knowing that there are several facilities throughout our state, if it was on our Web site and we offered it to them, they simply have to train certain people at their facility to be able to work with those folks and to guide them through the process... [LB506]

SENATOR WILLIAMS: (Inaudible). [LB506]

SENATOR ALBRECHT: ...and have everything at one site. I think that's more helpful than not having somebody there to help that family through that. [LB506]

SENATOR WILLIAMS: Right. And I am not questioning that part of it. I am just wondering if those services are currently available to be brought... [LB506]

SENATOR ALBRECHT: Yes, they would. [LB506]

SENATOR WILLIAMS: ...if they're on that Web site. [LB506]

SENATOR ALBRECHT: I mean they can definitely go anywhere (inaudible). [LB506]

SENATOR WILLIAMS: That's what I want, yeah. Thank you. [LB506]

SENATOR ALBRECHT: Yes, sorry, sorry. Maybe I like to complicate things; sorry. [LB506]

SENATOR RIEPE: Senator Kolterman. [LB506]

SENATOR KOLTERMAN: Thank you, Senator Riepe. Senator Albrecht, I just wanted you to know that, as we clear up some of the palliative care issues, I'd be...my staff and I would be glad to help you with that. [LB506]

SENATOR ALBRECHT: Great. I'd appreciate that; thank you. [LB506]

SENATOR RIEPE: Senator Howard, please. [LB506]

SENATOR HOWARD: Thank you, Senator Riepe. So I do hope that you'll be able to follow up on the CHIP, whether or not CHIP covers this service, because I think that is actually...it's a really wonderful service. And so I would hope that, you know, for full...for pregnant women who are documented and undocumented, that we would be able to provide this to them through our CHIP program. [LB506]

SENATOR ALBRECHT: If the service is free from these nonprofit, community-based organizations, I wouldn't see that there would be a cost to that... [LB506]

SENATOR HOWARD: The hospice care? [LB506]

SENATOR ALBRECHT: The delivery itself. [LB506]

SENATOR HOWARD: The delivery care. And then the hospice care is... [LB506]

SENATOR ALBRECHT: Yeah. [LB506]

SENATOR HOWARD: ...it's free? [LB506]

SENATOR ALBRECHT: That's what I am...what they're talking about, the hospice free. [LB506]

SENATOR HOWARD: Perfect. [LB506]

SENATOR ALBRECHT: Uh-huh. [LB506]

SENATOR HOWARD: And then the other question that I had was in Section 3, where we switch it from "shall" to "may." You have it that a physician who diagnoses an unborn child that's having a lethal fetal anomaly, should you also include a designee so that a nurse could also talk to them about this, not just a physician? [LB506]

SENATOR ALBRECHT: Well, but I believe it's the physician that...I mean, if you go to get like an x-ray, nobody gets to--the nurses or the people that are actually doing the test don't get to talk to you about it; it's usually the doctor. And if you read the doctor's letter, that's what he talks about, too. It's the doctor that actually talks to the patient about what has happened and what will be happening. So if...I don't know that it know that it needs to be anybody but them. [LB506]

SENATOR HOWARD: Sure. [LB506]

SENATOR ALBRECHT: But obviously the doctors all handle it differently in all their hospitals and all their offices, so I am sure that they would decide whether...I can't imagine them sending a nurse in to talk about it, but... [LB506]

SENATOR HOWARD: Okay. And then the other question I have, and Senator Riepe brought up a really good point about fathers and their role and their part of this. But the legislation only requires information to the women exclusively. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR HOWARD: And I wanted to see...is that intentional? [LB506]

SENATOR ALBRECHT: No, it wasn't intentional. But if you would like to see it as the family or the father, the parent...make it parents instead of mother, that could be changed. [LB506]

SENATOR HOWARD: Great; thank you. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR RIEPE: Are there any additional questions? The thing that I thought I heard and observed was is this, the difference between information and that human touch, if you will, of shared experiences and pulling that all together. [LB506]

SENATOR ALBRECHT: Um-hum. [LB506]

SENATOR RIEPE: And with that, I am reminded of the motto of Albert Schweitzer who a wall on his missionary hospital said: Here, at whatever time you come, you will find heat and light and human kindness. And that's, I think, the thing that we want to see happening, so... [LB506]

SENATOR ALBRECHT: Thank you. [LB506]

SENATOR RIEPE: Thank you so much for being here. [LB506]

SENATOR ALBRECHT: Thank you for bearing with me. [LB506]

SENATOR RIEPE: With that, that closes the hearing on LB506. [LB506]

SENATOR KOLTERMAN: Senator Riepe, go ahead and start the next hearing; I've got to go, so...

