Health and Human Services Committee February 15, 2018

RIEPE: [00:00:01] Thank you very much. We now have a quorum and we will get started. This is the Health and Human Services Committee. I am Merv Riepe. I serve as Chairman of this committee. And my district is Legislative District 12, which is Omaha, Millard, and Ralston in Douglas County, Nebraska. I think we do have those-- Senator Linehan is going to be late, but I'm still going to go ahead and have the self-introductions for the committee members that are very generous with their time and give a lot of effort to this committee. So, Senator to my far right, would you please introduce yourself?

HOWARD: [00:00:37] Sure. I'm Senator Sara Howard. I represent District 9 in midtown Omaha.

ERDMAN: [00:00:41] Steve Erdman, District 47. I represent ten-- ten counties in the Panhandle.

KRISTEN STIFFLER: [00:00:47] Kristen Stiffler, legal counsel.

WILLIAMS: [00:00:48] Matt Williams, District 36; Dawson, Custer, and the north portion of Buffalo Counties.

TYLER MAHOOD: [00:00:53] Tyler Mahood, committee clerk.

RIEPE: [00:00:55] Thank you very much. And our wonderfully hardworking page back here. And I'm told that I'm not supposed to give her name and I'm not sure why, but that's what Kitty told me and so I obey Kitty. Kitty is in charge of all the pages. But we are-- and she works hard and she works late when we have to work late, and so I do appreciate that. The committee will take up bills in the order posted. Our hearing today is your opportunity to participate in the public process of legislation in the state Nebraska, and we invite you to express yourself. The committee members will come and go during the hearing. We have to introduce bills at the committees and are called away. I, for example, have a bill that I am introducing in Judiciary Committee somewhere down the process. And so I will be turning over, at that time, the Chairmanship to the Vice Chairman, which is Senator Erdman. And the process will continue on. You will also see some or many of our committee members working on either iPads or laptops. That's our way of getting to a, quote unquote, paperless society and we're moving into the twenty-first century, albeit slow. Some of the rules of engagement: I would ask you to turn off any cell phones or silence them. If you're going to testify, so that we can move the process I'd ask you to move up to the front two rows. That will help us. The order of testifying is, first of all, the introducer of the bill. The senator will make introductory remarks. There is not a time limit there. Then followed by that will be proponents, and then opponents, followed by anyone wishing to testify in a neutral capacity on a bill. I'll ask Tyler, our committee clerk, to read any letters that have come in. And those letters, I might add, are required to come in at prior to 5:00 the day before the hearing. And in the letters they need to state and request that they want these to be entered into the minutes. Sometimes we get large numbers and we want to know the intent of that person sending those in. When you come to the microphone, I will ask you your name, to spell your name, and ask you the organization that you represent. You will be asked also to provide an orange slip so that we can get all this down on the record so that we have it permanently. We will ask you to be concise. And the introducer has no time limits on them. Those that are witnesses, we work on a five-minute clock, which means there's a green light that will go for four minutes. The amber light will come on for a minute, kind of like the traffic lights. And then the red light will come on. If you're in the middle of a thought, I will not abruptly cut you off. If you continue on, I will try to be as polite as I can and ask you to try to conclude it. And you may get the opportunity to have someone from the committee ask you a question that will allow you then to finish your particular thought. So we're here to listen to you, and we want you to be fully

engaged. If you will not be testifying on the microphone but you 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, the white ones, will become exhibits in the permanent record at the end of today's hearing. I've already talked about the orange slips when you come up and sign in. If you have some exhibits that you would like to share with the committee members, we would ask you to have ten copies. If you do not have ten, please tell the committee clerk or the-- one of the-- and he will, in turn, talk to our page who will, lickety-split, get us those ten copies that we need and then get those distributed. With that, we today are starting off with some appointments. We have two different appointments. And I believe one of them is kind enough and they're on-- very punctual and on the phone for us. And that is Mr. Todd Bartee, who's a candidate for the Nebraska Child Abuse Prevention Fund Board. And he's on the phone with us. Are you there, Mr. Bartee?

RODERICK TODD BARTEE: [00:05:15] I am.

RIEPE: [00:05:16] Excellent. Thank you very much. If you would be kind enough to spell your name for us for the record, just so we make sure we get this right. And then talk to us a little bit about your interest in the Nebraska Child Abuse Prevention Fund Board.

RODERICK TODD BARTEE: [00:05:32] Yeah, sure. My full name is Roderick Todd Bartee, R-o-d-e-r-i-c-k, middle name Todd, T-o-d-d, last name is capital B, as in boy, a-r-t-e-e. My interest in the fund board-- this would be my second appointment to the fund board. And, you know, when I'm leaving the university here in Kearney to head for those meetings, you know, I always find myself telling the people I work with here just how much I enjoy the work because it's good work with great people who are taking on a really important, timely topic for all Nebraska. And my background in community health and development, I think, lends itself to adding some value to the table and-- and so I, you know, I'm invested in the work that we've done so far. And I-- and I trust that we're going to continue to have greater impact in the state with the work that we do there with the fund board.

RIEPE: [00:06:39] Great. Thank you very much. We appreciate your willingness to provide this volunteer kind of service. I'm going to ask the committee members, they may have some questions for you. And so we will begin that. Are there any questions from the committee? It appears not. Are there any questions that you would have of us?

RODERICK TODD BARTEE: [00:07:00] No, sir.

RIEPE: [00:07:01] OK. What-- what is probably the most satisfying thing that you've contributed or the group has contributed to the-- at the Child Abuse Prevention Fund?

RODERICK TODD BARTEE: [00:07:13] Yeah, that's a great question. I would-- I would say that it's the inclusion of the communities in the process of being a part of their own solution. We, you know, we take on proposals from different communities and organizations, and work with them to make sure that we're-- we are funding appropriate services in their communities that are meeting their needs. And so I think that that partnership with communities is probably the most satisfying.

RIEPE: [00:07:51] That's great. Thank you very much. I think that we have no further questions. And we very much appreciate your engagement and your joining us today. So thank you so much.

RODERICK TODD BARTEE: [00:08:01] Yeah. Thanks, all of you. Appreciate it.

RIEPE: [00:08:03] Thank you.

RODERICK TODD BARTEE: [00:08:04] Bye.

RIEPE: [00:08:06] Bye. Our second appointment is-- I believe this one is also by phone. This is-- is it Mr. or Dr. Paul Nelson?

KRISTEN STIFFLER: [00:08:21] He's not--

TYLER MAHOOD: [00:08:21] Not yet.

RIEPE: [00:08:21] He's--

KRISTEN STIFFLER: [00:08:21] He's not on yet.

RIEPE: [00:08:21] He's not on yet? Oh, OK. Well, that was a trial run. We will wait until we hear the beep. We could ask if there's anyone that had a memorable Saint Valentine's Day, but we won't. For those of you do-- who didn't look at the posted list, we do have LB1060, which is Senator Wayne's, which is adopt the Healthy Kids Act and require tests for lead-based hazards in housing. Our second bill is LB1040, which is Senator Albrecht, and that is providing for certificate for nonviable births. And the third is LB922, which is Senator Vargas and adopt the All Kids Health Care Program Act and that will then conclude us for the day. And Senator Wayne is ready to go, but we're going to wait until we get through this appointment, please. Mr. Committee Clerk, was there a specific time that--

TYLER MAHOOD: [00:10:20] Maggie just called him and it went to voicemail.

RIEPE: [00:10:24] OK.

TYLER MAHOOD: [00:10:30] This time he picked up, so he'll be calling shortly.

RIEPE: [00:10:33] OK. We're going to wait about 60 seconds, and then we're going to skip. Well, we're not going-- we're not going to sit here and [INAUDIBLE]. I'm going to exercise the prerogative of we will call him back.

TYLER MAHOOD: [00:11:26] I-- she-- Maggie just got back to me and said that he will be calling in just a moment.

RIEPE: [00:11:32] And a moment would be described as?

TYLER MAHOOD: [00:11:43] She is calling him again.

RIEPE: [00:11:47] OK, will you report back how-- what are--- if she goes to voicemail again? Well, I'm going to declare a moment has expired. So, in that interest, we will call him back in between. We will hear LB1060 by Senator Wayne-- just a second.

TYLER MAHOOD: [00:12:57] He was dialing the wrong number, so--

RIEPE: [00:13:05] OK. Well, you're welcome to relax there, Senator. Do you have any update for us?

TYLER MAHOOD: [00:13:58] I'm checking.

RIEPE: [00:14:07] Bingo.

PAUL NELSON: [00:14:07] Paul Nelson.

RIEPE: [00:14:07] Is it Mr. or Dr. Paul Nelson?

PAUL NELSON: [00:14:28] Doctor.

RIEPE: [00:14:29] Dr. Nelson, welcome. This is the Nebraska Child Abuse Prevention Fund Board that we're looking to-- for your appointment to. We are the Health and Human Services Committee and we would ask you to, if you would, introduce yourself. Please spell your name so that we get it right for the record. Tell us a little bit about why you are interested in serving on the Child Abuse Prevention Fund Board, please.

PAUL NELSON: [00:14:56] Paul Nelson, P-a-u-l N-e-l-s-o-n. I have-- I'm a retired primary physician here in Omaha, after 40-some years. And I began my career with training in both pediatrics and internal medicine. And then after finishing my military obligation of a couple of years, I was in practice in Omaha since 1975. And during the first ten years of that, I acted as a pediatric consultant to the Douglas County welfare group who dealt with reports of child abuse within Douglas County. And mostly it was a lot of interpreting the medical evidence at the time to look at patterns that would allow them better insight into how situations were affecting children and the options available to them, either through the courts or through their specific services, to help families cope with that place in life that they were in. And over the years I have maintained an interest in that phenomena in our society as we cope with how our society copes with the function of families and their ability to provide for the needs of young children to become independent adults. And so, I-- having spent seven years dealing with that myself. I have been married. My wife died several years ago and our two children are adults, and I live with my oldest daughter here in Omaha and my other daughter lives in upstate New York and functions within that community. So anyway, I had an interest in this over the years and I find it a privilege to be considered for this position. And have already attended several of their meetings to see how that board is functioning to provide for the needs of the state and find it a unique opportunity to particularly act in the best interest of helping our state cope with the challenges that we have these days. And I might add that I increasingly believe that the kinds of things that are happening in our society, as we witnessed again yesterday, are-- are-- are so far beyond what we think we understand about all this. And so there's an opportunity to think anew about, on behalf of the state, what we can be doing to help promote the ability of people to experience their early family life in a way to become functional, independent adults able to take care of themselves and the people around them. So anyway, it's a unique opportunity and I consider it a unique privilege to serve in this way.

RIEPE: [00:18:46] Great. Senator Williams.

WILLIAMS: [00:18:48] Thank you, Chairman Riepe. And thank you, Dr. Nelson, for being on the phone today. Since you have had the opportunity to attend a few of these meetings, could you share with us any of the thoughts that you have seen about how well this group functions and what you might like to see changed, if possible?

PAUL NELSON: [00:19:09] You know, the other members of the-- of the group are-- are very thoughtful and have a great insight into the opportunities that we have to provide service to individual communities and help them with their situation. It really is-- it functions in a very spontaneously way to help use the funds efficiently, I perceive, and appropriately and is monitored in a very appropriate way. I-- I'm not too sure I'm at a point where I could really give you any kind of assessment of what might make it work better. I'm just impressed by how well the group

functions and perceive that the state Legislature has given them the privilege, including an increase in funding here in the last couple years. And-- and that is used extremely diligently in terms of how its funds are used.

WILLIAMS: [00:20:27] Thank you, Dr. Nelson.

RIEPE: [00:20:33] Are there other questions? Dr. Nelson, you may recall you and I worked together at Bergan Mercy Hospital some years ago, but I was in administration when you were on the staff there.

PAUL NELSON: [00:20:42] Ah, yes.

RIEPE: [00:20:45] You say that with rather reluctance, but I'm going to let that go. [LAUGHTER]

PAUL NELSON: [00:20:51] OK.

RIEPE: [00:20:52] OK. Do you have any questions of us, Dr. Nelson?

PAUL NELSON: [00:20:56] I'm sorry?

RIEPE: [00:20:57] Do you have any questions of us?

PAUL NELSON: [00:20:59] No, no, I don't.

RIEPE: [00:21:01] OK.

PAUL NELSON: [00:21:01] Thank you very much.

RIEPE: [00:21:02] We appreciate your interest, your--

PAUL NELSON: [00:21:03] Yeah.

RIEPE: [00:21:04] -- willingness to serve. And I know you've been really engaged in healthcare and childcare and healthcare reform and everything else over a number of years and I appreciate that.

PAUL NELSON: [00:21:14] Yeah.

RIEPE: [00:21:15] OK.

PAUL NELSON: [00:21:15] I might make only this one last comment--

RIEPE: [00:21:18] Sure.

PAUL NELSON: [00:21:18] -- that the responsibility of the state in using funds wisely and, hopefully a long time, producing a well-functioning state, there are some things about how we sort of see how this all fits together that-- that I think would be helpful in the long run about how well we're-- we're using our funds to actually improve healthcare, and particularly during its efficiency and effectiveness. And I, if there are times where I could be of help in that arena, I would be happy to volunteer some effort for.

