

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

HOWARD: [RECORDER MALFUNCTION] Services Committee. My name is Senator Sara Howard, and I represent the 9th Legislative District in Omaha and I serve as Chair of this committee. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Murman.

MURMAN: Hello, I'm Senator Dave Murman, District 38: Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

WALZ: Lynne Walz, District 15, Dodge County.

ARCH: John Arch, District 14, Sarpy County.

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

HOWARD: Also assisting the committee is our legal counsel, Jennifer Carter, and our committee clerk, Sherry Shaffer, and our committee pages, Maddy and Erika. A few notes about our policies and procedures. Please turn off or silence your cell phones. This afternoon we'll be hearing three bills and we'll be taking them in the order listed on the agenda outside of the room. On each of the tables near the doors to the hearing room, you will find green testifier sheets. If you're planning to testify today, please fill one out and hand it to Sherry when you come up to testify. If you're not testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. Also I would note if you are not testifying but have written testimony to submit, the Legislature's policy is that all letters for the record must be received by the committee by 5:00 p.m. the day prior to the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We ask that if you do have handouts, that you please bring ten copies and give them to the page. We do use a light system in this committee. Each testifier will have five minutes to testify and when you begin, the light will be green. When the light turns yellow, that means you have one minute, and when the light turns red, we'll ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone, then please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

in a neutral capacity. And then the introducer of the bill will then be given an opportunity to make closing statements if they wish to do so. We do have a very strict no-prop policy in this committee. And with that we'll begin today's hearing with our-- with a gubernatorial appointment of Dr. Nasir to the Nebraska Rural Health Advisory Commission, and he's going to call in. So we'll reintroduce ourselves once he calls in. We were waiting for you. [LAUGHTER]. We are waiting for our gubernatorial appointment. [INAUDIBLE] [PHONE RING] Doctor, can you hear us?

LAETH NASIR: Yes.

HOWARD: Great. This is Senator Sara Howard. I chair the Health and Human Services Committee. I'm going to invite my colleagues on the committee to introduce themselves to you, so you know exactly who you're talking to, and then we'll learn a little bit more about you for the appointment. So we'll start on my right with Senator Murman.

MURMAN: I'm Senator Dave Murman, from Glenvil, District 38: Clay, Webster, Nuckolls, Franklin, Kearney, Phelps, and southwest Buffalo County.

WALZ: Hi, I'm--

LAETH NASIR: Hello.

WALZ: --Senator Lynne Walz, District 15, which is all of Dodge County.

ARCH: Hello, this is Senator John Arch, and I am representing District 14, in Sarpy County.

WILLIAMS: Matt Williams, from Gothenburg, Legislative District 36.

CAVANAUGH: Machaela Cavanaugh, from west-central Omaha, District 6.

B. HANSEN: Senator Ben Hansen, District 16: Washington, Burt, and Cuming Counties.

HOWARD: So we've got a full house today with the committee, and we were hoping you could tell us just a little bit about yourself. We've got your résumé in front of us. But maybe tell us a little bit about yourself and about your desire to serve on the Rural Health Advisory Commission.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

LAETH NASIR: Uh-huh. Thank you. Thank you. And nice to talk to you all. I have been in Nebraska since 1989 and worked at UNMC for about 17 or 18 years. And then, after a couple of a year hiatus came back to Creighton, where I currently work. I've been in close touch with rural health right the way along since my early days with Nebraska, the University of Nebraska. And currently my focus is more on community health in north Omaha, and right now I am a professor of family medicine and associate dean here, focusing on service learning and community partnerships with north Omaha.

HOWARD: That's wonderful. And you're being reappointed to the Rural Health Advisory Commission. Is there anything that you would like to highlight, based on your time on the commission so far?

LAETH NASIR: So, I-- I'm-- I've been very pleased to work on the commission. It's really continued to connect me with rural issues in Nebraska, which I've been very interested in all my career, really. And it's kept me in touch with a lot of my graduates who are now practicing in rural Nebraska, who were medical students under me and residents who are now being physicians for many years. So, you know, it's kind of like in a way staying in touch with family. So I really, I really appreciate the opportunity and enjoy the challenges that come with the job.

HOWARD: That's wonderful. Let's see if there are any questions from the committee. Are there questions? Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman. Thank you, Nasir-- Dr. Nasir. So in your work that you're currently on the Advisory Commission, have you had an opportunity to mentor some of your students that's encouraged them to go out into the rural health community?

LAETH NASIR: Yes, you know, it's more challenging. It's currently more challenging here at Creighton. As you know, probably a generation ago Creighton was the local medical school and health school that really did populate rural Nebraska and Iowa. As the years went on, I think because, partly because of the disparity in tuition, most of our medical students are now from, really, all over the country and it's pretty remarkable. So we're sending fewer people from Creighton to rural Nebraska. But our graduates are going back to practice in rural areas the rest of the country, and really see us spreading the good word about Nebraska in general, I think, there. And I have been talking for a couple of years now about pipeline programs that would really help Creighton perhaps recruit more students locally. And I

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

think there's been some, I think, there's been some uptick in the number of Nebraska students who are coming now to Creighton. I think it's still a little too early in their careers or in the pipeline to actually see a translation of that to rural as we did with UNMC. We were very, very successful in the years I worked there, getting people out. But again, we're also working with a different population.

HOWARD: Thank you. Are there any other questions from the committee? Senator Williams.

WILLIAMS: Thank you, Senator Howard, and thank you, Doctor. And you mentioned your work in community health in north Omaha.

LAETH NASIR: Uh-huh.

WILLIAMS: Could you describe a little bit what-- what's going on there?

LAETH NASIR: So we are working here at Creighton to perhaps change the focus of medical school a little bit, where the first two years would be heavily invested in service learning and really to get students out into the community in their first two years, visit people in their homes, visit people where they are, and try to break down that wall between, you know, academics and real world. And I'm very, very passionate about helping to change the dynamic and helping to improve health in north Omaha because, you know, if you look at north Omaha, you just look at a map of North Omaha, you know, you can almost walk from end to end in an afternoon. This should be something that we can successfully deal with, because we can almost put our arms around it. And so I'm really passionate about changing the dynamic and hopefully getting the school much more involved in the community.

WILLIAMS: Thank you.

HOWARD: All right. Any further questions? Seeing none, Dr. Nasir, we appreciate your willingness to serve on the Rural Health Advisory Commission. We'll meet as a committee and vote on your confirmation and send that to the full floor for debate. But sincerely we do appreciate your willingness to serve. Do you have any other questions for us?

