STINNER: Good afternoon, everyone. Please take your seat and we'll, we'll begin. Welcome to the Appropriations Committee hearing. My name is John Stinner. I'm from Gering and I represent the 48th Legislative District. I serve as Chair of this committee. I'd like to start off by having members do self-introductions, starting with Senator McDonnell.

McDONNELL: Mike McDonnell, Legislative District 5, south Omaha.

STINNER: John Stinner, District 48, all of Scotts Bluff, Banner, and Kimball Counties.

HILKEMANN: Robert Hilkemann, District 4, west Omaha.

VARGAS: Tony Vargas, downtown and south Omaha, District 7.

DORN: Myron Dorn, District 30, which is Gage County and part of Lancaster.

STINNER: Assisting the committee today is Tamara Hunt and actually, to my left will be Liz Hruska. Our page today is Jason Wendling. At each entrance, you'll find the green testifier sheets. If you are planning to testify today, please fill out a sign-in sheet and hand it to the committee clerk when you come up to testify. If you will not be testifying at the microphone but would want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. These sign-in sheets will become exhibits in the permanent record at the end of today's hearings. To better facilitate today's proceedings, I ask that you abide by the following procedures. Please silence or turn off your cell phones. Order of testimony will be introducer, proponents, opponents, neutral, closing. We ask that when you come up to testify, you spell your first and last name for the record before testify-- before you testify. Be concise. It is my request that you limit your testimony to five minutes. Written materials may be distributed to the committee members as exhibits only while testimony is being offered. Hand them to the page for distribution to the committee and staff when you come up to testify. We need 12 copies. If you have written testimony but do not have 12 copies, please raise your hand now so that the page can make copies for you. With that, we'll begin today's hearings with LB996. Good afternoon.

DORN: Good afternoon. Good afternoon, Chairman Stinner and members of Appropriations Committee. I am Myron Dorn, M-y-r-o-n D-o-r-n. I represent District 30, which is all of Gage County and southeastern

Lancaster County. These past two years with the pandemic, we know various industries were hit hard, both financially and with regard to their employees, yet there have been those businesses that have had additional challenges to continue to care for the people in the long-term care living facilities. I would like to introduce LB996 to you. This bill would appropriate $5,462,800 and would appropriate $400 per license bid for Nebraska's 282 assisted living facilities from the federal American Rescue Plan Act, or ARPA. These one-time funds would be used for recruitment and retention incentives for dedicated team members and for supplies and equipment necessary for infection control, such as personal protective equipment and testing supplies. Even though this is a one-time funding, the ability to offer these incentives will make a difference during a time when facilities are experiencing staffing crisis. I would like to thank the employees of assisted living centers and so many others who continue to provide care to those residents in these facilities. I will be followed by other testifiers who can offer specific details on the cost increases experienced by assisted living facilities related to the pandemic. With that, I would be happy to answer any questions you may have.

STINNER: Any questions? And they've got the administration-- half and half through General Funds as far as administering the program?

DORN: I did not--

STINNER: In your fiscal note, it does have I think a split between General and what the--

DORN: And ARPA.

STINNER: Yeah. I believe that's what they put down for administrating the funds, so. Anyhow--

DORN: Yep.

STINNER: --just making note of that so--

DORN: OK.

STINNER: --we have it on the record.

DORN: You bet. Thank you.

STINNER: OK.

DORN: Yep.

STINNER: Good afternoon.

JALENE CARPENTER: Good afternoon, Senator Stinner and members of the Appropriations Committee. My name is Jalene Carpenter, J-a-l-e-n-e C-a-r-p-e-n-t-e-r. I'm the president and CEO of Nebraska Health Care Association. On behalf of our 238 nonprofit and proprietary assisted living community members, I'm here to testify in support of LB996 to appropriate $400 per assisted living licensed bed from the American Rescue Plan Act. We'd like to thank Senator Dorn for lending his support and recognizing the financial and human impact of the COVID-19 pandemic has and continues to have on our state's assisted living facilities. These funds would aid our facilities in providing recruitment and retention bonuses for team members who have been healthcare heroes on the front line. The funds would also help the increased cost necessary to protect the health and safety of our residents. As a congregate living space rather than a healthcare facility, assisted livings were uniquely impacted by COVID-19. Due to the age or the disability of the Nebraskans who reside in assisted living facilities, they're an at-risk population and as such, every effort had to be taken to protect them. When a facility experiences an outbreak-- and just as a reminder, an outbreak is defined as either one positive resident or one positive team member-- a facility experiences a significant increase in their cost. For example, they need to offer hero pay. They have an increase in paper product uses for in-room meals, infection prevention supplies, gowns, gloves, masks, testing, cleaning supplies, and others. I would also like to note that in the last month, Nebraska's long-term care facilities experienced the highest number of outbreaks since the beginning of the pandemic. So while an unpleasant thought, the reality is our assisted living facilities will continue to have outbreaks and continue to need to manage those COVID-19 outbreaks in the future. Following me, you'll hear from providers who have experienced this firsthand. Thank you for your time and I'm happy to answer any questions.

STINNER: Any questions? Senator Erdman.

ERDMAN: Thank you, Senator Stinner. So you said they had the highest number of outbreaks. Are most of these people vaccinated?

JALENE CARPENTER: So yes, I don't have the specifics on the assisted living residents and team members, but yes.

ERDMAN: So they maybe had the booster as well?

JALENE CARPENTER: I'm unaware.

ERDMAN: OK. So have we lost any assisted living facilities since the pandemic started-- that have closed?

JALENE CARPENTER: Yes, we have experienced assisted living closures since the beginning of the pandemic. I can get you specifics on how many.

ERDMAN: OK, thank you.

JALENE CARPENTER: Yep.

STINNER: Additional questions? How many assisted living facilities do we have?

JALENE CARPENTER: There's roughly 280 across the state.

STINNER: OK, and a, and a bed means one-- for an example, if two people are living there, a bed means that that would be two people--

JALENE CARPENTER: Correct.

STINNER: --that we would allocate the funding for?

JALENE CARPENTER: Yes.

STINNER: So each bed.

JALENE CARPENTER: Every bed. Each individual.

STINNER: Just wanted to make sure I understood that. Any additional questions? Seeing none, thank you.

JALENE CARPENTER: Thank you.

TRACY LICHTI: Good afternoon, Senator Stinner--

STINNER: Good afternoon.

TRACY LICHTI: --and members of the Appropriations Committee. My name is Tracy Lichti, T-r-a-c-y L-i-c-h-t-i, and I'm president and CEO of New Cassel Retirement Center in Omaha and I serve as the chair of the Nebraska Assisted Living Association. New Cassel is the largest nonprofit assisted living in Nebraska and has served the community for over 48 years. We serve over 200 residents and currently we could only have about 150 residents. New Cassel employs 120 employees at this time, which is a reduction of about 15 employees. To best serve our residents, we need at least 135 employees. I am here to testify in

support of LB996. LB996 appropriates American Rescue Plan Act funds to Nebraska assisted living providers to recruit and have retention incentives for our team members, plus provide assistance with costs of necessary supplies and equipment. These funds are vital to sustaining the livelihood of New Cassel. These additional one-time funds would allow us to offer hire-on incentives, retention benefits. You know, we're also always looking for creative ways to have opportunities to, to join our team. We're not trying to just stand still in this. We're looking at an opportunity through vocational rehab to successfully join our team for other parties, such as folks that have some disabilities that could still actively work. So we're looking for other opportunities. But with the LB996 approval, we would have resources to cover the costs for initial training and as a part of our overall recruitment strategy, this is something we're looking for. These dollars could make this partnership happen and open the door to many folks to fulfilling and having a fulfilling job or even transferable job skills in the future. New Cassel, it needs an avenue to increase their employment pool. From 2020 to 2022, we've seen an increase in our payroll cost of $775,000 due to overtime and additional costs for recruitment and retention. Plus, we have increased-- experienced an increase of $32,000 in supply costs for PPE or disposable for our meal service from 2020 to 2021. We foresee an increase in all of this still in the year of 2022. So I thank you for your time and consideration for LB996 and I would be happy to answer any questions.

STINNER: Questions? Seeing none, thank you.

TRACY LICHTI: Of course.

STINNER: Afternoon.

JEFF FRITZEN: Good afternoon, Chairman Stinner and members of the Appropriations Committee. My name is Jeff Fritzen, J-e-f-f F-r-i-t-z-e-n. I'm the executive director at Gold Crest Retirement Center and I'm here today as a board member of the Nebraska Health Care Association. Gold Crest Retirement Center is located in Adams, Nebraska, District 30. We operate as both a nursing home and an assisted living nonprofit provider. We have around 95 team members caring for 40 nursing home and 20 assisted living residents. Forty percent of our population is care-- paid for by Medicaid. We were one of the first buildings in the state to experience a COVID outbreak and I can tell you as a building that operates both sides, the COVID impacts operate mostly the same way no matter what-- if you're in assisted living or a nursing home. The PPE requirements are the same.

The isolation procedures are the same, the staffing needs that are affected. Assisted livings are just about the same as far as trying to implement all the infection control procedures. So all those have increased the cost during the pandemic. Some examples is when a resident currently has COVID, the State ICAP team and some of the state experts require us to have them isolated for ten days. That means ten days that staff are wearing gowns, goggles, gloves every time they enter the room. It means bringing food and drinks and all those in containers that are disposable. So a large increase in cost for those ten days for caring for that individual and then also you're testing then staff and other exposure residents that might have been around them for the next seven to ten days. So a lot of things happen in a building when there's a COVID-positive person. Also, though, there's-- also experiencing cost just when there's not an outbreak. So if there's not an outbreak in that facility, you're still having PPE costs, testing requirements for employees that receive the exemption. You have other increased costs as far as cleaning supplies and screening and making sure you have staff to do all those things. So in the end, assisted livings are receiving, receiving a lot of increased cost due to the pandemic. And as they said earlier, I wanted to touch on-- you talked about how COVID outbreaks are at its highest point. We recently had, this week, five residents test positive. All were vaccinated, all were boosted, and they all tested positive this week. So to answer your question, Senator Erdman, in our facility, we just experienced that. So I thank you guys for your time and consideration today. I'd be happy to answer any questions.

STINNER: Senator Erdman.

ERDMAN: Thank you, Senator Stinner. Thank you for the answer to that. So you had-- you have 20 people, 20 residents in the assisted living, correct?

JEFF FRITZEN: Correct.

ERDMAN: And the bill says they're going to get $400 per licensed bed.

JEFF FRITZEN: Right.

ERDMAN: How many beds do you have as a fully-- is it full capacity?

JEFF FRITZEN: We have 35 actual licensed beds.

ERDMAN: So then you get 35 times the $400?

JEFF FRITZEN: Correct.

ERDMAN: About $14,000 or something like that?

JEFF FRITZEN: Yes, yes, 17.5 or somewhere around there.

ERDMAN: OK, thank you.

JEFF FRITZEN: Yep, thank you.

STINNER: Additional questions? Seeing none, thank you.

JEFF FRITZEN: Thank you, guys, for your time.

STINNER: Additional proponents? Any opponents? Anyone in the neutral capacity? Seeing none, would you like to close, Senator? Senator waives his closing. We have 25 letters of support, one in opposition, and that concludes our hearing on LB996. We'll now open with LB1055. Senator McDonnell.

McDONNELL: Thank you, Senator Stinner and members of the Appropriations Committee. My name is Mike McDonnell, M-i-k-e M-c-D-o-n-n-e-l-l. I represent Legislative District 5, south Omaha. I'm here to introduce LB1055. Nebraska nurses have been on the front line since the start of this pandemic and they have played a significant role in fighting COVID-19, but our nurses are exhausted and many are burned out. They're experiencing physical, mental, and emotional stress. The pandemic strained many facilities and were already short staffed prior to COVID-19. Nurses are now considering retire-- retiring early and many are leaving the profession altogether. Nebraska will experience a workforce shortage of 5,435 nurses by the year 2025. The shortage of nurses affects both Nebraska's physical and economic health. The lack of nurses to care for patients impedes the ability of our communities to attract and retain residents and businesses that employ them. It is imperative we act now. We must protect health and safety of our frontline nurses. That is why I'm introducing the frontline nurses premium pay bill. LB1055 will appropriate $50 million from the American Rescue Act plan. It will allow hospitals and federally qualified health centers to award premium pay bonuses to nurses who have been on the front lines during the pandemic. This funding will ensure that our nurses will be adequately compensated for their tireless and courageous work throughout the pandemic. I think we all have had a story about a family member, a neighbor, a friend that has suffered because of the pandemic and I believe all those stories would come back to the care of a nurse in a facility. And prior to the pandemic and the great work that, that the nurses were doing, but also they were getting stretched

thin at that point. With the pandemic, it put them over the top and, and the nurses that are here today are extremely passionate about what they've gone through and we're trying to find a way to say here, we would like to give you some compensation for the courage you showed during the pandemic and thank them for, for all the care they've given to our, our family, friends, and neighbors. I'll take any questions,

STINNER: Any questions? Seeing none, thank you. Good afternoon.