RIEPE: [00:22:14] Well, stretching the dollar is always music to our ears, so we appreciate that.

PAUL NELSON: [00:22:18] Yeah, and the excess health spending, if you look at our healthcare system compared to the other developed countries in the world, is a lot, not a little bit but an awful lot. And all the discussions going on around our nation to try to cope with this really, really are not headed in the direction that will solve those problems. And I think there are-- there is reason to believe that there are ways of doing that. And that we just need to begin a better effort to try to mobilize what's actually known. So, anyway--

RIEPE: [00:22:57] OK.

PAUL NELSON: [00:22:58] -- that's my only last observation. Thank you very much.

RIEPE: [00:23:01] Look forward to seeing you again.

PAUL NELSON: [00:23:04] Yeah. Yeah.

RIEPE: [00:23:04] Thank you, sir, very much. OK.

PAUL NELSON: [00:23:06] Um-hum, bye-bye.

RIEPE: [00:23:07] Thank you, bye. OK, Senator Wayne had to open on a bill in Appropriations, otherwise we would normally go, as I announced earlier, to LB1060. We're going to pass on that. And is Senator Albrecht--

LAUREN McCARTHY: [00:23:21] She is just in the bathroom and she'll be here any second.

RIEPE: [00:23:23] Should we all stand up and applaud when she comes in? [LAUGHTER] OK. OK, so we know she's going to be prepared to go when-- yeah, OK. OK, LB1040, Senator Albrecht's, provide for certificates of nonviable births, will be arriving shortly. I sound like I'm at-- working at an airport [LAUGHTER]; your flight will be arriving shortly, here. And we will have her introduce. We're providing those because this might be a very emotional hearing. Senator Albrecht, no time to sit down, just right to the chair. Thank you very much. I have--

ALBRECHT: [00:24:33] There were technical difficulties-- oh, sorry.

RIEPE: [00:24:37] -- introduced that you're going to be opening on LB1040--

ALBRECHT: [00:24:39] Yes, sir.

RIEPE: [00:24:40] -- and, with that, if you'd be kind enough to introduce yourself, spell your name, and away you go.

ALBRECHT: [00:24:44] Thank you very much. Senator Riepe and committee members, I'm here to introduce LB1040. I'm Joni Albrecht, J-o-n-i A-l-b-r-e-c-h-t. Kind of light today.

RIEPE: [00:25:01] Um-hum.

ALBRECHT: [00:25:01] LB1040 is a bill to help grieving families. We know that one in four women will experience a miscarriage, and a much higher percentage of all pregnancies end this way. The vast majority of these losses occur within the first three months of pregnancy. Every pregnancy loss is a tragedy that has profound impact on women and entire families, yet most go unrecognized. Any woman who has ever miscarried knows the pain and loss are real, no matter the

gestation. Whether a pregnancy is lost at 5 weeks, 12 weeks, 19 weeks, or 20 weeks and beyond, the pain of that loss is severe and should be recognized and honored for those who wish to do so. Currently, the state of Nebraska offers birth certificates for pregnancies that end at or after 20 weeks of gestation. This is due to the work of the former State Senator Danielle Conrad who carried a bill that was passed by the Legislature in 2008 to make this option available to women and families. I have introduced LB1040 to build on this legacy by extending the same courtesy through a new type of optional, commemorative birth certificate for those who suffer a pregnancy loss prior to 20 weeks. Last year, Florida became the first state to make a-- a special type of birth certificate available to women and families who lose a pregnancy prior to 20 weeks, and I believe it is time that we do the same. Imagine for a moment the expecting mother who, with her husband, is trying to fulfill their life-long dream of starting a family. They cried tears of joy upon seeing the positive pregnancy test. Day after day, week after week, for months they placed their hands on the mother's belly every night, talking to and saying a prayer for the child that they love with all their heart. They picked out a name. They've seen the baby's heartbeat on the ultrasound and started preparing for their new life together. They painted the nursery, told their parents they're going to be grandparents, and bought baby-- the baby's first pair of shoes because they can finally start to feel it kick. Then, without warning, their dreams are crushed and the lives forever changed when they suffer a miscarriage. Accompanying this searing loss is the reality that because they were short of the 20-week gestational mark there is no birth certificate, nothing to say that a child ever existed or loss-- their loss ever even happened. No official recognition or validation because the loss of the pregnancy-- they lost the pregnancy before reaching 20 weeks. This is the reality for too many of our citizens. And the fact that it is for many families when they experience any type of pregnancy loss, they grieve this loss wholeheartedly. And earlier loss doesn't mean it mattered any less or there is any less mourning. That's who this bill is for: the women forced to say good-bye to the child that she loved and longed for before she gets to say hello; for the father forced to helplessly watch his wife in labor, in pain, only to bury their child; for the woman who know-- the woman who knew it doesn't matter when the miscarriage happened because you carried that baby, you know it's your child, and you know the pain of losing it. These mothers and fathers are suffering. They grieve quietly and too often feel hopeless and alone. And they don't receive the sense of closure and validation that they are seeking and deserve. By offering this choice of recognizing the loss of the pregnancy prior to the 20 weeks, the state of Nebraska can help support the one in four women who will suffer this miscarriage and show these grieving parents that they are supported and not alone by allowing them to receive something tangible that acknowledges and validates their loss. I think this is the least that we can do. LB1040 is unifying-- a unifying bill drafted to ensure that there is no confusion or complications over what the certificate is and is not. There are provisions making clear that the certificate created under this bill is not an official birth certificate or legal document. It is a commemorative certificate for a woman who-- whose loss in this pregnancy that has been verified by a healthcare practitioner prior to the 20 weeks of gestation. It cannot be used to calculate live birth statistics and must be requested by the patient. It is not required or automatically administered. If a woman chooses to make this request, a healthcare practitioner simply gives her a letter verifying that the miscarriage, and the woman sends her request for the certificate to the Department of Health and Human Services along with a note verifying the miscarriage. The requesting patient pays for the cost of issuing the certificate, so there is no cost to the state. The certificate is to contain a name, if given by the requesting patient, and gender, if known. If no name is given, the Department shall fill in the certificate with the name "Baby Boy" or "Baby Girl" and the last name of the patient. And if the gender of the child is also unknown, the Department shall fill in the certificate with the name "Baby" and the last name of the patient. I also have introduced an amendment to make it clear that the commemorative certificate created under this bill is different from the current definition of certificate under the Vital Statistics Act. This distinction removes the necessity of recording the certificates with the state and should remove the fiscal note that was estimated by DHHS. There are several letters that have been submitted to the committee in support of this bill, including letters from doctors and ob-gyns whose desire to see this certificate made

available to their patients. But I'd like to close by reading part of one of the mother's letters. After describing the heartbreaking details of what it was like for her and her husband to lose multiple pregnancies, she asks a series of questions that I think we all should consider. What makes someone worthy of receiving recognition for what was lost? At what point is it that a family is worthy of receiving recognition that the experience that they have had and what their family has lost? Who gets to decide which families are allowed to receive this recognition and which are not? If a piece of paper allows a family the recognition of the baby that they held in their hearts rather than in their arms and we will provide peace and comfort to them, is this something that they should be denied? I feel that they are being denied enough already by not having the opportunity to raise the baby that they had planned for, prepared a nursery for, told their family and friends about, and loved so deeply. I urge you to pass this bill. While we cannot change the outcome of their pregnancy, we can offer a validation for their experience, their grief, and the child that they will continue to long for each day for the rest of their lives. You're offering validation for their family. I believe every woman and family should get to make this choice for themselves. And this bill will help empower them to do so. These precious little lives matter and they exist whether anyone other than their parents sees them or not. LB1040 is a simple way to-- that we can help support women and families going through one of life's most difficult trials. And I ask your support to help the grieving families and receive the validation and recognition they deserve. And do you all have a copy of AM1836?

RIEPE: [00:32:52] Yes.

ALBRECHT: [00:32:53] OK. I would be happy to answer any questions.

RIEPE: [00:32:57] Thank you, Senator Albrecht. Before we go on, I want to ask Senator Linehan if she would self-introduce.

LINEHAN: [00:33:02] Hi, Sen-- Lou Ann Linehan from District 39, which is western Douglas County.

RIEPE: [00:33:10] Thank you, Senator. Now, any questions of Senator Albrecht? OK, seeing none, we will move to proponents, and please come forward.

ALBRECHT: [00:33:22] Thank you.

RIEPE: [00:33:22] I assume you'll be staying around for the closing?

ALBRECHT: [00:33:23] Yes, sir.

RIEPE: [00:33:24] Thank you. Welcome.

JENNIFER SOMMER: [00:33:40] Hi.

RIEPE: [00:33:41] If you'd be kind enough to introduce yourself, and state your name and spell it, please, for the record.

JENNIFER SOMMER: [00:33:41] Absolutely. Jennifer Sommer, J-e-n-n-i-f-e-r S-o-m-m-e-r. So, good afternoon, Chairman Riepe and members of the committee. Andy [PHONETIC] and Jennifer sitting in a tree k-i-s-s-i-n-g, first comes love, then comes marriage, then comes the baby in the baby carriage, or miscarriage. As a young girl singing that song and taunting my friends it was funny, as a teenager it was sassy. As I continue to grow and mature, I thought it was true. But no song, no rhyme, and no health class prepared me for a miscarriage. I never knew babies died. I never was taught a song or a rhyme for how to get through the loss. My life was not the song. With Andy, my

husband, it was kissing, then love, then marriage, then infertility and loss, and infertility and loss, and infertility and loss, and infertility. We've never needed a carriage for our babies. We only needed caskets, caskets; first one, then two, then three. We have three caskets holding our babies, holding our dreams, our wishes, and our hopes. We have three caskets reminding us that death happens and we have no control over it. We have three caskets reminding us that my body failed, that our babies died. We have three caskets reminding us that life is raw and ugly and broken sometimes, but we also have three caskets to show us love. Our children-- A.J., Joy, and Grace-- are full of love. They are part of our love story. It's sad, full of sorrow but, yes, oh so full of joy. Our children are teaching us about the world. Our children are teaching us patience, hope, and faith. They have opened up our hearts and our minds to serving others in a capacity that we never knew existed. Their treasured lives are now living on in each family I serve, each warrior mama I talk to and each dad I hug. It was a curiosity of our ten-year-old son that wanted to know what we would do with our babies-- or our baby after it was born. The power of his question was a catalyst for our future. Miscarriage is defined as a loss under 20 weeks' gestation. Those losses don't make them any less children. My sweet A.J.'s hands are pictured on what I handed out to you. Andy and I have held our three dead babies in our hands, through the blood, the tears, and the pain. But they were ours. They are our children, and the honor and respect they deserve is carried out in the sacred work each day. Their lives may have been cut short in my womb, but they are continuing to live through HEALing Embrace, my husband's office, our son, our friends, and our family. The families I meet are warriors. They have endured the unimaginable. No family should have to walk this journey alone. First trimester loss is often dismissed, but why? Why are they any less children? As stated from Too Soon a Memory, losing a baby in these early weeks of pregnancy carries with some unique problems not faced by other parents who grieve the loss of a baby at full term. For instance, you will find yourself having to cope with the loss of a little person who is unknown to others and barely known to you. And you will soon discover that, for the most part, our society lacks the rituals which can assist a family in saying good-bye to a baby born too early. That mama that labored and gave birth to a five-week gestation baby, her baby mattered. The mama that labored and gave birth to her nine-week gestation baby, her baby mattered. And the mama that labored in pain, blood clots, and tears at 13 weeks gestation, her baby was real and mattered too. According to the March of Dimes, more than 500,000 pregnancies end each year in miscarriage. Approximately one in four pregnancies end in miscarriage, and some estimates are as high as one in three. If you include loss that occurs before positive pregnancy test, some estimate that 40 percent of all conceptions result in loss. That's a lot of babies that die. Let's take a moment to look around the room and see all the women here. Chances are more have been impacted by loss than have not. But to the men in this room, your mother, grandma, aunt, sister, cousin, friend, or maybe even your wife experienced a loss. The staggering statistics of miscarriage is that likely each and every one of us in this room have been impacted by miscarriage, whether directly or indirectly. Most families suffer their losses in silence. This bill, LB1040, is opening up a greater platform than you can imagine that's bringing hope and healing, validation and love to a family that has suffered in silence. This bill is opening up the hearts of mothers and fathers to share their children with those around them because this bill now helps open up that conversation in a safe way. This bill is creating awareness and education to a topic that is often left untalked about. I had the honor and privilege to meet a sweet mama that gave birth to her 16-week gestation baby boy. We met in the hospital shortly after he was born. He laid in his bassinet, wrapped in blankets, across from his mom. She was in shock, fear, and disbelief and not sure what to do. As I embraced her and met her son, I was in awe of his perfections. The sweet little baby had the most beautiful hands and feet. The picture in front of you, in the middle, is the mama and baby boy that I am talking about. She was so proud to be holding her son and admired his hands and feet for a long time. As we continued to share time together, we captured one of the most treasured pictures. She held him out in front of her as she had the biggest smile on her face. She saw her son for the beauty and the perfection that he was. It was joy amongst the sorrow. As I conclude, the term "labor of love," by the Merriam Webster Dictionary, states "a labor voluntarily undertaken or performed without consideration of any benefit or reward." Every mama

that gives to her baby not alive does not do it because of a reward. She will never hear her baby cry, coo, or laugh. The dreams the parents started to dream are broken, shattered, and never fixable. The mama's labor was truly, truly a labor of love: selfless, sacrificial love. Our bodies don't know if a baby is born alive or not; they just know birth. I ask that you help bring the reward for this labor of love by providing these loss families the validation and honor of remembering the little ones gone too soon. Thank you.

