LATHROP: Good afternoon. Laurie, we're live? OK. Good afternoon and welcome to the Judiciary Committee. My name is Steve Lathrop. I represent Legislative District 12 in Omaha, and I am the Chair of this committee. On the tables inside the doors, you will find yellow testifier sheets. On that little table right there. If you're planning on testifying today, please fill out one and hand it to the page when you come up to testify. There is also a white sheet on the table if you do not wish to testify, but would like to record your position on a bill. For future reference, if you are not testifying in person and would like to submit a letter for the official record, all committees have a deadline of 5:00 p.m. the last work day before the hearing. Keep in mind that you may submit a letter for the record or testify in person at a hearing, but not both. And only those actually testifying in person at a hearing will be listed on the committee's committee statement. We'll begin bill testimony with the introducer's statement followed by proponents of the bill, then opponents, and finally, anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer if they wish to give one. We utilize an on-deck system here. The chairs in the front row that are currently occupied. Please keep the on-deck chairs filled with the next person to testify so that we can keep the hearings moving along. We ask that you begin your testimony by giving us your first and last name and spell them for the record. If you have any handouts, please bring up twelve copies and give them to the page. If you do not have enough copies, the page can make more. If you are submitting testimony on someone else's behalf, you may submit it for the record, but you'll not be allowed to read it. We use-- utilize a three-minute light system. This is the part that's really important. We utilize a three-minute light system. When you begin your testimony, the light on the table will turn green. The yellow light is your one-minute warning. And when the light turns red, we ask that you wrap up your final thought and stop. As a matter of committee policy, I would like to remind everyone that the use of cell phones and other electronic devices is not allowed during public hearings. Though senators may use them to take notes and stay in contact with staff. At this time, I'd ask everyone to make sure their cell phones are in the silent mode. Also, verbal outbursts or applause and things like that are not permitted in the hearing room. Such behavior may be cause for you to be asked to leave the hearing. You may notice committee members coming and going. That has nothing to do with how they regard the importance of the bill being heard. But as is the case today, we have senators introducing bills in other committees and they may have other meetings to attend to. And with that, we'll have the committee members that are here introduce themselves, beginning with Senator Brandt.

BRANDT: Tom Brandt, District 32: Fillmore, Thayer, Jefferson, Saline, and southwestern Lancaster County.

SLAMA: Julie Slama, District 1: Otoe, Johnson, Nemaha, Pawnee, and Richardson Counties.

LATHROP: I assure you other members will be along shortly. I know we have two of them introducing bills in other committees, and perhaps more than that. Assisting that committee today is Laurie Vollertsen, our committee clerk, who's to my left; and Neal-- pardon me, Josh Henningsen, our legal counsel is to my right. Our committee pages are Ashton Krebs and Lorenzo, Lorenzo-- pardon me, Catalano. Both students at UNL. And with that, we'll begin with Senator McDonnell and the introduction of LB964.

McDONNELL: Thank you.

LATHROP: Welcome.

McDONNELL: Thank you, Chairman Lathrop and members of the Judiciary Committee. My name is Mike McDonnell, M-i-k-e M-c-D-o-n-n-e-l-l. I represent LD5, south Omaha. I come before you today on behalf of LB964, which would provide the acknowledgement of maternity form. Nebraska birth certificates list the persons whose body from whom a child is born as the mother. Current statutes allow a woman giving birth to agree to the paternity of a child, thereby allowing the name of the child's father to be placed on the birth certificate by the agreement with that individual. Thus, in a natural birth, a father can admit paternity and be placed on a birth certificate simply by executing an Acknowledgement of Paternity prepared by the Nebraska Department of Health and Human Services Vital Records. The Acknowledgment of Paternity can be executed at the hospital prior to the birth. When a birth occurs using a gestational carrier, there is no such option for the genetic mother, absent an adoption decree, to be named on a birth certificate. The only option a genetic mother has to have her name placed on the birth certificate is to undergo the rigorous and unnecessarily expensive adoption process as a stepparent. LB964 provides for a genetic mother to be placed on her child's birth certificate by executing a similar form likely to be called an Acknowledgement of Maternity at the time of the birth of the child. Current Nebraska statute does not address gestational carriers. A gestational carrier is a woman who has a fertilized egg from another woman, the genetic mother, implanted in her womb, so as to bear a child on behalf of the genetic mother. A gestational carrier is not to be confused with a traditional surrogate who is a woman who both provides genetic material, her egg, and acts as a carrier for the child. A gestational carrier lacks a genetic connection to the child. She is simply carrying for the genetic parents. Women who have difficulty becoming pregnant naturally have used assisted reproduction by way of using a gestational carrier. Given such a scenario, LB964 would allow for a process whereby the genetic mother's name could be placed on a birth certificate using the current process that a father's name is placed on the birth certificate in any other birth. Allowing for a genetic mother to acknowledge maternity avoids her having to literally adopt her own children. Under the current adoption statutes, a genetic mother who has a child born from gestational carrier must adopt her, adopt her child as a stepparent. In Nebraska, the stepparent cannot begin the adoption process until the stepchild has resided with the stepparent for a period of six months. This means the genetic mother must wait six months after her child is born to have any legal rights to her child. While the genetic mother's husband will be named as the birth father on the birth certificate by using the Acknowledgement of Paternity, the genetic mother is required to have the birth father present, present for any decision being made on behalf of the child. Should any unforeseeable incidents such as a death occur with the father during this interim, the gestational carrier who is not genetically related to the child would be the only person having any legal rights to the child. There are testifiers here today who are willing to share their stories and experiences. Lisa is a constituent of mine and she is here with her sister Melissa, are having-- are driving force behind the introduction of this bill. They do not stand alone in this journey and effort as you will soon hear. Tracy is an attorney who has personally represented these women through this difficult process. They are here, not for themselves, but on behalf of the women who will face these devastating obstacles in the future. I'd be happy to try to answer any of your questions.

LATHROP: I don't see any questions, but this may be at the top of the list of interesting bills.

McDONNELL: Well, thank you, Senator Lathrop.

LATHROP: I mean, it's really-- it really is interesting the problem sciences present in, in what are otherwise routine matters. But OK.

McDONNELL: Thank you, and I will stick around to close.

LATHROP: OK, very good. First testifier in support. Welcome.

LISA AUTEN: Hi. Thank you. My name is Lisa Auten, L-i-s-a, last name's A-u-t-e-n, and I was the gestational carrier for my sister Melissa, who you are receiving her written testimony right now. So I had just had my ninth miscarriage, was the text message that I received from my sister back in January of 2016. Nine miscarriages. What most people in my life don't know is that I had received a similar text message from my sister after every miscarriage. Every time my heart sank. Watching her struggle with infertility was heartbreaking. When she told me that her doctor suggested that she use a gestational carrier, I didn't think twice. My response was with some humor, you can borrow my uterus. And from there, our journey started. We spent months doing research on Nebraska law. We spent months doing research on the legal process, how to legally protect both the intended parents and myself as the carrier. We learned about contracts and court hearings. We quickly learned that our very old Nebraska law currently does not address the process of using a gestational carrier at all. Therefore, we are forced to follow the laws if we are doing a traditional surrogacy journey. While these two terms gestational carrier and surrogate are sometimes used interchangeably, there is a big difference between the two. I was a gestational carrier for my sister. The babies who, are my nieces, were not biologically mine. The embryos were made using Melissa's egg and her husband's sperm. The embryos were then transferred to my uterus, essentially making my uterus nothing but a temporary home for the babies. Under current Nebraska law, I was deemed the baby's birth mother. What Melissa and I could not understand is how the babies were biologically her and her husband's, yet in the eyes of the law, she was not the mother. After delivering my beautiful nieces, I had to hand-- I was hand delivered the paperwork for the birth certificates. My name had to go on the birth certificate as legal mother. After years of infertility, wanting nothing more than a baby and being blessed with two, my sister couldn't even put her own name on the birth certificate. While this may seem minor to some, it came with numerous complications, such as Melissa's inability to provide medical consent, not being able to breastfeed her own children in the hospital, and she simply couldn't take her twins to the pediatrician. Lastly, when the girls turned six-months-old, Melissa would have to do a stepparent adoption to adopt her own children. The adoption process in this situation is such a demeaning process for both the genetic mother and the gestational carrier. It was made to look like to a judge that I had sex with my brother-in-law, and now I wanted to relinquish my parental rights. There is nothing further from the truth. Having an Acknowledgement of Maternity would make this process so much easier for intended families in Nebraska. Throughout our research period, we ran into numerous couples in Nebraska who chose not to pursue gestational-- using a gestational carrier in Nebraska due to the lack of legal support for genetic mothers. I have a couple sentences left. If you want me to stop, I certainly can.

LATHROP: Well, let's see if there's any questions OK?

LISA AUTEN: OK.

LATHROP: I think that was a very good presentation by the way.

LISA AUTEN: Thanks.

LATHROP: And again, very interesting topic.

LISA AUTEN: Thanks.

LATHROP: Senator Brandt.

BRANDT: And I don't know if you're the one to answer this or not.

LISA AUTEN: Sure.

BRANDT: Vaguely familiar with what-- how a birth certificate looks like. So really all we need to do is just add a supplemental line on there that says person who is the biological mother and gestational mother and would that solve this problem?

LISA AUTEN: I think it's a legal question that our attorney can answer.

BRANDT: OK, so--

LISA AUTEN: Yeah. Yeah.

BRANDT: --we've got an attorney, we'll wait for that.

LISA AUTEN: Yes. Anything else?

LATHROP: I don't see any other questions, but thank you for being here sharing your story.

LISA AUTEN: OK. Thank you. I appreciate it.

LATHROP: Next testifier. Good afternoon.

CHRISTINA WILLIAMSON: Good afternoon. Thank you. My name is Christina Williamson, C-h-r-i-s-t-i-n-a W-i-l-l-i-a-m-s-o-n. I'm here in support of LB964. My husband and I tried for almost ten years to have a baby. After suffering three devastating losses, we decided that both physically and emotionally we couldn't keep trying naturally. After our third loss in 2013, I had a close friend approach me about being a gestational carrier. She offered to carry our baby using my eggs and my husband's sperm. My husband and I talked about it. And after that we all, including our carrier's husband, visited a reproductive clinic since we had no idea what having a gestational carrier or being a gestational carrier really entailed. During our consultation, they explained the difference between being a traditional surrogate and a gestational carrier. A gestational carrier is what we decided. It was suggested that we have an attorney draw up an agreement that would help define all our roles during this process and what would happen before and after the baby was born. We scheduled an appointment with our attorney and as I was listening to what she had to say, one thing that stuck out the most was the fact that although this potential baby would be 100 percent genetically mine and my husband's, I would still have to do an adoption as a stepparent and wait six months after the birth to begin adoption process. During those six months, I would have no rights to the child, which meant that I couldn't take the baby to the doctor or anywhere else without my husband. He was the one that could legally sign because his name would be on the birth certificate. After a lot of talking and praying, we decided to move forward with our decision. The next ten months would be the biggest roller coaster ride for emotions, but also the most rewarding of my life. We welcomed Gabriel [PHONETIC] and Armando [PHONETIC], two healthy twin boys on July 2, 2015. It was the happiest day of my life, but also one of the hardest. Although those two amazing boys were genetically mine, I couldn't hold them or make any decisions about them unless our gestational carrier authorized it. In my case, she couldn't sign right away because she had an emergency C-section. That was a big heartache, especially since they had to be admitted in the NICU right after the birth, so I had to be a bystander in my own children's birth process. LB64 [SIC] is a good fix for the difficult situation that I went through and having to wait six months to legally be on my children-- to be my children's mother. I hope you consider passing LB964 so that other mothers don't have to go through the waiting process, an unnecessary expense like I did. Thank you for listening.

LATHROP: Senator Slama.

SLAMA: Thank you very much for coming down today. So just to clarify from your testimony, it took you six months to be legally recognized as your boys' mother?

CHRISTINA WILLIAMSON: Yes.

SLAMA: Wow. That's the only question I had. I just wanted to clarify that. Thank you.

CHRISTINA WILLIAMSON: Thank you.

LATHROP: I don't see any other questions, but thanks for coming down.

CHRISTINA WILLIAMSON: Thank you for listening.

LATHROP: Good afternoon.

TRACY HIGHTOWER-HENNE: Hi. Ready?

LATHROP: Yeah.

TRACY HIGHTOWER-HENNE: OK. My name's Tracy Hightower-Henne, it's T-r-a-c-y H-i-g-h-t-o-w-e-r hyphen H-e-n-n-e. I have to say that's really hard to follow that. So I am the attorney that has helped both Melissa and Christina in these journeys that they've had. I'm here wearing two hats today, also in support of LB964, one as a member of the Nebraska State Bar Association's Legislative Committee, and the second as the attorney who has personally represented the women that you just heard from. The Nebraska State Bar Association supports LB964. So LB964 creates the fix to the devastating process that requires women like Melissa and Christina, who have created children using a gestational carrier to literally have to adopt their own children and having to wait six months before they can even start the adoption process. And Senator Slama, to answer your question, the six month period is because the only process right now for the genetic mothers to adopt their children is under a stepparent adoption. And those statutes require that the stepparent in this situation, which is the genetic mother, has to live with the children or child for six months before they can start the adoption process. I think for both genetic mothers in at least these two instances, the hearing wasn't until approximately seven to eight months after we-- after the babies were born. So that's the six months. I have represented several women who have told me this heartbreaking story of having tried many, many times to become pregnant. And then I have to be the bearer of bad news that, great, we can do this entire situation and help you through the contract of the gestational carrier and all of those terms. But then you have to wait six months to adopt your child. And I think that's the hardest thing that they have to hear from me as their attorney. So current Nebraska law provides no means for a genetic mother to have her name placed on her child's birth certificate, despite her husband being able to simply sign an Acknowledgement of Paternity, which allows for his name to be placed on the birth certificate as birth father. So LB964 will allow for the gestational carrier to sign-- approve an Acknowledgement of Maternity, which is what the genetic mother would acknowledge, she would acknowledge the maternity. So Senator Brandt, to answer your question, it wouldn't be an additional line on the birth certificate, it would simply be the genetic mother being listed as the birth mother on the birth certificate. I do think that our birth certificates have changed slightly as well that don't-- I think they no longer say birth, birth parent, I think they say parent A and parent B. So the proposal is that the Acknowledgement of Maternity specifically replaces the birth mother with the genetic mother. So I'm happy to answer any questions that you have.

LATHROP: Senator Brandt.

BRANDT: Thank you for appearing today. Just a real quick question. Why wouldn't you list both mothers on there? I mean, I understand the problem you're trying to solve, and if that solves a problem, I'm fine with that, but you can never had too much information down the road, you know, on a child and what the circumstances were. Why wouldn't you still include the gestational mother just as a point of information?

TRACY HIGHTOWER-HENNE: My, my answer to that would be there would be no reason to continue or to maintain the gestational carriers name on the birth certificate for any period of time. Right now, it's only being listed there for six months until the adoption process occurs. And then furthermore, I think the information-- I agree, I think all the information is really important. But the Acknowledgement of Maternity is what Vital Statistics would maintain to have that information that, in fact, another woman actually gave birth to the child that wasn't genetically related. But because of this, the filing of the Acknowledgement of Maternity, then the genetic mother would be listed instead on the birth certificate.

BRANDT: All right. Thank you.

TRACY HIGHTOWER-HENNE: Sure.

LATHROP: OK. I think that's it. Thanks for coming down.

TRACY HIGHTOWER-HENNE: Thank you.

LATHROP: We appreciate you wearing two hats today.

TRACY HIGHTOWER-HENNE: Thank you.

LATHROP: Anyone else here as a proponent? Anyone here to testify in opposition to LB964? Seeing none, anyone here in a neutral capacity? Senator McDonnell to close. As you approach, though, I will indicate for the record that we have a letter of support from Scout Richters, Scout Richters at the ACLU; and a neutral letter from Gary Anthone at the Nebraska Department of Health and Human Services.

McDONNELL: And my closing is I'm just here to try to answer any, any questions. Otherwise, I'll waive closing.

LATHROP: I don't see any questions. Thank you, Senator McDonnell.

McDONNELL: Thank you.

LATHROP: That'll close our hearing on LB964 and bring us to Senator Hunt and LB941. Feels like you were just here. All right. How many people intend to testify on this bill, if I can ask? This is-- what do we got, four or five. OK. That helps us line up the next, the next bill introducer and keep things moving. Senator Hunt, you may open.

HUNT: Thank you, Chairman Lathrop and members of the Judiciary Committee. My name is Senator Megan Hunt, M-e-g-a-n H-u-n-t, and I represent Nebraska's 8th District in midtown Omaha. I'm here today to present LB941. This bill provides youth in both the foster care and juvenile justice system with a list of rights related to services, connections to family, transition planning, and grievances. The bill also guarantees that youth in care are expressly informed of their rights. LB941 was born out of an interim study, LR127, conducted last fall. The study focused on ensuring that youth in the foster care system and juvenile justice system understand their rights, to explore opportunities to clarify those rights, and ensure that the rights are being upheld. We worked with Nebraska Appleseed and Project Everlast to conduct listening sessions with individuals in three different cities: Fremont, Lincoln, and Omaha who had been involved in the foster care and juvenile justice systems. Currently, the Department of Health and Human Services has a list of foster youth rights as part of department regulations. These rights are important, essential, and are elucidated in LB941. However, when I met with groups of young people throughout Nebraska, through Nebraska Appleseed and Project Everlast who have been system involved, whether in juvenile justice or in foster care, not one of these young people had any awareness about the DHHS Foster Care Bill of Rights. They had never been told. Zero percent of them that I talked to had ever even heard that this existed. We know that the state agencies care about this issue. My staff and I have been in contact with the Department of Health and Human Services and the Administration Office of the Courts and Probation about this. And I believe that everybody recognizes the problem. But what LR127 taught me is that we need to do more for these youth under the state's care. The Youth in Care Bill of Rights is designed to inform these young people of their rights within the child welfare and juvenile justice system. According to the National Conference of State Legislatures, a bill of rights like this has been enacted in at least 15 states with six others implementing a bill of rights through department regulations. There is an inherent distrust of a system that removes you from your home and places you in an unfamiliar place. It is essential that we are doing everything we can to ease these types of transitions. The least we can do is make sure that these young people know that they do have rights. Making sure these rights are explained upfront can help alleviate mistrust and reassure these kids that we care about their development and well-being. After many conversations with stakeholders and interested parties, I understand that there's opposition to this bill and I appreciate it because I think this is a great illustration of how many stakeholders there are in ensuring that youth, especially those under the care and control of the state, are cared for and that their interests are protected. So I see this as a good opportunity to start a conversation based on the work that we did over the interim. And I'm confident that we can bring all of these stakeholders together to work on an amendment that will not only establish rights for youth and care, but guarantee that the ones they have are protected, respected, and provided to every youth in the foster care and juvenile justice system. Thank you.

LATHROP: Very good. Any questions for Senator Hunt? Seeing none, I think, we'll roll right into the first testifier. Thank you for introducing the bill. Good afternoon.