LAETH NASIR: Thank-- not at all. Thank you so much for speaking to me.

HOWARD: Wonderful, thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

LAETH NASIR: Have a good day.

HOWARD: You too.

LAETH NASIR: Bye-bye.

HOWARD: All right. And this will open-- this will close the gubernatorial appointment for Dr. Nasir, and open the hearing for LB541, Senator Walz's bill to provide a duty for the Department of Health and Human Services relating to bone marrow. Welcome, Senator Walz.

WALZ: Thank you. Good afternoon, Chairwoman Howard and members of the Health and Human Services Committee. For the record, my name is Lynne Walz, L-y-n-n-e W-a-l-z, and I proudly represent Legislative District 15. I'm here today to introduce LB541, to require the Department of Health and Human Services to educate residents of the state about patient populations benefiting from bone marrow donations, and how to acquire a free buccal swab kit from a bone marrow registry. The purpose of this legislation is to help educate and make more people aware of the registry, who benefits, and how to receive a buccal swab quick kit to determine if you would be a match for bone marrow. Oftentimes bone marrow transplants are the only option for cancer patients, and it is safe to say that knowledge and awareness of how to become a donor is significantly less widespread than knowledge and awareness of how to be a blood donor. For your information, Be The Match is operated by the National Marrow Donor program and is the largest marrow registry in the world. This registry is likely where DHHS would direct individuals who are interested in receiving a free buccal swab and where they would sign up to become a bone marrow donor. Each year, around 17,500 people in the United States are diagnosed with life-threatening illnesses where a bone marrow transplant or umbilical cord blood transplant from a related or unrelated matched donor is their best treatment option. A well-matched donor is crucial to the success of this transplant. Normally you would think that a relative would be the best match, but only 30 percent of patients will have a relative who matches and is able to donate. This exemplifies the need to further spread information of the registry. We should make this simple change to spread this knowledge and hopefully save a few more lives. Thank you for your time. And with that, I would be happy to answer any questions.

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

CAVANAUGH: Thank you, Chairwoman. Thank you, Senator Walz. I've always been interested in being on the registry, so I'm interested in how you came to this. I haven't done the buccal swab.

WALZ: Actually, there's a gentleman that's going to be speaking right after me, who's going to-- who brought the bill to my attention.

CAVANAUGH: OK.

WALZ: I'm very excited to have him here today.

CAVANAUGH: Great. Thank you.

HOWARD: Any other questions? Senator Williams.

WILLIAMS: Thank you, Chairwoman Howard. And thank you, Senator Walz, for bringing this. My question is fairly simple, but maybe a little broader. Why do we need to require HHS to do this? Why can't we just suggest and they decide this is a good deal and they do it?

WALZ: I think that sometimes-- I just think that we're going to have-- I think it's going to get done if we require it, to be honest with you. I think sometimes suggestions-- I just think that it needs to be required. It's just-- it's, sometimes suggestions are-- are not--

WILLIAMS: Thank you.

WALZ: [LAUGH] Absolutely.

HOWARD: Any other-- Senator Arch.

ARCH: There are certain requirements now regarding bone marrow, right--

WALZ: Uh-huh.

ARCH: --as far as notifying and making the existing Nebraska aware? Do you know how they-- do you know how they notify now? Is it a Web site posting? Is it-- and, you know, I guess, from my personal experience, I don't recall that there are handouts that necessarily go to every patient, but if it must be just general information that's provided in pamphlets and Web site--

WALZ: I think it's up to an individual to find out how to become a bone marrow, if they're interested.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

ARCH: But that information is available.

WALZ: Right.

ARCH: OK. Good. Thank you.

HOWARD: Senator Cavanaugh.

CAVANAUGH: You've mentioned umbilical cords--

WALZ: Uh-huh.

CAVANAUGH: --which I didn't-- it didn't occur to me as the same thing, but just kind of speaking to Senator Arch's, I know that when DHHS finds out that you're expecting a baby, you get a lot of mail from umbilical cord banks [LAUGHS] to-- yeah, to save the umbilical cord after birth and for that child, so-- but I don't know when-- maybe they do something similar if a patient were in need? But maybe you don't know.

WALZ: I don't know. And maybe he can answer. In fact, I didn't even know that you got a lot of information. It's been a while, 17 years actually, since I had my last baby, so--

HOWARD: --Precisely.

CAVANAUGH: What? Seventeen years?

WALZ: Yeah.

CAVANAUGH: No.

HOWARD: Any other questions? Seeing none, will you be staying to close?

WALZ: Sure.

HOWARD: All right. We'll now invite our first proponent testifier for LB541.

RICO DENCE: Thank you, Chairwoman and senators for hearing the bill. And thank you, Senator Walz, for introducing it. My name is Rico Dence, and it's R-i-c-o D-e-n-c-e. Don't let the last name fool you. I have seen many people who have been benefited from receiving a bone marrow transplant. When I was in eighth grade, a friend of mine actually passed away my sophomore year in high school-- his name was

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

John Cutler-- for not receiving a bone marrow transplant. That same year, I learned of a youth pastor who testified, gave his testimony how he received a bone marrow transplant and able, was able to live and he lived for 42 years-- actually 41 years-- till last year. He passed away last year. But he was-- 1976 received a bone marrow transplant, so there's many people who benefit from something like this. You could actually Google and you could see a story of a three-year-old gal who received a bone marrow transplant two years ago, and was the flower child of the lady who got married, and she was the donor who donated the bone marrow. And it's a simple procedure. It's a buccal swab and you get it from 18 to 43-- no, 45-- for free. For Be The Match they'll charge \$100 more, but there's Delete Blood Cancer, that they won't charge for that. And Be The Match will provide all the material to, like, the Department of Public Health. I did send an e-mail to every one of you today seeing about an amendment and using some of the language that New Mexico had just passed legislation, House Bills 638, New Mexico legislation, that also includes-- this one is recommending not putting a mandate for the primary care and urgent care physicians; just to add a question on that initial medical intake form: are you a registered bone marrow donor? When you walk into the doctor's office for the first time you're giving them that list, a questionnaire. And then what happens is, you answer, no, I'm not. The nurse or the doctor could give him the educational material on how to become a registered bone marrow donor. They'll contact Be The Match, they'll get a saliva swab kit, and it will go-- they'll get it all taken care of. There is no cost. There's no cost to doctor, no cost to the state, and Be the Match will cover all the cost. So it passed unanimously so far out of Iowa Senate. And it also passed unanimously both in the house and in the senate yesterday in New Mexico. So it's passed, and it is a new law in Missouri, and it is a law also in Illinois. And I've literally just been living out of the car. I don't make any money, I get funds along the way. I'm working on this, and working on a couple of other pieces of legislation and trying to help young adults dealing with cancer. I grew up in a poor family and we didn't have the best of communication. And I'm creating an organ-- two organizations to really help people how to process; how to deal with even the side effects and reduce side effects of cancer treatment; how to make more awareness of earlier diagnosis, because when you go to the doctor's office you only get-- you remember about 30 to 40 percent of what you're given; and how do you even reduce stuff about nausea and other things like that. So I'm trying to help educate the community in broad and making things better