RIEPE: [00:40:21] Very good. Thank you very much. Are there questions from the committee members? Seeing none, thank you very much for being here.

JENNIFER SOMMER: [00:40:28] Thank you.

RIEPE: [00:40:29] Next proponent.

LAURA LINDER: [00:40:40] Good afternoon.

RIEPE: [00:40:42] Welcome.

LAURA LINDER: [00:40:42] Chairman Riepe and committee members, thank you for giving me the opportunity to come and speak and share my story with you today. My name is Laura Linder, L-a-u-r-a L-i-n-d-e-r. In July of 2004, my husband David [PHONETIC] and I were delighted when we found out that we were expecting our second child. We made doctor's appointments. We went in for our eight-week scan. We watched the screen with love and excitement and we had that's our baby moment. We waited with our little secret until the start of the second trimester to announce our news to friends and family. At 12 weeks, it was time to celebrate our little one with all of our friends. On Labor Day of 2004, I was 18 weeks along. We celebrated the weekend with our neighbors and had a big block party. I went into the house to grab a tray and happened to look down, and I was bleeding. My husband rushed me to the doctor, only to find out that our baby had no heartbeat. I exited the small room in shock, in tears, to a waiting room filled with round bellies that were being stroked, caressed, and loved. And I was checked into the hospital where I delivered my son. I was not allowed to see him. I was not allowed to hold him. I was informed that he was disposed of because he was under 20 weeks. I was encouraged just to put it out of my mind like it never happened. After all, I could always try again. Disposed of; those were words that haunted me. Miscarriage is such a solo and secretive happening. Most women tend to miscarry alone. Statistics say that one in four miscarried before 12 weeks and that's why people are encouraged to wait until the second trimester to announce the pregnancy. A woman who does not announce early doesn't have to announce the pain of a loss. I did everything right. I was at 18 weeks. I was starting to feel the little butterfly flutters of movement. I had to announce to everyone my little Davey [PHONETIC] was gone. I was told that it was taboo to speak or feel how sad I was and how much I missed my son. I had nothing of him; no lock of hair, no little footprints. My husband found a small angel painting of a little boy that looked exactly as I dreamed him, and that meant everything to me. Somehow embracing my pain with acknowledgement made it better. Honoring my angel baby became my focus. It was a struggle as no one wanted to speak of it. It was too uncomfortable for them. Why, as a society, do we do this? Just one week previously he was celebrated. He was brought up into every conversation. I sang to him. I told him good night. Why do we dismiss his significance just because he wasn't more than 20 weeks? Commemorating a child isn't just a way to reflect on how important that baby was. It's also a vital step in the grieving process. For many of us the best way to honor our loss is by focusing on the baby's existence more than its passing. Having a keepsake can help a parent feel more connected to their lost baby. It's an affirmation of life that was lost, along with it all of its hopes and dreams. A certificate of life; what a beautiful and tangible way to say that my son was important. He was wanted. He was loved. He existed and my aching heart can hold the memory. My Davey will not be forgotten. Every parent's goal is to lift up their

children, for their children make an impact on this world, however briefly they were here. My son lived only for a short while. He was loved, but he was not acknowledged in the eyes of the world as he was not yet considered viable outside the womb. I was told to get over it and put it out of my mind. That was one of the hardest and cruelest things I ever had to experience. I pray that none of you ever have to feel such a loss. Please consider that this bill will have such a positive impact on so many families that experience a loss. It is such a beautiful way to remind them that a little piece of their life was here and that their child will not be forgotten or ignored, and that the little lost piece of their heart did indeed have an impact on this world. Thank you.

RIEPE: [00:45:31] Very good. Let's see if we have any questions. Any questions from the committee? Seeing none, thank you very much--

LAURA LINDER: [00:45:37] Thank you.

RIEPE: [00:45:39] -- for being here. Additional proponents. I just want to say I may have to go over to Judiciary--

MARCI PETTA: [00:45:53] Yeah.

RIEPE: [00:45:53] -- and if I do I'll send the Chairmanship over to Senator Erdman. So if you see me get up and walk out, that's why.

MARCI PETTA: [00:45:59] OK.

RIEPE: [00:45:59] But please, if you'd announce-- introduce yourself, spell your name, and then go forward.

MARCI PETTA: [00:46:04] OK. Hello, Chairman Riepe and members of the committee. My name is Marci Petta, M-a-r-c-i P-e-t-t-a. I'm going to try not to use the Kleenex.

RIEPE: [00:46:15] That's OK.

MARCI PETTA: [00:46:15] I am honored to write this letter in strong support of LB1040. My husband, Dave [PHONETIC], I lost three babies about eight years ago. My losses were at 18, 9, and 12 weeks. Their names are Jack [PHONETIC], James [PHONETIC], and Addison [PHONETIC]. I delivered Jack at 18 weeks and we actually got to hold the little box containing his small but precious body. He was wearing a tiny white gown and had ten fingers and ten toes. To us, he was perfect. He was very much our son. We buried him in a communal grave with other families that had delivered a child before 20 weeks. I never got to physically see James or Addison, but was blessed to hear their heart beats and feel their presence in my womb. No one got to meet Jack, James, or Addison. No one envisioned their lives like my husband and I did. No one wanted to be a big brother like my son, Colin [PHONETIC], did. Did these babies exist? Do they deserve to be acknowledged? Sometimes the validation of life for a grieving family is the only gift you can give a child. Acknowledgement of life is where in our hearts we find solace and peace. A year ago, I started a miscarriage support group with another loss mom from my parish. We have had the opportunity to meet many special mothers who have shared losses from 40 years ago, up until just recently. LB1040 would acknowledge these babies born before 20 weeks and give families a tangible recognition of their babies' lives that are still very much a part of their family. Thank you.

RIEPE: [00:47:57] Thank you. Let’s see if we have any questions. Seeing none, we appreciate your courage in coming forward. Thank you.

MARCI PETTA: [00:48:04] Thank you.

RIEPE: [00:48:06] Are there other proponents, please?

JENNIFER HENNING: [00:48:06] Hi, Chairman,--

RIEPE: [00:48:06] Welcome. And we'd ask you--

JENNIFER HENNING: [00:48:06] -- members of the committee.

RIEPE: [00:48:06] -- to introduce yourself, state your name, spell it, and then proceed.

JENNIFER HENNING: [00:48:26] OK. My name is Jennifer Henning, H-e-n-n-i-n-g. I'm kind of the oddball here, I don't have a letter. I tend to speak from the heart. Miscarriages are kind of taboo. A lot of people don't talk about them. And we've had three miscarriages. We were also, similar to Jennifer, the married couple that was in with Dr. Doherty [PHONETIC], the fertility specialist, three times with IVF. All three pregnancies resulted in miscarriage. The farthest-along miscarriage we had was 19 weeks, 4 days. I threw up a big blood clot and I was transferred to a hospital by ambulance. And in the ER they said, well, your baby is not viable if we deliver here. And thank God for Bergan Mercy Medical Center. I was transferred to Bergan because my baby mattered there. Unfortunately, we lost the baby. However, I will never forget and will be forever indebted to that NICU and that staff that, because of their beliefs, my baby mattered, it was viable. It was vital to take care of mommy and baby. I think that it goes unsaid a lot, with women in general, that if you miscarry before 20 weeks your baby doesn't matter. Your baby does matter. It's always in your heart. It's always in your mind. When I got home from the hospital, having a huge blood clot and being in ICU and losing a baby, it was devastating, shocking for both my husband and I. We spent a lot of money to have this baby. We had a whole nursery completely done. And I remember coming home and just sitting there and looking around going, wow, I have to go back to work. My husband has to go back to work. What do we do? Everybody keeps going and we're stuck. We're stuck on a loss. I will say that our three miscarriages are not in vain. I think it would be wonderful for the state to recognize the memory of lost babies. I think it would be wonderful to have a certificate. Our miscarried babies taught us how to be better parents of the two living babies that we have. They are loved and they are cherished beyond belief. And they didn't pass in vain. They taught us very useful life lessons. However, there are so many parents that still haven't-- they don't have their living children to continue that legacy with. We talk to Mackenzie [PHONETIC] and Connor [PHONETIC] all the time about babies, the three that we've lost. And it's really important for moms like me to have a memory, to have that in their heart, but also to be able to show other people here's our babies. And at times we feel it's morbid to show caskets and that kind of thing. People tend to go, ooh. So, for us, I think it would be wonderful to have a certificate where we could show people and say we have three losses. And for us, thankfully, we were blessed to have two living babies. So I would really appreciate it if you could pass LB1040 because it would really mean a lot to moms like me who have lost. And my husband especially, we wanted those babies. We paid a lot of money for those babies and I hope that you would consider this.

RIEPE: [00:51:32] Thank you. If you would wait just a second, we'll see--

JENNIFER HENNING: [00:51:33] Sure.

RIEPE: [00:51:33] Do we have any comments from the committee? Thank you for being here. Thanks for your strength and perseverance. Are there additional proponents that want to testify? I've been told that I'm being summonsed here in short order, so at that point I'm going to turn this over to Senator Erdman.

ERDMAN: [00:51:54] Thank you, Senator Riepe. Thank you for coming today. If you would please state your name and spell it, and begin when you'd like.

AUDRA PACE: [00:52:04] My name is Audra Pace, A-u-d-r-a, last name is Pace, P-a-c-e. Thank you, Senators, for listening to us today. I want you to know how important this is to all of us. My story is similar and yet different to every mom who has lost at some point in time. I personally have experienced three losses, with the most recent being this Christmas. In 2016, it was Christmastime and it was the week of my husband's birthday. And we were going to be parents. The week prior we had told everybody because we just couldn't wait until that 12 weeks. There were toasts, there were screams of excitement. It was our first time being parents and there were so many tears of joy. On my husband's birthday, we weren't parents anymore, or so we were told. When I miscarried, I couldn't even get a doctor to talk to me. I was told that it had nothing to do with me and that it didn't really matter and to not try again for at least three months because my body just needed time to recuperate. Our second miscarriage, unfortunately my two children had to see everything because I was by myself. My husband was gone for work. Thank God for my mother. She took care of me. She took me to the doctor and again I was told it had nothing to do with me and it didn't matter. It mattered to me. My son and I, on the way here, had a conversation. He didn't know that he had three other siblings. He didn't know that they mattered. This Christmas, we didn't bother to tell anybody because we were so scared, so scared about what could happen, and what eventually did happen. LB1040 would give me validation for my children. And no mother wants anything more than to be validated for what they lost. What LB1040 means to me and means to so many others is that our children mattered, not only to us but to everybody else that experienced it with us. I would very much appreciate the state considering LB1040 and witnessing with us that our children mattered. Thank you.

ERDMAN: [00:54:46] Thank you very much. Thank you for your story, appreciate that. Any questions? Hearing none, thank you for coming.

AUDRA PACE: [00:54:53] Thank you.

ERDMAN: [00:54:54] Any other proponents? Thank you for coming.

KATIE ZULKOSKI: [00:55:08] Good afternoon, members of the committee. Katie Zulkoski, Z-u-l-k-o-s-k-i. I am testifying about logistics-- I'm sorry, I'm crying about logistics. I'm testifying on behalf of the Nebraska Hospital Association. I am also passing out a letter on behalf of Methodist. And their letter is specifically-- it's in support of the bill but also AM1891. And their letter is not sad, either. Our member hospitals are in support of this legislation and in support-- and supportive of our role in helping patients obtain these certificates. We appreciate your committee considering this legislation. We appreciate Senator Albrecht introducing the bill. We think the amendment provides some necessary clarification. It would allow hospitals and healthcare practitioners to delegate the duty. And it also has to do with the form that could be on the department's Web site that the healthcare provider could use. And I'm happy to answer any questions.

ERDMAN: [00:56:27] Thank you for that. Let's-- did we have any questions about the amendment? Any questions about the amendment?

WILLIAMS: [00:56:37] Senator.

ERDMAN: [00:56:37] Senator Williams.

WILLIAMS: [00:56:38] Thank you, Vice Chairman Erdman. And thanks, Katie. I'm assuming this

amendment has been run by Senator Albrecht?

KATIE ZULKOSKI: [00:56:47] That's my understanding, yes. Thank you for asking that.

WILLIAMS: [00:56:50] Thank you.

ERDMAN: [00:56:51] Thank you for that, appreciate it. Any other proponents? Thank you for coming today.