VIRGINIA WOLKING: Good afternoon, Senator Stinner and members of the Appropriations Committee. My name is Virginia Wolking, V-i-r-g-i-n-i-a W-o-l-k-i-n-g, and I am a registered nurse at Children's Hospital and Medical Center and I work on the sixth floor in medical surgical unit. I am here today to, to testify in support of LB1055 on behalf of Children's, the Nebraska Hospital Association, and the Nebraska Chamber of Commerce. Throughout the pandemic, nurses have been asked to shift to widely variable swings in patient volumes and acuity. In the beginning of 2021, we were redeploying staff and asking people to take paid time off because patient volumes were so low. Due to the low volumes and uncertainty of the pediatric healthcare environment, not all vacant positions were refilled. Both of these factors cause economic stress on us nurses. Fast forward a few months to July and August, when Children's patient volumes increased significantly. In places like the emergency department, volumes doubled. Inpatient days were up 20 percent. Now in 2022, patient volumes and acuity remain high and nurses are in high demand not only in Nebraska, but across the world. At Children's, we find ourselves competing for a very small pool of healthcare workers, along with every other hospital who is equally as short staffed. To highlight the significance, Children's has only been able to replace 40 percent of the nursing workforce lost in 2021. And it's not just nurses, it's across all of our services: pharmacy, radiology, environmental services, food services, to name a few. That adds exponentially to the stress because nurses rely so much on these team members to provide excellent care. Nurses are the glue that make sure that no matter what discipline is short, the patient gets what they need. Nurses are making sure that patients are transported to CT or an MRI, the trash gets emptied in the room, the secure entrance of our patient unit is monitored in addition to all of our regular nursing duties. We go above and beyond what is expected and we are trying so hard to provide the best care possible to the kids and their families. When we nurses are stretched so thin and do not have time to ease a parent's fears or make a child laugh, that takes away from the art of nursing and what we enjoy most about our work. Since August, nurses at Children's have been working extra shifts to meet patient demand. We even require our nursing managers

and educators to pick up clinical shifts and yet we are still short. As the safety net provider for all children across the state, we are used to complex care, but the children we are seeing today are sicker than ever before, adding additional pressure. When nurses leave each shift worrying that we didn't do enough for our patients and feeling like we're only able to accomplish the bare minimum. Nurses are people who have chosen patient care as our passion and when we feel like we are not making a difference, it weighs heavily on us. At Children's, we recognize the toll the pandemic has taken on our staff. Being the only freestanding children's hospital in the region, the one-time ARPA funds proposed in LB1055 will greatly assist us in our efforts to retain the highly specialized pediatric nurses so we can continue to improve kids' lives and serve our community. I know I speak for my colleagues across the state when I say thank you for your consideration of retention bonuses for those of us who have served at the bedside for the past two years. I'm happy to take any questions.

STINNER: Questions? How many-- what's the attrition rate and turnover rate for nurses at Children's? Do you have any feel for that?

VIRGINIA WOLKING: I don't have that. I'm happy to follow up with you on that, but I'm curious myself to see how that has changed over the past two years.

STINNER: I think that's an important piece of data. Senator Clements.

CLEMENTS: Thank you, Mr. Chairman. Thank you, Ms. Wolking. Of the-- you said you've only replaced 40 percent of the nurses who were lost. How many were lost due to not being vaccinated?

VIRGINIA WOLKING: I don't know that exact number. And I will, I will say-- I'm speaking only for myself now and not as a proponent of Children's, but I don't know that we have lost any because they have been removed from employment doing-- due to not being vaccinated.

CLEMENTS: OK, thank you.

STINNER: Just one, one other question is are you employing-- is Children's employing a lot of the traveling nurses?

VIRGINIA WOLKING: Yes and it's been necessary because we've lost so many staff members.

STINNER: What do you think, in terms of percentage of your staffing, is made up now of traveling nurses?

VIRGINIA WOLKING: I don't know a percent. The last I've heard as far as the number, I think we had 28 staff nurses. The floor that I work on I know has now five staff nurses-- or five traveling nurses and it's been necessary to keep us going. But I can also say that working with people who-- our travel nurses are competent and skilled, but they're not oriented to our hospital and so that's another source of stress because we're helping them out and, you know, showing them where supplies are and things like that to get them oriented.

STINNER: They're also expensive. Senator Hilkemann.

HILKEMANN: How many of your-- of the people you've lost have gone on to work for these traveling nurses?

VIRGINIA WOLKING: I only speak anecdotally on that. I know of quite a few, but I also know of nurses who were-- like, nearing the end of their career at the beginning of the pandemic and this was sort of, sort of what pushed them over the edge to retire. But that leaves a huge hole for us who are used to learning from incredibly skilled people who have worked at the bedside for sometimes 30 and even 40 years. So we're left with that, with that hole without having that institutional knowledge and skills and experience.

HILKEMANN: All right, thank you.

STINNER: And Senator Erdman brought up the fact that the traveling nurses don't qualify for this, but I just wanted to get a sense of what that extra cost is relative to healthcare, so-- and what the practices now are-- we're more moving more toward traveling nurses. In any event, any additional questions? Seeing none, thank you.

VIRGINIA WOLKING: Thank you.

STINNER: Good afternoon.

LINDA STONES: Good afternoon, Senator Stinner and members of the Appropriations Committee. My name is Linda Stones. I'm a registered nurse. I've been practicing for over 30 years. I'm here today on behalf of the Nebraska Board of Nursing in support of LB1055. The Nebraska Board of Nursing and the Nebraska Center for Nursing closely watch the nursing workforce in Nebraska. During this last renewal period, which was 2021, Nebraska experienced our first decrease in the nursing workforce. This was the first time in 20 years that Nebraska saw a decline and the decline was about 2,600 or 9.5 percent reduction in our workforce. Pre-pandemic, nursing projections indicated that Nebraska would face a nursing shortage of over 5,000 nurses by the

year 2025. We are concerned that the pandemic has only exacerbated this workforce shortage. As we consider the shortage, there are two elements that we want to, want to bring to your attention; one is recruitment and the second is retention. Our nursing colleges really stepped up to the plate and in 2020 were actually educating 79 percent more nurses than they did in 2003. However, we have seen a reduction in enrollment since the pandemic. As a member of the board of nursing, we're concerned about public safety. Not having enough nurses to care for our patients puts patients at risk. A very large study by Dr. Aiken and other researchers documented that a higher nurse-to-patient ratio increases the odds of patients' death and failure to rescue. Based on the Nebraska workforce data published by the Nebraska Center for Nursing between 2018 and 2019 and then 2021, Nebraska lost an average of 1.5 nurses per 1,000 people. From the same 2021 report, 6.9 percent of the RNs and APRNs report being quote very likely, unquote to leave their employment over the next 12 months. Nearly 1,000 nurses between the ages of 24 and 55 reported they were very likely to leave their employment over the next 12 months as well. According to the 2021 RN/APRN renewal survey, we have nine counties in Nebraska that have zero nurses or APRNs working in them. Now LB1055 is a small token of appreciation for the work our frontline staff have done during this horrific time in our country. We know that monetary doesn't always retain nurses, but appreciation is one of the strongest forms of influencers for our employee retention and LB1055 will bring to light the appreciation that Nebraska has for the nurses who have worked during this pandemic. We also hope that LB1055, LB1055 shines a light on the challenges of retaining nurses. We hope that this will open a dialogue to allow nurses to have a voice in the system, rules and regulations, and institutions that create frustration and impede the nurses calling to help others. LB1055 is a stopgap measure to show the nurses they are appreciated. We hope that it will be the thing that keeps them hanging on while we work on some long-term retention strategies. I would like to thank Senator McDonnell for introducing this bill and would like to ask the committee to support LB1055.

STINNER: Thank you.

LINDA STONES: If you have more questions, I'll be glad to answer them.

STINNER: We need you to spell your name.

LINDA STONES: Oh and I even have it written and I didn't. L-i-n-d-a S-t-o-n-e-s.

STINNER: Thank you. Additional questions? Seeing none, thank you.

JOEY LITWINOWICZ: I hope somebody's got search parties out for those. Just a second. We don't need that on yet. Whatever.

STINNER: Good afternoon.

JOEY LITWINOWICZ: Good afternoon. Someone turn that off and then we'll turn it back on, but now I'm ready. No big deal. It's just-- I got to, you know-- OK, so my name-- thank you, Chairman Stinner of Appropriations Committee and committee members. Thank you for-- my name is Joey Litwinowicz, J-o-e-y L-i-t-w-i-n-o-w-i-c-z, and what I would like to say is that I, I support this bill without any doubt, wholeheartedly. I would also-- I don't know if it includes CNAs and health aides because I know a COVID warrior CNA that work-- works on the sixth floor at Bryan. And I just hope that these get equally included because it turns out when, when cares are actually done-- well in a COVID year and I think it's pretty-- probably pretty even. But for example, I think that so you have the frontline warriors that are also CNA home health aides. They come visit people that are at risk. And so the home health agencies, the one I was at recently had to stop taking Medicaid waiver because, you know, provider rates. And so maybe we can approach some-- appropriate some federal funding for this. I don't know how that works, but I was dropped and they said I had 30 days to find a new place. And it's like five minutes if you're thinking about dropping a bunch of people out of one company. And in fact, I had a visit I couldn't fill, only one smaller one for a long time, in fact. And the only reason I really was able to be OK, I think, is because one aide left with me to go to where I went next. She's like my sister, it turned out. And so I had another person that was, you know, was able to-- that had previously given me a lot of cares that was able to reengage. But so we have the frontline CNAs that definitely, from my experience, they do all the cares. You know, home health nurses show up and they have a-- they do great work and sometimes they're needed to do things, but they're stretched thin. So all the cares and all the interactions, I mean, you could say just a-- completely are done, at least in my experience, by the CNAs. And so I just don't want this-- I think everybody should get a part of this money and especially the ones that-- for example, in the home health industry, I think-- you know, I have a lot of hands-on cares with bathing and getting dressed and stuff. And so at the beginning of this, you know, at the beginning of this, you know, it just-- well, I think I'm going to stop and I just-- that's all I-- that's the only point I came to give today. And because, you know, CNA-- you know, these home health agencies are competing with Chipotle and Costco and some of them are going to go out of business. In fact, you know, like 2016 to 2019, for example, there was no increase. And then from

since-- since then, it's been 2 percent and, and you can't renegotiate with the state. So if you've been in business for years, like I know of one place, the lady had to actually shut that company down because she couldn't negotiate and she had been-- she had paid the price because she had been in business too long. And what really pisses me off is that they're not even-- it's not even tied to inflation. These companies are on the verge just like everybody else. And I think, you know, foster kids, developmentally disabled, no, I put them ahead of me, but I really don't want to lay in bed in my own feces for too long. And so I just hope everybody gets a part of something and just really passionate about it and thanks for listening. And if there are any questions, I'll ask-- I'll answer from my point of view.

STINNER: Questions? Seeing none, thank you.

JOEY LITWINOWICZ: All right, thank you.

STINNER: Good afternoon.