SENATOR RIEPE: Okay. Well, I don't see Senator Smith, so we may be a little bit...sure.

SENATOR ERDMAN: Can we take a short break?

SENATOR RIEPE: Why don't you see what they're up to. Maybe we'll take a lunch.

SENATOR HOWARD: Are we taking a break?

SENATOR ERDMAN: Well, we could all leave if we take a break.

SENATOR RIEPE: We don't know. We're going to call and see where Senator Smith is at.

SENATOR HOWARD: Oh.

SENATOR RIEPE: What, you know, where he's at in Revenue. Is there a...there's people in the...everybody seems to want a recess. Let's take one.

BREAK

SENATOR RIEPE: Let's see...one, two, three...well, we do have a quorum. We do have a quorum and, in the interest of your time, we will get started. This is the Health and Human Services Committee, and Senator Smith is here to open on LB430. And we appreciate your being here, Senator Smith, and we are ready for you to make the opening. [LB430]

SENATOR SMITH: (Exhibit 1) Good afternoon, Senator Riepe, Chairman Riepe and members of the Health and Human Services Committee. I believe this may be the only second time I've ever testified in front of the HHS Committee, so it's rare that I get a chance to do this. [LB430]

SENATOR RIEPE: Well, your luck is turning (laughter). [LB430]

SENATOR SMITH: Yes, yes. [LB430]

SENATOR ERDMAN: You got the short straw is what happened. [LB430]

SENATOR SMITH: For the record, I am Jim Smith, J-i-m S-m-i-t-h, and I represent the 14th Legislative District in Sarpy County. I am introducing LB430 today, on behalf of the Omaha Public Power District, as a part of the decommissioning process of Fort Calhoun Station, their nuclear station. This bill changes the Radiation Control Act with regard to inspections of nuclear power plants. Specifically, the bill eliminates the responsibility of the Department of Health and Human Services to provide occupational, public health, safety, and environmental inspection services if a power plant meets the criteria in the bill. Basically, the plant must have initiated permanent plant decommissioning and have notified the department that it has implemented a permanent defueled emergency plan pursuant to rules and regulations of the United States Nuclear Regulatory Commission, that is, the NRC. My office has worked extensively with OPPD and NPPD, both nuclear plants, both nuclear utilities in our state, and the Department of Health and Human Services on an amendment which I am submitting to you today. AM176 uses language provided by the department. There has been discussion about the fee the department will charge the remaining power district for services. I used the dollar amount of $110,000 per year, based off of calculations provided by NPPD. That is all there is to LB430 and the AM176. A representative from OPPD will testify behind me and should be able to provide further background information on the issue and answer any technical questions. And I can guarantee you this is one of those bills that we need to refer to someone else for the technical questions (laughter). [LB430]

SENATOR RIEPE: Thank you, Senator Smith, for bringing this bill to us. And I am going to remember that line, referring to the experts at times. Are there questions of the committee, of Senator Smith? Thank you very much for being here. Will you be here for close? [LB430]

SENATOR SMITH: Yes. Thank you, Chairman Riepe. [LB430]

SENATOR RIEPE: Okay; thank you. Proponents, please. [LB430]