BECCA BRUNE: Good afternoon, Chairperson Lathrop and members of the Judiciary Committee. My name is Becca Brune, B-e-c-c-a B-r-u-n-e, and I'm the senior program coordinator in the Child Welfare Program at Nebraska Appleseed, which is a nonprofit organization that fights for justice and opportunity for all Nebraskans. And I'm here today to testify in support of LB941, creating the Nebraska Youth and Right-- Youth in Care Bill of Rights. My work at Appleseed involves working with those who are most impacted by the foster care system and ensuring their voices are not left out. The young people I work with and who have given their input to shape this bill that you will hear from after me are powerful individuals and advocates. We support LB941 because the Youth In Care Bill of Rights will be an important tool in ensuring youth involved in the foster care and juvenile justice systems are heard, respected, and cared for. I want to talk a bit about the history of this work and the involvement of young people throughout the process. In 2016, the Nebraska Strengthening Families Act was passed and both the federal and Nebraska SFA required that youth ages 14 and older in foster family homes and child care institutions to be notified of a number of their rights. This document of their rights is required to be explained to them and signed upon their entry into out-of-home care and additionally provided to them at court hearings. But like Senator Hunt said through the SFA process and the interim study, we continue to hear that young people do not feel that they were aware of their rights, shown this document, or knew how to file a grievance. So we connected with over 50 young people throughout this process and we heard that there was a strong need for a stronger bill of rights process that went further than existing-- what is existing with DHHS currently. So their input was included into the bill and it creates the Youth in Care Bill of Rights, which would apply to all youth in out-of-home care in the foster care and juvenile justice systems. Most of these rights listed are already existing rights under state and federal law. The rights fall into categories of constitutional rights, rights around services and care, those pertain to equity for all youth, and rights for those who are pregnant and parenting, as well as some specific to foster care cases. So finally, not only does LB941 create a more detailed document of youth rights, it also clarifies the roles of those who can provide a central support in ensuring youth's rights are being met. LB941 requires caseworkers and probation officers to be trained on the Bill of Rights and to discuss it with youth upon their removal, quarterly at meetings, and reviewed at court hearings for foster youth. LB941 also requires jails and attorneys to discuss the rights with youth and raise infringements in court as appropriate. The bill also strengthens the grievance process, a process which young people share is confusing and hard to access. So we ask for your support for LB941 because we think it'll be a powerful tool to help young people placed out of their homes within the foster care and juvenile justice systems to understand their rights and the path for advocating for themselves, as well as seeking support in these really complex systems. Thank you.

LATHROP: Very good. Thank you for your testimony. Are there any questions? I don't see anything,--

BECCA BRUNE: Thanks.

LATHROP: --but thanks for being here today. Next supporter.

JACOB McKIRDY: Hi, Senators. My name is Jacob McKirdy, J-a-c-o-b M-c-K-i-r-d-y. First, I would like to talk to you about my experience in foster care. Secondly, I would like to talk to you about how I was impacted as a youth in foster care. And lastly, I would like to talk to you about the change I would like to see in the foster care system. First, I would like to talk to you about my experiences in foster care. When I was five, I went into the state custody due, due to my dad's actions. I was placed with a couple families, but the home that changed my life forever was horrible. I remember my first day that I was there, I was made to eat only one bowl of cereal for breakfast when all the other kids got pancakes for breakfast. All because I had an argument with the foster parents. Things progressed from, from there to abuse mentally and physically. I was constantly hit by the other kid except for my two sisters, Kami and Kaitlyn. From there I was hit with pool sticks to my head by the foster parents. My foster dad tried to molest me when I had to put cream on my butt due to diaper rash. I then stepped on a barbed wire fence with shoes on. I was told by my foster parents, they said, oh well, you will live. That was the day that messed my whole life up. Secondly, I would like to talk to you about how I was impacted as a youth in foster care. When I was six, I had surgery on my foot at Children's Hospital because of an infection in my foot due to stepping on a barbed wire fence when I was five. When I was six, I was under surgery and I had a blood clot that went to my head. When I was seven, I had two strokes. Fast forward to October 14, 2010, I went into foster care for the second time at age ten. I was so scared. As a result of the system, I went to 50 different foster homes and I went to 3 different states and hospitalized 31 different times. And lastly, I would like to talk to you about the change I would like to see in the foster care system. The one thing I never got as a foster kid was a forever home or even a safe place to go. I found out that when I was in the system, I was just another paycheck. The foster parents made $8,000 every month because I was an at-risk youth. All I wanted was a home and parents I could love. The thing I would like to see change is the overall care for each kid in the system. If the caseworker spent one minute to actually spend time to get to know the kids, it would make a difference. For me, all I wanted was just to be listened to for an hour a month. This is why I support bill LB941 and the Youth in Care Bill of Rights. Help me help others find their voice by passing this bill. I am open to questions. Thank you for hearing my testimony.

LATHROP: OK. You went through 50 foster homes?

JACOB McKIRDY: Yes.

LATHROP: Do you have a question, Senator? Yeah, Senator Chambers.

CHAMBERS: I was trying to read and listen. How old are you now?

JACOB McKIRDY: I am 20.

CHAMBERS: And how do you feel that you've adapted as a result of all these things that had happened to you?

JACOB McKIRDY: It's made me a stronger person, definitely. It's hard for me to stand up for what I believe for. But now, with being in Youth Voice and Project Everlast, I've been able to find my voice. And I want to become an advocate for the youth in the foster system currently.

CHAMBERS: And have you developed a sense of self-respect?

JACOB McKIRDY: Yes.

CHAMBERS: And you know that what you went through is not what all youngsters your age would go through. You're aware of that?

JACOB McKIRDY: Yes.

CHAMBERS: And you're aware that some of those who went through did not emerge on the other side in the way that you did, where they are even sane. You're aware of that?

JACOB McKIRDY: Yes.

CHAMBERS: And instead of turning away and being happy that you escaped it, what made you decide that you had a personal obligation to look back and try to help some who were going through what you went through at such a young age?

JACOB McKIRDY: For me in my life, you know, I, I don't want to see anybody go through what I went through. I have a kind heart. And it's, it's hurtful to know, you know, what foster parents could do to people, and the young people in the foster system, and what happened to me. That is why I want to be an advocate.

CHAMBERS: Now can I give a word of caution to you? I'm not going to mention things that I went through growing up. They weren't of the physical kind you went through. But because I was black and went to primarily white schools and my parents taught me to respect teachers but didn't warn me of the things that they would do. I had two or three others who went to school and they somehow didn't manage to survive the same way. But when you said that you didn't want anybody to go through what you went through, it touched a chord with me because despite the way I was treated, I didn't even want white children to go through that because they weren't the ones who did it to me. And I knew how it made me feel. So if you're not careful, I'm 82 years old, you're gonna grow up to be something like me so beware, but I like what you're doing,--

JACOB McKIRDY: Thank you.

CHAMBERS: --and I applaud you.

JACOB McKIRDY: Thank you.

LATHROP: Yeah. Yeah. Thank you. And thanks for being here today.

JACOB McKIRDY: Thank you.

LATHROP: Appreciate hearing from you. Next supporter may come forward. Anyone else here to testify in support? Good afternoon.

ABBI SWATSWORTH: Good afternoon. Thank you, Senator Lathrop and members of the committee. My name is Abbi Swatsworth, A-b-b-i S-w-a-t-s-w-o-r-t-h. I'm the executive director of OutNebraska, a statewide nonprofit working to empower and celebrate lesbian, gay, bisexual, transgender, and queer/ questioning Nebraskans. We are in support of LB941. Data on the sexual orientation and gender identity of foster youth is limited since there is no clear mandate to track this information. The research that is available, however, has consistently shown that LGBTQ youth are overrepresented among foster care population. A 2019 study found 30.4 percent of youth in foster care identify as LGBTQ and 5 percent as transgender, compared to 11.2 percent and 1.17 percent of youth in the general population. LGBTQ youth enter foster care for many of the same reasons as other youth. However, many LGBTQ youth enter foster care after experiencing family rejection because of their gender identity, gender expression, or sexual orientation. Following entry into the system, LGBTQ youth are likely to have a higher number of family placements and a higher likelihood of placement in a group setting. Furthermore, many of these LGBTQ youth live at the intersection of multiple identities and, thus, experience multiple forms of discrimination, including on the basis of race, class, disability, sexual orientation, and gender identity. Experiences of bias and discrimination come from interactions with social workers, with group home staff, and as well as policy and structural barriers preventing LGBTQ youth from receiving the services they need. Research shows that LGBTQ youth are more than twice as likely as other nonLGBTQ peers to report being treated poorly by the foster care system. As a result, youth are likely to suffer from consistent harassment and abuse in foster care, juvenile justice settings, and in homeless shelters. I know that people would like to believe that young folks in Nebraska are not being rejected by their own families, but I know firsthand that they are. I've taken a string of heartbreaking phone calls seeking resources for youth who've been pushed out of their homes. Two weeks ago, I took a call from a case manager regarding a young person already in the system. The case manager was desperately seeking placement because family after family refused to accept this young transgender person. Imagine the trauma of feeling that no one, not your family and not a foster family, wanted you. This cannot continue to happen. If we are truly a state that cares about the well-being of young people, we must be a state that cares for all young people. Every child and youth who is unable to live with their parents is entitled to a safe, loving, and affirming foster care placement no matter the young person's sexual orientation, gender identity, or gender expression. I respectfully urge you to protect LGBTQ young people in the care by advancing LB941 to General File. And I'm open for questions.

LATHROP: You timed that perfectly.

ABBI SWATSWORTH: I don't know how that happened, but I did.

LATHROP: All right. I don't see any questions, but thanks for your testimony today.

ABBI SWATSWORTH: Thank you.

LATHROP: Next proponent.

VERNON JOSEPH: Good afternoon.

LATHROP: Good afternoon.

VERNON JOSEPH: Hello. My name is Vernon Joseph, V-e-r-n-o-n J-o-s-e-p-h, and I do serve as chair of the Strengthening Families Act Committee under the Nebraska Children's Commission. But I am here to testify on my own personal capacity. I was a foster youth in Michigan and I was in foster care twice for two stints, one as a juvenile and one as a teenager. I do live in Lincoln full-time now and employed as a manager of a local establishment. So I have been successful turnaround from foster care. I am testifying in support of LB941, which would create a youth bill of rights. The SFA was passed by Congress and signed by the President in September of 2014. The SFA is designed to promote safety, permanency, well-being, and normalcy for youth in the foster care system. And one specific aspect of the SFA requires that the state child welfare agency include a document in all case plans for youth age 14 or older that describes the rights of children. And as we've heard from a couple of testifiers, that's not happening. And as a chair of the Strengthening Families Act Committee, I do hear from individuals that this is not happening, which is not good. And then after the passage of the law, the SFA Committee was created by the Strengthening Families Act for Nebraska, one of the first subcommittee that was created as part of this. The SFA Committee was focused on how to implement the bill of rights requirement in Nebraska. The goal of the subcommittee was to get input of young people who are currently or formerly involved in child welfare and juvenile justice system. And then, as you heard, Megan Hunt had a-- Senator Hunt had a listening session throughout the [INAUDIBLE], and that was a great turnout. And we did have involvement from 37 youth. And while the Nebraska SFA does include requirement for notification of basic list of rights, the current list of rights does not include input from young people and doesn't address the confusion and disempowerment they often feel. And as a former foster youth, I know that the input of the youth is vital because it is their life, my life. And that's most important, as opposed to being heavily administrated by administrative laws and everything that goes with being in the foster care system. I do support LB914 [SIC] and do hope we can work together and get everybody on the same page, get this passed.

LATHROP: Very good.

VERNON JOSEPH: And if anybody has questions.

LATHROP: I do not see any questions, Mr. Joseph, but thanks for being here today.

VERNON JOSEPH: OK. Thank you.

LATHROP: Our next proponent, please. Welcome.

RAEVIN BIGELOW: Hello. My name is Raevin Bigelow, R-a-e-v-i-n B-i-g-e-l-o-w. When you spend time in the juvenile justice system, you're reminded plenty of times that your life is different than other children. You're also reminded plenty of times that you don't have justice, nor do you have rights as a human being. I have experienced this firsthand during my seven years in the juvenile justice system. I was 16-years-old in a group home here in Lincoln. I was in the highest level of care before being removed from the community. I had two younger siblings at home and feared to continue to be taken from them. I knew while in the group home I needed to get my marbles collected back into my bag, but I knew I couldn't do it alone. When I was younger, we always attended Awana, which is like a church for kids. I remember when I went to Awana, it gave me this joy that I never wanted to lose. Life carried on and I grew closer and closer to my faith and my God. By 16-years-old, my only hope was through Christ. At my team meeting with the state and everyone on my case, it was threatened the whole meeting that if I continue the path that I'm on, I'm going to be back in court with a new recommendation at the highest level of care, Geneva. I was afraid. I was lost. I was empty and broken. How do you change the direction of your path when it's the only path that you have, have known? My physical support only came from gangbangers and drug dealers. At that point, I decided I needed to turn my path around and reach out to someone, something that has the best interest for me, one support that won't continue to hurt and hinder me. That's when I thought I had the strongest, most brilliant idea: go to church. I had many what-ifs that went through my head. What if I can't find a home? What if I don't have a ride to service? Not once did I worry if I couldn't go, as I knew that was a right as an American. That was the moment I lost hope in myself and in my faith. In order to attend an outside activity while in the group home, you had to be on a certain level with earning so many points for that week. So my next point is, you guessed it. After asking to go to church on Sundays, I was told, no, that I needed to work on my points to earn that right or privilege to be able to attend an outside activity. Not to mention the church was literally across the street. So let me say that again. I was told no to my freedom of religion. I had no rights and I sure didn't have fairness in the way I was being dealt with as a juvenile. Four months into the group home, I was shackled up and sent to Geneva. As I wrap up, Senators, I just want to leave with you something not to forget about when moving forward with LB941. The Amendments, also known as the Bill of Rights, were designed to protect the basic right of U.S. citizens, guaranteeing the freedom of speech, press, assembly, and exercise of religion, the right to fair legal procedure and to bear arms. And that power is not delegated to the federal government but reserved for the states and the people. And that's all I got.

LATHROP: Very good. Well, thanks for sharing that.

RAEVIN BIGELOW: Thank you.

LATHROP: I do not see any questions from the committee, though.

RAEVIN BIGELOW: Awesome.

LATHROP: Thanks for being here, though. Next supporter.

JULIET SUMMERS: Good afternoon, Chairman Lathrop, members of the committee. My name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children in Nebraska to support LB941. Children and youth are entitled to constitutional and statutory rights that all Nebraskans enjoy. And these rights should not be unduly abrogated by foster care or juvenile justice placement. Mere involvement in a state child-serving system should not cut off a child from his or her rights, but all too often it does. This may happen, in part, because children and youth are not even aware of the scope of their rights, to what extent system involvement should or should not affect them, or how to assert them. We support this bill because creating a bill of rights for youth in care would provide crucial information to young people who may be unaware or uncertain of the rights and freedoms to which they're entitled even in state custody. It will ensure that youth in care know their rights and are empowered to advocate for them. You've already heard from the real experts on this bill. So I'm not gonna spend time enumerating the rights that you have before you. But I want to particularly laud the youth advocates who collaborated on this bill and Senator Hunt for specifically including juvenile justice youth. It would be easier in some ways to have left this as a foster care bill of rights and write off justice-involved youth as having waived their rights by virtue of their choices or being undeserving. And that just isn't the case or what we should stand for in Nebraska. And though all too frequently, foster care youth and juvenile justice youth are one and the same population, I think you will hear in some letters or some other testimony that there may be some pretty simple clean up that can be done on this bill as it's currently drafted to carefully specify which state agency or entity is responsible in which type of case jurisdiction, as there may be certain protections that attach in child welfare cases which are less applicable in juvenile justice or vise versa. I will add that apart from the moral value of ensuring children involved in our government systems know and understand and can access their rights, there's a pragmatic reason to support this legislation, too. Research shows that youth perception of fairness in a justice process is correlated with better outcomes. When youth understand processes and perceive they're being treated fairly, they're more likely to respond positively. And if every youth in our child welfare and juvenile justice system experienced this with their case manager or their probation officer, an enumeration and honoring of their rights, it could have a tremendous positive impact on the way those youth perceive and participate with their case moving forward. So with that, I want to emphasize this bill came out of recommendations of the Strengthening Families Act subcommittee, but I do believe that this draft has been the work of youth advocates with lived experience from start to finish, and we're really here to support them as they share their expertise. So thank you to, Senator Hunt, and thank you to this committee for your time.

LATHROP: Very good.

WAYNE: I have a question.

LATHROP: I-- oh, I'm sorry, Senator Wayne.

WAYNE: Where I'm, where I'm struggling with this, who, who would enforce these rights?

JULIET SUMMERS: So-- Senator Wayne, I think that's a really fair question. And I have to say along the way in this process that's something, as an attorney, I've been struggling with because a bill of rights is, is only as strong as its grievance process.

WAYNE: Right.

JULIET SUMMERS: So I think that, I think that this is a start. And I think that it lays out in the, in the final portion of the bill ways for youth to speak up about their grievances to at least alert and assert to the probation officer, to the case manager, to their attorneys, their guardian ad litem to get this information before the court. So for instance, I think right now the court would essentially be the the governing body who could provide some kind of remedy or hope for this.

WAYNE: So does, does that put--

JULIET SUMMERS: But I don't think that's a perfect answer.

WAYNE: --does that put a-- well, let's walk down that path, will that put a new duty on me as a juvenile attorney?

JULIET SUMMERS: Potentially, Senator, yes.

WAYNE: So then I'm-- but I'm only there to represent them in their-- I don't want to say criminal, that's the wrong word I'm looking for, you know what I'm--

JULIET SUMMERS: In the juvenile case.

WAYNE: --either a status offense or, or delinquency offense. I'm not there to uphold all their rights throughout the--

JULIET SUMMERS: So I think they're related. If it-- if it's by nature of the system involvement that this right is being infringed, I would, I would perceive that as part of the duty of a defense counsel to be able to assert that right. So thinking back to Miss Bigelow's case, she's in the group home level of placement, she wants to assert her constitutional right to express her freedom of religion. She's being told you're not the right status in this group home. I see that as a perfectly appropriate moment for defense counsel to step in and say, hey, juvenile court, I want to ensure that my client has her rights protected, but also that she's able to proceed positively in her court case. And she's telling me-- my client is telling me that this is something she needs in order to be successful and so then they go hand in hand in that regard.

WAYNE: Wouldn't in that situation they have a guardian ad litem.

JULIET SUMMERS: So I think, I think in her case--

WAYNE: I'm not saying in her case, but I'm saying in this situation where there is a guardian--

JULIET SUMMERS: Um-hum.

WAYNE: I'm just-- yeah, [INAUDIBLE]. I'm really confused on how you enforce it. And then it says that in the bill that DHHS or probation shall. So what would happen if somebody was discri-- if a kid applied for a job and was discriminated against, would DHHS now have to file suit against McDonald's?

JULIET SUMMERS: So which section are-- I'm sorry, I don't have the bill in front of me. But they-- I-- my understanding is that the entity's responsibility is to ensure that, that there is notification to the young person of their right. And, and I think there may be some clean up that needs to be done in terms of defining the parameters of then what that enforcement looks like. My reading was this is enforcement within the agency's responsibilities, not necessarily to random external [INAUDIBLE].