LISA BRESLEY: [00:57:09] Thank you. Good Afternoon, members of the committee. My name is Lisa Bresley, L-i-s-a B-r-e-s-l-e-y. And I'm here on behalf of HEALing Embrace and as a proponent of LB1040. Between the years of 1989 and 2007, I experienced nine pregnancy and infant losses, eight of which were prior to 20 weeks of gestation. My ninth pregnancy and infant loss occurred on November 21, 2007, when our son, Ian [PHONETIC], was grueling-- was born after hours of grueling labor, still. As we all know, loss is difficult and unique to every human being. A parent outliving their children never quite reconciles with us. In life, Ian responded to his father's voice when my husband, Bob, spoke to him. And he liked to do somersaults at the oddest times and made me laugh with delight. At the hospital, while the lady giving Ian his second sonogram was trying to measure him, he seemed to be ticklish and he decided to bounce around, making us all laugh. He was already a most playful and happy boy. In his too-short life of 28 weeks, Ian brought so much joy and impact to our lives. Ian was born with soft brown hair and beautiful full lips, just like his father. Ian had had all ten toes and all ten fingers. In fact, his fingers were so long that we were sure that he was going to be playing the piano with his grandmother at a very early age. Ian was born perfect, except that he wasn't breathing. From the moment I first held Ian, I understood for the first time that life truly is not measured by the number of breaths we take, but by the moments that take our breath away. Thanks to a very kind nurse, Ian-- where Ian was born, we were given the option of holding Ian, having our pictures taken with him, and to spend some much needed time with him. This gave us a chance to bond even more with Ian, and to begin to say good-bye to him, and to begin to mourn our loss. Having experienced the losses of previous children who were not even acknowledged, we of course clung to and took advantage of every ounce of time and experience that we could have with Ian. My husband was asked to provide a name for our child. Ian's body was treated with respect by hospital personnel, and he was transported to a funeral home where we and our family celebrated his life and put him to rest. Several weeks later, we received Ian's death certificate. We finally found a glimmer of hope of healing this one loss which, thanks to exposure to and support from entities like HEALing Embrace, has blossomed into a brighter path towards acknowledging and healing the loss of all of our children. You likely will remember my son Ian and perhaps even identify with our experience with him. Why are you less likely to remember my eight babies; because I only very recently started acknowledging myself and only just now talking about them. My eight children were less than 20 weeks of gestation and were not even acknowledged, and, thus, it felt like they were never really there. In fact, the only proof I ever had that they existed was medical records and, in some later pregnancies, a sonogram picture. Our society currently handles pregnancy and infant losses occur-- occurring prior to 20 weeks of gestation largely by looking the other way and strongly encouraging, and even requiring us, to quickly move along. Currently, no certificate acknowledging this vital event nor even memorial services are offered. Thus, as lost parents and families, the message we receive is that our babies weren't babies. Their lives didn't exist or matter. And as a result our losses are not real. We are expected and even encouraged to forget and move on quickly as possible. For as long as 29 years now, I've had a roadblock of healing for my family and myself as a consequence of the way that our society handles currently, or lack thereof, pregnancy and infant losses prior to 20 weeks' gestation. If we wish to begin healing-- the healing process, it is time for us to change our perspective, acknowledge our babies and this vital event in our lives as a community as a whole, and start to work hard about talking about it. That's why I'm here today. The loss parents and families LB-- loss parents and

families, LB1040, a birth certificate would acknowledge the existence of our babies and acknowledge our loss and give them and us a right to talk. And ultimately, the certificate would create a path, I believe, towards healing, healing as individuals and families and as a community. Please, I urge you to consider passing LB1040 to help us indeed acknowledge that we did experience these pregnancies and these losses, and we can start to heal. Thank you for your time and your consideration.

ERDMAN: [01:02:32] Thank you for your testimony and courage. Are there any questions? Thank you very much.

LISA BRESLEY: [01:02:36] Thank you.

ERDMAN: [01:02:39] Any others proponents? Anyone else wishing to testify in favor of the bill? How about opponents; anyone opposed? Any neutral testimony? Seeing none, Tyler were there any letters?

TYLER MAHOOD: [01:02:56] Yes, I have-- all of the following letters are in support: Amy Dudgeon on behalf of herself, Amy Garrett on behalf of herself, David Linder on behalf of himself, DeAnna Lysenko Long on behalf of herself, Dr. Ann Sjulin on behalf of the Mid-City OB-GYN clinic, Dr. June Wedergren on behalf of the Mid-City-- Mid-City OB-GYN clinic, Dr. Naomi Whittaker on behalf of herself, Kim Robak on behalf of the Nebraska Methodist Health Systems, Seth Hoffman on behalf of himself, Shawna Hoffman on behalf of herself, Shawna Austin on behalf of herself, and Zerlaine Wilcoxen on behalf of herself.

ERDMAN: [01:03:44] Thank you very much. Senator Albrecht, would you like to close? Good luck.

ALBRECHT: [01:03:57] I'm not going to say anymore. And I probably should have passed the box around before we got started. I don't mean to bring these to you with tears, but certainly this is a subject near and dear to all of our hearts. I think everybody knows someone or has had the experience themselves. But I don't know if you all get the letters in your packets, all the senators. If you haven't had a chance to read them all I think it's really important before making your decision. And to all the doctors and ob-gyns that have also come forward and told their stories about the need for this, I think it's important to-- to remember everyone out there that's hurting with something like this. But I really want to thank the amazing mothers that told their stories today.

ERDMAN: [01:04:43] Right.

ALBRECHT: [01:04:43] Again, I think they're just mama warriors. They're amazing ladies that have a cause. And I think that this one is certainly one to be thought deeply about. So I won't continue on, but I would like to say to you, Kristen, and I know you've been through a lot, we also had a loss in our office. Beverly's son and daughter-in-law just lost theirs-- little one. So this is a pretty big deal to, I think, everyone in our state. So, I appreciate all of your concern for the bill. If you have any questions-- both amendments, I think, are needed to clean up the bill to make it what it needs to be, so I'm very much in favor of both of those too.

ERDMAN: [01:05:27] I think Senator Williams has a question.

ALBRECHT: [01:05:27] Yes, sir.

WILLIAMS: [01:05:29] Thank you, Vice Chairman. And thank you, Senator Albrecht, for bringing this. If I'm understanding the legislation correctly, it would allow even those who testified

today to go back and see the certificate.

ALBRECHT: [01:05:42] Absolutely. Absolutely.

WILLIAMS: [01:05:42] Is that way the legislation is drafted?

ALBRECHT: [01:05:45] They just have to check with their medical practitioner to let them know that it was a valid birth, yes.

WILLIAMS: [01:05:51] Many of these cases happen at home, not-- not in a facility, to start with.

ALBRECHT: [01:05:58] Well--

WILLIAMS: [01:05:58] How do we cover that situation?

ALBRECHT: [01:06:00] Well, I'll tell you what. Yeah, most of them do. I was one of them that they just said, you know, just go home, it'll happen this weekend. And I'm like, oh, it'll happen. And I had no idea what I was going to be expecting. It's not like they put you in a hospital bed until it happens. But as long as you had gone to the doctor and he validated that you were in fact pregnant, then you're-- you're good to go with a certificate.

WILLIAMS: [01:06:26] So-- so-- the-- in particular, the women that testified today and others like them, there would be that situation where they've been to a doctor before--

ALBRECHT: [01:06:36] Oh, yes.

WILLIAMS: [01:06:36] -- this happened--

ALBRECHT: [01:06:37] Yes.

WILLIAMS: [01:06:37] -- and they would be able to have those records--

ALBRECHT: [01:06:39] Yes.

WILLIAMS: [01:06:39] -- and make this happen?

ALBRECHT: [01:06:40] Absolutely.

WILLIAMS: [01:06:41] OK. Thank you very much.

ERDMAN: [01:06:42] Good questions. Any other questions? Thank you for bringing this. Very good. Good job.

ALBRECHT: [01:06:51] Appreciate your time.

ERDMAN: [01:06:51] That completes the hearing on LB1040. Yeah, we're going to go back to LB1060, LB1060. Senator Wayne is here. OK, Senator Wayne, we've been waiting all day for this.

WAYNE: [01:07:17] Thank you, Vice Chairman--

WILLIAMS: [01:07:20] Waiting for the paint to dry.

WAYNE: [01:07:21] -- Erdman. We'll try this again, I was here earlier. But I am up in your favorite committee, Senator Erdman – Revenue. I'm on deck, so I'll be heading over there here shortly. My name is Justin Wayne, J-u-s-t-i-n W-a-y-n-e, and I represent Legislative District number 13, which is north Omaha and northeast Douglas County. It is my goal every year to introduce enough bills to visit all the committees, and this is my time to be here. [LAUGHTER] I'm here to introduce LB1060, which adopts the Healthy Kids Act. This bill will require lead wipe tests paid for by landlords and sellers within 90-day windows preceding the sale or rental of the property built before 1978, when lead-based paint was banned. I do want to make a slight interpretation that the bill is not necessarily clean, but in this regard some people are reading the bill to say every time there's a new lease or rent there would have to be a new wipe, and that's not how I intended it. I think once it's on the DHHS registry, it should be good to go, and I'm willing to add any clarifying language regarding that. Landlords and sellers would be exempt from this law once their property, and this is what I meant, has been issued to be lead-- lead-free certification. There are a number of states that have implemented protections similar to this. And given the age and the great deal of homes in this state, I think this bill is a step in the right direction. As a senator representing one of the oldest and most "histeric" areas-- historic areas of the state, this issue is important to me and my constituents. A lot of houses in my district were built prior to 1978 and many which were painted before, then, as a society, we learned about the toxicity of lead. I won't go into all the details about all the effects of lead, as I'm sure many people on this committee have heard about that over the years. As you know, I am the Chair of Urban Affairs, and something we have talked about a lot is the aging housing stock, the aging housing stock in our state. But my district with the dense, old one-story or two-story house isn't even the most at risk. Actually, Senator Erdman, 84.44 of the housing stock in Deuel County, in your district, was built when people thought lead-based paint was perfectly OK. Let's not mistake the point that lead is still the number one environmental hazard in the country for children. Lead: a completely man laid-- manmade problem. We have homes across the state coated with the substance that we know that, scientifically, certainly is to harm our children. Prolonged exposure to it damages brains, kidneys, and nervous systems, and the-- and the bloodstream. It can lead to learning disabilities, seizures, behavior problems. In other more severe cases, people can die from lead poisoning. In the regards to the fiscal note, I think it can be worked out. Nowhere in the bill does it say the Department of HHS has to conduct lead wipes. Yet the fiscal note, by their account, assumes that they will be contracting out the actual lead-base-- wiping of the lead-based paint or the lead-based areas of the house. This is a big assumption. And nowhere in the bill does it say that, and we are open to amendments to clarify that even more. All we are asking is the Department of Health and Human Services to do is issue a lead-free certification-- certificate and maintain a registry. To me, this is no more than an Excel sheet that you can put on the Internet, so it's not very complicated. And I'm willing to offer my services, free, to create that registry on that Excel sheet for them, so there should be no cost. Just last year, the Department of DHHS got a grant nearly for $400,000 for three years from the Center of Disease Control to strengthen childhood lead-poisoning prevention in the state. According to the letter of the Department of Health and Human Services sent to the Clerk's Office on December 12, 2017, describing the grant, the money was going to be used for prevention strategies, surveillance, detection, and prevention, among other things. I think this fits well within the purpose of this bill, and some of those monies could be used there to create that Excel sheet that I don't think costs that much, surely not $400,000. Besides, if HHS isn't tracking where we're having issues, I think that's a bigger problem. If they're to prevent this lead-based paint problem, they should at least be keeping track of where they're finding it. So I think a registry is probably already created somewhere within DHHS. This bill will help us get a grip on the widespread of-- widespread issue of lead-based paint throughout the state, and all it requires, DHHS to maintain a registry. And remember, over 60 percent of the housing stock in this state probably has lead in it, one way or another. All this does is require a lead-bait-- a lead wipe that'll help us identify the problems in the state and make sure that the homes that we have or the homes that we buy are at least lead-free or at least, at a minimum, the buyer knows the risk it. Vice Chairman Senator Erdman and members of this committee, please allow this the bill to move

forward. I am open to any committee amendments. And I appreciate your time and consideration. And as I stated before, I have to go over to Revenue, so I'll not be here for closing. But I am open to any amendments to make this work.

ERDMAN: [01:12:36] Any questions for Senator Wayne? Senator Williams.

WILLIAMS: [01:12:39] Thank you, Senator Erdman. Thank you, Senator Wayne. Could you just describe to me so I understand it what a lead wipe is?

WAYNE: [01:12:45] So some states do it differently. There's a couple people behind me who are more familiar with it, but my understanding of it and seeing it being done, typically they find where in houses where most lead-based paint would be and they would literally take cotton wipe and just test it to see if there's lead on it. Sometimes in other states they require, where there's chipping paint, to actually send the chip-- part of the chippings in to somewhere to get tested. All we're asking for is a wipe.

WILLIAMS: [01:13:16] Thank you.

ERDMAN: [01:13:17] Any questions? Senator Wayne, I got a-- I had a couple questions. I think that the fiscal note said it was like $500 a test. Does that-- did you read that?

WAYNE: [01:13:26] I did read that. I don't know where they got that from.

ERDMAN: [01:13:28] OK. What do you think it-- is it a very inexpensive kit you can get and test yourself, or how does that work?

WAYNE: [01:13:34] I've seen tests at Walgreens for nowhere near $500, like $34 to $45, but I don't know if those tests-- I'm not a doctor and there are some people behind me who are more experienced in this area who can tell you probably more sufficient the exact cost. But I don't think it's $500.