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

and then Team Up Cancer is the advocacy work that I've been doing and I've been doing this for two and a half years now.

HOWARD: That's great. Are there any questions from the committee?
Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman Howard. Thank you for being here and for bringing this to us today. Is there a national registry, then, that this goes into, so it's not just the-- I guess I'm asking, is it a state registry or a national?

RICO DENCE: It's national. Be The Match is the national bone marrow registry that was established by the federal government in the '80, I believe.

CAVANAUGH: So if I were to do the swab and-- how long would I stay on that registry? Indefinitely?

RICO DENCE: Until you're 63--

CAVANAUGH: OK.

RICO DENCE: --or 64.

CAVANAUGH: So a few more years, five to ten. So I'm on that registry for the next 23 years. And if I come up matching somebody who needs it, then they'll contact me?

RICO DENCE: They'll contact you. You'll go through bloodwork, and then they will-- then go through a physical. After you pass the physical, the doctor will talk to you about two ways of doing the donation. Two out of ten times it happens through the hip bone and you're given general anesthesia for that, so it's not painful like most people have thought it was. It's only about a two out of ten on the pain scale of minor back pain. But eight out of ten donations happen through peripheral blood stem cell donation. And basically you're given a drug, they'll go to where you're at--

CAVANAUGH: Uh-huh.

RICO DENCE: --inject you for five days. After the fifth day, it's called filgrastim, you go to where they will extract-- they just put an IV, and you sit down for about two to three hours. And they use a machine that's similar to leukapheresis machine. Might get the name wrong because it's what I needed for my cancer because I have chronic

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

myeloid leukemia. And it just weeds out 3 to 5 percent of your core blood stem cells and puts it back into the cancer patient.

CAVANAUGH: So who manages this? Be The Match manages this.

RICO DENCE: Be The Match manages it.

CAVANAUGH: And how are they funded?

RICO DENCE: They're funded through insurance and stuff like that, because of-- when they do the transplants and all that kind of stuff, it's run through that. And there's some federal funding as well.

CAVANAUGH: Thank you.

RICO DENCE: You're welcome. And the umbilical cord, too, they use the stem cells of the umbilical cord, and so it's still-- not all the umbilical cord is used and stuff like that, so.

HOWARD: Are there any other questions? Seeing none, thank you for your testimony today.

RICO DENCE: Thank you. And there is literally no cost to this, so it's a win-win-win, helps save people's lives. Thank you for hearing this.

HOWARD: Thank you. Our next proponent testifier for LB541. Seeing none, we do have one letter for the record, Dr. Britt Thedinger, from the Nebraska Medical Association. Is there anyone wishing to testify in opposition to LB541? Is there anyone wishing to testify in a neutral capacity? Seeing none, Senator Walz, would you like to close?

WALZ: Yeah, I am going to, actually. I was going to waive, but I did want to talk quickly about the amendment that he-- Rico was talking. I do want to thank you-- where did he go?

RICO DENCE: Right here.

WALZ: --so much for coming today. You know, for someone to put his life aside and live in a car and come out and advocate for so many people, I think is a pretty cool thing. So thank you for coming today. Regarding the amendment, we are just making sure that we're covering all bases on that amendment, to make sure it's not controversial before we bring it to the committee. So we're covering our bases on that. And I wanted to close with a quick story. I just had a meeting with former Senator Colby Coash. We were just having some small talk

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

about this bill coming up. To answer your question about how long are you on the registry, when he was 19 years old, there was a booth, and they were giving away Coke and T-shirts if you signed up to be a bone marrow-- not recipient but bone marrow-- to sign up for the registry. And you know, he thought, well, free T-shirt and Coke, I'm going to do it. So that he did. And fast-forward to-- after he did, they told him about the process and he was like, oh, you know, maybe I don't want to do that, but he said he already drank the Coke. So he had to stick with it. But fast-forward, he was about 38 years old and married, just had their-- a baby on the way, and he got a phone call. He had even forgotten that he had signed up for-- in this registry and-- a phone call for a lady who needed a bone marrow transplant. He was the match for this lady in California. Unfortunately, it was too late. She had passed away before he was able to get to her, but you know, just thought I'd tell that story of, since you had that question, how long can you be a bone marrow-- on the registry. So anyway, thank you for your consideration on this important piece of legislation. I appreciate it. If you have any other questions, I will try to answer.

HOWARD: Are there questions? Seeing none, thank you, Senator Walz. This will close the hearing for LB541, and Senator Wayne is on his way, so we'll wait for a few minutes for him.

[BREAK]

HOWARD: Good afternoon. This will open the hearing for LB654, Senator Wayne's bill to provide for a type 1 diabetes pilot study.