WAYNE: My only concern is we, we, we notify a, a person of a right, but there's no way to enforce it and it creates false hope. That's kind of what my concern is.

JULIET SUMMERS: I completely share your concern. I'm supportive of the bill as an important foundation in that regard.

WAYNE: Thank you.

LATHROP: I see no other questions. Thanks for your testimony.

JULIET SUMMERS: Thank you.

LATHROP: Are there any other proponents here today? Yeah, you can fill that out afterwards, if you'd like if you're--

BOBBI TAYLOR: Great timing.

LATHROP: Yeah, it's not our usual procedure, I don't want to back that up but we'll--

BOBBI TAYLOR: Hello.

LATHROP: Hi.

BOBBI TAYLOR: I'm just gonna get my testimony.

LATHROP: Welcome.

BOBBI TAYLOR: I ran up here so I'm out of breath. Good afternoon.

LATHROP: You missed the whole thing about the three-minute rule, too, so we'll start the clock now, how's that.

BOBBI TAYLOR: OK. Good afternoon, Chair Lathrop and members of the Judiciary Committee. My name is Bobbi Taylor, B-o-b-b-i T-a-y-l-o-r, and today I'm here representing myself in support of LB941. Initially, I was going to speak about my experience, but today instead I'd like to reflect in my recent experience in advocating for young people currently in the system and why these rights are so necessary. I am deeply involved in youth engagement activities and advocacy both locally and statewide. Two things that have struck me as concerning is: one, there has not been one experience reflected on that I've heard that has been a good experience for young people in the system. Second, the experiences reflected on are similar, if not the same as the experiences I lived through almost 12 years ago. Personally, I think that something is terribly wrong. I wholeheartedly believe that the state believes in protecting children and providing a better situation that they may be in. So why do so many people resent the state after being in care? Many have even blatantly said that they believe they would have been better off at home rather than going to the custody of the state. I came to two conclusions: one is, like myself, I had no input, no voice, and my opinion was not considered in my case. Sorry. And two, they-- there is nothing to hold the state accountable for upholding these young people's rights, and they don't even have rights to begin with. So I think if this bill were passed, it would be permanent, a sense of permanency of rights for young people. Whereas, the DHHS has control over changing it any point in time. And that concludes my testimony.

LATHROP: OK.

BOBBI TAYLOR: Thank you.

LATHROP: Do you put-- before you get away. Do you represent an organization?

BOBBI TAYLOR: Today, no.

LATHROP: OK. OK. Any questions? I see none. Thanks for being here. If you want to fill that sheet out and give it to one on the pages.

BOBBI TAYLOR: Thank you for giving me the opportunity.

LATHROP: We'll make an exception for you since you ran in here from outside.

BOBBI TAYLOR: Thank you so much. I appreciate it.

LATHROP: Any other proponents here to testify in support of LB941? Anyone here in opposition?

ELAINE MENZEL: Chair Lathrop--

LATHROP: Good afternoon.

ELAINE MENZEL: Hi. Good afternoon, Chairman Lathrop and members of the Judiciary Committee. For the record, my name is Elaine Menzel, that's E-l-a-i-n-e M-e-n-z-e-l, here on behalf of the Nebraska Association of County Officials. I'm appearing today in opposition to LB931 [SIC]. Importantly for the record, we're not here in opposition to the concepts nor the testimony of the proponents of this legislation. Our concern, which will likely be of no surprise to you, is the potential cost to counties related to the guardians ad litem and the defense counsel that at this-- in-- within this legislation, which differs from Senator Pansing Brooks, because that may come to mind as there is not the potential mechanism to be a replacement revenue and assistance to county. So that is the basis for the difference in the legislation. We certainly appreciate that Senator Hunt is willing to consider our concerns and we would be glad to work with her in the future and hopefully develop something that will help alleviate or minimize certainly the costs to, to counties that may occur. A couple of the testifiers previously were people that I would like to provide accolades to in that they are new to the Juvenile Justice Coalition and they're bringing a voice to that Coalition. And so I think they'll be valuable resources to that Coalition. And at this time, I think those are the only comments I would like to bring to your attention and thank you for your time. Any questions? I'd be glad to attempt to answer them.

LATHROP: I do not see any questions, but thanks for being here today.

ELAINE MENZEL: Thank you.

LATHROP: Anyone else here to testify in opposition? Anyone here in a neutral capacity to testify? Seeing none, Senator Hunt, you may close. We do have some letters and I'll read those for the record while Senator Hunt is getting situated. In support: Andrea Wright, at Family Services; Marrianne Williams; Scout Richters, at the ACLU of Nebraska. In opposition: Corey Steel, from the Court Administration; Bo Botelho, Nebraska Department of Health and Human Services, Nate Grasz, with Nebraska Family Alliance; Marion Miner, with Nebraska Catholic Conference; and in a neutral capacity: Meg Mikolajczyk, at Planned Parenthood; and Mike Betzold, Nebraska Alliance of Family and Children Service Providers. That will be the record. Senator Hunt, you may close.

HUNT: Thank you, Senator Lathrop. The most valuable thing that I think has come out of this interim study and this bill that we've heard today is the conversations and the opportunity for feedback from youth who've been system involved in the juvenile justice system or in out-of-home placement or foster care. Because I was, I was so educated by these kids about their experiences and these dozens of kids with experience in the system who all put input into this bill of rights. I'm distributing a sheet to all of you that's kind of an overview of the conversations that we had with young people. And it says we talked to 20 young people, but it was actually probably more like 60 or 70 when all was said and done and the work that I did and the work that the advocates did to bring input from these youth together. I think it's important to consider the experiences of the people whose policies we affect when we make that policy. I don't think that children should be the ones in charge of everything all the time. And that's why I'm so happy to work with the other stakeholders to get this bill to a place that's actually something we can implement and we'll be working on an amendment for something like that to make sure that we can ensure the rights of these juveniles who are system involved, make sure that they are rights for a modern world in the way that they actually live and experience their lives and that this is something we can, we can pass in the Legislature. So thank you very much for listening to us today and thank you for everybody who came to testify.

LATHROP: All right. Thank you, Senator Hunt. I don't see any questions

HUNT: Thank you.

LATHROP: That will close our hearing on LB941. Our next bill will be LB900 and Senator Cavanaugh. We'll give the room a second to clear out, Senator Cavanaugh.

CAVANAUGH: Oh, I'm familiar with this room. Oh, that's new.

LATHROP: Yeah.

CAVANAUGH: Wow.

LATHROP: We have sound panels in back, too. It's made it much easier to hear in here.

CAVANAUGH: It's still pretty echoey.

LATHROP: And with that, Senator Cavanaugh, you may open on LB900.

CAVANAUGH: Thank you. Thank you, Chairman Lathrop and members of the Judiciary Committee. My name is Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h, and I represent District 6 in west central Omaha. I'm here today to introduce LB900, a bill to provide for better-- for the ownership of an unfertilized human ovum or better known as an egg. This one-sentence bill, quote, Unless otherwise agreed, ownership of an unfertilized human ovum remains with the person from whom the ovum was harvested, end quote, is intended to clarify that a woman does not automatically relinquish ownership of her harvested eggs unless she has entered into a legally obtained contract. Freezing unfertilized eggs is a relatively new procedure for people making decisions about their reproductive health having only left experimental status in 2013. Currently, there are no federal laws or regulations covering this issue, and the closest we have is a patchwork of conflicting court cases. That means it's up to us. When a woman undergoes IVF, the first step is to have a procedure of harvesting the eggs for fertilization. They are counseled that the unfertilized egg is marital property if they are married. People may choose to have their eggs preserved for multiple reasons, including undergoing surgery or chemotherapy. In these instances, they may only have a few days to decide what to do. If a woman chooses to have her eggs harvested and frozen unfertilized and if she is married when she undergoes such a procedure, this bill makes it clear that she retains her full rights of ownership. You'll be hearing from an attorney who should help lend perspective to how this bill makes what could be a very difficult fight in a divorce more clear. I'm happy to take-- for your time and take your questions if you have any.

LATHROP: Senator Slama.

SLAMA: Thank you, Senator Cavanaugh, for coming down today. I just had a quick question. Do we have any examples of this being an issue in Nebraska?

CAVANAUGH: I don't have any legal court cases of this being an issue.

SLAMA: OK. Thank you.

CAVANAUGH: Yeah.

LATHROP: I see no other questions. Thank you, Senator Cavanaugh. Our first proponent.

TRACY HIGHTOWER-HENNE: Hello. My name is Tracy Hightower-Henne, T-r-a-c-y H-i-g-h-t-o-w-e-r hyphen H-e-n-n-e, and I'm here only wearing one hat at this hearing. I'm a partner attorney at Hightower Reff Law in Omaha, Nebraska. My personal practice is primarily in the areas of family law and divorce. I support LB900 because it will provide that clarity as to the ownership of an unfertilized ovum if a woman who chooses to have her unfertilized eggs frozen for purposes of later pregnancy. As it stands now, when a married woman has her unfertilized eggs removed from her body and frozen, fertility clinics have been informing these women that those unfertilized eggs are considered marital property. Of course, presumably, when the woman is not married, that would not be the case and it would not be considered marital property. Unfertilized eggs are just that, body tissue from a woman, not combined with any other bodily fluid or DNA of any other person. In comparison, if a woman trims her nails during a marriage, is that fingernail then now marital property? It would seem so as the fertility clinic is instructing these people. But of course, that's not the case, so why would a unfertilized ovum be any different? Without the clarity that LB900 provides, the woman's unfertilized egg could be subject to terms of a property settlement agreement, the same as the division of a couch or a TV in a divorce situation. LB900 will provide the instruction that if a woman has frozen her unfertilized ovum, that it belongs to her and nobody else, not even her spouse if she's married. LB900 is important as more women are deciding to have children and often this is later in life. By having unfertilized eggs frozen, this has created a way for women and couples to choose when they want to start a family. This bill will avoid any situation where the frozen eggs might be used as a negotiation tool in a divorce property settlement agreement. Senator Slama, to answer your question, there hasn't been any issue legally in Nebraska, as Senator Cavanaugh noted, the fertili-- the, the freezing of unfertilized ovum has been a fairly new process in the fertility world. Specifically, that fertility clinics were doing and only fertilizing embryos, which has been an issue of divorce contests. But as I talked with Senator Cavanaugh about this bill and, and actually some women who had gone through the surrogacy, the fertility clinics are specifically telling people that their unfertilized ovum is considered marital property. So I think that this bill being a one sentence very clear, providing clarity is really important that if this were to become an issue in a divorce situation, it would be an interesting conversation to have to have in trial if a judge were to attempt to make the decision that this is marital property. So with that, I'm happy to answer any questions.

LATHROP: I don't see any,--

TRACY HIGHTOWER-HENNE: Thank you.

LATHROP: --but thanks for being here. Anyone here to testify or additional testimony in support of LB900? Anyone here in opposition? Anyone here in the neutral capacity? Oh, I'm sorry, opposition or neutral?

MARION MINER: Neutral.

LATHROP: OK. Thank you. You were kind of hiding behind that post and couldn't see you.

MARION MINER: Yeah, I was. Sorry, about that. Good afternoon, Chairman Lathrop and members of the Judiciary Committee. My name is Marion

Minor, M-a-r-i-o-n M-i-n-e-r. I'm here on behalf of the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the Gospel of Life by engaging, educating, and empowering public officials, Catholic laity, and the general public. And I'm going to, in these remarks, deliver the, the Conference's neutral testimony on this bill. They're also going to serve as my testimony with regard to LB748, which is coming up later. It's gonna be the same such material and I don't want to waste your time if I can avoid it, but. So the Conference is testifying in a neutral capacity on this bill. Although we're not taking a position on LB900, it is important to explain the predicaments that occur as a result of our assent as a society to the use of ex-- to the use of extra-sexual means, such as in vitro fertilization, to produce children. Senator Blood's bill, LB748, addresses another moral and societal evil, playing out now in real life, that we must combat only because we unwisely tolerate a prior immoral practice. Many thousands of couples trying to conceive suffer from infertility. Almost all of us know a number of people who have had to endure it. The Catholic Church suffers with those couples and accompanies them with spiritual and psychological counseling and moral support. The Church also assists them in overcoming infertility by ethical and morally good means. In taking this approach, the Church demonstrates its respect for the marriage of each couple, the man and the woman's own individual integrity, and the dignity and invaluable worth of every human life. We also all likely know one or many couples who've had children through in vitro fertilization. In expressing the teaching of the Church on this issue, it is not our wish to alienate or condemn anyone. It is important to emphasize that those children brought into being through IVF are fully human and deserving of love, protection, care, and affirmation of value as any other child. They are recognized and valued as such by the Church and, I hope, by us all. IVF has become common in our society, and it's not difficult to recognize why, the end toward which it is directed is certainly a great good. This good end, however, does not justify the means by which we attempt to attain it. It does not assist in achieving pregnancy through an active sexual union. Instead, it replaces the marital act, making the child produced through this procedure of fruit of human manipulation rather than a unitive act of love between two people. Additionally, in practice it almost always results in more new individual lives coming into existence than is possible for the mother to carry. Multiple embryos come into being and the general practice that only the healthy or strongest are then implanted into the womb. The rest are frozen for experimentation or discarded as medical waste. Finally, IVF encourages the commodification of children, bringing new human beings into existence in exchange for financial compensation, as products to be bought in the marketplace rather than as free gifts which come to us from God. We, as a society, should reconsider our assent to the use of extra-sexual means to attain these children to whom no one has a right, but whom one may receive only as a gift. And I would just close by saying that the use of these means has, as its inevitable result, these evils which we now have to deal with through bills like LB900 and LB748.

LATHROP: OK. OK. Do you have a question?

CHAMBERS: Yes.

LATHROP: All right, or a comment? Yeah.

CHAMBERS: What is the difference between what they call surrogate parenthood and vitro fertilization that you would see, if any?

MARION MINER: In, in terms of what actually happens?

CHAMBERS: However, you want to discuss it. You know, the, the surrogacy is where some-- where a woman carries for another woman,--

MARION MINER: Sure.

CHAMBERS: --a sperm of the other woman's husband. Then when the child is born, the child goes to the infertile couple.

MARION MINER: Um-hum.

CHAMBERS: What, what is the stand of the Church on that, if you know?

MARION MINER: Yeah, if, if I understand your, your question correctly, the stance, the stance of the Church is that, is that such a practice is, is immoral and should not be practiced. But again, I want to emphasize the Church's sympathy with those couples and, and compassion for those couples. The Church would direct these couples to use different means to try and achieve the same end.

CHAMBERS: I asked that question because of an exchange you and I had the other day to show you that we may differ 100 percent with respect to one thing and maybe not quite as much on another. Long ago, I got legislation when there were these surrogacy contracts. That's what they amounted to. And I pointed out that a rich woman would never be a surrogate and a poor woman would never have one, a surrogate for herself. And so instead of being able to outlaw the practice, the best I could do was to put in statute a provision that one of these so-called contracts was not enforceable at law.

MARION MINER: Um-hum.

CHAMBERS: If the woman who gave birth wanted to keep the child that was born to her, there was no legal action that could be taken in Nebraska to compel her to give that child over to anybody else. Now that may not put us in lockstep on the ultimate issue of whether these kinds of arrangements should even be allowed, but it lets you know at least that it is not something that I endorse, that I would support. And my motivations may be entirely different. I paid attention to what was going on. And I read of instances where I call the woman who gave birth the mother. That is my point of departure on almost all of these issues. The woman who is involved and since all that comprised the child except for the man's material, was supplied by the woman who carried the child to term and gave birth. It seemed to me that it may be difficult. And I have to say it seems to me, because I have never been in a position to be pregnant. But it would be difficult for me to see how they wouldn't develop some kind of affinity between the woman carrying the child and the child. So when that which is produced from this kind of arrangement comes into full being, if that woman without whom it was not possible does not want to give up the child, she shouldn't have to. That was my position. And somebody might ask, who are you to impose your view on anything? I'd say, well, because I'm a member of the Legislature and I have the wherewithal, if I can persuade other senators to agree with me, to see that the view that I have, at least in this instance, will prevail. But I never said that my view was the only view or that anybody who disagreed with it was immoral and corrupt. But whenever I saw that the surrogate-- I don't even like that term, but where the woman who carried the child was poor and the woman and man who wanted her to do it were wealthy, they were viewing her like they did anything that they could purchase with their money. And when it came to human beings and human life, I just couldn't sit by and watch that happen. And as it turned out, my view prevailed, and I think that still is the law to this day.

MARION MINER: It is, as far as I know, too.

CHAMBERS: And do you agree with that position that I took?

MARION MINER: You know, I, I don't know that we would agree on every particular either. But, but I think we see the problem in much the same light as--

CHAMBERS: Well, are you glad that somebody made it unnecessary for you and the Church to take a position on it because that somebody resolved it?

MARION MINER: I'm not sure how to answer that question either, but I am grateful for-- I am grateful that you've seen many of the same problems that we do and that you're-- and that you've done something to take a stand on it.

CHAMBERS: I enjoy these tete-a-tetes and when somebody comes along that I can have them with that's when I do, so--

MARION MINER: Sure.

CHAMBERS: --thank you for making yourself available.

MARION MINER: Sure.

CHAMBERS: That's all that I have.

MARION MINER: Thank you, Senator Chambers.

LATHROP: Senator Pansing Brooks.

PANSING BROOKS: OK. I can barely wrap my mind around this letter,--

MARION MINER: OK.

PANSING BROOKS: --Mr. Miner. Could you tell me what the, the other moral and societal evil being played out in life because we tolerate a prior immoral practice refers to?

MARION MINER: Yeah, good question. That, that was my-- what I was referring to at the beginning was because my testimony is gonna be, would be substantially the same with regard to this bill and the, the next bill coming up, Senator Blood's bill. I'm not sure if it's the next one or the one after, but Senator Blood's bill, LB748, that deals with a different issue that is also related to the same origin, which is when we practice extra-sexual means of reproduction like IVF, we have to deal with a lot of problems as a result. LB748 addresses a different issue that is-- that has the same root cause. That's what I was getting at here.

PANSING BROOKS: So you're calling IVF a, a moral and societal evil?

MARION MINER: No, what I'm saying here is LB748 addresses another moral, moral and societal evil, which is something Senator Blood will talk about. That moral and societal evil goes back further has-- as its root a prior immoral practice, which is IVF.

PANSING BROOKS: I, I know what you're saying, another one. So what does that other one relate to? Something in this bill?

MARION MINER: The, the-- OK, so 900, 900-- LB900, this bill, right, is addressing a potential problem whereby in my understanding you have a husband in a divorce situation using the woman's eggs as sort of leverage in there-- in a divorce proceeding. Right? Which is, which is a bad situation. And so what I'm saying is that, that is-- the reason that we have this problem to begin with, is because we tolerate its root cause, which is in vitro fertilization.

PANSING BROOKS: Holy moly. So that's the moral and societal evil?