BRAD BLOME: Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Brad Blome, B-r-a-d B-l-o-m-e, and I am the director of licensing and "reg" assurance for Omaha Public Power District, Fort Calhoun Station, which is located approximately 19 miles north of Omaha, on the west bank of the Missouri River. I am here to provide background information for LB430, related to the Radiation Control Act. This bill supports the safe decommissioning of Fort Calhoun Station. In 2016 the OPPD board of directors voted to cease operations at Fort Calhoun. In November of 2016 OPPD certified to the Nuclear Regulatory Commission, the NRC, that Fort Calhoun was permanently defueled, which means that Fort Calhoun can never operate again. Fort Calhoun, like all nuclear power plants, is required by the Code of Federal Regulations, CFRs, to maintain a NRC-approved emergency plan. For an operating nuclear power plant, the emergency plan includes off-site response functions and requires the support of state and local agencies. As a nuclear power plant progresses through decommissioning, the scope of its emergency plan changes, based on the potential radiological events that could occur. When plant conditions reach the point where potential radiological events at the plant cannot exceed beyond the site boundary, the general public cannot be directly affected, and no off-site emergency response support would be required. At this point, a nuclear power plant can request the NRC to approve an emergency plan, an exemption to the Code of Federal Regulations, to remove the requirements for off-site support from state and local agencies. The NRC and industry term for this emergency plan is a Permanently Defueled Emergency Plan, or PDEP. In December of 2016 OPPD submitted its Permanently Defueled Emergency Plan to the NRC for approval. OPPD has requested NRC approval of its PDEP and the associated CFR exemptions by December 18, 2017, with a plant implementation date of April 7, 2018. At that time, plant conditions will be such that no radiological event at Fort Calhoun could extend beyond the site boundary, affect the general public, or require preplanned assistance from state or local agencies. Current Nebraska statutes contain provisions for the collection of a fee from each nuclear plant for the off-site response function provided by the state. LB430 would update the Radiation Control Act to clarify when a decommissioned plant would be excluded from paying this fee, since the state would no longer be responsible for any off-site emergency response function for the decommissioned plant. The bill also updates the fee baseline for 2018, based on the initial Health and Human Services projections and provides a fee basis for when only one nuclear plant requires off-site response function from the state. OPPD has discussed this bill with officials from the Department of Health and Human Services and Nebraska Public Power District, which owns and operates Cooper Station, which is the other nuclear plant in the state of Nebraska. OPPD and the Nebraska Power Association request the committee advance the bill to General File. This concludes my presentation, and I am happy to answer any questions. [LB430]

SENATOR RIEPE: Okay; thank you. Senator Williams. [LB430]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you for being with us. My question, which is simple to be...I hope has a simple answer. You talked first of all about safety of off-site and limiting that. What about safety of on-site and those employees that would still be there? [LB430]

BRAD BLOME: We still require...we will still have an NRC-approved emergency plan, and that plan addresses that function. And we are still under inspection requirements from the NRC as long as we have a licensed facility, which will continue for a number of years. [LB430]

SENATOR WILLIAMS: So this particular inspection procedure that we're looking at here would not affect that. [LB430]

BRAD BLOME: That is correct. This is just for the off-site response functions that are currently required which would no longer be required once we get to this stage as (inaudible) them.. [LB430]

SENATOR WILLIAMS: When does the facility, or does the facility ever get to a point where there is no risk of radiation leak of any type? [LB430]

BRAD BLOME: We go through two parts of it. We decommission the nuclear facility itself; that's called a licensing termination. But we still have storage facilities for the used fuel on site and great storage facilities. Those will continue on-site until the federal government takes possession of the used nuclear fuel from OPPD. And that will continue. [LB430]

SENATOR WILLIAMS: But there...and maybe that answers my question, but does that mean there are federal standards and federal inspections that would continue beyond what we're talking about here? [LB430]

BRAD BLOME: Correct. As long as we have that fuel on-site, there will be an emergency plan, even when we get to that stage where the only...the canisters are the only thing left, there's still a...it's called an ISFSI-Only Emergency Plan, and we'll be inspected to that by the federal government, the NRC. [LB430]

SENATOR WILLIAMS: Okay. And my final question: Is there any risk to public safety by eliminating this inspection? [LB430]

BRAD BLOME: No, these are...this is a prescribed function that the NRCs provide very strict guidelines for when this requirement is met. There are calculations that are done to support this, and that is part of the NRC review; that's part of the approval process, is that agree those calculations are correct. And this term for when this permanent defueled EPlancan be omitted is correct, and that April 7 date is what they're verifying as part of the approval process. [LB430]

SENATOR WILLIAMS: Thank you. [LB430]

SENATOR RIEPE: Additional questions? Seeing none, thank you very much. [LB430]

BRAD BLOME: Thank you. [LB430]

SENATOR RIEPE: Next proponent, please. [LB430]