WAYNE: Hello, my name is Justin Wayne, J-u-s-t-i-n W-a-y-n-e, and I represent Legislative District 13, which is north Omaha, northeast Douglas County. The purpose of this bill kind of-- actually, I have to go back a little bit. I originally started out with a type 2 and a type 1 diabetic draft of a bill. The amount of money that I was going to need for the type 2 was significantly higher, and I think it's important as we move forward-- and I guess I'll tell you how we got here in a short second-- is as we move more forward with Medicaid and how we're looking at expenses, one of the most significant costs of Medicaid's over the life of Medicaid is diabetes. It's a disease that does not go away. Me, being a diabetic person, I started to understand how it works a lot better, and it's a growing pain. But what changed for me in my life and diabetes was my doctor decided to put me on phone calls with my pharmacist. And having a phone call on a regular basis to question you on what you're doing, how you're eating, how are your sugars, changed my outcomes, really. I still controlled it pretty

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

good. But as you know, in the Legislature we get some food sometimes here and there, and you start eating kind of bad and you don't really think about it. But knowing that on the 5th or the 6th coming up, I got to talk to this person, held me at a different accountability that I'm used to. And I'm going to-- I'm an attorney, a small business owner, but still at the end of the day that simple phone call fundamentally changed. And I started doing research, and actually UNMC did a study using telehealth and automatic technology to automatically upload around type 2. But then as I started studying more about type 1-- and there's somebody who will be here to testify, who gave me the numbers for type 1 from Creighton-- I realized it was just the same issue of type 1. But the issue in type 1 is a shorter learning curve. It's the first two or three months where they are-- first two or three years where children are continuing to go to the hospital, or parents who were recently diagnosed or whatever happens, go to the hospital when they first-- because they don't know how to control it yet. Well, what also changed in my life was the ability to upload, and they're actually programmed. So I am introducing this bill to tell you I want to have a bigger conversation over the interim of how do we focus in on Medicaid, but then how do we do a real pilot study to figure out how we can save money, not just in Medicaid but in general health across the state, because we have the ability now, with cell phones and everything else, that you could upload your results automatically to your doctor now. And that instant feedback of, what, hey, two days in a row, 416, what's going on, and the ability to have somebody on the end of that conversation to change your medication, to help you adapt, is where we should be going, especially as we look to expand Medicaid, increase our population who is on Medicaid. Diabetes is not changing. So while this deals with type 1, because I want to come up with an estimate of what it will cost, I didn't want to include type 2, which is probably around \$2.5 million because the numbers. But I felt it was still important for me to drop this bill to start this important conversation. And that's why, when I had a later hearing date, the Chairwoman did not hear me say, hey, I want an earlier one. No, I didn't expect this year, with our budget, for it to happen. But I think as we move forward with our aging population and diabetes growing across the state of Nebraska, the effects of it is going to have a tremendous impact on our budget. And so I will be e-mailing you today the study from UNMC where they had great results. And they did a three-month-- they had over 9,000 patients and they did a three-month-- their first three months of being diagnosed, and they had somebody call them and they were checking and they were uploading. And with that ability, they saw a significant decrease in their A1c

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

[SIC] count-- Alc count, and those are the kind of things that I think we should be looking at to save money as we look to expand Medicaid and as we look to bring this population in. And with that, I will answer any questions. If you do have \$500,000 I think it's still a great study. I just have seen our budget and I don't think we have that right now. But I think when we start talking about how to save money and working with our providers, this type of pilot program across the state could give us some real data on how we can do that long term.

HOWARD: OK. Are there any questions for Senator Wayne? Senator Hansen.

B. HANSEN: Why-- thank you, Chairwoman. Why \$550,000? Why not \$500,000?

WAYNE: She'll be able to answer that.

B. HANSEN: Oh.

WAYNE: We-- I was working with people in the field to try to get a real number of what it would really cost, so I can present you with the real number. So I'll let the expert answer that question. I went with their recommendation. I would have double dipped, but I-- you know.

B. HANSEN: Oh.

HOWARD: Senator Walz.

WALZ: Thank you, Chairwoman. OK, so I have a couple questions. So currently, you call in to your doctor.

WAYNE: Yes.

WALZ: OK. And it would save money-- oh.

WAYNE: We schedule a regular call.

WALZ: Schedule--

WAYNE: So it's, they just call me and our-- yeah, just a regular call. They call me.

WALZ: OK. So as far as saving money, it would save money because you wouldn't have to go to the office--

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

WAYNE: No.

WALZ: Like, how does this--

WAYNE: So what typically happens, my sugars haven't-- well, the reason the phone starts, call-- a phone call started happening, was because my sugars went back up a little bit. But what typically happens or why it saves is because this is a progressive disease, particularly type 2, where there are emergency room after emergency room visits. Then legs are amputated and-- I have an individual I represent who was in a minor car crash and had a deep wound in his ankle and he's on Medicaid. And after his sugars not being properly regulated, his bills are now over \$400,000, and Medicaid are covering because he had to remove his foot and had to get skin grafts. And looking at that experience, that's how we would be able to save money. If we can properly help individuals manage this particular disease, I think it's critical, and same as with the type 1, in which the people behind me will be able to testify to, because I didn't deal with type 1. But after sitting down and talking to people who are in that field with type 1, there's multiple, multiple emergency visits those first couple years, trying to figure out how to manage type 1. And so they fall into the same category as the type 2 is we can save by managing their sugar levels.

WALZ: Can I ask another quick question?

HOWARD: Sure.

WALZ: What's the difference between type 1 and type 2?

WAYNE: Type 2, the layman's term is, if you keep eating too much sugar and eating bad, you'll end up with type 2. Type 2 comes on-- I'm going to let the experts explain it better, because I'm not a doctor.

WALZ: OK.

WAYNE: Type 1 is, I believe, something you're born with, or-- yeah, or something like that. I'm type 2. I just do what my doctor tells me to do at this point.

WALZ: OK. Thank you.

HOWARD: Other questions? Senator Arch.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

ARCH: Thank you. Do you happen to know if there was any discussion with device manufacturers as a possible funding source for something like this? I would think this would be a device manufacturer's dream study that-- that they would obviously sell a lot of devices, if they were able to prove the compliance-- higher compliance rate with blood sugars.

WAYNE: So right now most manufacturers are doing the Wi-Fi upload. So typically you plug it into your computer or you plug it in somewhere. It logs into your computer or your phone and it will upload. Well, now there are devices that already are attached to the Verizon Wireless. I know Verizon because they did a big study in Kentucky where they handed out almost 20 to 30 percent of their Medicaid patients for this purpose. And yeah, there is a huge savings, but somebody's got to bear that cost, right? I mean, a device that has a monthly fee of sending low data across their networks still is a cost that Medicaid somehow is-- or somebody is going to have to bear. So I agree with you that there's probably despite some devices that would, or manufacturers who would love to do it, but it still comes back to that individual insurance company paying for it. And I get one free device every year. I don't get the one that automatically uploads and sends stuff; I have to go through the computer and do that. And the issue is compliance, right? So there's days that I don't test every day.

ARCH: You shut it off.

WAYNE: No, I just don't test every day, like--

ARCH: Oh.