KARI WADE: Good afternoon, Mr. Chairman and members of the Appropriations Committee. My name is Dr. Kari Wade, K-a-r-i W-a-d-e, and I am a registered nurse and president of the Nebraska Nurses Association. I'm here today to share the Nebraska Nurses Association's support for LB1055 to appropriate federal ARPA funds to premium pay to frontline nurses. I have been a registered nurse in Nebraska for 22 years. I've never seen a more abrupt and intense shift in a profession than what has occurred over the past two years to nurses. On March 1, 2020, nurses across Nebraska went to work as they have any other day. They wore scrubs, communicated with patients and colleagues with smiles, and felt confident in the work they were doing, as their education was based on science and what was known about caring and treating individuals of all kinds. Just a couple of weeks later, a dramatic shift occurred. COVID-19 had entered Nebraska and a state of emergency was declared on March 13, 2022 [SIC]. Frontline nurses were now required to be fully covered in personal protective equipment known as PPE for the entirety of their shift: a face shield, N95 or equivalent respiratory mask, a disposable long-sleeve gown, gloves, and when caring for a respiratory patient, a powered air-purifying respirator, respirator, which is one of those helmet-looking things with the vacuum hose attached to the waist. I ask that you imagine yourself for a minute showing up to work and now having to do your job covered head to toe in hot, constraining protective attire with fear of knowing you could be infected by a disease at that time, we knew little about and transmit it to your loved ones. While much of the world shut down and transitioned to working remote and avoiding

contact with other people, nurses continued to show up in person, caring for the patient they serve at the bedside. Even with all the fear and unknowns that were among us when the pandemic hit, nurses never missed a beat. This week is the 100th week since the emergency declaration was declared in 2020. That's 704 days. Nurses continue to show up. Our frontline nurses in Nebraska have never had a break in this time. They haven't worked remote. They have shown ceaseless dedication to their profession, their patients, and their community. While the emergency declaration ended July 30, 2021, COVID-19 did not end. Just four weeks ago, hospitalizations for COVID-19 peaked in Nebraska and many hospitals entered practice to crisis standards of care. Nurses are taking on extra shift, shifts, mandated overtime, working shorthanded, and caring for more patients than they can handle. They are exhausted emotionally, mentally, and physically. After 704 days, 100 weeks, it continues. The U.S. Department of Treasury has released the rules governing implementation of the American Rescue Plan Act Coronavirus State and Local Fiscal Recovery Funds. Premium pay for frontline workers is identified as a direct connection to the type of initiative these funds should be considered for. I can't think of a more deserving group to receive premium pay than the frontline nurses of Nebraska for the sacrifices they have made and continue to make for our hospitals and communities over the past two years. LB1055 is the priority bill for the Nebraska Nurses Association this year. Providing premium pay to our frontline workers would provide a much-needed morale boost and sign of appreciation to the dedication and steadfast commitment the Nebraska frontline nurses have made during this pandemic. Thank you for the opportunity to be here and thank you to Senator McDonnell for introducing LB1055. Happy to take any questions.

STINNER: Any questions? Senator Clements.

CLEMENTS: Thank you, Dr. Wade. Do you have a proposal with how much premium pay per nurse you expect?

KARI WADE: From the calculations that I've heard from the Nebraska Hospital Association, they anticipated that if there's approximately 20,000 nurses who were to receive this pay-- that's an estimate-- it would be approximately $2,000 per nurse.

CLEMENTS: And our only registered nurses included in this bill?

KARI WADE: I don't believe it's just registered nurses. I would have to double-check the wording exactly on that.

CLEMENTS: All right. We can find that.

KARI WADE: It said frontline nurses.

CLEMENTS: Thank you.

STINNER: Additional questions? Seeing none, thank you.

ANDREA SKOLKIN: Good afternoon, Chairman Stinner and members of the Appropriations Committee. I am Andrea Skolkin, A-n-d-r-e-a S-k-o-l-k-i-n, and I am the chief executive officer of OneWorld Community Health Centers with our home in south Omaha, but I'm also here on behalf of the seven health centers in Nebraska and the Health Center Association. We serve over 107,000 patients annually in the state of Nebraska and we see patients without regard to their insurance status or ability to pay and we are an integral part of the safety net. In 2020, over 30 percent of Nebraska's uninsured people received care at an FQHC as well as 12 percent of all Medicaid enrollees. LB1055 would create a fund to pay grants toward premium pay for frontline nurses for the federally qualified health centers and hospitals. This bill is crucial to ensure that there is an adequate nursing workforce in Nebraska. There is a shortage of nursing in Nebraska, as you heard. Seventy-three of Nebraska's 93 counties have fewer nurses than the national average. At current rates, it's estimated Nebraska will be short 5,500 nurses by 2025. COVID-19 has made the situation worse, as burnout remains a significant issue, especially in health centers along with the hospitals who have been on the frontline of the pandemic. To date, health centers have provided 64,700 COVID tests and vaccinated 42,875 individuals. Our patient population is predominantly low income, uninsured, or underinsured, often having significant language barriers, making health center patients some of the most difficult people to reach. Our patients also have transportation issues, lower health literacy, less access, access to effective PPE, and work on the front line in essential jobs with more exposure and fewer worker protections. OneWorld has played a critical role in the COVID-19 response, with testing and caring for 10,000 positive COVID patients and implementing door-to-door vaccination in south Omaha. And it's remarkable to us that the zip code in which our home is, that the vaccination rate is one of the highest in this state. It is because of the hard work and perseverance of our exceptional nursing staff that has played a critical role in our ability to respond to the ongoing needs of the pandemic. And I just want to share a brief not-too-in-the-past story. We had a young pregnant mom who was diagnosed with COVID. She was in her 20s and it was her first pregnancy. She called into our triage nurses several

times, each time in worse shape than the last, but still within the normal ranges in oxygen saturation. But three different OneWorld triage nurses worked on her case and followed her care and sent her to the hospital three times due to decreasing oxygen levels. This young man-- mom had an oxygen saturation rate that appeared normal for a nonpregnant adults, but our nurses were very concerned for the baby. She continued to feel short of breath and weak. We continued to work with her and the emergency room where the patient was finally intubated, put in ICU, and the baby was born early, spending time in the NICU. Our nurses were able to recognize the warning signs and advocated for this patient. It can be very hard once a patient has gone home to send them back to the emergency department, but our nurses were able to do this. As you can imagine, this situation was very stressful along with the day-to-day frontline exposure to COVID. We want to make sure that we still have our healthcare workers when the next pandemic or epidemic hits. If too many nurses suffer burnout, we will not have them and we will be much less prepared. The premium pay from LB1055 is important to help retain the crucial safety net workforce. It is also essential to send a message to our frontline nurses who have struggled and risked their exposure while getting us through most of this pandemic. We want to show them appreciation. I'd like to thank Senator McDonnell for introducing this important legislation and encourage the committee to advance this bill and I'm happy to answer questions.

STINNER: Any questions? Seeing none, thank you.

LACIE FERGUSON: Good afternoon--

STINNER: Afternoon.

LACIE FERGUSON: --Senator Steiner-- Stinner, Stinner, excuse me, and the Appropriations Committee. My name is Lacie Ferguson, L-a-c-i-e F-e-r-g-u-s-o-n, and I've been a nurse for five years. Four of those years, I've spent my time on the intensive care unit. I'm here today to speak to you in support of LB1055. The first two years of my ICU career, I could count on two hands the amount of people I coded. When I say coded it's when their heart stops or they stop breathing. We try to restart their heart or supply oxygen to them. On the onset of those codes, they were expected due to the patient's diagnosis or injury. Going to work, I didn't have a looming worry over me of who was going to die today or how short are we working today? But since March of 2020, that has all changed. Within the last two years, I cannot count the number of codes that we've had, often in full-- that, that full protective personal equipment that we've spoken of, and I cannot count

the amount of times we've tried to prevent at all costs of coding that individual because it's been so frequent within our daily work. The time to decompress between codes or a crashing patient just isn't there anymore. We have to declare that that patient has passed, place a heartbreaking phone call to the loved ones, and move on to the next patient that is begging to breathe to do it all over again or if the patient is lucky to avoid a code and become comfort cares and they can spend their last moments of their life seeing their family through a video call as we hold their hand as they die. The level of acuity of these patients that we've cared for the past few years have significantly changed. They may, they may have an active COVID diagnosis or they'll be out of isolation or have a past diagnosis from months before. Regardless of that diagnosis, their care has become more complex in more ways than one. What went from being seven days on a ventilator through an endotracheal tube, which is a hard plastic tube that goes down your airway via your mouth, down to your trachea here, seven days-- that past standard-- you would typically opt into a tracheostomy. That would be a simple procedure for most physicians to a direct airway into their trachea to-- so they could be more comfortable on that ventilator. Now individuals are on that ventilator for up to 50 days with that hard plastic tube due to the high amounts of oxygen that they're requiring. And due to the high amounts of oxygen, we are having to place them in a prone position, which is laying flat on their stomach, face, face is face down, mind you, with several tubes coming out of their body, and as we flip them, trying to not dislodge those tools-- those tubes, bringing in more staff at that time to make this arrangement for this patient so they can ventilate better and exchange oxygen, all that requiring a special set of skills. This all continues when they're out of isolation. So may we-- not be wearing that personal protective equipment anymore, but they still are some of the sickest patients on the floor that are staying with us. Their lungs are completely scarred from the COVID diagnosis and then their lungs begin causing-- their lungs to begin to cause their other organs to fail. We bring in machines to their bedside to act as external organs for these patients to reverse the damage that was caused by COVID-19. Mind you, bringing all these machines in and having that special skill set that we need, staffing has been an issue with the team being sick, overworked, and being pushed thin. It's a constant puzzle making sure that we are putting patients in the correct order to provide safety and adequate staffing for each patient because that's our utmost importance. With this emotional strain of the pandemic, this took me to therapy. The constant conversations with families of we've done everything we can or this is all we can do, followed by the patients' families still not believing that their

loved one had COVID-19 and yelling at you through the phone would lead most people to therapy. Seriously, when you're trying to have the best support, knowing that their loved one's outcome is going to be poor. Flashbacks of being in a room, coding one patient, knowing full well that the patient next door is actively dying. We did what we had to do for our patients and for our community and we will continue to do so. If it wasn't for therapy, I wouldn't be in nursing today because of the toll, as you can see, it has put on me emotionally. But I'm strong in my faith and I believe all things have a purpose and that purpose is for me to be here today to have a voice for myself and for my peers as they-- from beside me. So please listen to our stories and know that this is just a small glimpse into what we live today and what we have lived for the past two years. Others throughout Nebraska on the frontline are living it too, showing up each day to take care of our fellow Nebraskans with compassion and grit. Thank you, Senator McDonnell, for introducing this bill and please have support for LB1055 to keep our nurses going.

STINNER: Thank you.

LACIE FERGUSON: Thank you.

STINNER: Questions? Seeing none, thank you and thank you for what you do.

KAITLIN ROGGE: Good afternoon, Senator Stinner and members of the Appropriations Committee. My name is Kaitlin Rogge, K-a-i-t-l-i-n R-o-g-g-e. I've been a registered nurse for almost five years and I'm here today to speak in support of LB1055. The COVID-19 pandemic has had an incredible impact on the healthcare system and specifically nurses. Today, I want to share my story with you. I remember each person I have lost during my nursing career. As a nurse in the intensive care unit, death is not new to me. However, COVID has amplified this experience for me, surpassing the normal loss an ICU nurse experiences. I have seen many patients lose their lives to COVID and many that have been forever devastated by this disease. Caring for a severely ill COVID patient requires more critical care resources than any other patient I have seen. This creates a long and stressful day for that nurse and a constant fear that something detrimental would happen. This heightened anxiety wears on the nurses caring for these patients. There has never been another respiratory disease that draws out death like this before. It is heartbreaking to watch someone suffer and know that there is nothing we can do to help them. We watch these patients struggle to breathe and slowly waste away. With each loss, it is getting harder to compartmentalize the things that I have

seen. I carry many of these experiences with me and did not realize the emotional aftermath it had on me until I began having trouble sleeping and having anxious episodes nights before I'd have to work the next day. There are moments of the pandemic that will always haunt me. I can close my eyes and I can see a struggle. I can hear his alarm at the nurses station as I rushed to his room. I can hear the helplessness in my voice as I call to help from my coworkers. Every single one of my coworkers knew the gravity of the situation that was unfolding. There was nothing else we could do to save his lungs. The patient had been fighting on our unit for months. Tears trigger and begin to cloud my vision as I accepted what was happening. I felt utterly helpless. My brain was in survival mode and I tried my best to keep it together because I had to. The panic in his eyes is forever ingrained into my memory. Emotions overwhelmed me when the pulmonologist told him he was dying in tears welled in all of our eyes. Losing him was something I was not prepared for, as I felt like I lost a friend. The ICU is eerily quiet the rest of the day and I couldn't look at his room for weeks. However, the support I felt from my coworkers was unmatched. We support one another and pushed on. When my anxiety creeps in, I close my eyes and I focus on my breathing. I often find myself thinking, how am I able to do this? I lean on my coworkers who surprise me with coffee. I lean on my husband for making me dinner after work and understanding my edginess. I lean on my family and friends who check in on me often and I lean on my dogs who greet me after a long day with their unconditional love. I am surrounded by people who love and care for me. As nurses, we try to be strong for others, but there comes a point in time where we cannot. We need to care for ourselves first in order to be able to care for others to the best of our abilities. Nurses are carrying the stress, pain, and weight of COVID in our hearts. It has taken a toll on our minds and many of us are struggling with our mental health. It used to be easier to leave what I saw at work and unwind at home. Now I cannot escape my job and the stress it places on my life. These past two years have been full of change, frustration, unknowns, and death. I have been blessed with a great nursing team and an organization that truly supports me, but there are others who struggle alone. I know that if I have struggled while having a very strong support system backing me, that there is an even greater need for many other nurses in our state who have lesser support. I have seen amazing nurses leave the bedside because of the never-ending stress the pandemic has placed on them. Many nurses are feeling rundown and burnt out. The pandemic stress on nursing is no longer worth it for many and they have found that they can make a better living doing something else that is not as emotionally draining. Without strong support of our nurses, our

patient care will suffer in Nebraska. This bill provides financial support for Nebraska nurses to better care for themselves and help them feel appreciated for their tireless efforts as the pandemic continues. LB1055 will not take away the pain and stress the pandemic has caused. It will not fade the memories of pandemic or slow my anxious mind. It will, however, send a strong message to my nursing colleagues and friends that Nebraska stands behind their nurses, that we are not alone, that our work makes a difference and people care about their caregivers. I want to thank Senator McDonnell for introducing this bill and to ask this committee to support LB1055. Thank you.