JIM STOUGH: (Exhibit 2) Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Jim Stough, J-i-m S-t-o-u-g-h, and I am the emergency preparedness manager at Nebraska Public Power District's Cooper Nuclear Station, located near Brownville, Nebraska. Thank you for the opportunity to testify before you today on LB430. NPPD supports LB430 and the proposed amendment. I have been with NPPD for over 20 years, primarily in the Operations Department, where I spent more than 8 years serving as an emergency director. At a nuclear power plant, the emergency director is in charge of, and fully responsible for, the management of a radiological event and the actions of the emergency response organization. This experience has given me a solid understanding of the Cooper Nuclear Station Emergency Plan and what is required to fulfill our obligation to protect the health and safety of the public. Nuclear power plants produce approximately 20 percent of the nation's electricity and approximately 60 percent of the nation's carbon-free electricity. The nuclear power industry is unique in several ways. One is the extensive industry-wide collaboration to help each other achieve our common goals of producing low-cost, carbon-free electricity in a safe and reliable manner. To that end, OPPD's Fort Calhoun manager of emergency planning, Eric Plautz, and I have worked collaboratively in our current roles, including discussing the proposed changes outlined in this bill. The purpose for the services provided by the Department of Health and Human Services, to the two Nebraska nuclear plants, is to be prepared to monitor a release and protect the public from the effects of off-site release of radioactive particles. NPPD agrees with OPPD that, once the decommissioning facility reaches a point where an off-site release is no longer possible, the services provided by the Department of Health and Human Services are no longer required. Therefore, financial support to the department is no longer warranted. NPPD also recognizes that the department has equipment and processes that are currently common to both nuclear facilities in Nebraska and that will need to be maintained following the decommissioning of Fort Calhoun. NPPD recognizes that, when Fort Calhoun is decommissioned, a portion of the formerly common cost shared by the two nuclear facilities will need to be incurred solely by NPPD. The $110,000 proposed in the amendment represents a 33 percent increase in the financial support currently provided by NPPD to the department. It is our position that this level of compensation is adequate to allow the department to provide the services required by the Radiation Control Act contained in statute 71-3505 (sic: Revised Statute 71-3505). Thank you for your time, and I will be happy to answer any questions you may have. [LB430]

SENATOR RIEPE: Thank you. Senator Williams. [LB430]

SENATOR WILLIAMS: Thank you, Chairman Riepe. And again, I want to follow up on the questions that I asked before. But first of all, who determines when there is no risk to off-site contamination? [LB430]

JIM STOUGH: The NRC determines that, and it's at a point where--I don't want to get too technical--but there's... [LB430]

SENATOR WILLIAMS: Please (laughter). [LB430]

JIM STOUGH: There's a point where you can no longer have an accident, a radiological accident at a nuclear facility, that cannot spread...that will not spread radioactivity past the site area boundary. That's what will occur in April of 2018 at Fort Calhoun; they will achieve that end. [LB430]

SENATOR WILLIAMS: And the examination that we're talking about here has nothing to do with that. [LB430]

JIM STOUGH: No, it's... [LB430]

SENATOR WILLIAMS: That's determined by, you know... [LB430]

JIM STOUGH: Well, the...currently the Department of Health and Human Services only provides service off-site. So if the radiological cannot achieve off-site release, then they would be providing those services. [LB430]

SENATOR WILLIAMS: So you would agree with the previous statement, that there is no risk to public safety by... [LB430]

JIM STOUGH: Yes, I would. [LB430]

SENATOR WILLIAMS: Thank you. [LB430]

SENATOR RIEPE: Okay. Additional questions? None? Seeing none, thank you very much. More proponents? Any opponents? Anyone testifying in a neutral capacity? Okay; thank you. [LB430]