WAYNE: --if I'm running behind or something like that, and I have a five-month-old at home, I don't test two hours after I eat, and so the next day-- well, the other thing is, for compliance purposes, you can set up the parameters now with technology and telemedicine that, if they don't test for three days, that nurse practitioner or pharmacist or doctor gets an alert in their e-mail. So they call and say, hey, what's going on? We need you to test. And it's just that-- that coaching, life coaching, that everybody needs because this is a disease that you struggle with and it's not, you know, necessarily curable, but you can put it in remission enough to where you can live your life.

ARCH: Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

HOWARD: Any other questions? Seeing none, will you be staying to close?

WAYNE: I think so. I have two other ones in Government but I think so. I'm trying to stay until I get called by Trevor. [LAUGHTER]

HOWARD: Great. We'll now invite our first proponent testifier for LB654. Good afternoon.

VANESSA JEWELL: Good afternoon. Good afternoon, Madam Chair Howard and members of the Health and Human Services Committee. My name is Dr. Vanessa Jewell. It's V-a-n-e-s-s-a J-e-w-e-l-l, and I'm here today in support of LB654, a bill seeking to reduce the financial costs of type 1 diabetes to the medical assistance program in the state of Nebraska. I'm an assistant professor and program director of the occupational therapy program at Creighton University, a top-ranked program for our profession. Creighton has a full research infrastructure, including sponsored programs administration and grants accounting offices that assist faculty with the administration of their research awards. Creighton has successfully administered both federal and nonfederal research awards for several decades. Specifically, I have a Ph.D. in occupational therapy healthcare experience, working in a variety of hospitals and clinics in both urban and rural communities. I'm a clinical diabetes researcher and am the mother of a child who was diagnosed with type 1 diabetes ten years ago at the age of two. So I have experience with leading and consulting on over 60 research projects and I'm the project lead on a current federally funded project that seeks to engage rural community stakeholders with type 1 diabetes experience to build a community-informed research agenda. So type 1 diabetes, or T1D, is one of the most common childhood diseases threatening the health and wellness of children's and families; requires immediate intervention and ongoing maintenance to prevent complications and the need for future additional treatments. According to the JDRF, the CDC, and the NIH, if the 23 percent increase from 2001 to 2009 in T1D continues, this disease will double for youth in the United States with each subsequent generation. So this increase is equivalent to a \$322 billion annual economic burden in the U.S., as one in five healthcare dollars and one in every three Medicare dollars is spent on those with diabetes. So this is up nearly 50 percent since 2007. Not surprising, then, is the incidence of diabetes is also rising in Nebraska. So nearly 8.4 percent, or roughly 112,000 individuals, are diagnosed with diabetes. They, along with their families, caregivers, must ideally prevent complications and

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

accompanying conditions, if not help care for them, and the negative consequences of the disease on cardiovascular, renal, and neurological systems, and those can be detrimental and even fatal. So for example, we know that the risk of heart disease for a person with T1D is ten times higher compared to a person of the same age without T1D. This financial burden from both direct and indirect costs was \$1.3 billion in Nebraska, whereas the emotion and physical burden of the individual and their family is unquantifiable. Only an estimated 15 percent of adolescents with T1D are meeting their targeted blood glucose levels. This disease is omnipresent and the caregivers must be vigilant in monitoring and managing their child's insulin needs. Access to proper education and management of this disease, alongside medical intervention and supervision, is necessary on an ongoing basis for optimum child health outcomes. However, in rural and medically underserved communities, patients and their families can struggle to get the care that match current diabetes practice guidelines, which negatively impacts the development of complications associated with their disease. And it's also well known that diabetes care management has become more complex, as it requires the use of technologies, which Senator Wayne referred to. And these providers, especially in rural communities, may not have access or even be adequate-- adequately trained to use these. So the lack of accessibility is also long known in the compliance literature to have negative impact on health outcomes. So because of the shortage of endocrinologists and certified diabetes educators in rural Nebraska, let alone one that specializes in pediatrics, many are forced to travel to Omaha to get the help that they need. Therefore, innovative methods of healthcare delivery are really essential to increase access to care and ultimately improve child health outcomes and decrease Medicaid spending long term due to health complications. So LB654 proposes an interprofessional coaching intervention that's delivered via telehealth, along with remote health monitoring, be implemented and studying to improve child health outcomes and reduce Medicaid spending. Researchers estimate that a care coordination approach, or an interprofessional intervention which integrates telehealth tool with care management for chronically ill Medicare or Medicaid beneficiaries, will result in reduced spending of \$312 to \$542 per person per quarter. And this savings translates into approximately \$1,200 to \$2,200 per person annually. So we assume that with 112 individuals with diabetes in Nebraska, 25 percent of those are children, so thus we extrapolate that 28,000 children in Nebraska currently have diabetes, which could help costs save \$35-\$60 million annually for the state. So I'd like to thank Senator Wayne for introducing LB654. And I'm happy to answer any questions you may have.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

And I can also answer the question, the difference between type 1 and 2, which I think somebody had asked, if needed.

HOWARD: Thank you, Doctor.

VANESSA JEWELL: Yeah.

HOWARD: Are there questions? Senator Cavanaugh.

CAVANAUGH: Could you explain the difference between type 1 and type 2?
[LAUGHTER]

VANESSA JEWELL: Yes. Yeah, of course. So type 1 diabetes is an autoimmune disorder. It's-- typically you're diagnosed when you're a child, although adults could be diagnosed as well. So your body attacks your pancreas. It thinks it's like a foreign body, and your body no longer produces insulin. So the management is very, very critical because without insulin you can die, you will die. So versus type 2, your body is still producing insulin, but your body doesn't know what to do with it. And so-- and that's typically, although not always but typically, from lifestyle, habits, and things like that.

CAVANAUGH: Is type 1 what is oftentimes referred to as juvenile diabetes?

VANESSA JEWELL: It is, correct. Yes. They've moved away from that language only because you can be diagnosed as an adult.

CAVANAUGH: Sure. Yeah.

HOWARD: Senator Hansen.

B. HANSEN: I figured-- thank you, Chairwoman Howard. I figured you'd be the right person to ask this. Why do you think since-- and what was it, a seven-year span it's gone up 23 percent?

VANESSA JEWELL: I can't answer that with a 100 percent certainty, but what I do know is autoimmune disorders in general are increasing. We don't know if it's environmental, if it's disease-related. I don't know that anybody honestly could have a firm answer for that.