ERDMAN: [01:13:52] So what happens if I have a rental property, and they wipe it and they find that I have lead-based paint? What's the mediation? What do I do?

WAYNE: [01:14:00] Well, it's just like radon, right? So we have some serious problems in our state around the Platte River around radon, and so now, in radon, when you buy a home it's tested. And so as a homeowner, one, you can negotiate your sales price for them to fix it or for me to fix it, but more importantly it puts you on notice. So you as a homeowner can still purchase the house but you're assuming that risk. The problem is right now, sometimes you purchase a home and you don't know what those risks are. And since we already do it for radon and we know the impact of lead-based paint prior to 1978, I think it's important for us to do a buyer beware for any type of property being sold or transferred or leased, that at least they know.

ERDMAN: [01:14:38] Currently, when we sell a piece of real estate we have to give them a lead-based paint disclosure pamphlet that explains the dangers of lead-based paint. That's required if a house was built before 1978. And that information is-- has to be given to them and they have to sign off that they received it. So what's the difference between that and this, and that-- wouldn't the Real Estate Commission have to change their lead-based paint form to accomplish that? I mean they're going to have to have a notice somewhere.

WAYNE: [01:15:02] Yes, they probably will. But, again, just signing, saying that there's lead-based paint-- the issue is you have homes, for example, in my district, historic Florence, that were

built in 1900s that have changed hands multiple times. So who knows whether there's lead-based paint there or not? So just because you acknowledge that, hey, there could be lead but, you know, I signed a form saying that there might be lead, versus an actual wipe so that people know, I think that's different. It's just a prevention to make sure that people buying homes, like I said, particularly in my district, have all the knowledge they need to have, no different than the radon testing that currently goes on.

ERDMAN: [01:15:40] The lead-based paint disclosure now is a federal issue.

WAYNE: [01:15:43] Correct, we're taking it one step further.

ERDMAN: [01:15:44] And so then the state is going to have to have someone designated to go check to see a review or audit to see if we're doing the wipe tests like we're supposed to, right?

WAYNE: [01:15:55] Not necessarily.

ERDMAN: [01:15:56] Who's going-- who's going to police that?

WAYNE: [01:15:57] If they're maintaining a registry, they can do that.

ERDMAN: [01:16:01] But somebody is going to have to audit to see if you're doing it right.

WAYNE: [01:16:04] We have a-- we have an elected official called Public Audits, can they do it? I don't know. I don't know enough about that.

ERDMAN: [01:16:10] That don't happen at our place, in our county. So what happens in a lead-based paint disclosure is we give that lead-based paint disclosure. We get the document from the buyer and the seller and it's in the file. And we've been audited every year. We get audited every year. No one is ever left out. There's never been a federal agency come around to check to see if we're complying with the lead-based paint act. And so someone has to go review whether people are keep-- keeping it up on this. And that'd have to be something from-- somebody from the state because what we do know is federal issue. And that's-- and that's what the state examiner says when he comes to do our real estate files. He looks at those and he never looks at the lead-based paint because it's a federal issue. So we'd have-- we'd have some regulations there on somebody to check to see if we're doing it right.

WAYNE: [01:16:58] That may be, I'm not-- I guess that's out of my realm.

ERDMAN: [01:17:01] I guess I'd have to know what's the mitigation. What do we do if we find lead-based paint? What are the-- what are our choices? Because generally what'll happen if we find that there's some expense there, that's going to be passed on to someone, and that will be to the tenant. And that's probably not what you're trying to accomplish.

WAYNE: [01:17:16] Well, it might be passed on to the tenant, but at the same time I think if I'm a renter, I feel like I have a duty to make sure I don't put the families that I'm renting to and making a profit off in a bad situation to where their kids can be disabled or have-- have bigger problems. And if I'm not that tenant and I don't have that same moral responsibility, then-- then that's on them. But I want to know when I'm renting from a place or I'm buying a place that all precautions for my six-year-old daughter is taken care of. And I think making sure that there's a lead-base-- a lead paint wipe is something that I'm willing to pay for or negotiate with the seller, I think is more than reasonable.

ERDMAN: [01:17:57] We have to give the same lead-based paint disclosure to someone who's renting as well as buying.

WAYNE: [01:18:02] Correct.

ERDMAN: OK.

WAYNE: Well, true and not true. Once it's on the registry, and this is where I said if the-- if the bill is not clear enough I'm willing to an amendment, but if your building that you're renting is determined to be lead-free, or a certificate, then I think, my intention-- and if the bill isn't clear enough I'll clarify-- is that every year you have somebody move in you wouldn't need to recertify that.

ERDMAN: [01:18:25] I understand that. I understand that, but I'm just saying that, currently, whether you rent or sell the property you still have the obligation to describe to them what lead-based paint is.

WAYNE: [01:18:32] Correct.

ERDMAN: [01:18:37] Yeah. Right. Any other questions? Thank you--

WAYNE: [01:18:37] Thank you.

ERDMAN: [01:18:38] -- for your brief opening. Any proponents? Anyone else in favor of the bill? Thank you for coming today.

SHANNON MELTON: [01:18:56] Thank you.

ERDMAN: [01:18:56] If you would, please state your name and spell it for the record.

SHANNON MELTON: [01:18:58] My name is Shannon Melton, S-h-a-n-n-o-n, last name Melton, Me-l-t-o-n. Good afternoon, Vice Chairman and committee members. I am the director of-- director of health programs at Omaha Healthy Kids Alliance. OHK is a children's environmental health organization with over 12 years of experience providing a comprehensive and holistic response to childhood lead poisoning. Houses built before 1978 are more likely to contain lead-based paint, which is harmful to children if not properly maintained. Most children with elevated blood lead levels are poisoned by chipping, peeling, and deteriorating lead-based paint. Lead poisoning is 100 percent preventable, the effects are irreversible, and it remains the number one childhood environmental hazard. There is no safe level of lead for children. Omaha Healthy Kids Alliance performs hundreds of lead dust wipes each year to educate families about lead. Most of the families we serve live-- live east of 72nd Street in Omaha, home to the highest concentration of homes built before 1978, and the highest concentration of families living in poverty. Many of these lead dust wipe results are above the EPA's clearance standards. In these instances, we are not-- we are able to not only educate families about the dangers of lead and encourage them to have their child tested if not already-- if they have not already done so, but also empower them to create a healthy and safe environment through simple cleaning techniques. Two days ago, Kat Vinton, Omaha Healthy Kids Alliance's primary investigator-- an inspector, visited Jennifer and her family. She and her husband purchased their home four years ago in zip code 68131. They now have two children, ages eight months and two and a half years old. Their home was built in 1925 and had original windows and lead-based paint throughout the home, specifically on the porch where their oldest child was starting to play. Six months ago, at her son's annual doctor's visit, he tested-- he was tested for lead. After a capillary and venous blood test, his blood lead levels were 7 micrograms per deciliter above

the CDC's action level, 5 micrograms per deciliter. Jennifer and her husband began to research lead and the health effects in order to determine how to help their now-poisoned child. After talking with Jennifer during her healthy home assessment, she stated she wished someone would have told her about the lead in her home. She also stated that she did sign the lead disclosure, but it was never explained to her. One lead dust wipe could have informed this family. Her eight-month-old son is beginning to crawl, and her paranoia is debilitating at times. Although it is not proven that the health effects of lead are reversible, her and her husband spend a lot of time ensuring that her oldest son is exposed to creative projects, reading, and critical thinking in hopes that they can combat the cognitive effects of lead on their child's brain. Jennifer is also enrolled in the city of Omaha's Lead Hazard Control Program, where $13,238 dollars were invested in their home to replace windows, stabilize paint on the porch and several other areas in her home. Lead-based paint-- lead paint hazard controls like dust wipes can prevent lead poisoning and save money overall. There is a return of investment of $17 to $221 for every $1 invested in lead-based paint-- in lead paint hazard controls. To think-- to think about this in another way, every dollar that is not spent on lead poisoning prevention costs the government and taxpayers $17 to $221. These are dollars being spent on healthcare, special education, and the juvenile justice systems for children who have been or are currently lead poisoned. Adopting this bill will save money, it will prevent cases like Jennifer's, and it will continue to educate families about the dangers of lead and lead dust in order to prevent lead poisoning on children, which is 100 percent preventable. I worked at Omaha's Healthy Kids Alliance for five and a half years. We believe, and I believe truly, that every child deserves to live in a healthy and safe home, free of hazards. Most importantly, the dust wipe is very, very important. But that registry is also very important to help us collect data and determine where the hazards are in our city. And I wanted to also address some of the questions that you had for-- for Senator Wayne. Omaha Healthy Kids Alliance spends $25 for each lead dust wipe, and that includes the lab test-- the lab fees, excuse me. A lead dust wipe is very simple. You use a 12 by 12 inch guide-- or 12 by 2 inch guide, and it's just a simple wipe with a sterilized glove and you send it into the lab. If you do find lead dust, you can use simple cleaning techniques like a wet dusting to help get rid of it. But I think more importantly it may reveal that there is an actual lead hazard present that needs to be addressed so it doesn't cause any issues in the future. And our-- and the city of Omaha does have a lead hazard control program that currently functions to do that. And then you also spoke about Title X, the lead disclosure. A lot of families do sign this, but oftentimes it only tells them that it may-- that there may be lead in their home and that their home was built before 1978. It does not give them a definite answer. The lead dust wipe will do that for these families.

ERDMAN: [01:24:09] OK. Any questions? I may have one. You talked about the paint stabilization on this home that you talked about, Jennifer's home. What-- what is that, painting over it? What-- what does paint stabilization do?

SHANNON MELTON: [01:24:20] Correct. So if there is chipping and peeling paint it is not often advised to abate, which is to actually get rid of the lead-based paint, but rather get it maintained; so stabilize it, correct.

ERDMAN: [01:24:31] OK. All right, thank you. Any other questions? Thank you for your testimony. Any other proponents? Thank you for coming today. If you would, please state your name and spell it.

KATHLEEN VINTON: [01:24:46] Yes. My name is Kathleen Vinton, that's K-a-t-h-l-e-e-n, last name Vinton, V-i-n-t-o-n. Thank you for having me today. I'm a lead-based paint inspector and lead risk assessor. I, like Shannon Melton who you've just heard from, work for the Omaha Healthy Kids Alliance, which is a nonprofit in Omaha, Nebraska. I've worked in the front lines of lead poisoning prevention for the past seven and a half years. For three and a half years I was an investigator for cases of lead poisoning at our local health department. I've been in the homes of hundreds of lead-

poisoned children. Overwhelmingly, the condition of the lead-based paint in these homes was the primary source of the lead poisoning of these children. In many cases, neither the owners of these properties or the parents of the children poisoned had any inkling that the lead hazards were present in these home. Sadly, the canary in the coal mine in these homes have been children, as it is the children's illness which serves as an indicator of the lead hazards in the homes they are living in. We do not want our children to be our canaries in the coal mine. It's at too high a cost for children who do not get to choose where they live. These children's success and productivity in life is greatly compromised by lead poisoning. Lead dust sampling can provide an inexpensive front line of defense for our children. This gives homeowners, property owners, and tenants an opportunity to learn about possible lead hazards on the property. This can empower tenants and prospective homeowners to make educated choices about the homes they may choose to live in. This will also allow property owners an opportunity to learn about and remediate the lead hazards in their properties. Thank you.

ERDMAN: [01:26:30] Thank you. So as a-- as a hazard mitigator, so what does a lead-based paint test cost, say, for me if I'm out in western Nebraska? Do I hire-- do I have to hire somebody to do that or can I do it myself?

KATHLEEN VINTON: [01:26:41] So, if I'm not mistaken, I believe the bill talks about following HUD guidelines in terms of doing lead dust testing, so my guess would be you'd have to have people that are certified lead risk assessors, an independent third party, that would have to come in and perform that test.

ERDMAN: [01:27:06] OK. Thank you.

KATHLEEN VINTON: [01:27:06] You're welcome.

ERDMAN: [01:27:06] Any other questions? Hearing none, thank you.

KATHLEEN VINTON: [01:27:09] Thank you.

ERDMAN: [01:27:09] Thanks for your testimony.

KATHLEEN VINTON: [01:27:11] Thanks.

ERDMAN: [01:27:11] Any other proponents? Anyone else? Thank you for coming today.

ECHO PERLMAN: [01:27:22] Hi. Good afternoon. My name is Echo Perlman, E-c-h-o P-e-r-l-m-a-n, and I'm here today on behalf of the Nebraska Nurses Association to support LB1060, the Healthy Kids Act. Lead is a poison causing damage to the nervous system, including the brain, the hematopoietic system involved in the production of blood, the endocrine system that controls hormones, and the renal system that filters blood. Children are particularly at risk as their brains and bodies are rapidly growing, with lead exposure slowing this growth and development. According to the Center for Disease Control and Prevention, there is no safe level of lead in the blood, with even low levels of lead exposure causing cognitive and behavioral impairment leading to lower IQ, increasing enrollment in special education, and greatly increasing the tendency to engage in criminal activity. A study from the Economic Policy Institute in Washington, D.C., found substantial returns on investment in lead paint hazard control, with each dollar invested resulting in an ROI of $17 to $221 dollars. So to put this in perspective, its useful to compare this cost savings to another widely accepted and legislated public health prevention measure, vaccinations, saving only $5.30 to $6.50 for every dollar spent and considered a large return on investment. Lead exposure is a significant problem in our communities. As a public health nurse researcher, I've been

involved in a collaborative research project working with Douglas County Health Department Childhood Lead Poisoning Prevention Program in Omaha Public Schools implementing school-based blood lead screening of early childhood education children. Our research findings include a significant number of children screened for the first time through our school-based outreach. And of the first-time screened children, a statistically significant number of those children had a higher incidence of presence of blood-- or of lead in their blood compared to children who had previously been screened. This indicates to us from a public health perspective that of this population screened, the most vulnerable children haven't received sufficient primary prevention education or secondary prevention screening to prevent childhood lead poisoning. Further, our public health recommendations based on this research include expanding primary prevention efforts-- such as this bill would require-- mitigating risk of exposure. Thank you for taking the time to consider the social and economic benefits to household lead hazard control. I urge you to support LB1060.