JUDY MARTIN: (Exhibit 3) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. My name is Judy Martin, J-u-d-y M-a-r-t-i-n, and I am a deputy director in the Division of Public Health with the Department of Health and Human Services. I am here to testify today, in a neutral capacity, on LB430. This bill would modify the Radiation Control Act to exempt a nuclear power plant that is undergoing decommissioning from paying an annual fee to the department. The fees are used to cover the department's costs in preparing for and responding to radiological emergencies that impact the public and the environment beyond the plant's boundary. Some preparation costs, such as developing and maintaining procedures, staff training, equipment purchases, maintenance, and calibration are shared by both plants. Some costs are plant-specific, such as participation in federally evaluated exercises to demonstrate that our capability to respond is sufficient to protect the public. While DHHS has no position on this bill at this time, we would like to take this opportunity to share the following technical issues. LB430 currently provides that a nuclear power plant that has initiated permanent decommissioning and that has implemented a permanent defueled emergency plan, under the Nuclear Regulatory Commission's rules, is exempt from the DHHS emergency response fee. DHHS supports AM176, lines 1-14, which more clearly states that a power plant would be exempt from the fee only when an event at the plant could no longer cause the public and the environment to be exposed to radiation outside of the plant boundary. Finally, LB430, as it is written, does not address that the fee for the remaining plant would need to be increased to cover the part of the department's costs that are currently shared by the two nuclear power plants. Without an adjustment, the single fee would be insufficient to cover the department's costs. In AM176, lines 15-20, that is being offered, the amount of the increase of the remaining power plant's fee is not sufficient to cover the agency's costs. We have met with representatives from Fort Calhoun Station and Cooper Nuclear Station to discuss LB430's impact on DHHS and our suggestions for alternative language. I appreciate the opportunity to testify before you today and would be happy to answer any questions. [LB430]

SENATOR RIEPE: Okay. Senator Kolterman. [LB430]

SENATOR KOLTERMAN: What kind of fee would it take? [LB430]

JUDY MARTIN: The fee has been shared between the two plants with an estimated budget of $171,218. We have some fixed personnel costs, and then those costs get split between the two plants. There's some plant-specific personnel costs. There's some operating expenditures that are 35 percent of total expenditures, some travel expenses that are 1 percent of total expenditures. And the total for those for Cooper would be $149,038. [LB430]

SENATOR KOLTERMAN: Well, if we're shutting one of them down and we're eliminating the exposure, shouldn't your costs go down, as well? [LB430]

JUDY MARTIN: I'll ask Sue Semerena, my technical expert, to handle some of that response. I am doing what the senator did and calling on my technical expert, so Sue Semerena from Environmental Health. [LB430]

MARY SUE SEMERENA: Good afternoon, everyone. [LB430]

SENATOR RIEPE: Okay. We...it's our...we need to go to questions first here, if you'll hold up just a second first. [LB430]

JUDY MARTIN: Oh. I am sorry; that's okay. [LB430]

SENATOR RIEPE: And then we'll come back to the technical questions. You can restate the technical questions so we get it right. Are there questions from the committee members? Yes, Senator Crawford. [LB430]

SENATOR CRAWFORD: Thank you, Chair Riepe. And I don't know if this a technical question or not. So you can tell me if we should just wait for the next witness. I was wondering...the amendment indicates a standard that's no longer required for protective actions beyond site boundary to protect the public and the environment. Is there a very clear statement or ruling that you get, as Department of Health and Human Services, we have met this standard? [LB430]

JUDY MARTIN: I would have Sue answer that. [LB430]

SENATOR CRAWFORD: Okay; that's fine. I'll ask her. That's fine. [LB430]

SENATOR RIEPE: Okay. Other questions? Senator Erdman. [LB430]

SENATOR ERDMAN: Thank you, Senator Riepe. As have been mentioned several times in the past, with people who testify in neutral, so if you've come in a neutral capacity, and we pass this bill as it is right now, you have a problem with that, right? [LB430]

JUDY MARTIN: Well, we have fiscal concerns, but we're here in a neutral capacity to relay those...that issue. but we're certainly supportive. We worked with the power plants on the language about the site boundary and making sure we were very clear on that language. [LB430]

SENATOR ERDMAN: Okay. So let me restate that. If we pass LB430, just like it is, you're fine with it; you're fine with absorbing the amount, the extra amount of fees? [LB430]

JUDY MARTIN: We have fiscal concerns. [LB430]

SENATOR ERDMAN: So then you're not fine with it. So then you're not neutral. Would that be fair to say? [LB430]

JUDY MARTIN: I am here in a neutral capacity to express the department's support on a portion of the amendment and concern on another portion. [LB430]

SENATOR ERDMAN: Okay. Well, your testimony is not neutral, in my opinion. Thank you. [LB430]

SENATOR RIEPE: And the transcript will show that expressed concern, too. I have a question. My question would be this is, is your...does this expose the state to additional liability, going forward, and additional unforeseen costs that seem to uprise? Seldom do things come in at what they're expected. [LB430]