B. HANSEN: I know we used to think that type 1, in a sense, used to be somewhat genetic or there used to be some kind of genetic component to

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

it. But with something increasing 23 percent in such a short time, you know--

VANESSA JEWELL: Yeah.

B. HANSEN: --it's typically going to be environmental. So I'm just kind of curious to see because I've heard different theories about--

VANESSA JEWELL: Yeah.

B. HANSEN: --why we're seeing an increase in type 1 diabetes, whether it is, you know, like something that a child is being exposed to when they're really young.

VANESSA JEWELL: Uh-huh. Yeah. So interestingly enough, in my family we don't have any incidence of type 1 diabetes until my daughter. So we were a bit surprised with the diagnosis. So there is no genetic predisposition for her, so we don't know if it was environmental or a virus that attacked her body. We're not. You know, there's no answer, yeah.

B. HANSEN: OK.

VANESSA JEWELL: But there is-- yeah, there are different theories.

B. HANSEN: I just think that's interesting, so I--

VANESSA JEWELL: Yeah, of course.

B. HANSEN: Thank you.

VANESSA JEWELL: And I can answer the budget question too. I think that was someone but--

B. HANSEN: Can I ask one more question?

VANESSA JEWELL: Yeah.

B. HANSEN: Why do you need \$550,000?

VANESSA JEWELL: Yeah [LAUGHTER] OK. So we did-- I have a five-page concept proposal on a project that would match this bill. And so in order to have all the equipment, the staff, the facilities, things like that-- that's the estimated cost per year. And I'm happy to share the budget with anybody who would want to see that as well.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

B. HANSEN: Think I'm just OCD and I like round numbers, and so I'm being weird. Thank you.

VANESSA JEWELL: Sure.

HOWARD: Other questions? Senator Cavanaugh.

CAVANAUGH: Thank you. Thank you, Dr. Jewell. So there seems to be the potential for some significant financial savings for the state if we were to implement this--

VANESSA JEWELL: Correct.

CAVANAUGH: --if we did the pilot and then we move forward with implementing what comes out of the pilot. One of the obstacles we have in this state-- and I very much appreciate that you have telehealth in here.

VANESSA JEWELL: Uh-huh.

CAVANAUGH: Will this study take into account some of the challenges we have with access to Wi-Fi--

VANESSA JEWELL: Uh-huh.

CAVANAUGH: --broadband in the more rural areas where we might not be able to upload that information?

VANESSA JEWELL: Right. Yeah. That's-- with the remote monitoring you would need to have access to Wi-Fi, so we didn't-- in the concept proposal it was not something that we wrote in. I mean, I wouldn't know how to--

CAVANAUGH: Yeah.

VANESSA JEWELL: --estimate the costs in which families maybe would need that. So that potentially can be a challenge. We-- I know we wrote in-- so Dexcom, for example, is a device that is inserted on the individual to help read their blood sugars and it can be transmitted to a device that has Wi-Fi capabilities. So we are-- we went back and forth between, like, a cellular phone or an iPad, and the thoughts were that a cellular phone is a little bit more difficult to provide to someone, just because then there is contracts involved and things like that. So we wrote in iPads that the families could have so they

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

may need to-- it would still read during that time, but then it'll automatically upload, maybe when they're at their school--

CAVANAUGH: Right.

VANESSA JEWELL: --for example, when they do have Wi-Fi access or the library, or wherever they may go.

CAVANAUGH: OK. Thank you.

VANESSA JEWELL: Yeah, good question.

HOWARD: Other questions? Seeing none, thank you for your testimony today.

VANESSA JEWELL: Yeah. Yes, of course. Thank you.

HOWARD: Our next proponent testifier for LB654. Seeing none, we do have two letters for the record: Jennifer Larsen, representing herself; and Christie Abdul-Greene, representing CHI Health. Is there anyone wishing to testify in opposition to LB654? Good afternoon.

THOMAS "ROCKY" THOMPSON: Good afternoon, Madam Chair 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'm deputy director for policy and communications for the Division of Medicaid and Long-Term Care in Department of Health and Human Services. I'm here to testify in opposition to LB654. LB654 would require DHHS to administer a type 1 diabetes pilot study via a comparative grant to a postsecondary institution having a college of medicine located in the state of Nebraska. The purpose of the study would be to identify ways to decrease Medicaid costs related to type 1 diabetes. The department does appreciate the intent behind LB654 and Senator Wayne's passion for the issue. Improving the quality and cost-effectiveness of care for Medicaid recipients with a type 1 diabetes diagnosis is a worthwhile goal. However, the department has a number of concerns about this bill's feasibility and usefulness. First, it is unlikely-- unlikely that federal matching funds will be available to help pay for this pilot study, even though the bill amends the Medical Assistance Act. Therefore, it is likely that this study would have to be paid for entirely out of State General Funds. Second, the managed care health plan, the Heritage Health plan is already making cost-effective progress in improving the lives of recipients with type 1 diabetes. For example, each of the health plans has care management programs to

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

help its members more effectively manage their conditions. The health plans also offer a variety of on-line tools that connect their members to resources such as education, community partners, and more. Some health plans offer glucose monitors that allow providers to monitor conditions remotely, which can alert providers to problems quickly. One health plan is currently developing a new telehealth pilot program to help its members follow-- better follow treatment directions, improve self-management skills, and reduce unnecessary utilization of costly emergency care. The managed care companies have more flexibility in piloting programs than Medicaid itself, which under federal law normally does not conduct pilots. These are-- these are efforts similar to the ones that Senator Wayne discussed earlier. Third, Medicaid data is strongly protected by a number of state and federal privacy laws. It isn't likely the department will be able to comply with all the requests of the pilot study as the bill is currently written. In conclusion, we appreciate Senator Wayne taking the time to meet with us on February 11 to discuss LB654 and sharing his passion with the Medicaid staff. The way forward is to continue to build on existing cost-effective efforts to improve the health of recipients with type 1 diabetes. And we can continue the conversation with Senator Wayne and this committee. Therefore, we oppose LB654. Thank you for the opportunity to testify and I'm happy to answer any questions you might have.

HOWARD: Thank you. Are there questions? Senator Cavanaugh.

CAVANAUGH: Thank you, Chairwoman. Thank you for being here.

THOMAS "ROCKY" THOMPSON: Thank you, Senator.

CAVANAUGH: You talked about the managed care and that they are currently developing a new telehealth pilot program. How is that funded?