MARION MINER: No, the-- again, LB748 addresses a different situation that branches from the same root, which is IVF.

PANSING BROOKS: OK. So I'm, I'm glad that we can agree that a child brought into being through in vitro fertilization are as fully human and deserving of love, protection, care, and affirmation of value as any other child.

MARION MINER: Um-hum.

PANSING BROOKS: That needs to be stated by the Catholic Conference?

MARION MINER: I just, I just did.

PANSING BROOKS: That's shocking to me that you feel you need to state that because you're so against in vitro fertilization that you feel that you need to state that, well, we really do support these children and we love them and-- but we don't like the way they came into being. Couldn't God teach people new methods to help families who are struggling and hurting and trying to have their own child? Couldn't that be a gift from God as well?

MARION MINER: The child certainly is a gift.

PANSING BROOKS: But not the method?

MARION MINER: But not, but not every, not every good end, not every means through which we try and acquire a good end is good. Not every means is good.

PANSING BROOKS: So you're saying that because of the fruit of human manipulation, that it is, it is an, an act that is not from God, but of evil.

MARION MINER: The act itself, the means of in vitro fertilization, yes, is not, is not right and should not be practiced.

PANSING BROOKS: That is shocking to me. I--

MARION MINER: But again, the end, which is the child is, is certainly good and deserves to be celebrated, affirmed, and loved just as every other child does.

PANSING BROOKS: OK. I, I will just say to Nebraskans, I think that is terrible. I think it's-- every human being is loved and cared for and for a religious entity to come forward and say that this is a fruit of manipulation and as an aside, oh, of course, we sort of do value the life once it's born.

MARION MINER: No conditions at all.

PANSING BROOKS: Oh, oh, well, then why did we have to write all of these conditions in here?

MARION MINER: Those aren't conditions on the value of the person.

PANSING BROOKS: They, they are, in addition, we have to emphasize it because we're saying that it's immoral and a societal evil. I, I think that is so hurtful to people. I cannot imagine that the Conference came forward when people are hurting in this portion of their lives. And anyway, thank you for your time and for your information on this.

MARION MINER: Thank you.

LATHROP: Senator Slama.

SLAMA: Mr. Miner, not to pile it on to you here, I just want to put it on the record. I do recommend that the Nebraska Catholic Conference look at their stance on this, especially considering we're getting to the point now where IVF is become an accepted medical practice. You're looking at a senator who is conceived through IVF. So I'd appreciate the Catholic Conference's consideration on taking stances on future bills and calling the act of in vitro fertilization immoral. Thank you.

MARION MINER: And, and I'd be happy to talk with you about you-- or about this with you further.

SLAMA: Yeah, and I understand that you have to take a stance, but--

PANSING BROOKS: I, I don't understand.

MARION MINER: Thank you.

LATHROP: Thank you.

MARION MINER: You're welcome. Thanks.

LATHROP: Anyone else here in a neutral capacity on LB900? Seeing none, Senator Cavanaugh, you may close. We do have a letter in the neutral capacity from Scout Richters at the ACLU.

CAVANAUGH: Well, thank you to the committee. My one-sentence bill. As most things with me is never as simple as I hope to make it. I appreciate your time to hear this bill and to listen to our-- my testifier and raised some interesting conversation about the future of reproductive health in Nebraska. I agree with what has been stated here today that all children are loved and deserve to be treated with the same affection no matter who your parents are or where you grew up or who you are, we are all to be loved and cared for. And I hope-- that's all I can ever hope for, for anyone in, in this world. So this bill is just intended to make-- in the event if someone's marriage is to dissolve, to make it just a little less of a fight over your own reproductive health. So thank you.

LATHROP: Senator Chambers.

CHAMBERS: Just a brief comment. And I didn't want to go after the young man who was here. He's, he's like a hired gun. He's-- he needs a job. Everybody needs a job. I think if you're not lying, cheating, stealing, hitting people in the head or going in their house, then you need the job and he's got a job. Alan Dershowitz, who used to be one of the best, most highly respected lawyers in shoe leather, has now lost all credibility because for money he has taken this position to defend Donald Trump. And he's saying things now that contradict what he said during his sane years. So when you see people becoming hired guns, they no longer are moral beings. They are not amoral, which means neither one way or the other. If they're not moral, then they must be the contrary. Now I can understand heathens, such as myself, who are not religious saying I am neutral on this issue, but I cannot understand any religious person, whichever side he or she would come down on, were he or she is not neutral. My understanding is that these churches take their origin from doctrines in the Bible and things that a fellow who is called Jesus had said or told others to say. And he used very graphic imagery such as, I would that you were hot or cold, and if you are lukewarm, which means neutral, I will spew you out of my mouth. So if the Church comes in and takes a neutral position on a moral issue on that when Jesus spat them out. I want you to be hot or I want you to be cold. None of this splitting the difference and walking down the middle. And he also, being the son of what they-- who they say they believe had to have some role in what was in the Old Testament before he came down on earth, but his daddy was in charge of the show. To give an example of how things should be done, there were two women who got along very well, and they were sleeping together, not for any illicit purpose, and in the night, they-- somebody rolled over on a child. And that child died. But there was another child involved who lived, and Solomon was the king and he was supposed to wise and I don't see how he could be wise when he had 300 wives and 500 concubines. But nevertheless, the Bible's a very interesting, hard to understand, funny book when you read it and just take it for what it was. And I'm making a point. One woman said when Solomon made his decision as to what would happen, he said, I want my swordsman with the sharpest blade to come stand here and we're going to take this child, and since we don't have any way of knowing, because he didn't know anything about DNA, we're going to split this child down the middle and we'll give one half to this woman, the other half to that woman. And we've done the best that we can since the issue was brought to us. And one woman said, fine, that's a good way to settle it. And Solomon said, give it to the other woman, because only a mother who loved her child would be willing to let somebody who has become an enemy have the child in order to keep the child alive. So the woman who had said give the child to her was indeed the mother. But if you think about it, it ain't necessarily so. The things that you're liable to read in the Bible, they ain't necessarily so. It could have been the opposite way. But there was a moral message the "Bibble" was trying to get across and it led us up to what happened today. And that was written in the final book of the Bible, if you were-- you need to be hot or cold, there is no middle ground. So I said all of that to come back to this, when the Catholic Conference takes a position, instead of sending somebody else to carry the message, one of those bishops ought to come here and be man enough to say it himself and submit himself to the questioning. It is, in my opinion, and it's just my opinion, and I'm saying it on this issue because it's not one that I feel a flaming attitude one way or the other. So it's not anti-Catholic, it's anti-powerful men sending somebody they know needs a job to do the dirty work for them. If they cannot show themselves and say this is me, then they ought to stay out of it. But they're being political. When you've got money, then you can send somebody as your messenger. And that's what I think what happened is what happened here today. But I think what my colleague said brought a lot of things into clearer focus for those who were paying attention. And I have not made my position clear on this particular aspect of it, because if what they have frozen, are human beings or potential human beings, and he mentioned several embryos, not embryos, but several of these, whatever they call them, being frozen for later use, and if there were seven of them, then suppose some people said free the frozen seven, free the frozen seven. Just like you free people in prison when they're locked up. The Church taking these kind of ambiguous positions invite a person like me who loves satire to just kind of expatiate free o'er all this scene of man. A mighty maze but not without a plan. And I always have a plan and I'm working it now. And I thank you for bringing the bill. And I don't know what the fate of it will be, but I hope that it gets onto the floor at the Legislature because it is such an important issue. It affects a lot of people. And whatever side of this issue you come down on, it should be discussed as these types of things wind up being discussed, and that's all that I have to say.

LATHROP: Senator Pansing Brooks.

PANSING BROOKS: I, I just have one more thing on the heels of that and, Senator Chambers, I am hot on this issue. You can tell and I think that if, if somebody chooses to come in neutral, then they should remain neutral without saying we're having a bill that has moral and societal evil, that this is human manipulation. And when we're talking about parents who are struggling and trying to use their best judgment to provide a life that, that they care for and can love, and it's the unification of their love together, I just cannot imagine what just happened in this room. So thank you for bringing this bill. Thank you for--

CAVANAUGH: Thank you.

PANSING BROOKS: --bringing this very important issue before us.

CAVANAUGH: Could I respond--

PANSING BROOKS: Yes.

CAVANAUGH: --real quickly?

LATHROP: You may.

CAVANAUGH: Thank you. First of all, let's just say that it is neutral because this could be a consent calendar bill. So even if it walks the line of neutrality, it technically is neutral. Senator Chambers, I know you and I have had conversations about religion and I am Catholic. My view of, of, of the world and reproductive health is that God gave us these gifts of our minds and we use them for scientific innovation. And there are many people in my life, and, obviously, there is a person in all of our lives who is a result of this scientific innovation. So we might not agree that God gave us that gift. But as a Catholic, that's how I view IVF. That's how I view women's reproductive health, that it is a gift from God and our minds are a gift from God as well. So I don't agree with the "neutralish" testimony. But I, I do want to make sure that the record has that this Catholic girl, raised in a Catholic school, believes that all children are a gift from God.

LATHROP: OK.

CAVANAUGH: That's why he didn't want me to talk again.

LATHROP: Senator Chambers.

CHAMBERS: Now would you believe-- now I'm here, if I'm sitting here and an issue is put before me as to whether a person standing there is good or bad, I'll say, well, actually, I'm neutral. And you ask me what does neutral mean? I say it means I'm right in the middle. I don't cleave to the left. I don't cleave to the right. But that one on the right is evil, ugly, has bad breath, probably hasn't taken a bath, and I wouldn't want my child to be within a hundred yards of that person.

CAVANAUGH: I just want the bill to go on consent.

CHAMBERS: But having said that, I don't have an opinion one way or the other. I mean, that's what I hear--

CAVANAUGH: I know.

CHAMBERS: --when I hear, as Senator--

CAVANAUGH: I agree.

CHAMBERS: --Pansing Brooks, pointed out certain words are so laden--

CAVANAUGH: Yes.

CHAMBERS: --with meaning that it's not a neutral position at all.

CAVANAUGH: No, it wasn't--

CHAMBERS: It's like trying to say all of these things without having to suffer the consequences of saying this is my position.

CAVANAUGH: Right. But technically, we'll just in the record.

CHAMBERS: [INAUDIBLE] [LAUGHTER]

LATHROP: Senator Cavanaugh, thanks for introducing LB900. We appreciate,--

CAVANAUGH: I tried to make it quick.

LATHROP: --we appreciate your close as well. And with that, we do have-- let me look. I don't know that we have any-- it's been so long since she sat down and I already announced the letters. That will close our hearing on LB900 and bring us to LB751 and Senator Blood. Good afternoon, Senator.

BLOOD: Good afternoon, Chairperson Lathrop.

LATHROP: You may proceed.

BLOOD: Thank you. So good afternoon, Chairperson Lathrop and to the entire committee. My name is Senator Carol Blood, and that is spelled

C-a-r-o-l B as in boy l-o-o-d as in dog, and I represent District 3, which is composed of western Bellevue and southeastern Papillion, Nebraska. Thank you for the opportunity to share LB751 with you today. As you can see, LB751 is a very simple bill. I got the idea from speaking with many school aged children who wanted to know what we were doing in the Nebraska Legislature about youth suicide. We discussed a lot of ideas, but the resounding theme that I heard among the many suggestions given was that mental health was an issue that needs to be destigmatized. We need to give our children opportunities to speak with their parents or guardians and others and help them normalize these types of conversations. Mental illness and suicide are difficult topics and ones that many families often avoid talking about because of lack of knowledge, stigma, or embarrassment. Now I am not a professional, but professionals do encourage those who suffer with mental health challenges to talk about their thoughts and feelings with people that they trust. Our children deserve to know that they are not alone in their thinking and their feelings. I want them to realize that there are people in their lives that love them unconditionally. This realization may very well be the one thing that helps young people understand that suicide is not an option for escaping the pain that they are feeling. U.S. youth suicide rates are increasing and research shows that the rate of minors admitted to children's hospitals with thoughts of suicide or self-harm has more than doubled over the last decade. The number of people dying by suicide in the United States has been rising, and the newest data available shows that suicide rate among girls ages 10 to 14 has been increasing faster than it has for boys of the same age. It is notable that the suicide rate among adolescent girls ages 15 to 19 years hit a 40 year high in 2015. In fact, suicide is the leading cause of death for people ages 10 to 19 in the United States. Not childhood cancer, not opioids, not car accidents, suicide. So when I hear these statistics, I ask myself the same question, why are so many young people killing themselves? We know that your risk of suicide is affected by a list of known factors. When you're subjected to violence, it raises your risk for suicide. The CDC says that violence includes child abuse, bullying, cyber bullying, and dating violence that are all linked with increased risk of depression, post-traumatic stress disorder, anxiety, suicide, and suicidal thoughts. Teens are using more lethal methods, such as, such as firearms, suffocation, hanging, strangulation, and poisoning. The CDC notes that more information about how to bring your life to an end is available via the Internet. Now more so than ever before. And it's sad, but it's a statistical fact. All this bill does is add mental health to the list of illnesses recognized when a collaborative plan is created to help a child improve their school absences. This helps Nebraska move forward with national efforts to treat an individual's mental well-being the same as their physical health. Nothing more and nothing less. But I believe there is power in adding that one phrase to state statute. As the Lincoln Journal Star so clearly expressed in a September editorial that you'll find in your handouts, the best indicator of a student's success is being in school. That explains the focus on reducing chronic absenteeism at both the local and state levels. State law allows schools to refer children-- students who miss more than 20 days of class to the county attorney's office for possible truancy violations unless, of course, those students are ill. Expanding the definition of illness provides the needed latitude for these vulnerable youth. More importantly, it opens the door for potential dialog with parents and our highly qualified school support staff to discuss what that child may be coping with, be it anxiety, depression, suicidal thoughts, or other challenges. We want to normalize this type of dialog and hopefully find help for these children, perhaps even save their lives. This stretches beyond our schools. We know that our overcrowded prison system is partially due to the high level of known mental health challenges amongst the prison population. Our facilities were not built to provide those services, and our state and others cannot keep up with those needs to those suffering with mental health behind the walls and in our county jails. If we can help our young people now with their mental health issues and keep them out of the system because we were able to offer help sooner, we may very well keep some of them out of the system. Also, we are very much aware of the lack of mental health services in our rural schools. This one effort may help those students as we are not offering any help at this time, 88 out of 93 counties have reported lack of mental health providers. I want to give the children in our rural schools and all Nebraska children hope and opportunity to find help. I approached it in the simplest way possible because often the best policy is that which is most easily understood. I appreciate the opportunity to share this proposed bill with your committee and I'd be happy to answer any questions you may have. However, we do have mental health experts and others who are here to testify, and I'm guessing the vast majority of your questions will be answered with the words that they have to offer. I do plan on staying for my closing, and I thank this committee today for your time. Thank you so much.

LATHROP: Thank you, Senator Blood. I do not see any questions at this-- oh, Senator.

CHAMBERS: Just a brief comment.

LATHROP: No, that's fine. Senator Chambers.

CHAMBERS: Senator Blood, I'm so glad you brought this bill. But I see an underlying problem in the first place. I think when I was out of the Legislature, Senator Ashford saw some little program out in Grand Island or someplace where they involve the county attorney's office in what essentially are education matters. I think this whole complex of referring children or their parents to the criminal justice system, and that's what the county attorney is about, is a mistake. And once you adopt that attitude, you can criminalize conduct of children in the schools, which also is something that pertains to children being children and growing up and having their little disputes. And when you can criminalize conduct, then it can be used to target certain unpopular groups such as black children. And that's why, although they don't comprise they and their families, 80 percent of the population of Douglas County and the youth center where they lock people up, they comprise that high percentage of those who are there. And that is not-- when you have negative consequences originating with one's-- in one source, white people going in the same direction toward one track, one target, black parents and their families. This is not accident. It is not happenstance. It is not coincidence. It is intentional. It is knowingly done. And I think it's one of the greatest crimes against black people being committed today. And this whole thing, this whole complex should be done away with. But sense it obviously won't, I'm glad that you reached into one of the most vulnerable areas where people are to try to bring a bit of humanity and a recognition not just here, but throughout society, that even though you can see a broken arm or something and you'll treat that, the damage that you don't see can be far more devastating than the physical. And you have touched on it. And when you did that, you struck a chord in me. And I just want you to know how much I deeply appreciate what you've done.

BLOOD: Oh, thank you, Senator Chambers, and I, I appreciate your opinion. And I actually was aware of your opinion on, on the rest of the bill that has nothing to do with my part of the bill. But as we both know, mental health sees no color, sees no income. Mental health is something that pretty much touches everyone we know in our lives in some way or another.

CHAMBERS: And I promised to be brief. I have nothing else to say at this point.

LATHROP: No, that's fine. You're welcome to speak whenever you want, of course.

CHAMBERS: Well, thank you.

LATHROP: Thanks, Senator Blood. We'll take the first proponent of LB751. Good afternoon.

DAVID MIERS: Good afternoon. Chairman Lathrop and other members, senators, the Judiciary Committee, my name is Dr. Dave Miers. And I'm here representing the Nebraska State Suicide Prevention Coalition. I'm on the board of directors for the State Coalition. I want to thank you for your time in allowing me to testify today.

LATHROP: Can you spell your last name for us, Doctor.

DAVID MIERS: It's D-a-v-i-d M-i-e-r-s.

LATHROP: Thank you.

DAVID MIERS: I am one of the cofounders of the Nebraska State Suicide Prevention Coalition, which we formed back in 1999 after the Surgeon General's Call to Action to prevent suicide. And back then, Dr. Satcher, our Surgeon General, took the first model for suicide prevention called the AIM model, Awareness, Intervention, and Methodology. And we took that and brought that back here to Nebraska to form Nebraska's first suicide prevention plan. But the alarming fact of that is over the past 20 years we've done a lot of great things here in Nebraska, but the suicide rates here in Nebraska continue to, to increase. Even though we've done a lot of great things and saved, saved a lot of lives, we continue to lose a lot of lives. The most recent data from 2017 indicates that suicide rates are the highest since the Great Depression. Here in Nebraska, suicide is the number one cause of death for ages 10 to 14 and it's a second leading cause of death for ages 15 to 24. It's a ninth leading cause of death for all ages combined. So one might ask, well, what would a suicide have to do with, with mental illness? Well, we know that not everybody with mental illness is suicidal. But research shows that about 90 percent of those who die from suicide had a diagnosed mental illness or would have been diagnosed with a mental illness, most commonly depression. We do know that about one in four adults suffer from mental illness and only about, and most commonly again depression, and only about a third of those are getting the needed treatment that is out there. The National Institute of Mental Health reports about 3.2 million youth ages 12 to 17 have at least one major depressive episode within the past 12 months. The Center for Disease Control and Prevention estimates that only 20 percent of those youth suffering from a mental health disorder like depression receive treatment for their condition. This means an alarming 80 percent are not receiving the needed services. Stigma around mental health is one of the variables impacting this 80 percent. Therefore, to save lives, it's important that we remove that stigma and that barrier. One way we can do that is through LB751 in amending it to include mental health as-- onto the list of illnesses currently recognized by state law and breaking down that barrier to allow Nebraska's families to recognize that mental illness is no different than any other illness and that it is positive to seek treatment. This in turn is gonna help us connect youth and their families to the resources that are available here in Nebraska and to help us eliminate suicide from happening in Nebraska's youth. Thank you for letting me be here today and I'll entertain any questions that you might have.