JUDY MARTIN: Yeah. We had...we looked at expenditures for the past ten years and looked at that trend of expenditures with the two plants, and then, then did the math, subtracting one of those plants as a contributor. [LB430]

SENATOR RIEPE: Okay. What about contingent liability? Is there...have you had any opinions on that from legal? [LB430]

JUDY MARTIN: Not that I am aware of, but I can check on that and get back to you, Senator Riepe. [LB430]

SENATOR RIEPE: Okay. As a committee, part of our job is to protect the taxpayers, too, for clarification, if you will. [LB430]

JUDY MARTIN: Certainly. [LB430]

SENATOR RIEPE: Are there additional questions from the committee? Seeing none, thank you very much. We appreciate it, and we will now go to the next neutral witness, if you will. [LB430]

MARY SUE SEMERENA: Good afternoon. My name is Mary Sue Semerena, and I am with Department of Health and Human Services, Public Health--Division of Public Health. [LB430]

SENATOR RIEPE: Can you spell your name, please? [LB430]

MARY SUE SEMERENA: Yes. M-a-r-y S-u-e S-e-m-e-r-e-n-a. [LB430]

SENATOR RIEPE: Thank you. [LB430]

MARY SUE SEMERENA: Senator Kolterman, I think you had the first question. [LB430]

SENATOR KOLTERMAN: Yeah. I am just curious if...you know, it looks to me like where there's a disagreement on the fees that we're talking about here, and the amount that we have listed on the sheet isn't anything near what you're talking about. [LB430]

MARY SUE SEMERENA: When we originally met with the two power plants, we provided an analysis of the costs from the last ten years, with a breakdown of how those costs split out in terms of personnel costs, operating costs, and travel costs, because that's how our budget status sheets break out. The personnel costs really are in two categories: fixed cost for both the power plants together--they have common costs, and then costs that are specific to each power plant, that are more related to the exercises that we, when we go to exercises at each plant. And they're a little different because some of the plants, Cooper Nuclear in particular, have more exercises. They have more dress rehearsals for their exercises than Fort Calhoun does. So there are more personal...personnel costs there. So we actually went to that level to divide out what those costs were. So when we figured out what happens when Fort Calhoun goes away, what was left for Cooper to pay were all the fixed costs and just the piece of plant-specific personal services. That's what's left of our cost that we will still have when Fort Calhoun closes down. And that came out of when we anticipate, in FY '18, a budget of $171,000. That's what we ended up with, of $149,000. We gave that to both power plants when we met with them in negotiation. The $110,000 we saw when we first saw when we first saw the amendment. So I have no information on that to offer, except that was in the amendment. Senator Crawford, you had a question. [LB430]

SENATOR CRAWFORD: Yes. So I will ask the follow-up question on that amount in a minute. But my question was the bill indicates, you know, a time when they would no longer be paying the fee is when, in addition to being in this...in addition to initiating this decommissioning, they are also no longer requiring protective actions beyond the site boundary. [LB430]

MARY SUE SEMERENA: Right. [LB430]

SENATOR CRAWFORD: Is there some clear indicator or measure that is met that kicks that in, from your perspective? [LB430]

MARY SUE SEMERENA: We believe there is, and that will be the approval that they get from NRC. So it's actually not our determination. [LB430]

SENATOR CRAWFORD: Okay. [LB430]

MARY SUE SEMERENA: But it's a determination that's made from the Nuclear Regulatory Commission. And the work that our department did with them was to come up with language that was very clear of what that point was. And so we feel very comfortable with that, and I think they feel comfortable with that. So it's really a determination that will come from the Nuclear Regulatory Commission, that they've met that point. And that's where we feel comfortable, that they've met that point. [LB430]

SENATOR CRAWFORD: Um-hum. [LB430]

MARY SUE SEMERENA: So there's not that risk anymore to people outside of their own fences. [LB430]

SENATOR RIEPE: Okay. Senator Crawford. [LB430]

SENATOR CRAWFORD: So just to come back to the cost issue then. So what we initially had on the fiscal note was about $85,000-$87,000. I assume that was when the cost was divided between the two plants. [LB430]

MARY SUE SEMERENA: Equally. [LB430]