THOMAS "ROCKY" THOMPSON: That, Senator, is through the managed care companies. They have the ability to have more flexible development of their programs. So what they're doing is taking some of, let's say, profit or savings and reinvesting into the community and developing these pilot programs to look at effective ways to more effectively treat things like type 1 diabetes.

CAVANAUGH: And that pilot program is being administered here-- would be administered here in Nebraska?

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

THOMAS "ROCKY" THOMPSON: Yes, ma'am. That is being developed by NTC, I believe.

CAVANAUGH: So does DHHS have any input in that pilot program?

THOMAS "ROCKY" THOMPSON: That is not part of the managed care contracts, but it is brought-- the information is brought to the department.

CAVANAUGH: OK. But they're administering it to managed care patients-- clients.

THOMAS "ROCKY" THOMPSON: That's correct, Senator, I think it's about 400 clients.

CAVANAUGH: OK, additional-- so then the state and federal privacy laws that you are concerned about in this pilot study, but you're not concerned about those in that pilot study?

THOMAS "ROCKY" THOMPSON: There are certain state and federal requirements regarding Medicaid data and who it can be shared with. This is the sharing with the postsecondary institution.

CAVANAUGH: OK, I'm assuming that the individuals and-- if Senator Wayne addresses this, maybe, in his closing-- the individuals that would participate in this study would be doing it by choice. So the information that they're sharing with the postsecondary institution would be by choice, so that wouldn't actually violate privacy laws. Like, I-- currently my son participates in a study with Creighton on a vaccination study. And so that doesn't violate anything because I signed-- proactively signed up for it.

THOMAS "ROCKY" THOMPSON: And I think that is probably true, Senator, but there are federal and state Medicaid laws that very strictly control. It's more than HIPAA protections. So we'd have to check, but the way the current bill is written, it says that Department of Health and Human Services shall provide necessary data to the grant recipient to take-- carry out the study. So I think that would probably need to be clarified that--

CAVANAUGH: So as--

THOMAS "ROCKY" THOMPSON: --it would have to fall within--

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

CAVANAUGH: --as long as that wasn't in conflict then--

THOMAS "ROCKY" THOMPSON: I would have to agree, but I would have to talk to our legal counsel about that specifically.

CAVANAUGH: OK. Thank you.

THOMAS "ROCKY" THOMPSON: Thank you.

HOWARD: Other questions? Seeing none, thank you for your testimony today.

THOMAS "ROCKY" THOMPSON: Thank you, Madam Chair. Thank you, Senators.

HOWARD: Is there anyone else wishing to testify in opposition to LB654? Seeing none, is there anyone wishing to testify in a neutral capacity? Seeing none, Senator Wayne, you are welcome to close.

WAYNE: I love technology. So yes, to answer the question, this would be voluntary participant, but the cost of diabetes in 2012 in Nebraska was \$1.11 billion. I just Googled diabetes in Nebraska, and believe it or not, it was a part of our Department of Health and Human Services Web site. Somewhere on there was where I found it. So there is a huge burden that diabetes causes. And while I met with all three of the managed care providers, they're all doing different things. They're doing-- some are doing cost-- or healthy living programs that are somewhat attached to diabetes because it's about healthy living. But this was to be a laserlike focus. If we could narrow in on something that we know, particularly type 2 diabetes over time progresses and gets worse, that over time we could save money if we can manage it better. And if we can start off with the study-- and the reason I did type 1 and not the type 2, and I handed out the type 2 study that was done by the UNMC and there was some type 1 in there too-- they showed great, great results in three months of being able to manage and coach people through this issue. The reason I did that was because I knew the fiscal note to do a bigger study, because there is so many type 2 in Nebraska, to do a true pilot study would cost more. And so I was starting off with 1. I guess I could have combined them but the thought was, I wanted to have the bigger conversation around diabetes and a pilot program that we can be able to do at the state to save money over the long run and actually help people provide-- have a better life, a healthier life. And again, I can't go any farther than my own experience and then the experience of the clients that I represent. We had a simple cut in an individual's foot that is a

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

\$400,000 bill, of which the other person's insurance only has \$100,000. So \$300,000 is going to be ate by us because his diabetes wasn't managed, his sugar levels weren't controlled over the years and years he had it. And the ability to-- for us to be able to allow volunteers to participate and do a true pilot study and see what we can save over a two- or four-year-program, is how we're going to keep cost low and manage our Medicaid system in the state of Nebraska. And with that, I'll answer any questions.

HOWARD: Thank you. Are there any questions? Senator Cavanaugh.

CAVANAUGH: Thank you, Senator Howard. Thank you, Senator Wayne. And I hate when I have questions after the previous testifier walked away. But I'm going to pose them to you, and you might have the answers. The managed care pilot programs-- I'm wondering if the participants are optional, if they're part-- or if they have to participate because it's managed care programs administering them.

WAYNE: No. The current programs that I've talked to, they each-- each of the providers were-- there was incentives. Some used gift cards, but they were all voluntary basis.

CAVANAUGH: OK. And then, do you know, does that become proprietary information for that managed care, like how well that program works?

WAYNE: That's the issue that I was unsure about, and why I wrote the bill to come through DHHS so we know the actual savings. And as you heard, it's not part of their agreement.

CAVANAUGH: Uh-huh.

WAYNE: And when I asked individual providers about that, they would say, well, of course we'll share, but I don't know what that means. And so for us to get a true--

CAVANAUGH: Right.

WAYNE: --savings, we should know what that is.

CAVANAUGH: It, I mean--

WAYNE: And I don't think that's clear.

CAVANAUGH: In theory, they would share the outcomes, but that doesn't mean that they necessarily would share the procedures. And even if

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

they shared the procedures with us, that doesn't mean that we can share them with other entities.

WAYNE: Correct, and more--

CAVANAUGH: And this doesn't-- this clientele in your bill, does not explicitly say, unless I missed it, that it has to be Medicaid patients.

WAYNE: No, I was looking at-- we were doing, trying to do broader. But I was trying to focus in on the Medicaid. I think that's an easier way for us to get some volunteers because we as a state know who they are. But I'm open to anything. I just think this is such a growing disease that we need to figure out how to manage it and manage it effectively. But what's interesting about the savings, back to your original-- the other question, and I-- and I need to put this on the record, is, I don't know too many providers who save money to come back and say, hey, your next contract is lower because we've saved you money. That's just not how it really works, right? I mean, that very rarely happens. So we need to know what those savings are. It puts us in a better situation when we're budgeting of, well, we know, if people are on this and we can get 10 percent on this type of program, we can save a billion dollars over five years. We need that information as we move forward.