STINNER: Thank you. Questions? Seeing none, thank you very much. Afternoon.

JENNIFER FERRIS: Good afternoon. Good afternoon, Senator Stinner and members of the Appropriations Committee. My name is Jennifer Ferris, J-e-n-n-i-f-e-r F-e-r-r-i-s. I'm a registered nurse with 20 years' experience. I have worked in a float pool at my hospital, which means I do not have a home, home unit, but instead I work where there is the greatest need. My first time taking care of a COVID patient was September 11, 2020. I've cared for patients on and off since that time. My colleagues who work in the ICU are seeing patient after patient die. I was thankful I was in the float pool so I did not have to experience death every day I worked. Caring for a body after dying is a different process with COVID. After the body was cleaned and prepared, a rag saturated with Oxycide, a disinfectant, was wrapped around the patient's face and the entire body was placed in a white, big plastic drape and secured with red duct tape, then the body was ready for the mortuary. I am thankful that I never had to do this. When I think to myself about this process and what-- how many of my peers did this day in and day out, I get very nauseated. I want to share the story of a patient I will call Bob. The first time I met Bob, he wasn't my patient, but his nurse was busy so I checked on him. He was on a BiPAP. This is bi-level positive airway pressure support at 100 percent. This is a mask that covers his nose and mouth or could entire-- cover his entire face and push his oxygen into and out of his body. The percentages changed based on the patient's needs. As you would expect 100 percent is max support. Next step would be intubation and ventilator support. With BiPAP, he was not sedated and could communicate effectively with his team, but he could not eat or drink. When his oxygen level was high enough, we would switch him to a device called Airvo, which is a large board nasal cannula providing oxygen and humidity in a heated circuit, which would allow him to eat and drink. The following weekend, I chose to care for him. He was still on

max oxygen support without the ventilator. I got him to a chair. I did a bed bath. I brought him a cola without asking-- without him asking. I told him I had prayed for him. Bob was touched. A couple of weeks later, Bob was out of isolation, but he had moved to our other ICU. This time I found him intubated and sedated. The next day, he was going to have a tracheostomy placed. His daughter was at the bedside and I told her I had taken care of him when he was in isolation and had prayed for him. She stated that he had told her mom about me and they were both touched. Since COVID, I read obituaries and search for-- Google for my patients more frequently than ever before. Bob was one of those patients. When I searched Google, I found his obituary. This made me pause. I wanted to know more, but sometimes you don't know. During the past few years, what really stands out to me is how I've helped patients with their last times; the last time using the restroom, their last fights. When I shut my eyes, I always think of the patient I helped out of the bathroom for the last time. He was standing by the door, hanging in the door frame and grunting. His eyeballs were large. He needed oxygen. He took two or three steps and crumbled to the floor. His eyes reminded me of the scene in the Titanic movie when the ship was going down and the passengers are floating in the water with their big eyes. This is the move-- this is the memory that still haunts me today. This was over one year ago. In late January, I decided to step away from the bedside. I will miss the direct patient care and the relationships I had with my patients. Although I'm not a bedside nurse anymore, I fully support LB1055 and I hope you will too. I'm not alone. There are many more nurses who have stories like mine. Passing LB1055 will be-- send us a message of appreciation, of hope. Thank you, Senator McDonnell, for introducing this bill. Senator Stinner and committee, I ask you to please advance LB1055.

STINNER: Thank you. Additional questions? Yeah, Senator Dorn.

DORN: You said you stepped away from the profession.

JENNIFER FERRIS: Just the bedside. I'm still on the-- I am still working at the organization that I work at, but I just-- an opportunity-- a nurse was retiring and that needed to be filled.

DORN: Well, thank you for what you've done.

JENNIFER FERRIS: Thank you.

NICHOLE HANSON: Good afternoon, Senator Stinner, members of the Appropriations Committee. My name is Nichole Hanson, N-i-c-h-o-l-e

H-a-n-s-o-n, and I'm a registered nurse with almost ten years of experience, all of which have been in the intensive care unit. I'm here today to speak in support of LB1055. Pandemic fatigue among nurses is real and it will be something that will be thought about, talked about, and felt for the rest of our careers. While LB1055 does not take away the strain nurses have felt during the pandemic, it does send a message of support to those showing up each day to provide compassionate care to our patients. I'm thankful for the opportunity to share my story with you today. While working in the ICU during this pandemic, we were introduced to medical treatments and situations that we had to learn and master quickly. Proning patients, turning a patient onto their stomach, required at least three nurses and a respiratory therapist to manage all of the tubes and lines while trying to prevent injury to the patient and staff. Utilizing combinations and sizable amounts of sedation and paralytics that we would have never considered before because the patient's body would decompensate and use more oxygen than it had just by simply being awake. We had to get creative in managing the equipment that we had to access quickly with IV meds, pumps, and ventilator modules outside of the patient rooms. Doing all of this and trying to maintain some sort of dignity for these patients who may have just enough consciousness to know that they were miserable and dying and there was nothing we could do to change any of it. Our staff was running hard. Nearly every shift, providers and nurses had to decide if there was an ICU patient that might be healthy enough to move off the unit, as there was a sicker patient in the hospital needing that ICU bed. There were times as a charge nurse that I had no idea what we were going to do. I had no safe plan for the next patient and how they were going to get the nursing care that they required. I spent a lot of my shift off the unit responding to the rapid response calls and code blues on other floors, which left me not being able to be a resource to my team and assist on my unit, a unit where nurses were running multiple machines on multiple patients, including ventilators, dialysis, ECMO, and numerous critical IV meds. Now I'm going to add a spin to this. If you ask any ICU nurse what-- this is what they live for: the machines, the meds, the beeps, the managing of all the lines, the calls to the doctors, the more IV pumps, the better, running labs and interpreting numbers and the how and the why. We love that. However, we love that as our normal, safe workload. We were adding so much onto our staff that this overwhelming sense of dread would come over you before your shift. Most of this-- most of us have this as a new grad starting out; the unsure, please don't let anybody die today feeling. But now, as expert nurses, that nauseated feeling was back only not because we didn't know what we were doing, but because we were unsure if we could

keep up. The physical and mental demands were profound, a period of nursing that no amount of training can prepare you for and we hope to never work through again. We had hours of mandatory overtime to compensate for our high patient volumes, daily messages from work begging for help, and the anguish it put on you knowing that your team was struggling, but you hesitate to answer because you don't know if you can mentally handle another shift. You don't know if you can mentally handle watching more family members cry through the iPad, telling their loved ones to just hold on and stay strong while holding in the knowledge that they will surely die. You don't know if you can handle putting another tube in another orifice of another patient with the feelings of agony that you're prolonging suffering instead of providing a dignified end to this human's life. You don't know if you'll be able to bury your emotions enough to get through wrapping another deceased human being in a plastic bag and sealing it with tape for the mortuary; red tape for a COVID patient, orange for not COVID. No matter how much death we may be accustomed to as an ICU nurse, nothing, nothing compares to wrapping a human being in a plastic bag. One thing you're sure of, though, is that when you come home after your shift, you will have nothing left to give your family or yourself. We even felt guilty venting to our spouses and family at the end of our shifts, like we usually did before, because of the emotional stress it would put on them. Many sought out professional help for our mental health. Some quit the profession altogether. Our profession became broadcasted throughout the world and we heard everything from the term "heroes" while people cheered and made signs as they entered our buildings to negating our experience as a normal day, as this was just part of our job and if you don't like it, switch jobs. I can tell you this, not one nurse in this profession would call themselves a hero or could have been prepared for the mental and emotional toll this pandemic took on us and all health care professionals, for that matter. This was anything but normal working conditions and we hope to never return to that state in our working lifetime. I will also tell you that nurses don't just switch professions. We take absolute pride in serving this community. Nursing isn't just a job. It's part of who we are. We cannot erase what we've had to see or to endure. It will not roll back time and the virus from our memories. It will, however, show a strong message to me and my nursing colleagues that Nebraska appreciates the role nurses have played in this pandemic. It will be a show of support and encouragement. I would like to thank Senator McDonnell for introducing this bill. Thank you, senators, for listening to my story. Please support LB1055.

STINNER: Thank you. Questions? Seeing none, thank you very much.

NICHOLE HANSON: Thank you.

STINNER: Any additional proponents? Any opponents? Anyone in the neutral capacity? Seeing none, Senator, would you like to close?

McDONNELL: Yeah. Quickly, just to follow up on a couple of questions, Senator Clements was, was talking about the amount of money and that was accurate, most likely to be approximately $2,000. We also put in the bill, though, that it would be a max of $5,000. Also, the idea of a front line, a nurse who has direct contact with the patients so that's also defined in the bill. Now you look at the amount of money we're talking about and it is an ask of $50 million. I don't think it's enough. I don't know if there is enough for what they've, they've done, what they've sacrificed, what they've-- they continue to do. But for us to say, we, we appreciate what you're doing, we respect what you're doing, we're asking you to please continue. Don't change professions. Don't, don't give up. We're here for you. And this is a show of our, our-- us being thankful and it's a, it's a minimal amount of money, but it's us recognizing the sacrifice you've made. Any questions?

STINNER: Very good. Senator Dorn.

DORN: Thank you, Chairman Stinner. Thank you for bringing the bill and stuff, but when you say, when you say front line, do you mean front line in just a hospital or is that other--

McDONNELL: Hospital or federally qualified facility.

DORN: Like a nursing home or is as long--

McDONNELL: If it falls under the--

DORN: --they're a registered nurse or higher, then that's a front-- and they are-- they would have had daily contact with a patient, you're saying?

McDONNELL: Yeah, we defined it in the bill that you have direct contact with the patient. So let's, let's say I'm a, I'm a nurse, but I've moved into the administrative side and I'm not having any kind of contact, direct contact with the patient.

DORN: Then not-- but like at Madonna--

McDONNELL: As long as it's a federally qualified health facility.

DORN: Thank you.

STINNER: Additional questions? Seeing none, thank you, Senator.

McDONNELL: Thank you.

STINNER: We have five letters of support, one in opposition, and that is our hearing for LB1055. We'll now open on LB1066. Senator Hilkemann.

HILKEMANN: I will. OK. I will remind community leaders-- committee members to put on three set of ears for all the members of the committee.