SENATOR CRAWFORD: Yes. [LB430]

MARY SUE SEMERENA: And when Fort Calhoun would be...would close, that was what their anticipated half was at the time of...it was a...that would've been the anticipated yearly cost. [LB430]

SENATOR CRAWFORD: So $170,000 something. [LB430]

MARY SUE SEMERENA: Right. [LB430]

SENATOR CRAWFORD: And your sense of the cost, taking one plant out, is $149,000. [LB430]

MARY SUE SEMERENA: Correct, because they're not...we're not expecting Cooper Nuclear to pay double, simply because Fort Calhoun is going away, because there are some of these costs that were specific to Fort Calhoun. [LB430]

SENATOR CRAWFORD: Sure. [LB430]

MARY SUE SEMERENA: So those will actually go away. So this isn't just oh well, you have to pay the full...the full thing. We actually gave them credit for the things that are Fort Calhoun's that are not going to be there anymore. [LB430]

SENATOR RIEPE: Does that cover your cost? [LB430]

MARY SUE SEMERENA: We believe it will. [LB430]

SENATOR RIEPE: Believe? [LB430]

MARY SUE SEMERENA: Well, because our staff does other work, so it's not like we have staff that only does this job. They do this job and other jobs, as well, and they allocate their time to whatever job they're doing. So it's not like I have staff that's just doing emergency preparedness work for the power plants. [LB430]

SENATOR RIEPE: So if you take down a third of your workload, does that...do you take down a third of your employee cost? [LB430]

MARY SUE SEMERENA: It's not a third of my workload. That's not a third of my workload. [LB430]

SENATOR RIEPE: Well, whatever...whatever it is. [LB430]

MARY SUE SEMERENA: But they... [LB430]

SENATOR RIEPE: You're decreasing your workload. [LB430]

MARY SUE SEMERENA: There's other work for... [LB430]

SENATOR RIEPE: Correct? [LB430]

MARY SUE SEMERENA: It is a decrease in workload. [LB430]

SENATOR RIEPE: So is that a decrease in staff, as well? [LB430]

MARY SUE SEMERENA: No, because we have way more work than we have staff. [LB430]

SENATOR RIEPE: Okay. [LB430]

MARY SUE SEMERENA: So I have plenty to do. [LB430]

SENATOR RIEPE: Okay. Sounds like state government. Senator Erdman, go ahead. [LB430]

SENATOR ERDMAN: Thank you, Chairman Riepe. So let me understand. The two plants together cost $171,000; one plant is going to cost $149,000. Is that correct? [LB430]

MARY SUE SEMERENA: Right. [LB430]

SENATOR ERDMAN: So that's only a reduction of $22,000. [LB430]

MARY SUE SEMERENA: It's...yeah, basically you're right. [LB430]

SENATOR ERDMAN: That seems awful low. [LB430]

MARY SUE SEMERENA: Part of it is because there's a whole group of work that's done that's just to keep the maintenance of the program in place, that's done regardless of whether or not we go on an exercise. And that's maintenance and calibration of equipment...all of our procedures are individual training that's done for all of our staff. There's a whole level of that that's fixed cost. Plus our operating expenses of calibrations and stuff...that all happens regardless of whether or not we actually go to one of the power plants. [LB430]

SENATOR CRAWFORD: I was going to ask the same question. We were on the same page. [LB430]

SENATOR RIEPE: Oh, okay. [LB430]

SENATOR ERDMAN: Senator Riepe. [LB430]

SENATOR RIEPE: Yes, sir. Go ahead. [LB430]

SENATOR ERDMAN: Thank you. It sounded like you need a few more power plants to kind of even this out a little bit (laughter). I mean if we can add...we can add a couple more power plants for $22,000, that's pretty cheap. [LB430]

MARY SUE SEMERENA: I can't speak to that. [LB430]

SENATOR ERDMAN: That was rhetorical. Thank you. [LB430]

SENATOR RIEPE: Would we be able to get a copy of your worksheet so we can see the breakdown? [LB430]

MARY SUE SEMERENA: As long as PRO tells me I can give it out, I'd be happy to. [LB430]

SENATOR RIEPE: They are very kind. [LB430]

MARY SUE SEMERENA: I am sure it'll be fine. [LB430]