ERDMAN: [01:29:44] Thank you for coming and your testimony. Are there any questions? Thank you.

ECHO PERLMAN: [01:29:48] Thanks.

ERDMAN: [01:29:48] Thank you very much. Any other proponents of LB1060? Any opponents? Thank you for coming today. If you would, please state your name and spell it.

JOHN CHATELAIN: [01:30:17] Yes. John Chatelain, C-h-a-t-e-l-a-i-n, and I am the president of the Metro Omaha Property Owners Association. And we also relate with the owners and managers association of Lincoln, Nebraska, which is called REOMA, and with the Gage County Rental Property Owners Association in Beatrice, and other groups across the state. And I'm also speaking on behalf of the Apartment Association and the Nebraska Association of Commercial Property Owners, and I have-- have a handout for them as well. Gene Eckel was planning to speak on this today, but he's over in another committee hearing right now-- thank you-- so I told him I would pass out his letter. Our association opposes LB1060. It's unfortunate that the bill is called the Healthy Kids Act because it kind of portrays anyone that would oppose the act as against healthy kids, and we certainly are not against healthy kids. But we feel that the requirement of a dust wipe assessment for any property that's being sold or rented-- and it looks to me like from the bill as drafted, it would have to be dust wiped every time it was rented. And this is an extra burden on the landlord and that cost seems to be somewhat unknown. But we've got, you know, a limited number of people that can do the investigation. So it appears that the cost of that is sort of going to be out of control of the consumer. Section 1(4) of the act defines lead dust wipe assessment as an investigation to determine the presence of lead-based paint hazards conducted by a firm or individual licensed in accordance with the Residential Lead-Based Paint Professions Practice Act-- I don't know who that is, but it's probably a fairly small group of people-- and conducted in accordance with such act and rules and regulations adopted and promoted by the department under such act or the Healthy Kids Act. Now the difficulty I see here is, how is anybody going to know whether they're in compliance with this act or not? And what does in accordance with the Residential land based-- Lead-Based Paint Professions Practice Act mean? And is-- is this some-- some kind of effort to get more business for the inspectors? I'm not sure quite what's going on here. A recent Omaha poll-- or recent Omaha World-Herald article reported that the percentage of children testing high for lead has dropped dramatically since the 1990s-- and this article is in the packet there-- because kids have been tested and the lead risks have been reduced. This article reports a twentyfold drop in Douglas County children testing high for lead. That might explain why the investigators for lead maybe need more business. I'm not sure. What additional rules and regulations might be adopted and promulgated by the Department of Health and Human Services? Seems to me that it's somewhat of a bit of a blank check here by the department. A couple of weeks ago I was in a hearing where we were talking about how is the government going to pay for all of the things that it's doing now. And this appears

to be a bill that would ask the government to do even more than it's currently doing. Section 4(2) of the bill requires the landlord to perform the dust-- the dust wipe assessment not more than 90 days before renting. And as I read the bill I have to disagree with Senator Wayne a little bit. It looks like it has to be done every time that the unit is rented. And how much would this cost? No one knows. What would happen if it-- if it tested positive? What would the cost of the remediation be? It's very unclear. The rental unit is once tested; why would it need to be tested again? And how would the landlord know if the property was fully in compliance? Section 5 reveals sort of a hostility towards landlords, it appears to me. And the tenant would have a cause of action against the landlord and may recover actual damages, court costs, and reasonable attorney fees. I've been an attorney for 38 years and I'm always worried about those provisions in the act that allow for attorney fees, because it gives the person that's suing a great advantage. If you're fighting one of those lawsuits you have to keep in mind that if you lose, not only will you pay your own attorney fees, but you will pay the attorney fees for the other side. So there's a-- there's a great pressure there to settle the case and just get it over with. Because of Section 6 allows the tenant to get out of paying rent and guarantees return of deposit, I would see a major incentive here for the tenant and the tenant's lawyers to raise this issue when the tenant is being evicted for nonpayment of rent. It would make it very difficult to evict that tenant. This issue has been addressed already for a number of years by-- by landlords. In the packet there is the waiver form where the landlord discloses any information they have about it. And the tenant can conduct a risk assessment if the tenant wants to, or the purchaser could conduct a risk assessment if the purchaser wanted to. This bill would shift the onus on to the landlord or to the seller of the property. There are always--

ERDMAN: [01:36:11] Sir, your red light is on.

JOHN CHATELAIN: [01:36:11] Am I out of time?

ERDMAN: [01:36:11] If you could kind of wrap it up.

JOHN CHATELAIN: [01:36:13] OK. I'll try to wrap it up.

ERDMAN: [01:36:14] OK.

JOHN CHATELAIN: [01:36:15] There is always unintended consequences when the government intervenes in the private market. The intervention causes unintended consequences, which then cry out for more intervention by the government, which again creates unintended consequences. And on and on it goes until the point where the industry is just about destroyed. We have to balance the safety of the children to the availability of housing. You know, these costs will not just be absorbed by the landlords without it being passed on to the tenant.

ERDMAN: [01:36:48] All right.

JOHN CHATELAIN: [01:36:48] And so tenants are already struggling to pay the high rents that they're paying. And I could see people, particularly in small towns that maybe have one or two rental houses, if they know they are faced with this type of regulation, they might just say, well, I'm not going to rent the house any longer. I'm either going to sell it as a private residence for someone or I'm going to--

ERDMAN: [01:37:10] OK.

JOHN CHATELAIN: [01:37:10] -- just let it stand empty. And we will lose available housing for--

ERDMAN: [01:37:14] OK.

JOHN CHATELAIN: [01:37:15] -- for low-income people.

ERDMAN: [01:37:17] Thank you very much. Have any questions? I see you've included the lead-based paint disclosure, and I understand that. So do you have any opinion how you would mitigate if you had lead-based paint, I mean, besides paint over it? Would you have to remove the lead-based paint and then paint, or how would you do that?

JOHN CHATELAIN: [01:37:36] I think it's uncertain. In Omaha, the city of Omaha has a lead-based paint remediation department--

ERDMAN: [01:37:43] OK.

JOHN CHATELAIN: [01:37:43] -- and I don't know how they're funded. I suspect they're funded by the federal government. That-- that wouldn't be available to everyone across the state, I wouldn't imagine. So once the property is determined to have a lead problem and it's uncertain what would have to be done to remediate it, I could see those landlords just saying, well, I'll just take it off the market. I'm not going to try to comply with this. I can't afford it and I can't pass the cost on to low-income people.

ERDMAN: [01:38:14] Were you here earlier when I asked the question to Senator Wayne, who was going to regulate this or review or audit this to make sure we were doing it, make sure we were complying? Were you here when I asked that question?

JOHN CHATELAIN: [01:38:24] Yes, and I didn't understand how compliance would be-- would be audited.

ERDMAN: [01:38:29] Yeah, that's--

JOHN CHATELAIN: [01:38:29] I don't know how that would be.

ERDMAN: [01:38:31] You know, we, in our real estate business we have an audit once a year by the Real Estate Commission. And they don't even review our lead-based paint disclosures because it's a federal issue. And so we'd have to designate somebody to go out and make an annual review to see if the properties that we rent or sold-- sold are in compliance. Somebody has got to check that.

JOHN CHATELAIN: [01:38:51] Right, and who’s doing it?

ERDMAN: [01:38:52] The audits just don't work real well.

JOHN CHATELAIN: [01:38:53] Um-hum.

ERDMAN: [01:38:55] Yeah, I understand.

JOHN CHATELAIN: [01:38:56] Well, I don't deny that lead could be a problem, but there could be a number of other environmental hazards in the home as well.

ERDMAN: [01:39:02] I agree.

JOHN CHATELAIN: [01:39:02] And If we shut down every house that's got some environmental hazard in Omaha, we'd have 200,000 people living homeless because, I mean, the cost of fixing

those homes would be too great. There wouldn't be enough government assistance to help with the remediation. And I could see a real problem.

ERDMAN: [01:39:20] In the group-- in the group that you represent, do you know of any of those who test for lead-based paint now?

JOHN CHATELAIN: [01:39:27] I don't know any landlords that test on their own. Typically how it happens is that a child may test positive for lead--

ERDMAN: [01:39:37] OK.

JOHN CHATELAIN: [01:39:37] -- in the blood and then the health department will come into the residence--

ERDMAN: [01:39:42] OK.

JOHN CHATELAIN: [01:39:43] -- and-- and write up what needs to be done with the residence. And that's where the city's remediation program comes into play--

ERDMAN: [01:39:52] I see, OK.

JOHN CHATELAIN: [01:39:52] -- and I doubt whether they have similar programs across the state like that.

ERDMAN: Well, we don't. We don't in western Nebraska.

JOHN CHATELAIN: [01:39:58] Right.

ERDMAN: [01:39:59] Yeah. Thank you for your testimony. Any other questions? Hearing none, thank you.

JOHN CHATELAIN: [01:40:05] OK. Thank you.

ERDMAN: [01:40:06] Are there any other opponents? Please come forward, sir. Thank you for coming today. If you would, please state your name and spell it, and begin when you're ready.

STEVE OBORNY: [01:40:24] OK. My name-- my name is Steve Oborny, I'm representing myself. I--

ERDMAN: [01:40:29] Could you spell your name?

STEVE OBORNY: [01:40:30] Steve Oborny is S-t-e-v-e, and last name is O-b-o-r-n-y.

ERDMAN: [01:40:38] Thank you.

STEVE OBORNY: [01:40:39] And I'm represent-- representing myself, but I'm a member of REOMA here in Lincoln, Nebraska. I feel that it's duplication of the EPA laws that are right now. We've also had representatives from Kansas City from the EPA that have talked to us about lead-based paint over the years, so we invite them over for the latest information. I feel that we have to give a disclosure every time we-- every time we rent a place we have to have a disclosure. It has to be on record, and we also have to give a pamphlet that shows what that requirement is. Now, I know some fellow REOMA members that have-- the EPA has dropped in on them and they want to

see their records. And that's happened to-- here, right here in Lincoln, Nebraska. So that's why I feel that it's a duplication of that. Now, as far as the lead-based paint, it has to be-- it's mostly dust, chips, and that sort of thing. It has to be encapsulated, which means it has to be covered up. As long as it's covered up and it's not in the dust form or a chip form, it's-- it's OK. I know you requested how much inspections are. I have paid $300. I can't do it myself, I have to send in and I have to have a professional actually do it to, you know, pay that fee. So it cost me $300. I recently have remodeled one of the older homes. I spent $40,000 because they had to go on there, and I'm not sure what the inspection was, but the inspection was included in all that. But it cost me $40,000 to have it renovated; the whole interior, to have it all redone. Now over the years, all my older homes now all have new windows in them because, according to the representative from the EPA from Kansas City, they say that in the sashes is the most lead-based paint. So that's where it's coming from. So if you have a putty or something like that that's coming off of your windows, that is the biggest hazard that you have in that, you know, in the home. There's other things too. Now you have to have the outside covered-- the paint has to be covered. I think, if I remember, it's 20 square feet. If it's any more than that, then you have to have that thing inspected and, you know, repainted. And the inside, I think it's six square feet. What else was I going to say? I know that my brother now-- he's in the construction business. I've been in the construction business for a long time. I no longer go out the last couple years. But we keep taking down these older homes, and most of them are REOMA friends. Our landlords have also helped to encapsulate and get rid of windows. So we've been working on this for a long time so I feel it's a duplication of the EPA regulations. That's all I have. Any questions?

ERDMAN: [01:43:54] OK. Thank you very much. Any questions? Seeing none, thank you. Any other opponents? How about neutral? Anyone neutral? Tyler, do we have letters?

TYLER MAHOOD: [01:44:08] Yes. I have a letter signed by Dr. Richard Azizkhan and Liz Lyons of Children's Hospital and Medical Center in support; a letter signed by Kevin Cluskey of Friends of Public Health in Nebraska in support; Julia Tse of Voices for Children in Nebraska in support; Marcia Blum of the National Association of Social Workers, Nebraska Chapter, in support; Liz Lyons and Pat Connell of Nebraska Health and Education Alliance in support; Jenni Benson of the Nebraska State Education Association in support; Richelle Moffitt on behalf of herself in support; and Korby Gilbertson on behalf of the Nebraska Realtors Association in opposition.

ERDMAN: [01:44:51] You said that last one was opposition?