STINNER: Good afternoon, members of the Appropriations Committee. My name is John Stinner. For the record, it's J-o-h-n S-t-i-n-n-e-r and I represent the 48th District, which is all of Scotts Bluff, Banner, and Kimball Counties. LB1066 provides federal funding from the American Rescue Act of 2021 for access to behavioral health acute care beds in rural Nebraska and training and education opportunities for behavioral health workforce in Nebraska. This is a multi-part package. LB1068, referenced to the Health and Human Services Committee, includes some statutory changes to redefine the mission of BHECN to encompass the changes of this overall package. LB1066 includes $5 million appropriated to the Department of Health and Human Services to provide grants up to $250,000 for capital costs related to the expansion of behavioral health acute beds-- acute care beds in rural areas where shortages exist; $28 million is appropriated to the University of Nebraska for BHECN to develop a comprehensive behavioral health internship program, a telehealth-- a telebehavioral health support program, COVID-19 specific behavioral health education and training, and support for provisional licensed behavioral health professions. This is how the breakdown is of that $28 million: $13 million will go to qualified internship programs for behavioral health trainees and supervisors to support successful completion of degree program and licensures; $10 million on a competitive basis will go to behavioral-- telebehavioral health programs designed to provide distance-based behavioral health services and proximal care; $3 million will go to a one-time training and education professional development opportunities related to the COVID-19 emergency for current behavioral health professionals and students to recruit and educate students in behavioral health training programs; and then $2 million will provide aid to support provisional license professionals who need additional

supervision to become fully licensed. So that's kind of a breakdown of how we're going to break out that $28 million. This multi-part, multi-part package stems from a working group comprised of behavioral health experts who gathered last interim to address the urgent and long-term needs of Nebraska behavioral healthcare system. The working group, group concluded that there were numerous needs, but that unless we can address short and long-term workforce issues, there, there are few goals that can be met. Using the federal and state funds in the most fiscally responsible manner, directing it to funds that-- the funds of existing programs with a successful track record will ensure a lasting impact across the state, guided by the recommendations of this group. The workgroup identified four priority areas to focus in on: starting-- number one, starting behavioral health workforce pipeline from high schools, provide proximal education opportunities such as community colleges, state colleges, and university system. Three is to remove barriers for students and provisionally licensed professionals with the use of paid internships and stipends, stipends to fill the gap when they cannot be paid for with services by employer providers, proximal training, and continuing education opportunities. The cumbersome, cumbersome licensing process, process was also identified, but it was something that we did not want to address in this short-term session. The provisions under LB1066 also address option 13 and 14 identified by the Criminal Justice Reinvestment Working Group. Option, option 13 identified the need to increase incentives for students in Nebraska to pursue careers in behavioral health to provide care in designated shortage areas across the state. Option 14 identified the need to increase access to telehealth services for a court, for court-involved individuals. Services can be provided at court locations or other locations in the community under this option, such as critical access hospitals and primary care providers. Dr. Marley Doyle from BHECN is here to go into more depth about the needs identified throughout the working group sessions and thank you and I welcome your questions and I hope I can answer them.

HILKEMANN: Are there any questions for Senator Stinner? OK. Thank you.

STINNER: Thank you.

MARLEY DOYLE: Good afternoon to the members of the Appropriations Committee. For the record, my name is Dr. Marley Doyle, M-a-r-l-e-y D-o-y-l-e. I'm a psychiatrist and the director of the Behavioral Health Education Center of Nebraska, or BHECN. I am not appearing today on behalf of the University of Nebraska System, but as a private citizen in support of LB1066, the proposal to appropriate funds to address the significant behavioral health workforce shortages in the

state of Nebraska. We want to thank Senator Stinner for his work on the interim study, LR143, which led to this bill's introduction today. The COVID-19 pandemic has had a significant impact on people's mental health. According to a survey in October of 2021, nearly 34 percent of Nebraskans endorse anxiety or depressive symptoms. Drug overdose deaths are at an all-time high in Nebraska and schools are reporting significant mental health issues among children and adolescents. There's a dire need for behavioral health professionals in our state if we want to adequately meet the needs of our citizens. For background, BHECN is the state-funded Behavioral Health Workforce Development Center that is housed at the University of Nebraska Medical Center. BHECN's mission is to recruit, train, and retain the behavioral health workforce in order to improve access to behavioral healthcare for all Nebraskans. And we believe that this opportunity is unique in that we can really address this workforce shortage with an infusion to impact and increase the number of providers with one-time funding. LB1066 is split up into three different categories. So the first is the internship program that Senator Stinner mentioned. With this funding, we would be able to provide additional training opportunities in the form of internships and practicums, specifically in rural Nebraska. From our work over the last decade, we know that students tend to practice where they train and currently the majority of the training opportunities in the state are in the Omaha and Lincoln area. So we think that if we are able to provide rural training opportunities, the likelihood that students will practice in those areas is much greater. The second area of funding would go to increase and develop a behavioral health network for telebehavioral health. And what this would do is increase the capacity for behavioral health services all across Nebraska and this would include people that resided in nursing homes and in the most remote areas of the state. With a competitive application process, we would collaborate with stakeholders across the state to develop a telebehavioral health network to ensure access to telebehavioral health services, services for all regions of the state. The third area for the funding would go towards one-time training and educational opportunities to all sectors of the behavioral health workforce that were impacted by the COVID-19 pandemic. This would allow us to work with collaborators, providers, organizations to identify the areas of greatest need and develop training areas and workshops to address this need. We would also be able to provide training opportunities to students in behavioral health programs and provide education to them regarding the COVID-19 pandemic and its mental health impact. With these projects, we would be able to address the significant behavioral health shortage that we have in our state currently. And we think that with this one-time

funding, we would be able to infuse a significant number of providers, which would ensure that we'd have a robust community of behavioral health providers even after the ARPA funding ends. We're grateful to Senator Stinner for his work and dedication to ensuring that all Nebraskans have access to behavioral healthcare and I'm happy to answer any questions and grateful for the time.

HILKEMANN: Thank you. Senator Dorn.

DORN: Thank you, Senator Hilkemann. Thank you for being here.

MARLEY DOYLE: Yeah.

DORN: You mentioned that we're, we're having a critical shortage of, I guess, staff or whatever for this. Is that because of, I guess, not enough students entering this or is it because of the other aspect where we've had such an increase in demand on our mental part?

MARLEY DOYLE: Well, it's, it's both, actually. So we've always had a difficulty with behavioral health workforce shortage. That's nothing new. You know, we don't have enough people and that's particularly bad in rural areas. But with the pandemic, we've seen an increased demand for services so it's just exacerbated the shortage that we already had. But one of the things that we do know, too, is that we, we would love more students to go into behavioral health careers, but currently we don't have enough training spots to keep all the students that we have. So we have far more applicants than we do spots and so we're having to turn away some of our very own because we don't have enough training opportunities for them in our state. So this, this funding would allow us to create more training opportunities to be able to keep more students in the state of Nebraska.

DORN: Thank you.

HILKEMANN: Are there any other questions? Senator Kolterman.

KOLTERMAN: Thank you. Dr. Doyle, thanks for being here. I noticed on the handouts that you passed out that as a comparison, we're a little bit ahead of most other states around us in providing percentage of the need that's being met.

MARLEY DOYLE: In regards to, like, the four-state region?

KOLTERMAN: Yes.

MARLEY DOYLE: That-- um-hum, yep.

KOLTERMAN: And I appreciate the fact that we're ahead of that game, but I'm also concerned that we need to stay ahead of this game and so I, I, I appreciate what I'm hearing today. Have we done any work in the, in the telehealth education arena in the past? And obviously we're doing something right, but there's a big need so can you fill me in a little bit about where the telehealth education is working?

MARLEY DOYLE: Yes. So the statistics that you're referring to, the HRSA data, which looks at the percentage of behavioral health providers that we have to meet the need and Nebraska is at 48 percent. So that is not enough. Obviously, we want it to be 100 percent. That would mean we're fully meeting the need, but compared to the four states in our area, we're way ahead and those states are actually looking at BHECN as a model to try to address their workforce shortages. So we're very proud of that fact. But as-- your question about telehealth, we have a telehealth training module that we update. It's on our website and what-- it's available freely for anybody, but we have an education partnership where all of our students are required to watch that before they graduate, so they at least have an idea of how to implement telehealth into their practice. So that is one thing that we're doing, and we're continuously updating it, trying to put more trainings out. Two of the people that we have working with us at BHECN Panhandle are working on getting their certification in telehealth and then that would allow them to be able to provide trainings and get more people certified. So it's a ripple effect, but that's where we're at right now.

KOLTERMAN: And do people come to you through referrals from family practice doctors or specialists?

MARLEY DOYLE: Well, we don't provide any direct behavioral health services.

KOLTERMAN: You just do the--

MARLEY DOYLE: We do the training, yes.

KOLTERMAN: OK.

MARLEY DOYLE: Um-hum. But we do direct-- we do get questions all the time about where can I go for training? How do I find out about this? We get requests to put on live trainings about telehealth. It's something that is of great interest. We just need more resources dedicated to it because it's a great-- it's not the answer, but it's

part of it and we need to be able to make sure that it's accessible to everyone in the state.

KOLTERMAN: All right. Thank you very much. Thanks for being here.

HILKEMANN: Are there other questions? Thank you, Dr. Doyle.

MARLEY DOYLE: Thank you.

TOM MAGNUSON: Good afternoon, members of the Appropriations Committee. For the record, my name is Dr. Tom Magnuson. That's T-o-m M-a-g-n-u-s-o-n and I am a faculty psychiatrist at UNMC. Today I am appearing, however, as a private citizen in support of LB1066 and not on behalf of the University of Nebraska System. I've been practicing telepsychiatry across the state for nearly 20 years and I'm going to focus my testimony on why using ARPA funds to invest in telebehavioral health services is critical for Nebraska. The quality of behavioral healthcare one receives should not be dictated by geography. In a state as vast as Nebraska this unfortunately is still the case. However, my experience in providing telepsychiatry demonstrates there are ways to provide quality care even in remote regions and that's through telebehavioral health services. As a board-certified geriatric psychiatrist, I currently provide telepsychiatry services to over 120 sites throughout Nebraska, including clinics, hospitals, nursing homes, assisted living facilities, and now since the pandemic began, even in the homes of patients. The state is rapidly graying. However, there are only about 500 geriatric psychiatrists in the entire United States and let alone about five or six in Nebraska. Elderly citizens have the greatest need for psychiatric care and telepsychiatry is a sustainable way to provide this needed level of quality psychiatric services to one of our most vulnerable populations. I've found very few downsides to providing telepsychiatry. I can serve communities that clearly I otherwise would not be able to. Also, we can maintain ongoing care, as there is a much higher compliance rate with treatment because the barriers to getting to appointments have been removed. These barriers exist for patients living hours away from our clinic, as well as patients too frail to come to the clinic who could be living just blocks away. This is why ARPA funding supporting the development of a system of telebehavioral health providers is so important. If we as a state don't invest in this now, we will severely limit the quality of care for mentally ill residents living in Nebraska. This one-time ARPA investment will help build a network within the state that will ensure quality telebehavioral health for all, both now and in the future. Thank you for your time and I'd be happy to answer any questions you may have.

HILKEMANN: Are there-- did you have a question?

DORN: You bet, yeah.

HILKEMANN: Senator Dorn.

DORN: Thank you, Senator Hilkemann. Thank you for being here. When you're, when you're doing this, I call it the outstate telehealth, about how many patients are you seeing per day or what-- what's that like, I guess?

TOM MAGNUSON: We, we probably see somewhere between 500 and 800 visits a year. So about half the time that I am in clinic at UNMC is seeing people throughout the state. So, you know, I see nursing home patients in Mullen. Now, there are more people on my block than live in Mullen, you know? So to be able to provide this level of care, again, it would be hard to get in to see somebody like me if you lived in Manhattan. So to be able to provide care to a place like that is, is pretty incredible. The only way we can do that is through telehealth.

DORN: And I call it the, the "telehealth port." You're able to get connections or most of those rural people are going to get to a spot where they can have a meeting scheduled with you, they can get internet and such?

TOM MAGNUSON: Yeah and I think that the-- you know, there's also, you know, concerns about, you know, making sure that that's up to speed. I know there always are. But yeah, initially we did this through a T1. It was a closed circuit line and it went through as the state telehealth project years ago. And then what has happened with time is the technology has gotten so much better now. We're able to use encrypted software that really just goes out over the internet. So, yeah, we can see instead of having to make even somebody go 12 miles from the nursing home to the local hospital that had the equipment that the state had provided them, we can now just do it right in their facility. So-- and, and the ability to go into somebody's house now, that's really-- that's incredible.

DORN: Amazing. Thank you.

TOM MAGNUSON: Yeah.

HILKEMANN: Senator McDonnell, do you have a question?

McDONNELL: Oh, thank you. Thanks for being here. Senator, Senator Hilkemann, thank you for asking.

HILKEMANN: I thank you for being here, Dr. Magnuson. You know, and I-- as having practiced healthcare for almost 40 years, I can't imagine a better specialty for telehealth than, than psychiatry. And to see where that could be expanded would be really a huge victory for, for mental health and so thank you for being here today and thank you for what you do.

TOM MAGNUSON: Thank you very much.