LATHROP: OK. Thanks, Dr. Miers. Senator Chambers.

CHAMBERS: Doctor, I've never met you before, but if there is such a thing as a category of great physicians, I would place you in that category. And there has been much discussion, as you know, by people who say, well, mental illness is like physical and so forth. But when I see people actually addressing it, doing something and putting in place programs that are designed to bring to the people's attention the nature of mental illness, it doesn't create a different species of human beings, it calls attention to people who are as human as the rest of us, but they have a situation. We don't know what really caused it, but it is treatable. And if we can take away from those people and their families the notion that something other than that condition is wrong with them, somebody did something wrong, and to acknowledge the existence of this acknowledges that you are all wrong. When we can get rid of that kind of stigma, then I think somebody would as readily seek mental health assistance as to get a toothache taken care of by the dentist. Even though the mental illness untreated is far more, in my opinion, more harmful than just, you know, a broken tooth because eventually it's going to go away. So I applaud you also for coming here today.

DAVID MIERS: Thank you.

LATHROP: Yeah, thanks for being here.

DAVID MIERS: Thank you.

LATHROP: Appreciate your testimony.

DAVID MIERS: Thank you.

LATHROP: Next proponent. Good afternoon.

ROSE GODINEZ: Good afternoon. My name is Rose Godinez, spelled R-o-s-e G-o-d-i-n-e-z and pronoun she, her, hers. I am here to testify on behalf of the ACLU of Nebraska in favor of LB751. I'd first like to thank Senator Blood for introducing this legislation and helping us as a state prevent the funneling of students with mental illnesses into the school-to-prison pipeline. Truancy, as research has shown is a risk factor for students and leads to poor academic performance, dropping out, underemployment, unemployment, and in some cases, jail or prison. While the truancy process is intended to hold all of the people responsible for a student's education accountable, in practice, school districts often turn to law enforcement or the courts to enforce truancy laws hurting the very students that may need help. School districts should instead prevent these occurrences by investing in support of resources such as mental health counselors and social workers to establish a holistic response to mental health needs. We don't need to go too far, actually, to see examples of this working. Culler Middle School of Lincoln drop their chronic absenteeism rate by four points solely by assigning a counselor to every grade and having a social worker and attendance secretary identify at-risk kids. Meaningful and effective advocacy in truancy proceedings can mean the difference between a student being successful in school or a student ending up in the juvenile justice system. So for those reasons, I urge you to advance this bill to General File.

LATHROP: Very good.

ROSE GODINEZ: Thank you.

LATHROP: I see no questions for you today. Thanks for being here, though.

MADDIE FENNELL: Good afternoon. Thank you, Senator Lathrop and members of the Judiciary Committee. My name is Maddie Fennell, M-a-d-d-i-e F as in Frank e-n-n-e-l-l. I'm the executive director of the Nebraska State Education Association. I'm here to represent our 28,000 members in support of LB751. We have students who struggle with physical illnesses and our state statutes allow for accommodations to meet their needs. We need to also have the latitude to provide accommodations to those students who are dealing with mental health issues. We know that there is a stigma associated with mental illness. Part of addressing that stigma is to treat mental illnesses just as we would treat physical illness. LB751 would allow schools to do that through a simple language change that acknowledges mental illness as equivalent to the physical and behavioral issues that affect student attendance. If I may, I would also like to share another small thing we can do to address our views on mental illness. When describing a disease, we say someone has cancer or has a cold. But when dealing with mental illness, it is often described as a person is depressed or is bipolar. They are not their disease. It may be a small change in vocabulary, but it is a mind shift not to define someone by their illness. We ask you to advance LB751 to General File as one more tool for educators to assist students and continue the mind shift of not stigmatizing mental health issues. Thank you.

LATHROP: Very good. Thank you, Miss Fennell. Senator Chambers.

CHAMBERS: I am strong medicine. This is my diagnosis. Although strong medicine brings help, it's best in small doses. So rather than say everything I have to say on this to one person, I'm kind of spreading it out. There are a lot of verbal images and imagery is created around mental illness and its start-- you can find it in the Bible. I hate that they put this on Jesus and he didn't object to it. Mental illness was attributed to having devils. So the concept of a devil producing this kind of condition or behavior was carried over into societies and you get the expression, beating the devil out of somebody. They literally did that. They tortured and punished people who are already suffering because they're suffering. Rather than have somebody you love that you didn't believe was a devil, to save them you would hide them in the closet. So putting mentally ill people in the closet originally was not the family's way of isolating and punishing that person, but rather saving and sparing that person. So this is why it would be good if people would read history, if they would understand the origins of things, and maybe they would have a better understanding of those maladies that affect people today. And if it doesn't affect our family, then we really don't care. But when people such as Senator Blood, who is a politician, and I don't mean any of these statements pejoratively, the doctor who's in medicine, and you who are in education can all come together to point out that we have a serious problem in the society, not just the mental illness that people suffer, but the attitude of society that makes these people who need the most sympathy, empathy, and understanding the victims of the worst kind of oppression. So if we can get rid of that stigma, then I think it's a long way toward dealing with mental illness in such a way that we don't aggravate it and make it worse. There are some people who are sane enough, and now I'm using this terminology for ease of reference so I don't have to explain a lot, they're sane enough to recognize that something is wrong with them. They know they need help. But they feel if they seek this help, it's gonna make their condition worse. So rather than seek help, they may try to self-help themselves and they may turn to alcohol, to drugs, and then ultimately suicide. So not wanting to leave anybody out, and I didn't compliment the last lady who talked, but she didn't come with credentials. All she came with-- and I was saving what I had to say for her until somebody with credentials came, not that I'm against them. The only credentials that she had, as far as I could see, is her humanity, her concern for those who need a voice and don't have a voice. And we've got all of the people here today who should be, but not all of those who could be and help us. So I'm glad you all are here. And I will give you an example that I use to get people to show how a child can do the best he or she can, but that child will never please the parents. The child brought home a report card, and in math, the grade was 80. So the parents were very upset. You can do better than 80. So all right, she worked hard and she got 100. So she was ready for praise. And she said, I got an A because I got 100. They said, well, what took you so long? In other words, the child could not do right or be right in anything. And to the child, it was devastating. And the next thing they knew, she no longer was with them and they were responsible for her taking her life. They might open the closet door and there she is, suspended from a rope. They may go in the room and try to wake her up and she's cold and blue and they will not take responsibility for it. And they'll say, why? But there's a little voice inside that'll say, you are why. So if we could begin to focus more on society's attitude toward people who need this kind of support, then maybe those people who need it will begin to see that they're not the unpeople. They are recognized as parts of the human family. There are some people who will recognize that and maybe they can search out some of these people who will help them. It's not often that you'll find me saying these things to people who come here, but I say it today because in my opinion, what you're doing is no more than all of us ought to do, but it's kind of extraordinary that all of you will come together and actually do it. And I cannot let that go by without acknowledging it in the same way I would not let it go by if all of you had come together to heap coals of fire on the heads of little children. Now I believe I'm through for the day, Mr. Chairman.

MADDIE FENNELL: May I just reply one small thing? Senator, we had a summit in Jan-- in early December of Health and Education, and one of the speakers was Senator Wayne. And he said something that I have-- that is literally kept me awake. It was a gut punch to me when he said that the largest mental health institution we have in the state is our state prison system. He was so correct. And it's just haunted me since then. And so it's something that we are very, very committed to addressing.

LATHROP: OK. Thank you.

MADDIE FENNELL: Thank you.

LATHROP: Any other proponents here to testify today? Anyone here in opposition to LB751?

CHAMBERS: If they are, they better forever hold their peace if I'm on the scene. I'm just kidding, I'm just kidding.

LATHROP: How about in a neutral capacity? Seeing none, Senator Blood, you may close. And for the record, we have-- if you'll allow me an opportunity to put these into the record: Terry Werner in support-- 12 letters-- Terry Werner, National Association of Social Workers; Liz Lyons from the Nebraska Children Health Education Alliance [SIC]; Annette Dubas, Nebraska Association of Behavioral Health Organizations; Dr. Mark Adler, from Ralston Public Schools; Mary Bahney, School Social Workers Association; Cindi Horning, American Foundation for Suicide Prevention; Dulce Sherman; Holly Brandt, Nebraska Association Regional Administrators; Dr. David Miers, who was here a moment ago; Diane Marti, Nebraska Psychological Association; Dr. Andrew Rikli, Papillion La Vista School District; and Daniel Gih, G-i-h, Nebraska Regional Council for the-- or of the American Academy of Child and Adolescent Psychology [SIC]. You may close.

BLOOD: Thank you, Chairman. And I actually encourage you all to read Dr. Adler's letter if you have a moment to do so. It's a very touching letter. So senators, compassion is like a muscle in that it can be strengthened with practice. When we strive to understand the emotional state of our children, it helps us to better understand and better serve their needs and potentially help to ease their suffering. So I say compassion because the definition of that word, which I know Senator Chambers likes, means to suffer together. So let's be compassionate, effective policymakers and show our young Nebraskans that we do hear them, we value their lives and we want to help them be productive members of our state, overcome or manage their hurdles, and to be their best selves. Thank you to all.

LATHROP: Thank you. That'll close our hearing on LB751 and bring us to LB748, also a Senator Blood bill. Senator, you are good to open.

BLOOD: So good afternoon, again, Chairman Lathrop and to the entire committee. Again, my name is Senator Carol Blood. That is spelled C-a-r-o-l B as in boy l-o-o-d as in dog, and I represent District 3, which is composed of western Nebraska and southeastern Papillion, Nebraska-- excuse me, western Bellevue and southeastern Papillion, Nebraska. I appreciate the opportunity to share LB748 with you today. So many of you have likely participated in home genetic testing kits like Ancestry.com or 23andMe and maybe discovered some fun things about your heritage. Now imagine if these technologies helped you to discover that you had half-siblings as many users have. Finding out about living relatives can be quite a shock if you had no prior knowledge. But now let's imagine that instead of one or two half-siblings, you found that you had 10, 20, 50 or more people that had the same father as you did. And that father was the very doctor whom your parents entrusted to perform the private and deeply personal reproductive procedures that allowed you to be here today. As frightening as this is to hear, this isn't a what if story at all. In Indiana, Donald Cline, a fertility doctor, is known to have fathered over 70 children in a period of 7 years. And that number continues to grow. This is the only one of many-- this is only one of many stories that we can share today. And if you look in your packets, you're gonna see a long list of letters from victims of this crime. Now, we can all agree that this is egregious. But surely there's a lawful recourse for such a situation. Well, unfortunately, laws have not caught up with the science. In 2018, that same Indiana doctor was only sentenced to a year in jail and the sentence was suspended. He received that sentence because he lied to law enforcement during the investigation. It was not for using his own sperm to nonconsensually inseminate women. I found out last week that one of his victim's daughters actually used that same doctor as her fertility doctor for years before finding out that he had impregnated her mother with his own sperm without consent.

So in this case, it is totally unethical for him to be treating her. She was in a vulnerable position and he placed his hands in intimate places that no father in any circumstances should do to his adult biological daughter. Now there have been other incidents of fertility specialists inseminating patients from the 70s to the early 90s involving doctors, Norman Barwin of Ottawa, Canada; Gerald Mortimer of Idaho Falls, Idaho; Ben Ramaley of Greenwich, Connecticut; and John Boyd Coates of Berlin, Vermont. In addition to the previously discussed Donald Cline of Indianapolis, Indiana. And while all of these men were caught due to genetic testing, none were prosecuted according to the actual act of nonconsensual insemination, but rather in criminal cases related to fraud or obstruction of justice or civil pursuits. So in context of the period of time these doctors committed their crimes, a 1987 study conducted by the federal Department of Technology Assessment showed that 2 percent of nearly 300 voluntary Ob-Gyns respondents said that they inseminated patients with their own sperm. During that time, it was common practice to use fresh semen and all parties involved were promised anonymity. However, when a doctor masturbates in one room and then uses that sample to immediately inseminate the patient, this blurs ethical lines. The Hippocratic Oath is first do no harm. Impregnating a patient without their consent is definitely causing harm. When a professional abuses a patient's desperation in conceiving a child as an excuse for illicit inseminations, they are definitely causing harm. Our research shows that they are suggest-- there are suggested industry rules that these clinics may follow, but they are suggested and not law. These rules are based on the population of area served with the desired goal of eliminating half-siblings from potentially dating in the future. The American Society for Reproductive Medicine recommends a birth limit of 25 offspring from one donor per 800,000 population. I found in our investigation that there are also many, many instances where donors were used more than recommended and in-- more than recommended and in smaller communities. That is really troublesome. Fertility fraud abuses are not simply local in nature. This has become a national problem and this multi-billion dollar industry has little to say when it comes to any policy changes or about the atrocities that continue to come to light. It's unfortunate that nail salons are more regulated than the fertility industry appears to be. Women want laws that help protect their bodies from antiquated policy that has not been expanded to address current science. Our statute that addresses fraud is not enough in Nebraska. When a doctor plays God and places his genetic material or that of another patient's partner into an "unconsenting" woman's body and creates life, he is now also given himself paternalistic power. He has this power because he has chosen, chosen through his deeds that his descendants should have legal claims to his patient's property and any privileges of that patient's family. Now I'm gonna leave you with one last story, because we would be here all day if I told you all the stories that I've researched. There's a fertility doctor in England who is thought to have fathered over 600 children. Now imagine if any of those children grew up in the same communities and unknowingly dated their half-siblings, fell in love, and eventually married. Imagine the horror that couples, that couples-- those couples and others may one day face. If their worst fears become reality, those victims deserve justice. It is justice to make this action a criminal offense. This is beyond fraud and deception. When a man masturbates and ejaculates, he is participating in a sexual act. He then takes that sperm and places it without consent into a woman's cervix. If you did that outside of a doctor's office, we would call it sexual assault, rape. This bill is written very simply. It is a crime for a physician to place his genetic material into any woman's body without patient's consent. If you violate the Fertility Fraud Act, it is a Class IV felony, which carries a maximum two years imprisonment and 12 months post-release supervision or a $10,000 fine or both. In each instance of using a spermatozoa-- I practiced this before today, spermatozoon or ovum is another offense. Donors, women, their spouses, and resultant children may also bring a civil action against a doctor and each use of a spermatozoon or ovum is a cause of a separate action. A civil action or criminal charge must be brought within 25 years of the violation of this act. Anyone who brings and wins a civil action will be awarded the greater of actual damages, liquidated damages of $10,000, other relief as ordered by the judge, attorney's fees-- attorney fees and costs. Prosecutors know that defense attorneys will exploit, exploit the issue of consent. The fact that patients agreed to the insemination itself, albeit with the agreed upon sperm, they also know that defense attorneys would exploit the notion of anonymity, anonymity, although no patient considered that the doctor himself could be the donor. And this donation breached the terms of the treatment agreement. Sperm was supposed to come from the husband or a medical resident resembling the donor. There's also the issue of evidence considering that the vast majority of medical records have been destroyed. Although it could fall under existing fraud laws, the fact that the fertility fraud has not been criminally prosecuted and that individuals who a doctor conceived have been dismissed from civil lawsuits underscore the need for laws like this one. Also, fixing the fraud law won't necessarily cover fertility fraud since it is not just fraud. It also has components of sexual assault. It belongs in its own category. Now having said this, I've also brought forward an amendment that I'd like the committee to consider and attach before advancing the bill to the floor. I've had conversations with many victims on this bill who felt the, felt the statute of limitations and period of time a civil action could be brought forward being 25 years was problematic. And the reason being is that many aren't doing the genetic testing until they're in their 30s, 40s. And so the discovery period is frequently after 25 years from when it happened. So it was based off when the criminal-- when the crime occurred, and most people who find out a doctor has been doing this, an ethical act aren't going to find out until much later. This amendment completely eliminates the statute of limitations for criminal prosecutions. For the civil claims, it's four years, but does not begin to run until discovery of the fraud or when someone reasonably should have discovered it. The clock on that has also stopped or paused for minors, periods covering mental incompetence, or imprisonment. So the bottom line is that the trauma for all involved is extensive. These offspring have no access to the gene-- to their genetic heritage and will always be connected to the bad deeds of the person who committed the offense. It's nothing new that men have exhibited uninvited control over women's bodies, but laws must address the concerns of our constituents to have the right to consent to whose genetic material is placed in their body and the right to have justice when they are violated. Please remember that this is something that will affect their lives forever and for generations to come. And I believe we can do better in Nebraska. Thank you.

LATHROP: OK. Thank you, Senator Blood. I'm just looking at this and you create a cause of action that may be brought by the mother, what should have been the father, right, the spouse of the mother and the child, the child themselves. Do you-- and then you have damages, they can collect damages, including liquidated damages if they're less than actual damages. My question is, do you expect that the child or the parents' cause of action will be for the cost of raising the child? What, what do you see the damages being in a civil suit brought by one of these couples who went to the fertility clinic for the purpose of having a child, then they have a child that turns out to be the doctor's and not the person that they expected to be the male DNA donor? What are the damages that you would expect to be available in such a cause of action?

BLOOD: Good question, and hopefully I understand the lawyer speak correctly. What we are seeing across the country are we are seeing people trying to sue more for PTSD, for emotional distress. We've not seen anybody yet sue for damages. Now that we've got it on record, it may happen, but mostly people are asking that you consider the, the mental stress.

LATHROP: So it's not a wrongful birth case,--

BLOOD: Right, not a wrongful birth.

LATHROP: --which our Supreme Court hasn't recognized or, or has said is not available?

BLOOD: Right.

LATHROP: OK. I got it. Any other questions for Senator Blood? Seeing none, thank you.

BLOOD: I, I would like to say very quickly, we had hoped to have some people via telephone because I'm sure you had a long list of victim letters, but we were told that we weren't able to do that because the room's not done. So I'm not even sure we have anybody to speak today, so.

LATHROP: OK. Well, we know that you regard it as an important subject, nonetheless.

BLOOD: Thank you.

LATHROP: We'll see if anybody's here to testify in support. Anyone here to testify in support of LB748? We do have a long list of letters and we'll talk about that in just a second. Anyone here in opposition? Anyone here in a neutral capacity? OK, Senator Blood. The record, although we don't have any testifiers, the record will reflect that we do have 16 letters of support. Also-- and it looks like-- I know a number of these came from outside the state. Laurie shared that with me before the hearing today. Robert Sandford at the Nebraska Coalition to End Sexual and Domestic Violence wrote a letter of support, as well as 15 other individuals. And this record should reflect that Marion Miner from the Catholic Conference spoke in a neutral capacity on an earlier bill, LB900, and addressed his neutral testimony on this bill at the same time, just so that people can find that if they choose to look at the legislative history. And with that, you are good to close.