TYLER MAHOOD: [01:44:53] Correct.

ERDMAN: [01:44:53] OK, thank you. OK, with that, that ends the hearing on LB1060. I'll turn it over to Senator Riepe.

RIEPE: [01:45:01] Thank you, Chairman Erdman. Our next bill up for hearing is LB922, and it's Senator Vargas. And it's called the Adopt the All Kids Health Care Program. Senator Vargas.

VARGAS: [01:45:17] Chairman Riepe.

RIEPE: [01:45:17] Introduce yourself, please, then the show is yours.

VARGAS: [01:45:20] Thank you very much, Chairman and members of the committee. My name is Tony Vargas, T-o-n-y V-a-r-g-a-s. I represent District 7, the communities of downtown and south Omaha in the Nebraska Legislature. I want to thank you, Chairman and members of the committee, for being here today. I'm here today to talk to you about my bill, LB922, which creates the All Kids Health Care Program. The purpose of this program is to extend access to healthcare coverage to all

low-income children in Nebraska regardless of their immigration status. Currently there are uninsured Nebraska children who would qualify for Medicaid or CHIP but can't because of their immigration status. LB922 would create the All Kids Health Care Program health insurance program that would cover children under the age of 19 up to 200 percent of the federal poverty level who meet all the eligibility requirements for Medicaid or CHIP except for their immigration status. Children enrolled in the All Kids Health Care Program would receive the same benefits and services as are provided under Medicaid and CHIP. This means they could access a wide array of benefits, like inpatient and outpatient services, exams, and prescriptions. Now generally, children who are undocumented and who are lawful permanent residents but haven't been the U.S. for five years can't qualify for Medicaid or CHIP. Some states, including Nebraska, have taken up a federal option to cover permanent resident children who have not been in the United States for five years. The All Kids Health Care Program covers children who are undocumented or who have an immigration status that makes them ineligible for Nebraska Medicaid or CHIP. The All Kids Health Insurance Program is both good fiscal and health policy. Without health insurance, children who would be covered under this bill rely on safety net providers or emergency Medicaid EMSA if the condition becomes serious enough. LB922 would also allow children to receive important childhood screenings, treatment, and preventative care sooner and in more cost-effective settings. Studies have shown that children with-- within Medicaid are more likely to have a usual source of care and go to well-child and special-- specialist visits with more than uninsured-- let me say this again. Studies have shown that children with Medicaid are more likely to have the usual source of care and go to well-child and specialist visits than uninsured children. Now Medicaid and CHIP both lead to improved health outcomes, we've seen that, include-- including reduced child mortality, fewer avoidable hospitalizations, and increased educational attainment. Similar outcomes could be possible under the All Kids Health Care Program. Now LB922 follows the leadership of six other states and D.C. where state legislatures have expanded access to health coverage to all low-income children. Now passage of this bill would allow Nebraska children to continue this leadership and prioritize the healthcare needs of all kids. With that, I'm happy to answer any questions.

RIEPE: [01:48:19] OK. Let's see if we do have any questions. Any questions from the committee? Senator Crawford.

CRAWFORD: [01:48:24] Thank you, Chairman Riepe. And thank you, Senator Vargas, for being here today. Basically the children would go into our existing-- would they-- what-- there's many references to the All Kids Health Care Program. And it talks about being a separate program from our medical assistance program, but administered by the Department of Health and Human Services in the same way as our medical assistance program to the greatest extent possible. So I-- just trying-- I mean, clearly we're keeping the money separate, but are-- are we trying to create any other differences, or is it basically just being very clear that-- that-- that we are paying with this pot of money for these kids and this pot of money for the other kids, but basically the same Heritage Health managed care system would be in place to-- that-- that-- that-- that the purpose will not-- well, I'll stop rambling. Basically, how does this work?

VARGAS: [01:49:22] I think you're getting to the right end game, which is the same benefits that are currently provided for individuals that are covered under Medicaid and CHIP would also be provided to children that would-- who would be eligible for this program. So, if-- if they qualify for those providers under Medicaid and CHIP, then they would also qualify. But we made this into-- this is intentionally written this way because the way the current law is. It-- the current program under Medicaid and CHIP qualifies which individuals of which status are eligible to then get that funding. And so we're-- that's why we're stating that this would cover all kids insofar as that would also address all the needs under Medicaid and CHIP if they're-- and allow them to be accessing all those same resources and same healthcare support mechanisms.

CRAWFORD: [01:50:14] So would they probably be in those same contracts along with the other--

VARGAS: [01:50:21] Yes.

CRAWFORD: [01:50:21] -- kids.

VARGAS: [01:50:22] Yeah.

CRAWFORD: [01:50:23] OK, thanks.

RIEPE: [01:50:26] Senator Howard.

HOWARD: [01:50:27] Thank you, Senator Riepe. Thank you for visiting with us today. What are the other six states?

VARGAS: [01:50:32] The other six states: Washington, Oregon, California, Illinois, New York, and Massachusetts.

HOWARD: [01:50:41] And then for those other six states, is-- so this isn't like a waiver for Medicaid or CHIP. This is just we decide that we're going to cover kids who are undocumented who haven't been here for five years. And that it's in the best interests of the public as a whole, right?

VARGAS: [01:50:57] Correct. In those states they did exactly that. They-- they-- because, again, there are exceptions for certain immigration statuses and they basically said there's no exceptions; all kids, no matter what, under certain age that meet certain federal qualifications in terms of poverty level qualify.

HOWARD: [01:51:17] And so your-- your expectation is that the application process will be very similar.

VARGAS: [01:51:21] Um-hum.

HOWARD: [01:51:21] Every-- every-- it would just sort of be like another population that sits inside of our existing program.

VARGAS: [01:51:28] Yes.

HOWARD: [01:51:28] OK. OK, thank you.

RIEPE: [01:51:31] OK, thank you. I have a question-- or a couple of-- First of all, I see that we have potential testifiers here from OneWorld. And is this where most of this population goes for care now, as going in as uninsured?

VARGAS: [01:51:47] I will let individual-- they put-- they put in a letter. But I can't speak to the exact numbers of individuals that are coming in that are uninsured that are undocumented going to OneWorld. But I will say that this isn't confined to just one area of Nebraska.

RIEPE: [01:52:00] OK.

VARGAS: [01:52:00] I think we're seeing a large undocumented population in Nebraska and we

want to make sure that all individuals are not, sort of, falling into this gap and kids that are in our state are getting the healthcare access and needs that they are warranted to make sure that they can lead healthy and productive lives and be contributing members of our state.

RIEPE: [01:52:19] OK. I think that we have the president or executive director of all federal health centers across the state, not that they're in every town, is here so that we can have some-- and in that case obviously we have some federal support. So it's not as if there's not dollar one. It's just not showing up as a Nebraska cost directly. Second question that I have is, would you share with me what the priority status is on-- on LB922?

VARGAS: [01:52:51] Priority status?

RIEPE: [01:52:52] Do you have a priority assigned to it, committed to it?

VARGAS: [01:52:56] Oh, to LB922? I do not have a priority status.

RIEPE: [01:52:58] OK. The other question that I would have, too, given the fiscal note, as a member of the Appropriations Committee, have you identified a funding source for that little $3 million ticket?

VARGAS: [01:53:10] I have not identified a funding source, although I would say that, in the Appropriations Committee, we don't make-- we're making decisions on priorities that we invest into the state Nebraska. We talk about making sure that we're increasing public safety. We invest in corrections. We invest in mental health, behavioral health, education. And I can see that this is a critical way forward, a path forward. If we want to continue to grow our state, if we want to continue to make sure all kids are leading healthy lives and can-- can stay and contribute to our state, I think this is something that we can and should look at to prioritize, so. We had a long hearing yesterday by the University of Nebraska and we had amazing students from all walks of life come. And I imagined if there were health complications for those children growing up, how that could affect their educational attainment and their life outcomes. And I could see myself on the Appropriations Committee, I'd prioritize something like this.

RIEPE: [01:54:09] OK. OK. That answers my questions, at least at this time. Is there-- are there any other questions from the committee members? Seeing none, thank you very much. We assume that you'll be waiting around or holding around for closing.

VARGAS: [01:54:22] I may.

RIEPE: [01:54:22] OK. That's a maybe. OK.

VARGAS: [01:54:23] Thank you.

RIEPE: [01:54:24] OK, thank you. Proponents, please. Welcome. We know you know how the drill works, so please.

ANDREA SKOLKIN: [01:54:45] I do. Thank you very much, Senator Riepe, members of the Health and Human Services Committee. As you know, my name is Andrea Skolkin, A-n-d-r-e-a S-k-o-l-k-i-n, and I am the chief executive officer of OneWorld Community Health Centers in Omaha. I'm here today representing the Health Center Association of Nebraska and our seven federally qualified health centers. Our health centers, as you know, are nonprofit, community-based organizations that provide high quality medical, dental, behavioral health, pharmacy, and support services to 85,000 patients annually: 70 percent of our patients are racial or ethnic minorities; 93

percent live at or below 200 percent of poverty and half are uninsured. We are the state's safety net for low-income Nebraskans, and I'm here today to state our support for LB922. And we'd like to thank Senator Vargas for introducing this important legislation. LB922 extends Medicaid and CHIP coverage to children who would otherwise not qualify but for their immigration status. According to 2016 estimates from the U.S. Census Bureau, over 25,000 children are uninsured in Nebraska. This problem is even greater in rural areas in Nebraska, where 6 percent of children are uninsured. In 19 rural Nebraska counties, over 10 percent of the children are uninsured. The seven Nebraska community health centers served 8,757 uninsured children across the state in 2016. Over one in every three uninsured children was seen in a community health center. At OneWorld, 38 percent of the children we see or serve are uninsured. As is true of other medical facilities in the state, we do not ask immigration status for the families that we care for. But we do know that uninsured children have substantial barriers in accessing care, especially specialty care. Eighty-five percent of children covered by Medicaid and CHIP have had a well-child visit, as opposed to only fifty-three percent who were uninsured. Children covered by Medicaid and CHIP are 71 percent more likely to have a specialty care visit than those who are uninsured. While Nebraska's community health centers provide comprehensive primary care services, we do not provide inpatient or specialty care services. Ensuring access to quality specialty care as well as primary care for our patients is much easier when they are insured. The children that would be covered by LB922 are our patients. However, community health centers do not have the capacity to serve all uninsured children in the state for all of their healthcare needs. Having the All Kids Health Care Program in place would enable significant improvement to the lives of these immigrant children, bringing them better school success, assuring their bright future. In addition to the children themselves, our communities would be healthier, too, because more children will have healthcare homes, receive preventive care, and have timely treatment for illnesses. We urge the committee's support of LB922 and I thank you for your time. Again, I'm happy to answer questions.

RIEPE: [01:58:33] Thank you. Are there questions? I have a several,--

ANDREA SKOLKIN: [01:58:39] Sure.

RIEPE: [01:58:39] -- a couple, three. First of all, do you ever turn away any child?

ANDREA SKOLKIN: [01:58:42] No, we-- we might not have an appointment, Senator Riepe, at the time they call, but we do try to get all children cared for, though our budgetary situation is sometimes a challenge for us. If you think I'm assuming the question alludes to our federal support that can help defer some of the costs, as any nonprofit will tell you, there's never enough pieces of the pie to cover the topic.

RIEPE: [01:59:15] Second question is, do you have a relationship, either a formal or informal, with Children's Hospital or some other hospital for when, inevitably, some of these children will have to be hospitalized?

ANDREA SKOLKIN: [01:59:26] Yes, Senator, we do. For all our uninsured patients-- well, at least in Omaha. I cannot speak to what's available throughout the state. We do work with all of the health systems for specialty care for the uninsured, which then becomes their financial issue to take care of.

RIEPE: [01:59:50] And in the process, let me pick on-- if it's Children's Hospital, that they would waive any collection effort, if you will. If they know it's uninsured and there's no resources--

ANDREA SKOLKIN: [02:00:01] Senator, I cannot address that. I know they work hard to find coverage. They do have-- each hospital does have a sliding fee scale. But when we get into costly

procedures, there still is a financial burden to families and I do know that many of the hospitals do have collection procedures.

RIEPE: [02:00:27] OK. I would just hope that we don't get into lien-- lien procedures, etcetera, etcetera. The other last question that I have is this. Are you allowed legally to, given your federal status, to-- I mean, I'm assuming legally you are under obligation to take any and all children.

ANDREA SKOLKIN: [02:00:47] That is according to the Public Health Service Law, we take all comers.

RIEPE: [02:00:54] OK.

ANDREA SKOLKIN: [02:00:54] And so we all abide by the federal law that--

RIEPE: [02:01:00] Of course, OK. How much does that-- how much do you consider that your federal support on a annual basis, what's the-- what's the gross on that? I mean, it's somewhere millions, but--

ANDREA SKOLKIN: [02:01:12] Senator, each health center gets a differing amount of money. I don't know the total for the state, but I can tell you for OneWorld our federal amount of money is $6.5 million for a $43 million budget.

RIEPE: [02:01:30] Twenty-five million for a forty-three million dollar loss?

ANDREA SKOLKIN: [02:01:32] Six million-- $6.5 million from the federal government for a $40 million dollar budget.

RIEPE: [02:01:40] OK. OK. That's-- that's sufficient for me. Are there other questions from the committee members? Seeing none, thank you.