ANDY HALE: Good afternoon, Vice Chair Hilkemann, members of the Appropriations Committee. My name is Andy Hale, A-n-d-y H-a-l-e, and I am vice president of advocacy for the Nebraska Hospital Association. I'm here representing the NHA and the Nebraska Chamber of Commerce and I'm here to testify in support of LB1066. Behavioral health disorders are a major public health issue and hospitals provide essential behavioral health services to thousands of Nebraskans every day. Nearly one in five Nebraskans have a mental illness. Eighty-eight of Nebraska's 93 counties are designated as a federal mental health professional shortage area. Seventy-eight counties have no practicing psychiatrist. Thirty-two counties lack a behavioral health provider of any kind. If you go 25 miles outside of Omaha and Lincoln, there is a 10,000 to 1 ratio of population and practicing psychiatrists. Compounding this problem is the high percentage of the behavioral health workforce is able to be expected to retire in the coming years. As the doctor before me, the psychiatrist, touched on, telehealth, telehealth provides the opportunity for alternative, effective delivery of care and cost-saving opportunities for plans, providers, and beneficiaries. Considering the shortage of providers throughout the state, telehealth is even more important in assuring timely and effective delivery of health services, particularly in rural areas, especially during the pandemic. According to CMS, the delivery of telehealth services for Medicaid and SCHIP beneficiaries has risen over to 2,500 percent since the start of the pandemic. We are very excited to collaborate with BHECN so our hospitals can use this money and these grants and we're excited to partner with them as they address these important issues. I want to thank Senator Stinner and his staff for introducing this important bill and I ask you to support LB1066.

HILKEMANN: Are there questions for Andy? Seeing none, thank you very much for being here.

ANDY HALE: Thank you, Senator.

ANNETTE DUBAS: Good afternoon, Senator Hilkemann and members of the Appropriations Committee. My name is Annette Dubas, A-n-n-e-t-t-e D-u-b-a-s, and I'm the executive director for the Nebraska Association of Behavioral Health Organizations, otherwise known as NABHO. We represent 52 member organizations that include behavioral health providers, consumers, regional behavioral health authorities, and hospitals across our state and our mission is to build alliances that ensure all Nebraskans have access to mental health and substance use disorder services. Today we are here in strong support of LB1066 and thank Senator Stinner for his steadfast support for behavioral health. This bill attempts to address many of the challenges faced by behavioral health and will improve access to care. And I could just basically say ditto to the previous testifiers because they've really hit on all of the really key components. Workforce is front and center as our members focus on providing the right care at the right time. LB1066 will provide the Behavioral Health Education Center with additional resources to step up their already successful efforts to support our existing workforce and expand opportunities to meet our current and future workforce needs, especially in the rural and frontier areas of our state. This legislation also invests in telehealth, which behavioral health has embraced with full measure. But telehealth also needs a comprehensive and geographically distributed workforce to really be effective and do, do all that it can really do. Addressing the provisional license issue is important as well. Provisional staff require a great deal of supervision to meet full licensure requirements. Fully licensed clinical staff provide this supervision and while these staff members are providing supervision, they are not able to provide clinical services. Currently, there is no revenue support for supervisors or trainees while they're providing treatment. While 88 of Nebraska's 93 counties are still designated mental health professional shortage areas and 23 counties have no behavioral health provider of any kind, with BHECN's efforts, we are tracking in the right direction. We still have a ways to go, but 10-- LB1066 will help us focus our attention on strengthening and growing our workforce. The handouts that I've given you show the trends in workforce and, and an overview of our current workforce and also a handout that shows the different licenses and the description of what each behavioral health license is able to do. Increasing access to acute care beds is also very important. All too often, individuals end up in emergency rooms or jail because there simply are not enough acute care beds that can safely and respectfully care for individuals experiencing mental health crises. Law enforcement in rural and frontier areas often have to drive for hours trying to find appropriate care for these individuals. These

individuals are not criminals, but far too often, this is the only option available to them. Senator Stinner, NABHO sincerely thanks you for your steadfast support for those who provide and receive behavioral healthcare. You have stood strong for the most vulnerable populations and we again thank you for your leadership and thank you for LB1066. We would encourage the committee to support your efforts as well. I'd be happy to answer any questions if I can.

HILKEMANN: Thank you. Does anybody have any questions for Ms. Dubas? Welcome back, Senator Clements. Thank you very much.

ANNETTE DUBAS: Thank you.

HILKEMANN: Next proponent.

SHAWN CURTIS: Good afternoon, senators. Appreciate this opportunity. My name is Dr. Shawn Curtis, S-h-a-w-n C-u-r-t-i-s. I'm from Lincoln and I come before you as a licensed psychologist and a member of the Nebraska Psychological Association legislative committee in support of Senator Stinner's bill, LB1066. I'm also honored to be employed as a neuropsychologist at Madonna Rehabilitation Hospital in Lincoln, but I'm not from here. I didn't grow up in Nebraska and have no family from here and beyond my wife and son, I have no other family that lives here. Went-- I didn't even attend UNL here. So what did bring me to Nebraska in 2016, though, was to complete my rigorous and expensive journey to becoming a practicing psychologist with an opportunity to complete a clinical internship at an accredited program that offered specialized training in neurodevelopmental assessment. I found a diamond that was completely overlooked and not even considered by the vast majority of others seeking the same thing I was at the time. I mean no disrespect. This is my home too, but what I found was that this was because it was Nebraska. It's a giant unknown for much of the rest of the country and when viewed solely through the lens of a prospective applicant comparing it to other places, it offered less perks, less money, and had the appearance of less options. I applied and interviewed at 20 locations that literally crisscrossed the nation, and completed-- and competed with talented entrants from all over on coveted spots in Arizona, New York, California, Texas, Kansas, and Florida. I could have literally gone anywhere, but I selected Nebraska because I took a chance on an interview that many overlooked. I was blown away by the professionals I met. I recognized the hidden opportunities that unless you applied and were granted an interview, would not have known existed, opportunities that in many ways were unique and unlike anything I could have seen elsewhere. The Nebraska Internship Consortium of Professional Psychology is one of three

accredited programs in the state. But just looking at the American Psychological Association website, a prospective applicant may easily overlook the variety and quality of training Nebraska has to offer, especially when factors like stipend, location, and benefits are also considered. This leads many to simply pass us by. While my placement was primarily in Beatrice, I also did a lot of work in Lincoln and had the opportunity to travel and help folks in rural communities who did not have routine access to services. In more than one case, I saw patients who had existing mental health diagnoses that were up to 20 years out of date, were misdiagnosed, or their course of illness had changed and had not been formally reassessed by a psychologist in all that time. This had a major impact on course of treatment and medication management by their primary care physician, who, despite their own, own extensive training, typically do not have an equivalent level of education and clinical understanding specific to the nuance of complex psychological diagnosis. From my internship year and for the three years following me, I'm the only one from my internship placement who stayed in Nebraska. I understand that this is not the experience of all internships in Nebraska. However, when asked, each of my colleagues cited income, more job opportunities, and a desire to live in an area with more stabilized funding for services. This bill would undoubtedly help to provide necessary funding to make us more competitive in not only attracting interns to come here, but incentivizing them to stay, and shows that Nebraska is proactive and serious about providing care for its citizens. What keeps me in Nebraska is the quality of life for my family and opportunity to work for a truly world-leading facility in neurorehabilitation where I collaborate treat traumatic brain injury, stroke, a wide array of complex and traumatic injury, and neurological diseases, including long-haul complications with COVID-19, which this bill also helps to address. But outside of the immediate region, no one knows what we have to offer here and frankly, we need to expand and continue to build a strong mental health program that is supported by our Legislature. My peers and former colleagues in Washington state think I'm crazy for wanting to stay here. And when we look across the nation at the opportunities that are afforded not only to someone like me with my education and experience, but also to those up-and-coming interns as well, it's easy to see why they might say that. Those same attractions to go other places are also pulling away our homegrown talent. The University of Nebraska is the only game in town for an APA-accredited doctoral program and while it offers an exceptional education, it is not enough to rely on the old axiom that if they're from here, they're going to stay here because if the opportunities are

greater elsewhere, they will likely leave. Thank you so much for your time.

HILKEMANN: Anybody have any questions for Dr. Curtis?

DORN: Yeah.

HILKEMANN: Yes, Senator Dorn.

DORN: Thank you, Senator Hilkemann. Some of your colleagues there that went to other areas cited a more stabilized funding for services. So what exactly do you mean by that? Don't-- I mean--

SHAWN CURTIS: Sure.

DORN: --our-- the income here wasn't enough or what-- yeah.

SHAWN CURTIS: It was a couple of different reasons. The leading issue that I saw was my internship site was through the Department Health and Human Services as part of the consortium. And at that time, our district-- our, our section was undergoing a lot of revision and we lost a lot of funding for developmental disability, intellectual disability, neurodevelopmental cases and quite honestly, there was concern that there weren't going to be jobs so folks left.

DORN: Were you-- were they-- some of them talking funding from, I call it, the state of Nebraska then or the Legislature or, or is it-- or don't know.

SHAWN CURTIS: That's a fantastic question, Senator. I'm not sure where the funding source changed, but it changed dramatically during my internship year.

DORN: Thank you.

SHAWN CURTIS: Yeah.

HILKEMANN: Are there additional questions? Thank you for coming, Dr. Curtis.

SHAWN CURTIS: Thank you so much.

HILKEMANN: Additional--

SHAWN CURTIS: I'm sorry. There is a letter of support as well.

HILKEMANN: OK, thank you. Are there additional proponents for LB1066?

KORBY GILBERTSON: Good afternoon, Vice Chair Hilkemann, members of the committee. For the record, my name is Korby Gilbertson. It's spelled K-o-r-b-y G-i-l-b-e-r-t-s-o-n. I'm appearing today on behalf of myself in support of LB1066. I know. That's shocking, isn't it? I first and-- I'm handing out a copy of a letter from Dr. Jones Hazledine, who is from Rushville and had planned on being here today and the weather kept her from traveling. So she-- I told her that I would give all of you a copy, copy of the letter. Dr. Jones Hazledine was member of the, the working group that discussed this issue over the interim and I want to back up a little bit and thank Senator Stinner for bringing everyone together. And I approached Senator Stinner last spring with the crazy idea that there had to be a way we could do something with behavioral health. And I knew that it was one of his passions and it is for me as well in my private life. And I had done some research and found over 90 pages of existing statutes regarding behavioral health services for the state of Nebraska and found that I don't think a lot of what was in the statute was actually taking place. We got together and he pulled together a group of amazing professionals and all of them checked their allegiances at the door so that we could really get down to trying to find issues that were facing Nebraska, not just in rural areas, but across the state. Because we talk a lot about the fact that we have issues out in rural Nebraska, but we have three-month waiting periods for children to get care in Lincoln right now. So the, the need is everywhere and is really something that needs to be addressed now and the ARPA funds give us a one-time opportunity to do that. The biggest goal of why I went to Senator Stinner and talked to him was we needed to find a way to have a program that wouldn't create winners and losers, that didn't just benefit one provider. I did not tell any of our-- my clients that have interest in this that I was even working on it. And you can imagine the few phone calls I got and had-- and have maintained that after doing this for 30 years, I deserve to have one time where I work on something that I believe in and am not just up here carrying water for someone. But this plan-- and if you look at all three pieces of legislation, working in, in coordination with each other is a way that we can really make a lasting impact on behavioral health in Nebraska. And by taking the money and putting it through BHECN, we are doing it in a fiscally responsible way. We are putting the money where they already have existing policies, procedures, and programs. We do not have to recreate the wheel. They have successful programs. They have increased access or increased the number of providers in the state by 38 percent in the last decade. As you heard earlier, that's better than any of our surrounding, any of our surrounding states. So it didn't make sense to send the money to HHS and say, hey, go create all of these

new programs because they would be behind by months, if not years, in just getting that done, where this addresses the immediate needs and also provides a foundation for future. I wanted to talk about a couple other things that Senator Stinner mentioned in his opening. Number one, this also can address some associated needs that were identified by the Criminal Justice, Criminal Justice Reinvestment Working Group. They identified three things regarding behavioral health and I'll tell you that in their research when they interviewed law enforcement, law enforcement's number one concern with criminal justice wasn't anything in the actual criminal justice process. It was the problem with behavioral health we have in this state. So there are three things and we're-- we were not working together over the interim, but three things about incentivizing people to work-- enter that workforce, provide proximate access to care through telehealth, providing services out either in courthouses or hospitals or primary care providers, and then third, to educate those in the judicial and justice systems regarding brain development to help address the issue with children in the pipeline to prison. And the only way we can stop that is by providing timely behavioral healthcare. So I will stop there and be happy to answer any questions if I can.

HILKEMANN: Thank you. Any questions you got at this point? Seeing none, thank you for your testimony.

KORBY GILBERTSON: Thank you.

HILKEMANN: Other proponents for LB1066? Are there any opponents for LB1066? Is there anyone to testify in the neutral position on LB1066? Seeing none, Senator Stinner, you're welcome to close.