BLOOD: Thank you. And I would encourage the committee, if they've not done so already, to read the letters from those victims. They're very powerful. I spent all weekend on the phone with a long list of victims, and it's truly upsetting. So right now, doctors use of his own genetic material is not a crime in the vast majority of states, which is really unbelievable since it clearly contravenes professional, ethical norms. That failure of these professionals to inform their patients that they used their own sperm or that of another patient's husband or partner for insemination violates their rights as a patient. These patients have a legal right to give informed consent when it comes to any medical procedure that is performed on their person. This informed consent also includes truthful information. The children of these victims also feel harmed and wronged. This is not about a misunderstanding of their identity. These children had their rights violated in that they were brought into a world in a seriously harmful environment that could have been avoided had the doctor utilized the donor that was selected by the patient. This bill-- failure to not think about the effects on the future children created by unethical practices of a doctor is a strong foundation for one of the many reasons that this is morally wrong. We know this behavior is unethical, immoral, and blameworthy. Now the question is what will we do about it? With that, I thank you your time today and I, I truly hope you vote this out for debate.

LATHROP: Thank you so much, Senator Blood. I don't see any other questions. So that'll close our hearing on LB748, and bring us to our own senator, Patty Pansing Brooks, on LB986. Good afternoon, Senator Pansing Brooks.

PANSING BROOKS: Good afternoon.

LATHROP: Welcome to the Judiciary Committee.

PANSING BROOKS: Thank you. Thank you, Chair Lathrop and fellow members of the Judiciary Committee. For the record, I am Patty Pansing Brooks, P-a-t-t-y P-a-n-s-i-n-g B-r-o-o-k-s, representing District 28 right here in the heart of Lincoln. I appear before you today to introduce LB986, a bill to make it easier for adults and juveniles with criminal histories to get education and training that will help them move on from their mistakes and help Nebraska meet its work force needs. LB986 provides that no publicly funded college or university in Nebraska shall, as a part of its student application and admission process, inquire about the criminal history or juvenile record information regarding an applicant to such college or university except as otherwise specifically required by state or federal law, or when such information is offered voluntarily by an application for consideration. Nebraska law already prohibits public employers from asking an applicant for employment to disclose information concerning the applicant's criminal record or history until the public employer has determined that the applicant meets the minimum employment qualifications. Fair chance hiring is a good public policy because it gives applicants the opportunity to get their foot in the door with a potential employer, rebuild their lives, and contribute to their communities. Central to those employment opportunities is the ability to obtain training and education, while the national employment-- unemployment rate is 3.5 percent. The, the national unemployment rate among formerly incarcerated people is 27 percent, according to the National Conference of State Legislatures. About two-thirds of job postings require some level of postsecondary education, including certificates, associate degrees, bachelor's degrees, and other degrees. The U.S. Department of Labor projects that just over 5 million entry level job openings annually over the next decade will require some form of postsecondary education. Formerly incarcerated adults are nearly twice as likely as the general population to have no high school credentials according to NCSL. This is all especially significant in Nebraska because our prison overcrowding crisis and the importance of successful reentry, because of that. We know that approximately 95 percent of state prisoners will be released from prison at some point, so we need to ensure opportunities are available for them to get the education that they need to contribute to our work force. More than 700 higher education institutions use what is referred to as the Common App, the Common Application. This Common App announced last year that it would stop asking people about their criminal records. But not every college or university uses the Common App. So there are some institutions that are still asking the questions. One of our testifies will be expounding more on that. Perhaps one of the best examples of the opportunities that can happen when we increase access to college is the story of Shon Hopwood, a native Nebraskan who has been featured nationally. His journey took him from robbing banks in small towns in Nebraska to spending 11 years in federal prison to writing of a legal petition for a fellow inmate so compelling that the U.S. Supreme Court heard the case to earn his-- to earning his undergraduate and law degrees. Today, he is an esteemed professor at, at-- of law at Georgetown Law School. So with that, I ask you to advance LB986 to General File and I'll be happy to try to answer any questions.

LATHROP: Senator Brandt.

BRANDT: Thank you, Chairman Lathrop. Thank you, Senator Pansing Brooks, for bringing this bill. Is this a problem now in the state of Nebraska? Do our colleges deny people because they know they have a history of criminal behavior?

PANSING BROOKS: People will talk about that behind me. But there are, there are instances where people don't want to even just put it up. They shouldn't be-- the idea is that they're not forced to, to refer to it through their application process.

BRANDT: So if the criminal behavior would have a bearing on that school or university and would exhibit itself at sometime when that individual was there, would that school or university be liable for that action?

PANSING BROOKS: No, I don't think so.

BRANDT: All right. Thank you.

PANSING BROOKS: Thank you.

LATHROP: I see no other questions. Thanks, Senator

PANSING BROOKS: Thank you.

LATHROP: Proponents? Mr. Adler, welcome.

JOEY ADLER: Chairman Lathrop, members of the Judiciary Committee, my name is Joey Adler, J-o-e-y A-d-l-e-r, and I'm here on behalf of the Holland Children's Movement, a nonpartisan, not-for-profit organization that strives to fulfill its vision for Nebraska to become the national beacon in economic security and opportunity for all children and families in support of LB986. In 2019, the Nebraska Voter's Outlook, which is research on public opinion on state policy by the Holland Children's Institute, found that when asked if Nebraska's state government should do more to develop our work force, from more investment in higher education, to making job training and career technical and vocational training more accessible, 61 percent said that should be the focus of state government. A small minority, 34 percent, said that Nebraska should continue giving more tax breaks and incentives to private sector job creators. We believe that LB986 helps expand access to higher education and CTEs. The Brookings Institute recognizes that it's difficult to find out how many individuals are involved in the Corrections process that apply for higher education. However, a study at the State University of New York system, SUNY, found that nearly 3,000 applicants in a single application cycle checked a box indicating they had a prior felony conviction, which corresponds to about 3 to 4 percent of first time undergraduates. If a similar rate holds nationwide, this would suggest that over 120,000 college applicants each year apply with felony convictions. Brookings also found that those applying with felony conviction thought the process was discouraging or confusing. A study of 3,000 SUNY applicants with felony convictions found that 62 percent failed to complete the application process, compared to just 21 percent of those without a conviction. Of those who completed the application process, only 10 percent were rejected. For everyone applicant rejected at the end of the process, 15 failed to complete the application. These numbers are potentially even higher because it does not include those that question or never apply because they do not wish to reveal their criminal history. While steps taken by the Common App to remove the question about criminal history is a good step forward, we believe that the questions about criminal history should be removed from all state and community college application processes. According to an article from The Atlantic, titled The Common App Will Stop Asking About Students' Criminal Histories. Then, quote, there's-- Then there's the fact that even the Common App's influence has limits. As a September 2017 Brookings Institution report details, vary-- various analysis have found that a solid majority of colleges and universities in the U.S., whether they are a Common App member or not, inquire about an applicant's previous convictions. That's the case in as many as 80 percent of private institutions and 55 percent of public ones. It's even relatively common at community colleges, 40 percent of which report collecting such information. It's for these reasons that we support LB986 and I'd be happy to take any questions that you may have. And real quick, the letter that was with my testimony is from somebody who went through the Correction process and went to college and he has just a little bit of an explanation of why, why that process was important to him, so.

LATHROP: OK. I don't see questions. I do have one for you, though.

JOEY ADLER: Yeah.

LATHROP: So this mirrors or in some ways is similar to the check the box that we've been dealing with over and business and labor and we've had it on the floor and I think we passed sort of a mild version of it. So universities, this doesn't prohibit the university, once you file the application and they say, Mr. Adler, we're thinking about letting you into the university of wherever and but have you ever been convicted? The idea here is not to tell the university or the colleges who they may or may not accept or whether this may or may not be a consideration, it's just not gonna be on the application.

JOEY ADLER: Right. So there's actually funding that universities will need to collect that information for that the feds require that they report statistics on. So it's just saying that during the application process where we see a lot of drop-off, that that isn't the question to be asked then and there. It can be, you know, as soon as they've gone through the application process, there's a lot of times that they'll ask secondary questions as well. So just, just not at the beginning in the application process.

LATHROP: Did you say they're required to get this eventually?

JOEY ADLER: Yes.

LATHROP: OK, so all we're doing is not discouraging them because your point is they get discouraged and just go, what-- what's the point?

JOEY ADLER: Yeah, there's a 40 percent drop-off rate.

LATHROP: OK. All right. I don't see any other questions. Thanks for your testimony.

JOEY ADLER: Thanks, Senator Lathrop.

LATHROP: Anyone else here as a proponent?

ROSE GODINEZ: Thank you. Good afternoon. My name is Rose Godinez, spelled R-o-s-e G-o-d-i-n-e-z, pronouns she, her, hers. And I am here to testify on behalf of the ACLU of Nebraska in favor of LB986. We thank Senator Pansing Brooks for introducing this legislation, which removes a hurdle-- and I'm sorry, I forgot my written testimony, which removes a hurdle to higher education for Nebraskans with a criminal record, which unfortunately is a reality for many Nebraskans today. Nationally, one in three adults have a criminal record. In Nebraska, the Department of Corrections estimates over 2,000 people with a felony conviction being released into our community every, every year. In addition to generally affecting those that are formerly incarcerated, the criminal record inquiry particularly affects those people of color as they are overrepresented in almost every point-- or every juncture of our criminal justice system, partly due to racial profiling and punitive school disciplinary policies. We can see that just by looking at Nebraska's average daily prison population with 27 percent black and 4 percent Native American prisoners when compared to the overall state population of 13 percent black and 1.3 Native American Nebraskans. A national statistic tells us that black men born after the late 1960s are more likely to have served time in prison than to have completed a four-year college degree. Nebraska has already begun, as you mentioned, Senator Lathrop, cutting the red tape holding people back in the employment setting. And we would encourage the committee to focus that attention on the U.S. EEOC 2012 guidance on how employers address that issue with criminal record inquiries. And in that context, they held that given the disproportionate impact that the criminal justice system has on communities of color, it announced outright bans on hiring someone with a criminal record implicates Title VI of the Civil Rights Act. Many of those same underpinnings are at play here in-- with this legislation. In closing, we acknowledge that public safety is vitally important for students, families, and schools. However, it is important to note that to the extent research has been done on this issue, there is no conclusive research finding to suggest that using a criminal justice inquiry on your application in any way lowers campus crime. But there is proven research that this disproportionately affects people of color. And for those reasons, we urge you to advance this bill to General File.

LATHROP: OK, I appreciate that. I will just give a shout out to Metro Community College that has the reentry program on their campus, the first in the country to do that, which is incredibly impressive--

ROSE GODINEZ: Yeah.

LATHROP: --and sort of the flip side of the same issue.

ROSE GODINEZ: Exactly, it's commendable.

LATHROP: Yeah, thanks for being here.

ROSE GODINEZ: Thank you.

JULIET SUMMERS: Good afternoon, Chairman Lathrop, members of the committee. My name is Juliet Summers, J-u-l-i-e-t S-u-m-m-e-r-s. I'm here on behalf of Voices for Children in Nebraska to support LB986. Our system should be structured to ensure that all children can take the right steps to put their past behind them and move toward a better future. We all benefit from policies that hold youth accountable in age-appropriate ways and allow them the ability to grow out of and past their adolescent decisions. Though this bill obviously applies to adults as well, Voices for Children in Nebraska is supporting LB986 because it offers youth and young adults the opportunity to confidently approach the college admissions process without fear that their past will hinder their future goals. And it will allow Nebraska's universities and colleges the privilege of cultivating these students' gifts and talents. While revealing criminal history information as part of the admissions process is often framed as a security issue. Few studies have explored whether this practice leads to actual reductions in on-campus crime rates. By contrast, extensive research exists supporting the hypothesis that increasing access to education reduces future criminal behavior. Individuals, including youth, who've paid their debt to society should have the chance to advance in a chosen career field, pursue intellectual or creative passions, build positive peer and mentor relationships, and earn an honest living. Moreover, when they are able to do so, their prospects for lifetime income and stability improve, impacting the prosperity of neighborhoods, communities, and our state as a whole. This bill is not without precedent in the United States. Similar bills barring public colleges and universities from inquiring about criminal history have passed in Louisiana, Maryland, and Washington and have been introduced in Illinois. The State University of New York's network of 64 schools dropped the felony conviction question from the application. And most notably, the Common App, the undergraduate college admission application used by 800 member colleges and universities in 49 states, including Nebraska, eliminated the criminal history question in 2018. However, individual schools may still require applicants to reveal juvenile or criminal history information in their supplemental materials, necessitating measures such as LB986 to ensure equitable public higher education access and to prevent young people from being deterred in applying in the first place. Nebraska is home to several nationally and internationally recognized public colleges and universities, and this bill will ensure that young people seeking a better future for themselves, their families, and their communities can confidently apply to these programs to forge that new path. I'd like to thank Senator Pansing Brooks for bringing the bill, and the members of the committee for your time and consideration. And I'd be happy to answer any questions.

LATHROP: Senator Brandt.

BRANDT: Thank you for coming today, Miss Summers. Do you think past criminal behavior would ever have a bearing on admission to a university?

JULIET SUMMERS: Senator, I think as a youth advocate, so my expertise is in the juvenile justice system. I think that there are cases where it could and, in fact, I-- in taking a look at this bill with Senator Pansing Brooks, I recommended-- an initial version had said it could never be considered. And I recommended striking that for the main reason, from our perspective of Voices for Children, of sometimes young people who've been through something like a justice system, who have turned their lives around, they may want to volunteer that information to the college admissions process to say, here's where I've come from, here's what I've been through, and here's how I'm different and ready for college, here's how I know that I'm ready for college or university. So we wanted to-- from our perspective, we wanted to leave that in there as a, as a means for young people to be able to show their readiness for college. To a sort of a different slant of saying, look, if you look-- if you're, if you're asking whether colleges should refuse or that should impact their admissions decision in a negative sense, again, speaking as, as someone representing kids coming out of the juvenile justice system, I don't believe so, because young people make mistakes. They sometimes make really grave mistakes, but it shouldn't continue to define them for the rest of their life. And college is a way to be able to turn that around.

BRANDT: All right. Thank you.

JULIET SUMMERS: Thank you, Senator.

MORFELD: Any other questions? OK. Seeing none, thank you.

JULIET SUMMERS: Thanks.

MORFELD: Next testifier.

SPIKE EICKHOLT: Good afternoon, Senator Morfeld and members of the committee. My name is Spike Eickholt, S-p-i-k-e, last name is E-i-c-k-h-o-l-t, appearing on behalf of the Nebraska Criminal Defense Attorneys Association as their registered lobbyist in support of LB986. This bill-- you've heard some of the reasons for the bill so I'm not gonna restate those. But this bill is consistent with what the Legislature did about six years ago, where it passed a ban the box bill which prohibited public employers from asking at the initial time, time of application about an applicant's criminal record. And the idea was to give that person sort of way in or open the door for someone with a past. And this is consistent with that, obviously is for educational purposes only. One point I wanted to make that others did not make, Senator Pansing Brooks has done some very good things recently, as has this committee to provide for record sealing for those people who are juvenile offenders, but complete probation successfully in juvenile court or when they age out, their record is sealed and they need not disclose that on applications to school and in other contexts. Additionally, in the adult court system, if somebody completes a diversion program or a drug program, their record is sealed as well, and they need not disclose that to a potential school or to a potential employer. But what the reality is, is that a lot of people don't realize that, they don't understand the sort of legal protections that they might have. So in other words, sometimes people if they're asked, will incorrectly note that they have been convicted of a felony, even though they weren't convicted because they weren't charged with a felony, but completed a diversion, it was dismissed. This is something that we tell our-- as members-- defense attorneys, we tell our clients all the time, in our-- in my standard closing letter, it explains to them that the record is sealed, when they need to disclose it and when they do not. But I just sort of know that they'll probably not remember if it was a misdemeanor or a felony, not recall if it was dismissed or not. And it would just put somebody when they're asked this question in a really unfortunate and unfair spot where they will indicate or describe the record when they need not even have to. And this really clarifies that, it really helps that, and it's a very good bill. And for that reason, we would encourage the committee to advance it.

MORFELD: Thank you, Mr. Eickholt. Any questions? Seeing none, thank you.

SPIKE EICKHOLT: Thank you.

MORFELD: Next proponent testimony. Any testimony in opposition? Any testimony in the neutral capacity? Senator Pansing Brooks to close. Senator Pansing Brooks waives closing. That ends the hearing on LB986 and begins the hearing on LB994. Senator Murman. Oh, we do-- before Senator Murman begins, we do have some letters for the record on LB986; letter of support from Jasmine Harris of RISE; and Amanda

Fouts; no letters of opposition; one letter of neutral testimony from Paul Turman, the Nebraska State College System.

LATHROP: All right, I'm back.

MORFELD: And Senator Lathrop will take over.

LATHROP: All right. Welcome, Senator Murman. And we will take up LB994 and you're good to open.

MURMAN: OK. Thank you, Chairman Lathrop and members of the Judiciary Committee. I bring LB994, amended with AM2130. And if any of you don't have the amendment, my legal aide behind me does have another copy. For the record, my name is Senator Dave Murman, D-a-v-e M-u-r-m-a-n. I represent District 38, 7 counties south of Kearney, Hastings, Grand Island. LB994 amended with AM2130 will create Libby's Law, The Fair Access to Organ Transplantation Act. This proposal was worked on by multiple senators. Earlier this interim, Senator Cavanaugh and I had discussed the issue with-- which ultimately led to me bringing the bill. After I dropped the bill, Senator Geist had mentioned that she had been working with a consul-- a constituent, the mother of Libby, who-- to bring this legislation. The Bill Drafters helped to further define information in the original LB994. I also have a disabled daughter named Whitney that has Rett Syndrome. As far as I know, she will never be a candidate for an organ transplant. But I can see a little bit through her eyes, and as a parent, to bring maybe a little different perspective on the subject. I introduced LB994 to start the conversation on the types of screening and protocols our two transplant facilities in Nebraska are currently using in determining how and if an individual is approved for a transplant, including if the diagnosis of a mental or physical disability would keep the individual off that list or from qualifying. Following the introduction of LB994 and AM130-- or 2130, I have had conversations with both Nebraska Medicine and Children's Hospital & Medical Center regarding the ways this bill would impact their facilities and their transplant surgeons and medical teams. Both facilities will be here today to test-- testify, but it is not my intent to introduce a bill that would harm their ability to provide this lifesaving surgery for our most, most vulnerable patients. I will be listening to their testimony to gain more understanding of how the process currently works in Nebraska and all the requirements to qualify to be listed on a recip-- a recipient list. I also want to be clear that I am not aware of any instance of a person being passed over on a transplant list on the basis of disability. I hope that after the hearing, the committee and I can work together with the different organizations here to come-- to compose a comprehensive bill that would prevent discrimination in organ transplants. Currently, these states have laws in place that prohibit this discrimination: California, New Jersey, Maryland, Massachusetts, Oregon, Delaware, Kansas, Ohio, Pennsylvania, Washington, Louisiana, and Indiana. The federal Americans with Disabilities Act prohibits discrimination against individuals with disabilities. Yet, many such individuals still experience discrimination in accessing critical, critical health care services. I think there will be individuals behind me that will share their own experiences. Looking specifically at AM2130, it outlines steps to ensure that qualified individuals will not experience discrimination with or be denied life saving organ transplants solely on the basis of a mental or physical disability. If a disabled individual is denied for an organ transplant, written explanation needs to be given within two business days for, for the reasoning of the, of the denial. Upon the denial, the individual who is denied can then bring civil action against the covered entity. Also, a health carrier that provides coverage for organ transplants or related treatment and services cannot deny coverage solely based on the person's disability. As a father of a disabled daughter, a Nebraska state senator, and simply a compassionate human who values all life, I would hate to see anybody in need of an organ transplant discriminated against. Mental or physical disability does not diminish an individual's worth. With LB994 amended in AM2130 patients in need of organ transplants are entitled to assurances that they will not encounter discrimination based-- on basis of a disability. I'll try and answer any questions that you have for me. If not, there are professionals behind me that could speak more in detail. I'm eager to work with members of the Judiciary Committee, the two organ transplant hospitals in Nebraska, and interested groups to really perfect Libby's Law, The Fair Access to Organ Transplantation Act. Thank you. Are there any questions?