ANDREA SKOLKIN: [02:01:48] Thank you.

RIEPE: [02:01:49] Thank you for taking on the questions. Additional proponents, please. Appleseed, right?

JAMES GODDARD: [02:01:59] Good afternoon.

RIEPE: [02:02:01] Welcome.

JAMES GODDARD: [02:02:01] Thank you. My name is James Goddard, that's J-a-m-e-s G-o-d-d-a-r-d, and I'm the director of the healthcare access program at Nebraska Appleseed, here today to testify in support of LB922. Our communities are strongest when all children are healthy. To better ensure health, children need access to health insurance and healthcare. At present, there are low-income children in our state that do not have this access due to their immigration status. Because they cannot access health insurance, these children are more likely to miss important screenings, treatments, and care that can help them live healthier lives. LB922 aims to improve child health by creating the All Kids Health Care Program, allowing all low-income children to access health insurance regardless of their immigration status. The program would be entirely state funded since the majority of services would not be eligible for federal matching under Medicaid. And under the program, children would receive the same services as under Medicaid and CHIP, including important screenings, exams, outpatient care, among other types of services. Our workplaces, schools, and communities are more stable and productive when our healthcare system takes care of

children. LB922 would help ensure all low-income children have access to health insurance and increased access to preventative care and treatments. This could prevent children from suffering potentially lifelong ailments. In short, LB922 would make sure we are taking care of all children in Nebraska. And with that, I would conclude. And just one comment to your question, Senator Crawford, about the administration of it.

CRAWFORD: [02:03:33] Um-hum.

JAMES GODDARD: [02:03:33] I-- I think that there-- there's a lot in the legislation that is ultimately delegated to the department to make--

CRAWFORD: [02:03:40] OK.

JAMES GODDARD: [02:03:41] -- decisions about how they want to do one thing or another. But as I understand it, the intent of the legislation is to run this program as similarly to the Medical Assistance Program as possible, leaving a number of decisions to the department. With that, I'll conclude and--

RIEPE: [02:03:58] OK.

JAMES GODDARD: [02:03:58] -- answer any questions, if I can.

RIEPE: [02:03:59] Let's see if there are any questions from the committee members. Do you know, and this may be an operational one, it's my guess that all the vaccines are provided at no cost and that the organizations that provide those are provided an administrative-- administrative fee for giving the vaccine. So no child is not offered the opportunity for a vaccine.

JAMES GODDARD: [02:04:30] If I'm remembering this correctly, I think things like vaccines or things for contagious disease do not fall under the federal limitations for funding related to immigration status. If I'm remembering correctly, I believe that's one of the exceptions, so that immigration status is irrelevant for-- for things like that, if I'm-- if I'm remembering that correctly. But I can confirm that and let you know.

RIEPE: [02:04:57] Well, yeah, I would think they would be, but-- OK, thank you. Senator Linehan, please.

LINEHAN: [02:05:03] Excuse me. Thank you, Chairman Riepe. I'm sorry, I was at another committee, actually two today, introducing bills. I think it's our round robin of getting everything done this week. Would pregnant women fall in the same category now as pregnant women on Medicaid? An undocumented pregnant woman, would she be covered if she was pregnant under this plan?

JAMES GODDARD: [02:05:24] So if you had a pregnant woman who was undocumented that met all other income criteria, that individual would be eligible right now for prenatal care under the 59--

LINEHAN: [02:05:35] Because of the child is going to be--

JAMES GODDARD: [02:05:35] Yeah, the 59--

LINEHAN: [02:05:35] OK, I got it.

JAMES GODDARD: [02:05:35] -- the so-called 599 program.

LINEHAN: [02:05:41] OK. All right, thank you. I forgot that. Thanks.

JAMES GODDARD: [02:05:45] Sure.

RIEPE: [02:05:45] OK, thank you. Are there additional questions? Seeing none, thank you--

JAMES GODDARD: [02:05:48] Thank you.

RIEPE: [02:05:49] -- again for being with us. Proponents? And I'm going to guess Voices for Children. Welcome.

JULIA TSE: [02:06:00] Good afternoon, Senator Riepe and members of the Health and Human Services Committee. For the record, my name is Julia Tse, J-u-l-i-a T-s-e, and I'm here on behalf of Voices for Children in Nebraska in support of LB 922. We believe that our future path to prosperity in Nebraska hinges upon the health and well-being of all children in our state. We support LB922 because it ensures that all children have the opportunity to work towards a brighter future by first protecting their health during the critical years of early development. Health insurance coverage for children is one of the most cost-effective investments that we can make as a society. When families are unable to afford private health insurance, public health insurance programs protect children from developmental losses, poor educational attainment, and even premature death. When children miss key preventive screenings and treatment, they are more likely to suffer from costly serious or chronic illness in adulthood. Keeping our children healthy is also good for communities. The direct cost of uncompensated care and expensive hospitalizations for delayed treatment of relatively minor health conditions are absorbed-- are absorbed by local budgets and healthcare providers, and ultimately by taxpayers at every level of local government. Recent estimates of uncompensated care in Nebraska totaled $198 million in just 2013. Beyond the fiscal impact of poor access to healthcare in childhood, communities also suffer a significant opportunity cost in that poor health negatively impacts work force participation and productivity while high rates of uninsured individuals creates financial instability among healthcare providers, oftentimes leaving communities with healthcare provider shortages. Research shows that we have many missed opportunities to better support the health and well-being of children in our state. In 2016, 23,514 Nebraska children were uninsured, which was about 5 percent of all children in our state. The vast majority of these children are likely eligible but unenrolled in Medicaid or CHIP. Our efforts to foster the health of our next generation must focus on children who face the most significant barriers to good health. The research shows that race and ethnicity, income, parental citizenship status, nativity and citizenship of the child, and parental language proficiency are all significant barriers to accessing insurance coverage and even receiving regular physical or mental health services. For 30 years and counting, Voices for Children in Nebraska has advocated for pro-kid policymaking that builds strong communities and families in which all children can thrive. We have become increasingly troubled that the public discourse on immigration has failed to keep the best interests of children at the forefront. No matter where we were born, we believe that all people deserve laws that honor all of our dignity as a human being. We must remember this country's place in history as a place where he-- where people can come to work toward a better life and to fulfill their hopes and dreams for their children. We must also remember our country's history of endorsing systemic, institutionalized, and structural barriers to opportunity for people of color and do our best to not repeat our past mistakes. Nebraska is an increasingly diverse place, and immigrant families are an important part of our economy, our work force, and our social fabric. We support LB922 because it ensures that all children can thrive regardless of their immigration status. We thank Senator Vargas for his leadership on this issue and this committee for their time and consideration. I would respectfully urge you to advance the bill. Thank you.

RIEPE: [02:09:47] Thank you. Are there questions from the committee members? Seems not.

JULIA TSE: [02:09:48] Thanks so much.

RIEPE: [02:09:48] Thank you, again, for being here. Are there additional proponents? Seeing none, is there anyone here who's testifying in opposition? Director Thompson, welcome back.

ROCKY THOMPSON: [02:10:20] Thank you. Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Thomas "Rocky" Thompson, T-h-o-m-a-s R-o-c-k-y T-h-o-m-p-s-o-n, and I serve as the interim director of the Division of Medicaid and Long-Term Care in the Department of Health and Human Services. I'm here to testify in opposition to LB922. As written, LB922 would create a separate program from the Medical Assistance Program, however, with the same benefits and services provided under the Medical Assistance Program, a Medicaid lookalike program, you can say. The program would be administered by the Department of Health and Human Services. LB922 would extend the Medical Assistance Program to children under the age of 19, those that have a family income to or less than 200 percent of the federal poverty level, and meet all other eligibility requirements of the current program, with the exception of immigration status, and precludes a determination of nonresident status for a child solely based on immigration status. Now, under the Medicaid program, federal funds cannot generally be used for individuals who do not meet citizenship or immigration requirements. The primary exception, as said-- said before, is for individuals who are in need of emergency medical services. This limited coverage is for individuals who are emergent and are life-threatening medical needs and who do not qualify for Medicaid due to immigration status. All of the benefits, services, and program administration expenses created by LB922 would be covered by all state General Funds. Based upon data from the American Immigration Council and the National Center for Children in Poverty, approximately 1,200 youth in Nebraska may be eligible under LB922. The cost for the expansion of the Medicaid program would be over $2.4 million in the state fiscal year 2018-2019, and over $2.8 million for state fiscal year 2019-2020, all of which would have to be covered using state General Funds. As the department is focused on sustaining its current programs and services to current eligible Medicaid recipients, LB922 is not sustainable. It would put additional fiscal burden on the state and the department. For these reasons, the department opposes LB922. Thank you for the opportunity to testify. I am happy to answer any questions you may have.

RIEPE: [02:12:30] Thank you, Director Thompson. Are there questions? Senator Linehan, please.

LINEHAN: [02:12:33] Thank you, Chairman Riepe. Thank you, Director Thompson, for being here. I appreciate-- you've been here a lot this week.

ROCKY THOMPSON: [02:12:38] Thank you.

LINEHAN: [02:12:40] We're not going to be here tomorrow, so day off. OK. You say 1,200 here, probably, and then Voices for Children said 5 percent of the children. But-- and they said the vast majority of those-- of the 5 percent are uninsured, are likely eligible but unenrolled in Medicaid or CHIP. So, I know-- I think everybody tries really hard to get kids who are eligible for CHIP registered, but they've-- what I've-- I think-- I can't remember if you or somebody else in the department told me, what happens is they kind of stay enrolled until they get their preschool or their kindergarten physical and then they kind of fall off until-- is it-- why do we have-- I mean, it's great coverage, right? So why would there not be anybody signed up that's eligible for CHIP?

ROCKY THOMPSON: [02:13:32] That's a good question, Senator Linehan. I know that there's efforts underway by different-- different community organizing groups and other organizations and

especially the schools to make sure that uninsured children that qualify for CHIP coverage or Medicaid coverage do qualify.

LINEHAN: [02:13:49] So-- and it's up to 200 percent of the poverty level, your income, right?

ROCKY THOMPSON: [02:13:54] Right about 200.

LINEHAN: [02:13:55] OK. So the 1,200 children we're evidently talking about are undocumented kids.

ROCKY THOMPSON: [02:14:00] That is our estimate, Senator. Now, because there's no real database for undocumented individuals because of their--

LINEHAN: [02:14:09] Undocumented.

ROCKY THOMPSON: [02:14:09] -- legal status, that is an estimate. So we don't know-- quite know the number in the state.

LINEHAN: [02:14:16] OK. And you can't cover them because the federal government says you can't cover them.

ROCKY THOMPSON: [02:14:19] We would not be able to receive federal matching funds for coverage of these individuals--

LINEHAN: [02:14:25] OK, I'm sorry. They don't say you can't--

ROCKY THOMPSON: [02:14:25] -- except for emergency services.

LINEHAN: [02:14:28] They don't so you can't, but they don't encourage you do so.

ROCKY THOMPSON: [02:14:30] Well, we don't get the federal matching funds [INAUDIBLE].

LINEHAN: [02:14:32] OK, so we're talking-- OK, that's very helpful. I just was trying to get a handle on exactly how many kids we're talking about.

ROCKY THOMPSON: [02:14:37] I can tell you that in 2017 we had about 800 applications that were denied Medicaid due to their immigration status.

LINEHAN: [02:14:45] OK. Thank you very much. Appreciate it.

ROCKY THOMPSON: [02:14:50] Thank you, Senator.

RIEPE: [02:14:51] Thank you very much. Are there other questions from the committee members? Seeing none, thank you for being here.

ROCKY THOMPSON: [02:14:57] Thank you, Chairman. Thank you, Senators.

RIEPE: [02:14:58] Do we have others speaking in opposition? No one speaking to oppose, any additional? OK. Anyone testifying in a neutral capacity? Seeing none, Tyler, would you read in any letters that we have?

TYLER MAHOOD: [02:15:15] Yes, I have a letter-- all of the following letters are in support: Dr.

Richard Azizkhan and Liz Lyons of Children's Hospital and Medical Center; Sarah Ann Kotchian of Holland Children's Movement; Joeth Zucco on behalf of himself; Mary Bahney on behalf of the National Association of Social Workers, Nebraska Chapter; Meghan Petersen on behalf of herself; Liz Lyons and Pat Connell on behalf of the Nebraska Child Health and Education Alliance; Andy Hale and David Slattery of the Nebraska Hospital Association; Dr. Rob Rhodes of the Nebraska Medical Association; Jenni Benson on behalf of the Nebraska state association-- or-- Nebraska State Education Association; Mary Spurgeon of Omaha Together One Community; and Joe Pachunka of the UNMC Student Delegates.

RIEPE: [02:16:06] OK. Thank you very much. It's an opportunity. I don't think that Senator Vargas is here. Is that correct? I don't want to over--

LINEHAN: [02:16:14] He's probably in another committee.

RIEPE: [02:16:15] I'm sorry?

LINEHAN: [02:16:16] He's probably introducing a bill somewhere else.

RIEPE: [02:16:21] He's gone? OK, I just wanted to make sure. I didn't want to pass over him. With that, we have concluded the hearing on LB922. And that concludes our hearings for today. Thank you very much for being here.