STINNER: Thank you. Korby did a good job actually summing up a lot of the areas that I was going to talk about, but that's great. She did a whole lot better job than I do-- did, but just to get on the record on a few things, I think on the acute bed issue, you saw $250,000. That is a quoted amount by the hospital association as it relates to funding an acute bed, acute bed meaning somebody is having big-time problems, comes in through the emergency ward, they, they need, you know, care right away and it's-- depending on how severe it is, which generally these are severe cases, they end up in what they call acute beds. So this provides 20 more. We got 16 in Regional West. They're 100 percent occupied unless they don't have the workforce to staff those beds. I talked to North Platte, the same, same issue. So these beds are full in rural, rural Nebraska, not enough beds. Interestingly, that's the least profitable part of the hospital. So they do-- that's why it's in here. They do have to have somebody

actually coming in. And I, I will tell you, probably my hospital in western Nebraska will take up most of those. So there is a huge demand there. CJI was a new thing that kind of came out of those reports and we put it in here. That needs to be developed. BHECN, what a gem we found there, the work that they're doing right now. However, we had to expand what they're doing and that means a statutorial change and that's why it's over in HHS. So some of my pursuits since I've been here, I think-- Senator Kolterman, you came in with me and it's been a concern. It's time. You know, we've got two slots at our hospital for, for a psychiatrist and it's a revolving door. A lot of times, they're, they're vacant. You can't find it. So the telehealth piece hopefully will provide some access to that. So with that, I'll conclude and ask if there's any questions.

HILKEMANN: Any additional questions of, of our Chairman? Thank you, Senator Stinner, and I think you're next.

STINNER: I am.

HILKEMANN: And I'll close this-- we do have-- we're sharing a little list here. We do have some-- I will get that and we'll announce that the next--that will close the hearing on-- oh, here it is. On LB1066, we had 15 letters of proponents, no opponents on that and that will close the hearing on LB1066 and we will now have the opening of LB1089. Senator Stinner, you may begin.

STINNER: Good afternoon, members of the Appropriations Committee. For the record, my name is John, J-o-h-n, Stinner, S-t-i-n-n-e-r, and I represent the 48th District, which is all of Scotts Bluff, Banner, and Kimball Counties. LB1089 appropriates $60 million in ARPA funds to the Department of Health and Human Services to provide supplemental incentive payments for direct care staff employed at licensed and Medicaid-certified nursing facilities. Under the bill, $45 million is divided proportionally by Medicaid-certified, by Medicaid-certified beds, $15 million is divided equally among facilities, with the top 25 percent of bed days paid by Medicaid in 2021-2022. So we're kind of sorting out that-- the ones that need it the most that have the most Medicaid bed days are ones that are going to get a little bit more of the funding. The funds shall be used to provide supplemental incentive pay payments for direct care staff to enhance recruitment and retention. Intent language is also to include that supplemental payments be expended during '22-23, '23-24, and '24-25. It's been brought to my attention that there are a few technical changes that will need to be made to LB1089 to remain compliant with the coronavirus and local-- Coronavirus State and Local Fiscal Recovery

Funds program. The Treasury Department guidance on the use of these funds states that funds may not be used as a nonfederal share for purpose of state Medicaid and CHIP programs. This would be a state-only program for payments to nursing facilities. Since it's assumed that the payments would be made in equal amounts over the three-year fiscal period specified in the bill, there will be administrative costs to process the payments and monitor the use of funds in compliance with the provisions of ARPA. The estimated cost is $75,000, assuming the restrictions only applies to FMAP and not the administrative match. The administrative costs will be paid 50 percent from General Funds and 50 from federal. Since the program number identified in the bill is a state-only program, a new budget program number will be needed to separate these funds from Medicaid funds. To prevent unintended impacts on Medicaid payments, the term "supplemental incentive payment" needs to be changed to provide a relief program. I am happy to work with the committee to, to assess some of these needed changes. Thank you and I will welcome any questions and I will tell you that HHS came to me and actually gave me these changes so they have looked at this. These are needed changes in order to make sure it's in compliance and we don't stub our toe with, with CMS and some of their language. So it's technical in nature and obviously you're going to have to have administrative costs associated with that. That's the $75,000. So with that, I'll take any questions.

HILKEMANN: Are there-- Senator Clements.

CLEMENTS: Thank you, Senator Hilkemann. Thank you, Senator Stinner. This payment to the 25 percent of top bed days, is that the number of beds or is it the percentage of Medicaid beds you had in a facility?

STINNER: It is the percentage-- well, the percentage of Medicaid beds is the way I would like to see it done. Now, if, if it reads a little bit different than that, then I'm going to have to probably change it. But that's my understanding is somebody that had 80 percent Medicaid, they, they really need a little extra lift.

CLEMENTS: Yeah, I'm hoping that that's what you mean by this.

STINNER: That, that was the intent of it anyway.

CLEMENTS: Thank you.

STINNER: I hope it reads that way.

CLEMENTS: Let's see.

HILKEMANN: Are there any additional questions? OK. Thank you, Senator Stinner. Are there-- our first proponent for LB1089.

JALENE CARPENTER: Good afternoon, Senator Hikemann, members of the Appropriations Committee. My name is Jalene Carpenter, J-a-l-e-n-e C-a-r-p-e-n-t-e-r, and I'm the president and CEO of Nebraska Health Care Association. On behalf of our 190 nonprofit proprietary nursing facility members, I'm here to testify in support of LB1089 to appropriate $60 million in a one-time funding from the American Rescue Plan Act for the recruitment and retention pay for nursing facility staff. We'd like to thank Senator Stinner for his steadfast support of long-term care providers and the Nebraskans that they serve. The COVID-19 pandemic continues to have an incredible impact on our state's skilled nursing facilities who care for our most vulnerable populations. During the pandemic, nursing facilities have experienced significant cost increases, with their greatest being the cost of workforce and wage inflation. Team members working on the front lines in Nebraska nursing facilities are healthcare heroes. Even as the pandemic approaches the two-year mark, these direct care team members continue to address facility outbreaks, putting themselves and their families at risk to care for Nebraska's elderly. To remain competitive in the workforce marketplace, these facilities must continue to offer hero pay to-- in order to recruit and retain dedicated team members who will again continue to care for Nebraskans during this difficult time. As stated earlier, in the last month, more long-term care facilities have experienced COVID-19 outbreaks, more than at any time in the pandemic, and all through this time, their costs continue to rise. These one-time American Rescue Plan Act funds will be used to pay recruitment and retention bonuses for direct care team members. This includes all team members; housekeeping, laundry, dietary, CNAs, medication aides, nurses, all of those who provide direct care for our residents. Forty-five million of this three-year funding be awarded proportionately to all Medicare and Medicaid nursing facilities and the remaining $15 million would be directed to those facilities caring for the highest percentage of Medicaid residents. Following me, you will hear from providers who have experienced this firsthand. I'd like to also note the Nebraska Chamber has come in support of this bill as well. Again, we thank Senator Stinner and his continued dedication for this issue. I appreciate your time and happy to answer any questions.

HILKEMANN: Any questions for Ms. Carpenter? Seeing none, thank you--

JALENE CARPENTER: Thank you.

HILKEMANN: --for you being here today.

KARI WOCKENFUSS: Good afternoon. Members of the Appropriations Committee, my name is Kari Wockenfuss, K-a-r-i W-o-c-k-e-n-f-u-s-s, and I am the administrator of the Louisville Care Center and also chair of the Nebraska Nursing Facility Association and I'm here to support our-- LB1089. LB1089 appropriates the ARPA funds to Nebraska's nursing facility providers to help provide, provide recruitment and retention incentives for current and future team members. Louisville Care Center is a 61-bed skilled nursing facility with an attached 26-bed assisted living facility. We are a not-for-profit government-- city-owned facility and we are located in Louisville, which is only 15 miles south of Omaha. One would think that being only 15 miles from Omaha that it would be easier to recruit quality, quality nursing staff. However, it is quite the opposite. We have been advertising for a full year for a night nurse, which ours retired in September after 28 years of service, and we have also been advertising weekly for the last two years for full-time, part-time. LPN/RNs and-- for all shifts and also certified nurse aides and medication aids. We only have three of our own professional nurses at this time on staff and they are working double shifts and overtime to meet the staffing needs that we have. Unfortunately, we've lost six nurses in the last year who have went to hospitals and also to other staffing agencies where they were able to get more pay and also generous hire-on bonuses. To assist in meeting our staffing needs, we've had no choice but to hire traveling or agency nursing, but that costs us double or sometimes triple the cost to cover our needs. Last year, our little facility spent almost $600,000 on agency and staffing nursing and they did not do the same investment in caring for our elders as our facility team members. Agency and traveling staff are challenging in many ways to work with. They are allowed to pick and choose their schedules, resulting in many agency staff electing not to work weekends or holidays. The cost to fill these positions for our facility is making a catastrophic impact. Financially, we are at the mercy of staffing and travel agencies, resulting in a monthly deficit on the overall, overall operations of our facility. If ARPA funds were granted, we would utilize the funds for recruitment and retention for staff in the following ways: first, we would do pick-up bonuses, which we could pay staff extra money to pick up additional shifts; retention bonuses, which would pay according to the years that they have served us; and hire-on bonuses to help recruit potential staff. We would-- could also pay for certified nurse aide classes and we could offer scholarships for RN and LPN students that love long-term care. And we could also pay for our professional nurses' CEUs and also maybe possibly their license for every two years. We are not supplemented any-- by any form from the city of Louisville. The funding from LB1089 is necessary for the

direct care staff needed to provide care for the most vulnerable Nebraskans. Who will care for the elderly if we cannot? I would thank you-- like to thank you for your time and your consideration for LB1089. Can I answer any questions?

HILKEMANN: Senator Dorn.

DORN: Thank you, Chair-- Senator Hilkemann. Thank you for being here. This is for Medicaid nursing homes. Are all of the nursing homes in the state Medicaid or are there some that are not?

KARI WOCKENFUSS: I, I think that there are some that are not, but I would have to ask Nebraska Health Care for sure. We run about-- anywhere from 65 to 75 percent Medicaid on a normal basis.

DORN: Wow.

HILKEMANN: Additional questions?

CLEMENTS: Yes.

HILKEMANN: Yes, Senator Clements.

CLEMENTS: Thank you, Kari. Appreciate the work you do for my district. And I was going to also ask about the Medicaid percentage. Has that increased over the last couple of years?

KARI WOCKENFUSS: We-- about the same as what we were two years ago.

CLEMENTS: And with COVID, have you had more empty beds than you had before?

KARI WOCKENFUSS: Yes, we are probably at the lowest census today than we have had ever in the history of Louisville.

CLEMENTS: And that's also a factor.

KARI WOCKENFUSS: Yep.

CLEMENTS: If you, if you fill more beds, are you able to staff for them?

KARI WOCKENFUSS: Through-- we would have to. I mean, but yeah, right now, we could probably bring on probably-- dependent upon care level, some more residents with the staffing that we're running.

CLEMENTS: All right. Thank you.

HILKEMANN: Any additional questions? I have a question. I was just thinking about it there. If we-- when we bring these on and we're, we're bringing it on for all the care centers would be able to take advantage of that.

KARI WOCKENFUSS: Right.

HILKEMANN: How is that going to help you at Louisville when you have everybody else having the exact same-- is that-- do you think we're going to bring different people into the pool--

KARI WOCKENFUSS: I do.

HILKEMANN: --or are we just going to have a transfer?

KARI WOCKENFUSS: No, I think that that would bring other people that have been-- that would like to come to long-term care instead of maybe the hospital. Some of my nurses, they didn't want to leave, but the money was there. They loved long-term care. It could bring some of those people back to us.

HILKEMANN: And you said 75 percent Medicaid at the-- at your center.

KARI WOCKENFUSS: Um-hum. Yep.

HILKEMANN: OK. Any additional questions? Thank you much for being here.

KARI WOCKENFUSS: Thank you for your time.