CAVANAUGH: Thank you.

HOWARD: All right, any other questions? Seeing none, this will close the hearing on LB654. Thank you--

WAYNE: Thank you.

HOWARD: --Senator Wayne. We will open the hearing on LB559, Senator Arch's bill to change provisions relating to the State Anatomical Board. Welcome, Senator Arch.

ARCH: Good afternoon, Senator Howard, members of the Health and Human Services Committee. For the record, my name is John Arch and I represent the 14th Legislative District in Sarpy County. That's J-o-h-n A-r-c-h. I'm here today to introduce LB559. I want to put this in context because I don't want to get down into the weeds too far, but we're going to be talking about unclaimed bodies that funeral homes deal with on a regular basis and how that relates to the State Anatomical Board, which is a board that is involved with the use of

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

cadavers for medical research. So that's the context of what we're going to be talking about. The purpose of this bill is to streamline the procedures for handling unclaimed bodies that are not eligible to be received as a donation to the State Anatomical Board. The statutes covering the State Anatomical Board were written in 1929 and many of the provisions are outdated and obsolete. Times have changed. Currently the disposition of an unclaimed body is the responsibility of the county in which the body is located. That is all covered in other sections of law. However, when the State Anatomical Board was first created nine years ago, the practice was to transfer unclaimed bodies to the Anatomical Board for purposes of anatomical use and study, the use of cadavers in medical training of medical students. Provisions of this section of law requires unclaimed bodies to be surrendered to the board, requires a 30-day holding period, and then requires notice to the county if the body is deemed unfit for anatomical purposes. In reality this is not the practice today nor should it be. Today the Anatomical Board does not accept any body unless it comes from a registered donor. Currently there are approximately 10,000 preregistered donors. LB559 eliminates language that is no longer practical, removes a step requiring funeral directors to formally notify the Anatomical Board of an unclaimed body, and for the board to declare the body ineligible for donation. The bill amends the statutes to more accurately reflect modern-day practices. There's no fiscal note attached to the measure, and it is my understanding DHHS's Division of Public Health, the Nebraska Funeral Directors Association, the State Board of Funeral Directing and Embalming, and the State Anatomical Board are all in agreement that LB559 would streamline the procedures for proper disposition of an unclaimed body. There are testifiers following me who can answer questions regarding current practices. With that, I will end my testimony and encourage you to advance LB559. You heard from this testimony that what we're wanting to do is eliminate that unnecessary step of the notification of the State Anatomical Board. Any questions for me? I don't know if I have others behind me who can also answer some of the more detailed questions.

HOWARD: Are there questions for Senator Arch? Seeing none, will you be staying to close?

ARCH: I will.

HOWARD: Fantastic.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

ARCH: Thank you.

HOWARD: Our first proponent testifier for LB559. Good afternoon.

CAROL LOMNETH: Good afternoon, Senators and Chairman Howard. Thank you. My name is Carol Lomneth, C-a-r-o-l L-o-m-n-e-t-h. I am a professor of anatomy at Creighton University. I have served on the Nebraska Anatomical Board since 2001 to 2017, and I'm quite familiar with the details of their operation. I'm here in support of LB559. As well stated by Senator Arch, it will eliminate the need for funeral directors and county coroners to come to the board for us only to refuse an unclaimed body. When the board was established back in 1929, it was culturally acceptable for us to accept bodies for anatomical education and research. Thankfully, we have evolved as a society and that is no longer seen as acceptable practice. We like people to willfully and deliberately decide to donate their body to science, as it is called, and accepting an unclaimed body does not fit that ethic. So I am here in support of the bill. It would reduce the time from death to final disposition. It's an ethical decision and it is the current practice of the board. Since I've been on the Board, since 2001, we have never accepted an unclaimed body. Bill Lauber, who was the previous past president of the Nebraska Funeral Directors Society, he also couldn't be here with us today, but has submitted a statement in support of this bill. He acknowledges that unfortunately, sometimes it happens that there is an unclaimed body or a body that family will not make a final decision on. The funeral directors are then put in the position of what do we do? And an additional step is, the law claims that they have to come to us first, only for us to refuse that body. So passage of the bill would shorten the time from death to final disposition and it is ethically sound decision. Thank you for allowing me to testify and I'll be happy to answer any questions.

HOWARD: Thank you. Are there questions? Seeing none, thank you for your testimony today.

CAROL LOMNETH: Thank you.

HOWARD: Our next--

CAROL LOMNETH: Thank you very much.

HOWARD: Our next proponent testifier for LB559. Seeing none, no letters, is there anyone wishing to testify in opposition? Is there

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

anyone wishing to testify in a neutral capacity? Seeing none, Senator Arch, you are welcome to close.

ARCH: I would just add one other thing, and it's identified in the letter that you've received from Bill Lauber. And that is that the county actually becomes responsible for the costs associated with unclaimed bodies, and they work directly then with the-- will work directly then with the funeral home without the Anatomical Board in between and as part of that process. So I would encourage you to advance LB559. Any questions?

HOWARD: Are there any questions? Senator Hansen.

B. HANSEN: Thank you, Senator Arch, for coming with this bill. So what are the criminal penalties for persons with possession of a dead human body required-- if they don't require or provide information to the State Anatomical Board?

ARCH: I'll have to get back to you on that--

B. HANSEN: Okay.

ARCH: --Senator Hansen. Thank you.

B. HANSEN: And who brought this bill to you?

ARCH: The State Anatomical Board--

B. HANSEN: --OK.

ARCH: --felt that it was time after 90 years to update that.

B. HANSEN: OK. I just need some clarification. When it says, refuses to deliver the body or mutilates the body in such a way as to make it not valuable for anatomical purposes, what does that mean?

ARCH: Well, I think the language is pretty clear there as to what that means.

B. HANSEN: OK. Thank you, Senator. Appreciate it.

ARCH: Thank you.

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee March 13, 2019

HOWARD: Any other questions about dead bodies? [LAUGHTER] All right, seeing none, this will close the hearing for LB559. Thank you, Senator Arch.

ARCH: Thank you.

HOWARD: The committee is going to have an Executive Session, but we will take a brief break and reconvene at 2:50.