LATHROP: Senator Murman, can I--

MURMAN: Yes.

LATHROP: --ask a couple? In your amendment-- and I'm-- by the way, I don't think anybody on this-- in this committee has a, a concern or a disagreement with what you're trying to accomplish. But I'm curious, who-- did somebody bring this bill to your office?

MURMAN: As, as I said in the opening, we did work with Senator Geist and Senator Cavanaugh. Senator Cavanaugh brought the original bill and we worked with Senator Geist.

LATHROP: OK. So here's my question, in paragraph 3 of Section 2, it says the: Individuals with mental and physical disabilities have historically been denied life-saving organ transplants based on the assumption their lives are less worthy. Do you, do you have a basis for that statement? I mean, if we're gonna put it in statute, is there some-- tell us what, if you can Senator, and I'll-- and I'm not trying to put you on the spot, but that's a pretty significant statement. So do you have some experiences in Nebraska with that happening?

MURMAN: Where did you say that was?

LATHROP: That's-- I'm looking at your amendment, Section 1-- pardon me, Section 2(3), which is line 11 of page 1. You see there where it begins with "Individuals with mental and physical disabilities have historically been denied life-saving organ transplants."

MURMAN: Yes, of course, there's been no evidence that that's happened in Nebraska. There have been lawsuits in other states.

LATHROP: OK.

MURMAN: So that's the reason it's in there.

LATHROP: OK, and I think we'll hear from some of the places in Nebraska that actually perform these transplants, and we'll ask them about their policies--

MURMAN: Yes.

LATHROP: --and so forth. OK. Thank you. That's the only question I had for you to, to start out the hearing. Thank you, Senator. And with that, we'll take the testimony from the first proponent.

NIKKI HOBELMAN: Hello, my name is Nikki Hobelman, N-i-k-k-i H-o-b-e-l-m-a-n. I'm here as a representative of the Down Syndrome Association for Families of Nebraska. And more importantly, I am here today to not only support my daughter Libby, who happens to have Down syndrome, but all individuals with intellectual or developmental disabilities. Libby was born with two different heart defects, and the combination of her heart defects happens in less than 2 percent of individuals with Down syndrome. Unlike a large portion of congenital heart defects, there's no way to repair Libby's heart. She will continue to need open heart surgeries for the rest of her life, as well as countless cath lab procedures to keep her from going into heart failure. As you can imagine, there are so many procedures that one heart can handle before it can no longer function. There is a very real potential that Libby will need a heart transplant at some point in her life. I cannot fathom the idea of a doctor, treatment team, or hospital telling us that Libby is disqualified from receiving a transplant for the simple fact that she has Down syndrome, that they could tell us Libby's life is less valuable than that of a typical person. I can assure you and anyone else who might think that Libby is a burden, that there is nothing further from the truth. Our family and our community are better for having Libby and others like her in it. There are currently 12 other states that have enacted similar laws to this one and every year more are added. In addition, there are eight other states currently working on legislation. I am very proud and grateful that Senator Murman has introduced this bill because it addresses a couple of concerns that have not been addressed in some of the previous legislation. First of all, the term medically necessary has been clearly defined. This means those that try to use this as a reason for denial must show that the standard has been met. I also appreciate that there's an added requirement for providing written documentation in a timely fashion. This allows an individual to pursue legal actions when necessary without delay. I can say-- and I could bring up the exact study, it just was released in September of 2019. I don't know any specific instances of this happening in Nebraska, but I do know that there are specific examples of denial for heart transplants in other states due to the intellectual and developmental disabilities. And I believe that Nebraska should be proactive in preventing this. I would finish by quoting a very important part of the Pledge of Allegiance that I find particularly poignant, "liberty and justice for all." We are all equal under the law, this includes receiving the fair treatment when it comes to organ transplants. I ask that you consider what you would want for your loved ones and vote, yes, on LB994, Libby's Law, The Fair Access to Organ Transplantation Act. Thank you.

LATHROP: OK.

NIKKI HOBELMAN: Any questions?

LATHROP: I don't see any questions. Is your daughter doing OK right now?

NIKKI HOBELMAN: She is, she-- we are just waiting for her next heart surgery. She-- it's a constant letting her get close enough to heart failure, but not completely in heart failure to spread out heart surgeries as much as possible. So--

LATHROP: Where is she getting her care right now?

NIKKI HOBELMAN: At Children's--

LATHROP: OK.

NIKKI HOBELMAN: --up in Omaha.

LATHROP: No problem with the care?

NIKKI HOBELMAN: No.

LATHROP: OK.

NIKKI HOBELMAN: We love our cardiac team.

LATHROP: OK. Terrific, terrific. Well, thanks for being here today. We appreciate your testimony.

NIKKI HOBELMAN: Thank you.

LATHROP: Next proponent. Good afternoon.

LEAH JANKE: Hi, my name is Leah Janke, L-e-a-h J-a-n-k-e, and I'm here today to testify in favor of LB994, on behalf of Down Syndrome Alliance of the Midlands, and as the mother of an eight-year-old son with Down syndrome who was also born with a heart defect. There was also a letter of support sent to Senator Lathrop from the National Down Syndrome Congress strongly supporting the passage of the Organ Transplant Fairness Act. I'm gonna go off a little bit what I have here, because it's exactly what you had read that was in Senator Murman's bill. And I will say that, though, there have not been specific cases in Nebraska, almost every other state who has passed this bill has a name to it similar to Libby's Law, and it's because of specific denials for transplants. There's a very famous case in California, it's now called Amelia's Law, three-year- old little girl was denied a kidney transplant, even though her mother was willing to be her donor because of a developmental disability. They then have passed a similar law. Organ transplant is, is commonly denied to people because of a disability with the thought that their life is not of the same value as somebody with a non-- somebody without a disability. And people with disabilities can and do successfully manage post-operative treatment and stay healthy for many years after transplantation surgery. Although health care providers are already prohibited from discriminating on the basis of a disability on the grounds of both the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, insufficient guidance has been provided to the field as to what actions would and would not constitute discrimination within the context of organ transplantation. Because of a lack of federal enforcement, there is a demonstrated need for state action to ensure the rights of people with disabilities in regards to organ transplants. As stated before, 12 states currently have laws in place and 8 states, including Nebraska, have legislation pending. Please pass this bill out us-- out of committee. It has the potential to save lives and would provide necessary reassurance to people with disabilities who may need an organ transplant. We hope that Nebraska will join the growing list of states that are committed to eliminating this disability-based discrimination. Open to any questions you may have.

LATHROP: OK. Your-- it's your son, did you say?

LEAH JANKE: Correct. So he had open heart surgery at Children's Hospital when he was six weeks old and will continue to be followed by cardiology his whole life. We don't see him being a potential for needing an organ transplant, but it's unfathomable to me that if that were the case, there is a chance that he could be denied solely based on the fact that he has Down syndrome.

LATHROP: Right. OK. I don't see any questions, but thanks for coming down.

LEAH JANKE: Thank you.

LATHROP: We appreciate your involvement--

LEAH JANKE: Thank you.

LATHROP: --and your testimony. Other proponents?

SPIKE EICKHOLT: Thank you, Chairman Lathrop and members of the committee. My name is Spike Eickholt, S-p-i-k-e E-i-c-k-h-o-l-t, appearing as a registered lobbyist for the ACLU of Nebraska in support of LB994. I've just skimmed the amendment, but I think we're in support of that as well, at least from my quick review. We support this bill for the simple fact that disability rights are human rights and we support principles of equal-- equality and dignity before the law. I think a testifier earlier said that there are protections in existing federal law under the ADA, as, as well as Section 504 of the Rehabilitation Act. But to the extent that this dignity or this protection for people with disability is not protected by those from the law, this bill is important. But this bill is also important for another reason, and that is sort of the principle or the reason for Senator Murman bringing the bill as he explained before. This bill ensures that people with disabilities have equal access to lifesaving medical treatment, and it would prohibit entities from refusing to provide people with disabilities access to medical resources or to deny them care because of the judgments or perceptions of the disabled person's quality of life. And that's an important principle and we submit that should be put in statute. I'm not gonna be lengthy, I just want to be on the record in support of that idea.

LATHROP: Very good. Thank you for your testimony. Appreciate it. Other proponents? Anyone else here to testify in support of LB994?

EDISON McDONALD: Hello, my name is Edison McDonald, E-d-i-s-o-n M-c-D-o-n-a-l-d, representing the Arc of Nebraska. We're a nonprofit that advocates for people with intellectual and developmental disabilities. Today, I'm here in support of LB994, and we want to thank, Senator Murman, for bringing this bill forward. This bill helps to protect people with disabilities in the organ transplant process. According to a 2013 study by ASAN, the Autistic Self Advocacy Network, only 52 percent of people with IDD, Intellectual and Developmental Disability, requesting referral to a specialist for evaluation receive such a referral, and approximately a third of those for whom the referral is provided are never evaluated. This is another barrier to protect the value of life for people with disabilities. This bill will help to clarify guidance from the ADA and Section 504 of the Rehabilitation Act that people with disabilities are not to be discriminated against. There are many features that may not at first glance appear to be discriminatory, but upon more in-depth inspection are, these are subjective opinions that are inserted into this process. We continually help our members to deal with this bias as opinions, thoughts, and ideas of theirs are frequently dismissed. I expect if there is any opposition, they'll say that it's not intended to be based upon bias and I don't think that it is. However, bias is part of a process that is frequently not of our intention. Recently, I had the experience working with one of our parents and a self-advocate. They both said about the same thing to an individual and the person who identified as an individual with a disability was questioned while the person who identified as a parent what they said was just assumed to be correct. That's one example, but I think that we see this regularly in the work that we do. We've appreciated the Legislature's willingness to move forward bills that help to eliminate these types of discrimination in particular, and parents rights and election accessibility in the last few years. This bill has many thoughtful and careful modifications that will help to ensure access for people with disabilities. We hope that you'll support eliminating these barriers. I also wanted to point to Erin Phillips' testimony that I also handed out. She wasn't able to stay since it was the seventh hearing. But she did want to go and convey her opinion in her frustration if a friend of hers might not be able to get a transplant because of their disability. And I think really just in closing, while we have overarching statistics, I think that that really speaks to kind of what happens behind the scenes, may not be necessarily that everybody says, well, I got denied an organ transplant and then they're going and trying-- you know, bring up a case or they're going to naturally reach out to organizations like ours and others that have been up here. But I think the statistics really speak to this being an issue. And the other cases in other states speak to this being a wider spread problem. Thank you.

LATHROP: Thank you, Mr. McDonald.

EDISON McDONALD: Questions?

LATHROP: Doesn't look like there are any, but thanks for your testimony. Next proponent? Good afternoon.

KATHY KAY: Good afternoon, Senator Lathrop, Chairman, and the other members of this committee, I am a proponent of LB994. My name is Kathy Kay, K-a-t-h-y, last name, K-a-y. I am the CEO of the League of Human Dignity. It is a center for independent living and we support all individuals with all types of disabilities birth to death. I'll make my testimony very brief. We're in support of this piece of legislation because-- I address you as what we call temporarily able-bodied people. Nobody knows at any point when you will become disabled. There is no guarantee in life. We always say that the community disability is one that the membership is open at anytime to anyone. So there is also no guarantee that if you do an organ transplant on somebody that is, quote, typical and nondisabled, that they'll walk out the hospital and become disabled. Will you asked for that organ back at that point? I think that it is very dangerous to decide worth or unworth on an individual. There's nothing under the, the documents that govern our country that say, you're only worthy and protected and have the freedoms and the opportunities unless you have a disability. I'd like to point out Albert Einstein and Stephen Hawking, I think are two individuals that have done some very wonderful things for this country and for the world. And they clearly both had significant disabilities. So I think this is something that is morally the right thing to do. There are protections in place under LB994 that ensure adherence and cooperation and follow up on care to make sure that the health is continued. So I think some of those arguments are adequately addressed in the, the follow up on that care and ways to combat that. So any questions?

LATHROP: I see no questions, but thanks for being here and--

KATHY KAY: Thank you.

LATHROP: --for the input from the League. Anyone else here to testify as a proponent on LB994? Seeing none, anyone here to testify in opposition to the bill? Good afternoon.

JEAN BALLWEG: Good afternoon, Chairman Latham-- excuse me, Lathrop and members of the Judiciary Committee. My name is Dr. Jean Ballweg, J-e--

LATHROP: Can you, can you speak up just a little bit?

JEAN BALLWEG: Yes. My name is Dr. Jean Ballweg, J-e-a-n B-a-l-l-w-e-g, and I am a pediatric heart failure specialist at Children's Hospital & Medical Center. I've been a pediatric cardiologist for 15 years and I've been the medical director of the heart failure and heart transplant program here in Nebraska for the last two and a half years. I am here on behalf of myself and my employer to offer our opposition to LB994 as written along with the addendum. Organs are a limited resource. Depending upon the age of the child when listed, up to 40 percent of children may not survive to receive a suitable heart for transplant based upon the data provided by the U.S. Department of Health and Human Services Organ Procurement and Transplantation Network. The demand outstrips the supply. The younger the child, the more limited the donor pool. As such, we need to be good stewards of the gift of life when it is donated. Any child can be referred for a heart transplant evaluation at our center. This process is multi-layered with carefully evaluation of the suitability of the listing. The pediatric cardiac surgeon, pediatric cardiac heart failure cardiologist, the psychologist, the dietitian, social worker, infectious disease specialist, financial counselor, as well as many other sub-specialists meet the patient, meet the family, and review the clinical and nonclinical data. These individuals then convene a meeting and based upon outline criteria, a discussion is had regarding transplant listing. Patients may be deferred from listing at the time if they are too healthy and there are other options. If they have an active malignancy or they are likely too ill to survive the wait time or the surgery, they may not be listed at that time. We evaluate and list patients with brain anomalies, including structural abnormalities in stroke, kidney, liver and lung dysfunction as well as genetic abnormalities. Pediatric cardiac patients with kidney, lung, or liver failure can receive heart/lung, heart/kidney or a heart/liver transplant if needed. Additionally, neuropsychiatric limitations are generally quite difficult to predict in infants and children, and we do not withhold transplant as an option when appropriate. Between January '17 and December of 2019, we evaluated 31 patients for heart transplant at Children's Hospital. Of those 31 patients, we listed 21 and transplanted 14. Of the seven not transplanted, one remains listed today, two recovered enough function to be delisted and four died while waiting. We are very aggressive in pediatrics and push the envelope to offer a limited resource as widely as possible, knowing that infants and children have the incredible ability to recover, relearn, and survive well. I want to thank Senator Murman for being open to discuss this complex matter directly with Children's. While we may oppose the bill as introduced along with its amendment, it is a good opportunity to shed light on these rare opportunities to change a person's life. It is so rewarding to be a part of such a miracle for children. I'll take any questions.

LATHROP: Senator DeBoer.

DeBOER: The way the-- what's your, your decision making, making process currently for transplants is, is fixed by what? Is there ethical rules? Is there a policy, where does that come from? Can you tell me what the decision making criteria is now and where it comes from?

JEAN BALLWEG: Yes. So historically, the United Network of Organ Transplant is involved as well as CMS. And we as a group meet in a large conference room. We all have vetted the physical attributes of the patient, the potential for other therapies other than transplantation, the technical ability for the surgeon to place the organ, and believe it or not, there are technical situations where a transplant cannot be performed. We look at the potential for the rest of the body to be able to tolerate the impact of the surgery and survive the surgery. The patient is a whole patient, it's not just one organ. And so we need to ensure that what we are doing and what-- where the patient is at that time is suitable to be able to be discharged from the hospital and have an impact on their family and society. And so we, we work within the ethical standards of any physician that's taken the Hippocratic Oath. We try first to do no harm. To transplant a patient who is not likely to survive a procedure is very difficult for us to undertake. It's very difficult for us to deny or restrict the opportunity for listing and transplantation. And we try very hard to find every reason to list somebody. The family becomes a critical part of that for our young children. So when we see families that have limitations as far as resources, we provide resources. We provide housing. We provide transportation. We've provided money for copays, for medications. And we can provide social and psychiatric support. If a parent is still not able to commit to the process, we do not exclude that child, we will offer medical foster care. So we do everything within our powers to offer this opportunity for every family and every child.

DeBOER: Do you ever make any decisions based on one of the criteria being whether or not a child has a disability?

JEAN BALLWEG: Simply the answer to that is, no. If examples are helpful, we have recently transplanted a dwarf. That would be a physical disability. We have transplanted somebody with hepatic failure. We have transplanted somebody on dialysis. We have transplanted patients who have intellectual disability. And again, because we know that children are very resilient and have the ability to adapt, we try very hard to not limit their opportunity for, for, for life.

DeBOER: Is there a frequency correlation between disability and denial for transplant?

JEAN BALLWEG: No.

DeBOER: OK. And you're opposing this bill, is there any harm that would be done by passing this law? If we pass this law, does it do anything harmful?

JEAN BALLWEG: I think it takes the clinical judgment of the physician potentially out of the equation. None, none of these decisions are made quickly or simply. It's an extremely complex discussion that's had amongst generally 15 to 20 caregivers in the medical field. And I think our fear is that some of our ability to use our clinical judgment will be limited.

DeBOER: OK. Thank you.

LATHROP: I want to follow up, if I can. It sounds like the process is a patient presents-- and because you do hearts, we'll talk about that and you're at Children's, so I'll make the hypothetical some-- something in your arena. At Children's Hospital if a child comes in with a heart problem, first question you look at is, do they need a heart transplant or is there a way to simply treat them with conventional means?

JEAN BALLWEG: That's correct.

LATHROP: If that's not the case and this child is a child who is going to require a heart transplant in order, in order to survive, do I understand you get a group in a room that is involved in the consideration of whether the child will be placed on the waiting list?

JEAN BALLWEG: That is also correct.

LATHROP: Does that group also decide where they're going to be placed on the waiting list?

JEAN BALLWEG: We determine status. So in the pediatric transplant world, we can list somebody as a status 1A, status 1B, status 2, and then an inactive status or what sometimes is referred to as status 7; status 1A is the highest priority. The criteria that allow us to determine that status is actually dictated to us by UNOS.

LATHROP: By what?