SENATOR RIEPE: They're very kind to us, so I am sure that they'll agree. But we'll ask you to ask them, please. Are there other questions? [LB430]

MARY SUE SEMERENA: Sure. I'll be...I'll ask. [LB430]

SENATOR RIEPE: Okay. [LB430]

MARY SUE SEMERENA: And I am sure they'll give it to...it will be given. And it's just exactly what we talked about. [LB430]

SENATOR ERDMAN: Thank you. [LB430]

MARY SUE SEMERENA: It's just easier to see in... [LB430]

SENATOR RIEPE: That would help the committee. Other questions? Seeing none, thank you very much. [LB430]

MARY SUE SEMERENA: Thanks. [LB430]

SENATOR RIEPE: Are there additional...yes there are...in a neutral capacity? [LB430]

TOM RICHARDS: I am. [LB430]

SENATOR RIEPE: Okay, sir. [LB430]

TOM RICHARDS: Clarify something. I am Tom Richards, manager of Governmental and Community Affairs for the Omaha Public Power District, R-i-c-h-a-r-d-s. There was something said, early in Ms. Semerena's testimony, about not knowing that the amendment had $110,000 in it. Just so the committee knows, I talked to Julia Schmitt, who's the manager of Radiological Health and told her last week that that was coming in the amendment. I told her that; that was the number that NPPD had, and she understood. Basically what's going on is people agreed to the language of that Fort Calhoun Nuclear Station is going to be out of the formula. The argument, at this point, is over the fee and, at that point, we chose NPPD's number to start the discussion. [LB430]

SENATOR CRAWFORD: Oh. [LB430]

TOM RICHARDS: That's all I wanted to clarify. [LB430]

SENATOR RIEPE: Okay. [LB430]

TOM RICHARDS: Thank you. [LB430]

SENATOR RIEPE: Are there...just a second here before you run off. Let's see if there are any questions. Thank you very much; you can run off now. [LB430]

TOM RICHARDS: You're welcome. [LB430]

SENATOR RIEPE: Are there others in a neutral capacity? Seeing none, Tyler, do we have any letters? [LB430]

TYLER MAHOOD: I do not have any letters. [LB430]

SENATOR RIEPE: No letters. Senator Smith, you're welcome to close if you'd like to. [LB430]

SENATOR SMITH: Thank you, Chairman Riepe and members of the HHS Committee. Thank you for listening to the bill and for the testimony. And as former employee of OPPD, it was truly a sad day to see OPPD close down. And that was the third nuclear utility that I had worked for. And I hate to see the nuclear power industry not really being able to grow in our country and, hopefully, one day we will be able to see it come back and to grow. But I think OPPD and NPPD have done a fantastic job of managing those plants over the years, and I am very proud of those utilities and what they have done in the past. However, the legislation before us today is necessary, as part of the shutdown and decommissioning process of the plant, for the off-site response function. And I ask you to advance the bill and the proposed amendment to the floor of the Legislature so we can help them in that process. Thank you. [LB430]

SENATOR RIEPE: Okay; thank you. Senator Williams. Or no, Senator Crawford. I saw a left hand go up there. [LB430]

SENATOR CRAWFORD: That's all right. Thank you, Chairman Riepe. And thank you, Senator Smith, for being here and offering this. So just to clarify, I want...we heard a neutral testimony that there's discussion over the fee. Is...when...are you still having conversations about the dollar figure in the bill, and should we expect to hear from you from those conversations before we forward the bill? [LB430]

SENATOR SMITH: I would say no; you should not expect to hear from us any farther. I believe we have proposed language, we've proposed an amendment, and we have proposed a fee amount that we believe is reasonable, from the discussions that were had. I think the department coming in, in a neutral...I believe that the burden is either on them to provide you an amendment with a strong justification as to why it should be $39,000 more or absorb that cost as we get it passed through the legislative process. [LB430]

SENATOR CRAWFORD: Thank you. [LB430]

SENATOR RIEPE: Okay. Any additional questions? Hearing none, thank you, Senator Smith, for being with us today. [LB430]

SENATOR SMITH: Thank you. [LB430]

SENATOR RIEPE: This concludes the hearing on LB430. [LB430]

SENATOR KOLTERMAN: Cool. [LB430]

SENATOR RIEPE: And enjoy a good weekend. [LB430]