JEAN BALLWEG: By the United Network of Organ Sharing, UNOS.

LATHROP: OK. Is that-- I assume that someone is a 1A because they're more critical than someone who's further down the list?

JEAN BALLWEG: In general, the answer to that is, yes. Patients with congenital heart disease or structural heart disease do get a preferential listing because of that disease, and it's usually because they tend to be in extremis perhaps with their presentation and there are no further palliative procedures to be done. We have the discretion of asking for an exception for any patient to move them up in the status listing. So we'll move somebody from a 1B to a 1A, that would be to the United Network of Organ Sharing and it would need to be approved by them. We then have to support that every 14 days and ask for that to be renewed, and at any time they can deny our application for an exemption, and we would not be able to upgrade the patient.

LATHROP: You know, you bring it-- maybe intentionally made your point or, or I just began to appreciate it. This isn't a commodity that you-- where Children's Hospital has an inventory of hearts to use in transplant. Do you-- is there a process where you make an application and say, I have this, this many patients and these hearts come from donations around the country?

JEAN BALLWEG: So when we list a patient, they get placed into the United Network of Organ Sharing database. And I do not know where they fall, actually, in reference to other children who are waiting. We list patients by blood type and by weight and additional qualified-- qualifiers can be antibodies or proteins that are in their bloodstream that we know that if we cross those with a donor, the recipient may immediately reject the heart. And so there are multiple things that come into the listing. We enter those into the database and our patient gets placed on the list.

LATHROP: Are there criteria that are, that are either by the whoever runs the database and is trying to help sort out priorities among people on the waiting list, are there criteria that are some reference to CMS or some other organizations that have criteria for establishing a priority?

JEAN BALLWEG: So the criteria are, are all dictated by the United Network of Organ Sharing, so UNOS.

LATHROP: OK. Is there any room in that-- in their criteria for whether an individual has a disability or does not have a disability?

JEAN BALLWEG: No.

LATHROP: So if an individual has-- is autistic or has Down syndrome or a brain injury, is that a consideration,--

JEAN BALLWEG: No.

LATHROP: --or does it ever enter into the consideration?

JEAN BALLWEG: No.

LATHROP: OK. You were asked before whether there's any harm in passing a bill like this. And you said that it may affect the clinical judgment of physicians. If the bill were distilled down to something as simple as-- this is several pages. If it were distilled down to something as simple as one's disability may not be a consideration in determining the priorities, is that-- does that cause a problem? Is there something else in the bill that's a problem or is that in itself a problem for the clinician?

JEAN BALLWEG: I think that in itself is a problem for clinicians.

LATHROP: OK. And you can understand why parents would go, well, then maybe I'm on to something. So you want to explain that for us?

JEAN BALLWEG: I think, again, the decisions that we make are extremely complex to have a bill that states that patients with disabilities will be treated fairly or the same. I hope that we already do that. That is part of what we do I hope every day. I do not look at a patient and define them by their genetics or their disability. If that threat is over us, I fear that we will not look at patients the way we do today. We look broadly. We look for the patient that will benefit. We look for the patient that can survive. We know that when we transplant a heart, that heart will eventually fail. So if we have a patient who's perhaps their disability is genetic and their genetic disability would indicate that the length of their life is severely shortened. For instance, if 90 percent of the patients are deceased by two years of age, that would give us as a--

LATHROP: For reasons other than their heart?

JEAN BALLWEG: Correct. Based on their genetic abnormality, that would give us pause about using a limited resource for that patient. It would not necessarily exclude that patient from being listed. We always evaluate, but it has to go into the equation when we're looking at a limited resource.

LATHROP: Does that, does that process you've described, where does an individual with Down syndrome-- and I'm going to play amateur doctor, I think they have a shorter life expectancy than a typical patient. Am I, am I right about that?

JEAN BALLWEG: That is correct.

LATHROP: OK. So does that become a consideration in that process?

JEAN BALLWEG: Not for us. So I do not have the latest life expectancy for Down syndrome. When I was training, it was still patients who were living into their 60s if they had their heart-- for instance, if they have heart disease, that's been palliated. The heart that is transplanted into an infant lasts for about 20 years. The heart that's transplanted into a teenager lasts about 10 to 15 years. So I would fully expect that patient to enjoy the benefits of that procedure, and not, and not die from their potential for limited life expectancy.

LATHROP: OK. So as far as a Down syndrome child, my hypothetical, that-- it would not become a consideration?

JEAN BALLWEG: It would not.

LATHROP: Is there any other characteristic of a child with Down syndrome that would-- for lack of a better way of putting this, get caught up in your criteria?

JEAN BALLWEG: So patients with Down syndrome can have pulmonary hypertension. So pulmonary hypertension can limit our ability to place a heart from a otherwise healthy donor into that body. The right side of the heart has to be able to overcome the pressure in the lungs. And if the lung pressure is exceedingly high and the donor heart has not seen that before and we implant that heart, that heart can fail immediately. And we haven't benefited that patient with Down syndrome that needed the transplant, nor have we honestly honored the family that gave the gift of life. In that situation, those patients can be referred for heart/lung transplant. And in the pediatric world at this time in Nebraska, we do not do heart/lung transplant, but we would refer that patient to a center that could evaluate them for suitability and for potential listing and transplant.

LATHROP: OK. I think that's all the questions I have. Senator DeBoer might have a few more for you.

DeBOER: I'm sorry. I wanted to clarify, since we're all sort of trying to get to the same thing here. When you were talking about the harm that could be done and you said you would be concerned that even if we distilled the bill down to cannot fail to list someone on the list because of a disability-- am I characterizing it correct? You would be concerned about distilling the bill down to cannot fail to list someone based on a disability?

JEAN BALLWEG: Yes, because we already have policies in place that prevent us, should prevent us from discriminating based upon disability, and we've heard from people that support the bill that state that as well.

DeBOER: OK, so, so maybe I've got a couple of different questions then. So if it's already in place and you already do it, what's the harm of codifying it of putting it into law?

JEAN BALLWEG: There may not be harm, I'm not sure that there is a necessity, I guess.

DeBOER: OK. So but-- OK. All right, thank you.

LATHROP: Any other questions for this testifier? I don't see any. Doctor, thanks for coming and sharing your expertise.

JEAN BALLWEG: Thank you.

LATHROP: Next opponent? Good afternoon.

ALAN LANGNAS: Good afternoon. My name is Alan Langnas, L-a-n-g-n-a-s. I'm a transplant surgeon. I am the chief of the transplant program at Nebraska Medicine. I've been there about 30 years and I've been the chief of the program for about over 20 years, losing track of time. But I wanted to start out by thanking all of you, all the senators in the room here, because over the years we've had a wonderful partnership working with the Legislature to help promote and enhance the-- not only the transplant program, but, more importantly, organ donation in the state of Nebraska. The first person in legislation that this body passed a number of years ago that allows people who sign their driver's licenses to automatically become organ donor has helped facilitate the state of Nebraska from becoming one of the worst performing states in terms of organ donation to one of the best. And that obviously leads to many more, many more Nebraskan lives saved. So I just want to acknowledge that important work has been done here in the past. This is a, this is a very difficult issue that we're wrestling with today. The issue of people with disabilities is complex. It's, it's wrought with emotion and it's very, very complicated. I think the messages that we've heard from the two mothers behind me here, I think are compelling. I mean, there is under no circumstances should a child be denied the opportunity for transplantation simply based on a disability they were born with, and that, and that whole arena goes further and further in terms of when we talk about disabilities, we've done about a thousand pediatric transplants over the years at Nebraska Medicine, over 3,000 adult transplants. So I have a pretty good line of sight to this process. And I think the issue that I think that gets us concerned as a medical profession is that when we do codify things like this, there is what I would suggest, unintended consequences of being that prescriptive in the intent. And I think those are issues that I think are really we have to be very, very deliberate about the process that we apply to these thoughts and how we go forward. As was alluded to before, the process selecting people to put on the waiting lists and transplantation is a very complex one. One in which we become partners with the patients and their families, whether they be our children or adults. The people in the room that make these decisions are very thoughtful, very committed to the idea of helping and, and understanding that people are coming to us because they've been told they've a fatal disease, either their child or their parents or their loved ones. And we take our responsibility incredibly seriously. We have not just-- you know, surgeons and internists in a room, but we also have a room filled with social workers, psychologists, psychiatrists. We have an ethicist who attends every one of our meetings to make sure that we don't get off the path, so to speak. Because as alluded to by other people, there are biases and there are issues that people bring up. But our goal is to always understand the critical role that we have in this process, the trust that these patients and their families are giving to us. And the big responsibility we have in doing the right thing. So my red light's on, so I'm happy--

LATHROP: Senator DeBoer.

DeBOER: So I, I take your point, the unintended consequences of the prescriptiveness of this bill. Could you give me an example so that we can sort of elaborate that point on what potentially might be an unintended consequence of prescriptiveness of a bill like this or this bill?

ALAN LANGNAS: So, so I'm not a lawyer, but I think, you know, people who feel wronged typically go, you know, want to sue you. Right? And so then we have to define what is a disability in this thing, in this bill-- excuse me, not a thing, in this bill. And so I think it's, I think it's-- in the bill that I read the language was there was a perceived disability. And so that's to me makes me feel vulnerable in terms of decision making, if that's a legal course. So like I said, I think we've, we've-- I've looked after so many children with so many disabilities, so many adults-- even more-- far more adults with disabilities, whether it's mental health problems, people with bipolar disorders, people who are schizophrenic, substance abuse. We just did a liver and kidney transplant on a guy who was missing a leg. You know, so, so the spectrum is incredibly broad. And so I just think we just have to be really, really careful about legislating and creating a law that, that is-- that has I guess, I guess, what we would all be fearful of is some of the unintended consequences, because as suggested nobody is-- can identify a single case of this happening in the state of Nebraska. And I'm very proud of that. And so I would just, I would just be cautious.

DeBOER: Is there any concern that a bill like this would lead to undue deference to potential recipients who happen to have disabilities, maybe subconsciously or something like that?

ALAN LANGNAS: I don't know. I mean, it's a, it's a-- it's human nature, right? Human nature comes into play in all these things. And those things are oftentimes difficult to track. You know, we are very committed to being as unbiased and as fair as possible in this really difficult decision making at times. But I think, I think people with disabilities-- when we look at people with disabilities, we don't look at those as that's a reason not to transplant somebody. The reason why we want to identify these disabilities is because we want to make sure that we put the systems in place so that disability does not become a barrier to a successful transplant. So do they need more mental health support? Do they need foster child care? Do they need all those sorts of things. Those are the reasons why we, we particularly look at those things very carefully, not as an opportunity to maybe deny somebody a transplant, but rather to identify potential barriers to them being a successful transplant recipient, and then what resources do we need to bring to bear to overcome those barriers so that we can offer that person better health.

DeBOER: What would you say to the mothers who are here concerned, because the-- there are cases in other jurisdictions where this--

ALAN LANGNAS: Yeah, I--

DeBOER: --wasn't done properly.

ALAN LANGNAS: So I, I, I don't know those cases. I can't speak to them. I can't-- you know, for me, it's like-- to me it's antithetical to what I do is that I do for a living. I mean, I-- you know, I did-- we do pediatric transplants. And like, I don't know, I must have-- I'm been involved over a thousand probably pediatric transplants. And we see all kinds of children, some with Down syndrome, some who are blind, some who have severe autism, some who are deaf, some who are wheelchair bound because of the spina bifida. All those children are considered as potential candidates and we don't create barriers to them. I, I think, I think the trouble is just reassuring people and telling them, you know, trust us, I think is sometimes not the best way. And I appreciate-- I'm very sympathetic to that because everybody's looking after their children. And when your child gets sick, you become scared because you want-- you're fearful of all those things. And I'm very sympathetic to that. But I say, but on the other hand, this bill as it exists and as it's been written, even with the amendment, it makes me concerned about the prescriptive nature of it and the potential unintended consequences in, in large part because some of the language that's present in it.

DeBOER: What, what safeguards are in place? So I'm pretty sure you're never gonna to do this, but what safeguards are in place--

ALAN LANGNAS: I hate to say never.

DeBOER: --when the next guy, when the next guy comes, right? So--

ALAN LANGNAS: Yeah, as I, as I move off into the sunset. Thank you.

DeBOER: I mean, sorry to say, but someday.

ALAN LANGNAS: It's OK. Listen, I'm all for it. So-- well, first of all, we are arguably the most heavily regulated field of medicine today. So as a physician before me spoke about UNOS, now UNOS is United Network for Organ Sharing. But it is a HRSA organization, Health and Human Services oversees it. We also have CMS. They do-- both of those agencies both do site visits and audits of everything that we do. So every patient that we put on the list, every patient we take off the list, they review all our policies. They interview patients. They interview our, our staff. So it is a-- there is a very bright light shining on us all the time. And, and because it's a very-- because of the nature of the beast, you know, there's nothing else in medicine like it where you have to count on the kindness and graciousness of other families who donate organs to you. And then you have to be good stewards of those organs and make sure you put them in the people in the fairest possible way. I mean, it's an enormous responsibility that we take very seriously. And I would say as a consequence, the government heavily regulates us. And I mean, those are the best assurances I can give.

LATHROP: So these audits, do they look for a bias in disability?

ALAN LANGNAS: So they look at our policies that exist along the lines of what are our inclusion and exclusion criteria for transplantation. So, so we-- everybody talks about barriers to transplantation. There are medical, psychiatric, substance abuse, as we alluded to genetic disorders that are barriers of transplantation, because whatever those underlying conditions are, they will prevent somebody from being a successful recipient of that organ. So we do have written policies for all those things.

LATHROP: OK. Any other questions? I see none. I appreciate your testimony--

ALAN LANGNAS: Thank you, Senator.

LATHROP: --and your patience.

ALAN LANGNAS: Thank you, Senator.

LATHROP: I know you've been here-- I thought we'd get to this bill a little bit sooner, but some days are like that. So I appreciate you being here and your patience.

ALAN LANGNAS: Thank you.

LATHROP: Anyone else here to speak in opposition? Anyone here to testify in a neutral capacity?

KIM ROBAK: Good afternoon, Senator Lathrop and members of the committee. My name is Kim Robak, K-i-m R-o-b-a-k. I'm here today on behalf of COPIC, a hospital medical liability carrier, in a neutral capacity on this bill. Let me give you a little bit of background, and maybe this would help understand why these bills are coming nationally. The National Council on Disability in September of this last year made a report to the President and it noted that the Americans with Disabilities Act, the ADA and Section 504 of the Rehabilitation Act both provide that organ transplant centers cannot discriminate on the basis of disability throughout the organ transplant process. So it's already federal law. But what they said in their report was specifically that state legislators ought to adopt laws that prohibit disability-based discrimination, even though it's federal law, and they should include complaint procedures with expedited review processes. So if something were to happen and you're in a transplant situation, you want to be able to get an answer quickly if you perceive that there is discrimination. So nine states have already passed these laws. So this is why they're coming. I'm here in a neutral capacity, not because of this particular piece of legislation, but in this recommendation to the President under this report by the ADA and Section 504 of the Rehabilitation Act, it does not make any reference to a private cause of action. It's not suggesting that we create a new private cause of action. And at the end of this bill, the last three paragraphs of the bill creates a new private cause of action. There may already be one under federal law, but this would now created new state law. And as the hospital liability carrier, you're hearing some concerns now that people are going to get sued. So I'd simply point that out to you, that it's not a recommendation at the federal level that we do that. We would suggest that you take that provision out and that there are probably ways to expedite this process and help people figure out how to appeal if they should find that they're in a situation of discrimination. So with that, I'd be happy to answer any questions.

LATHROP: Well, what is the point in setting a standard if you don't have a remedy?

KIM ROBAK: The remedy probably exists already in federal law because federal law already prohibits any discrimination in any transplant setting. It exists in current law today. This is trying to set up a process by which you can get an answer quickly if there is discrimination. So they're setting up a state process to be able to answer that question. Do, do you see what I'm saying?

LATHROP: Oh, yeah.

KIM ROBAK: OK.

LATHROP: No, if, if your best, if your best thing is now you've got to go to the EEOC or something like that and--

KIM ROBAK: No, an expedited process--

LATHROP: --jump through those hoops and-- or file in federal court.

KIM ROBAK: What this law would say is, here's a, here's an expedited process to find a solution quickly. If you are-- and maybe the distinction is the private cause of action appears to be physician related as opposed to a cause of action to get a solution and to get an answer and to determine whether or not there has been discrimination.

LATHROP: If there is a federal cause of action to enforce the prohibition against discrimination, I'd like you to share that with us.

KIM ROBAK: I'm, I'm making that assumption and, and [INAUDIBLE].

LATHROP: I can tell that from your testimony,--

KIM ROBAK: Yeah.

LATHROP: --and I'm not putting you on the spot right now.

KIM ROBAK: Thank you. I, I, I will find out.

LATHROP: But what I would say is,--

KIM ROBAK: Yeah.

LATHROP: --if that is the case then share that with the committee, because I appreciate your-- you're--

KIM ROBAK: [INAUDIBLE].

LATHROP: --giving us some information. And you're saying drop the private cause of action, which I'd expect the malpractice insurance carrier community to say. But if there's a remedy in the federal statute that prohibits that kind of a discrimination, then I think that's good information for this committee.

KIM ROBAK: OK. I'll see if I can get that information--

LATHROP: OK.

KIM ROBAK: --to you, Senator Lathrop. Thank you very much.

LATHROP: Senator Murman, you may-- yeah, I don't see any other questions.

KIM ROBAK: Thank you.

LATHROP: Thanks, Kim. Senator Murman, you may close.

MURMAN: Yeah, I want to thank everybody that came here today to testify. I introduced LB994 to start the conversation on the types of screening and protocols that our transplant facilities in Nebraska are currently using in determining how and when an individual is approved for a transplant, including the diagnosis of a mental or physical disability that would help an individual off that list or from qual-- that would keep an individual off that list or from qualifying. Mental or physical disability does not diminish an individual's worth. I hope that after the hearing, the committee and I can work together with different organizations here to compose a comprehensive bill that would prevent discrimination in organ transplants. And I just want to add that I certainly don't want to create any barriers to our health care facilities here in Nebraska that would discourage them in their lifesaving work. I only want to encourage them. I think it would be a good thing, though, to clarify for the people of Nebraska as to how individuals are identified or rejected for transplants. So thank you very much. Any other questions?

LATHROP: I don't see any. I'm-- I will make this comment. It strikes me after listening to the testimony, I can certainly understand if I were a parent in this situation of the folks that came here that testified in support, and when I listened to the physicians that testified, this is one of those things that, that most Nebraskans aren't exposed to unless you have firsthand experience with it. And there is an appeal to saying we shouldn't deny this opportunity to folks that fall into this category. And I'm hearing the medical professionals say that's not a consideration. But it is also something that's hard for us to have a glimpse into even in a hearing like today. But I think it's a worthy bill, and I appreciate you bringing it before the committee and beginning that conversation.

MURMAN: Yeah, and that's my intention. Thanks.

LATHROP: Yeah. Thanks, Senator Murman. That'll close our hearing on LB994, and our hearings for today. Thanks to everyone that testified.