LOIS JORDAN: Good afternoon, Chairperson Stinner, Hilkemann, and members of the Appropriations Committee. My name is Lois Jordan, L-o-i-s J-o-r-d-a-n. I'm a registered nurse and president and CEO of Midwest Geriatrics, which operates Florence Home Healthcare Center, Royale Oaks Assisted Living, House of Hope Assisted Living and Memory Care in Omaha. We are a member of LeadingAge Nebraska, and I serve on the LeadingAge Nebraska executive committee. Thank you for the opportunity to test on behalf of LB1089-- testify. Florence Home Healthcare Center is a mission-driven organization that provides skilled nursing services for 95 to 100 seniors in Nebraska, and more than 85 percent of those individuals are eligible for Medicaid. We are one of the Nebraska facilities in the top 25 percent of bed days paid by Medicaid. In the past two years, we have seen unprecedented staffing shortages in long-term care. Our turnover rate among direct care staff is, on average, 48 percent a year. We currently have 83 employees that are employed in a direct care capacity at Florence Home

Healthcare Center, our nursing home. In addition to the employees of Florence Home, we're averaging 53 temporary workers to fill those open positions and that's per week. The cost of these temporary workers is substantially higher for our facility than what we're paying our own employees, which leads to significant morale problems, continuity of care issues, and certainly financial strain. As we incur the high cost of temporary staffing, there's little left at the end of the day to provide additional yet much-deserved compensation to our existing employees. The funds provided under this bill would allow us to provide additional compensation through recruitment and retention incentives for our staff that have been faithfully dedicated to serving our residents. Having our own direct caregivers on a consistent basis enhances the quality of care our residents receive. Our residents want and need consistent caregivers to depend on. We want to be able to recognize the outstanding work that's being done by our employees who have continued to provide care throughout this pandemic. Funding through LB1089 for direct caregivers will be sincerely appreciated by these hardworking individuals. I'll answer any questions.

HILKEMANN: Are there questions for Ms. Jordan? One of the-- it's always seemed to me like you, you pay a, a large premium for the traveling nurses out of there. Why do we not increase the, the, the rate of pay to your full-time staff at a level that you can retain them rather than having to pay this much higher fee for the traveling staff?

LOIS JORDAN: Anytime any facility has to use temporary staffing, it's at the hope that it's very short term because the rates that we have to pay for that temporary staff is not sustainable. We aren't reimbursed to be able to pay those rates long term. And so it is our hope that it's only for a short period. Now factoring in second year of COVID and no end in sight for the-- to fill these openings, that temporary use of temporary staffing isn't so temporary anymore.

HILKEMANN: Is it the new norm?

LOIS JORDAN: If it is, then there will be much fewer nursing homes in business because we can't afford to continue to pay those rates unless reimbursement changes. So I hope it's-- I, I recognize and, and as a registered nurse, I too believe that I'd love to be able to compensate our staff at that rate. I really would. They work very, very hard. They've earned it, but we simply don't have a way to pay that continuously like this. And when we don't have the staff to be able to provide the care, we can't admit residents. If we don't admit, we

don't have an income. And so it just perpetuates the issue and the problem. So--

HILKEMANN: And what percentage of your patients are Medicaid?

LOIS JORDAN: 80 to 85 percent of our folks are Medicaid.

HILKEMANN: OK. Thank you. Any additional questions? Thank you for being here, Ms. Jordan.

LOIS JORDAN: Thank you.

HILKEMANN: The next proponent. Seeing none, are there any opponents for LB1089? Is there anyone that would like to testify in the neutral capacity on LB1089? Seeing none, Chairman Stinner waives closing. We have 26 letters of support for LB1089. There's one letter in opposition. And with that, this will close the hearing on LB1089. And we will begin the hearing on LB1269.

VARGAS: Next one. It's Murman.

STINNER: I think LB1269 is the next one. Just a second here, I'm confused. What are we doing? What are we doing? This says LB1269. Do we got LB1269?

McDONNELL: Are you LB1269?

MURMAN: Yeah.

McDONNELL: That's what we're doing.

STINNER: All right. Senator, sorry, I was just--

MURMAN: No problem.

STINNER: --needed clarification. Thank you.

MURMAN: Good afternoon, Chairman Stinner and members of the Appropriations Committee. For the record, my name is Dave Murman. That's spelled D-a-v-e M-u-r-m-a-n and I represent the counties of Clay, Nuckolls, Webster, Franklin, Harlan, Furnas, Red Willow, and part of Phelps County. I'm here today to introduce LB1269. The intent of this bill is to appropriate $10 million to the Department of Health and Human Services from funds, funds allocated pursuant to the American Rescue Plan Act for fiscal year '22-23 for the repayment of qualified educational debts owed by eligible health professionals under the Rural Health Systems and Professional Incentive Act. This is

not a new program or ask, rather it is an effective existing program that can easily be bolstered by ARPA funds. The act contains the governing statutes for the rural health professional student loan repayment program housed at DHHS. Basically, the program provides funds for student loan repayment to health professionals who go and practice in rural health shortage areas. There is a practice commitment of three or four years for these professionals. If they break this commitment, they are required to pay back the funds they borrowed. The program is open to physicians, physician's assistants, nurse practitioners, dentists, pharmacists, occupational therapists, physical therapists, psychologists, and other mental health professionals. And it has been very successful in meeting rural healthcare needs. The last several years there has been a wait list for this program, which means we weren't fully maximizing our options to send more health professionals to rural areas to address the access issues even though the demand was there. The Legislature increased the funding to the program in last year's budget, but those funds are dwindling quickly through current program participation. Thus, this request is appropriate from what could reasonably be obligated and spent under this program by the 2026 deadline. This session, I introduced a companion bill, LB1007, to further maximize this important program by making it clear in statute that if federal law does not require a local match requirement, that the state also not require a local match. This bill was recently heard in the HHS Committee. Currently, the program requires a local match as a way for local communities to have a skin in the game in partnership with the state. The ability of local clinic or community to produce enough local matching funds is often the biggest hindrance to increasing available health professional positions that qualify for the program. However, due to the pandemic, the federal Health Resources and Services Administration will be sending funds to the state for this program that waives the local match requirement. Pair these funds with ARPA funds, which also do not require a local match, and we have the opportunity to vastly increase the number of health professionals serving in rural shortage areas. This represents a one-time opportunity to bolster a critical need in rural Nebraska. When the federal funds are exhausted, the program will revert back to requiring a local match commitment from the locality, meaning the state does not bear an increased ongoing cost for this program. Currently, it is my understanding that there are approximately 200 providers in the program now. This funding would accommodate approximately 1,000 providers making a huge, immediate impact in rural healthcare now, a sector which was greatly impacted by the pandemic and one that our constituents and fellow Nebraskans must rely on to live their lives. I

am hoping this is something the committee can get done this year so that we may take full advantage of these federal funds. Chair Stinner and committee, committee members, thank you for your consideration of LB1269. I'd be happy to take any questions, but there's others behind who can maybe answer.

STINNER: Senator Dorn.

DORN: Oh, I might wait and ask then because my question is, is the, the 200 that are in that now-- that program and this is going to fund up to 1,000. So it's because of your bill that would not require the local match then that that would expand the program?

MURMAN: Yes, I think so, but maybe some others can clarify better.

DORN: OK.

STINNER: Any additional questions? Senator Erdman.

ERDMAN: Thank you, Senator Stinner. Thank you, Senator Murman. How many, how many dollars are in this program now? What did we appropriate last year? Do you know?

MURMAN: I don't know what it was last year. Probably somebody behind me can--

ERDMAN: All right. Thank you.

MURMAN: --clarify.

STINNER: Any additional questions? Seeing none, thank you.

MURMAN: Thank you.

STINNER: Proponents? Yes, please.

DAVE WATTS: Thank you, Senator Stinner, members of the Appropriations Committee. My name is Dr. Dave Watts, a retired physician from Omaha and current president of the Nebraska Medical Association. I'm here today to testify in support of LB1269 and the NMA thanks Senator Murman for working with us to introduce this legislation. As you heard from Senator Murman--

STINNER: Dave, could you spell your name?

DAVE WATTS: Oh, I'm so sorry. Thank you. D-a-v-e W-a-t-t-s.

STINNER: Thank you.

DAVE WATTS: As you heard from Senator Murman, the rural health professional student loan repayment program is a popular program that allows Nebraska to bridge access gaps to healthcare in our rural areas. It's so popular that it had a waitlist of health professionals looking to participate the last several years. The NMA thanks this committee for appropriating enough funds in last year's budget to address the waitlist. The program is not only popular, it's effective. According to a DHHS and University of Nebraska study, approximately four of ten health providers in small towns and rural areas in Nebraska have participated in the student loan repayment programs. Furthermore, providers participating in these programs have a longer retention time in rural areas than providers who do not participate. And participating providers also leave rural areas at a rate 43 percent lower than providers who do not participate. In addition, the study estimates that this program has yielded over 2,500 years of total experience for health professionals in rural areas, which averages out to just under nine and a half years per participant and is, is over three times longer than the minimum practice obligation. This has resulted in an estimated economic impact to the state of $2.7 billion over the lifetime of this program, according to this study. Thus, the data is clear the rural health professional student loan repayment program works at addressing provider shortages in rural Nebraska while boosting the health and livelihoods of our rural population. In anticipation of federal funds coming to the state, the NMA and other healthcare partners began looking at how best to utilize these funds to expand the number of health professionals practicing in rural areas. Increasing the funding for this program with ARPA funds made great sense to us, given its high usage rate and effectiveness at retaining professionals in rural areas. Given the limited window we have to make an impact on access to rural healthcare with minimal cost to the state, the NMA respectfully urges full support from the committee for the ARPA funding request found in LB1269. Thank you for your time.

STINNER: Thank you. Questions? Seeing none, thank you.

ANDY HALE: Good afternoon, Senator Stinner, members of the Appropriations Committee. My name is Andy Hale, A-n-d-y H-a-l-e, and I am vice president of advocacy for the Nebraska Hospital Association. I'm here representing the NHA and the Nebraska Chamber of Commerce, and I'm here to support LB1269. There's a healthcare workforce shortage in Nebraska. It affects both Nebraska's physical health and its economic health. The lack of care impedes the ability of

communities throughout the state to draw and hold residents and the businesses that employ them and this issue has only become more serious during the pandemic. There are substantial gaps in the distribution of healthcare professionals across Nebraska. Sixty-six of Nebraska counties have been deemed medically underserved. Our hospitals struggle at attracting and retaining physician, nurses, and other healthcare professionals. Thirteen of Nebraska's 93 counties have no primary care physician. Forty-four counties do not have any ob/gyn physicians. Seventy-eight counties have no practicing psychiatrists, and nearly one-fifth of the physicians in Nebraska are more than 60 years old. Not only is this great for our hospitals and healthcare facilities, but also provides a boost in rural communities when we can get these individuals to stay. One primary care physician in a rural community creates 23 jobs annually, 14 percent of the total employment in rural communities is attributed to the health sector. Dr. Watts mentioned, as well as Senator Murman, the success rate of this program, and they put out a annual report every year, and this has over a 93 percent success rate. And this program has been instrumental in recruiting and retention of healthcare providers to our rural communities. I want to thank Senator Murman and his staff for introducing this bill. I'd ask that you would advance LB1269. One last thing before I ask-- open up for questions. Just read this morning Becker's Healthcare-- or Becker's Hospital Review, excuse me, talked about the healthcare workers and they had a survey that showed 23 percent of healthcare workers are likely to leave the field. So this is a problem. We knew this was a problem before, and unfortunately it's only gotten worse, so. I'll take any questions, Senator.

STINNER: Any questions? Seeing none, thank you.

ANDY HALE: Thank you, Senator Stinner, senators.

STINNER: Any additional proponents? Any opponents? Anyone in the neutral capacity? Senator, would you like to close?

MURMAN: Thank you all for the consideration of this bill. Access to rural healthcare has been a significant problem for many years. The COVID-19 pandemic has magnified this issue. LB1269 represents a unique one-time opportunity to make a big difference by providing federal funds for student loan repayments of doctors, nurses, dentists, pharmacists, physician-- physical therapists, mental health practitioners, and other health professionals who commit to and actually practice three or four years in a rural shortage area. And I ask that you support this bill and give it timely consideration and

move it forward out of committee. In answering Senator Erdman's question, last year, the Legislature appointed-- or appropriated last biennium $3 million for this program. And this increased funding will greatly increase the number of participating, as I said in my opening, from 200 providers to approximately 1,000 additional providers.

STINNER: Very good. Any questions? Seeing none, thank you, Senator. We have five letters of support for LB1269 and that concludes our hearing on LB1269. I hope we'll now open with LB1172.

KOLTERMAN: LB1183.

STINNER: Maybe I should get to the right--

VARGAS: LB1183.

STINNER: LB1183, excuse me. I was looking at this other page, had proponents.

AGUILAR: Good afternoon, Senator Stinner-- Chairman Stinner, members of the committee. My name is Senator Ray Aguilar, spelled R-a-y A-g-u-i-l-a-r. I represent Legislative District 35, which includes Grand Island. I love your ties. I'm here today to introduce LB1183. The COVID-19 pandemic has shown us all the fragile nature of our health system. No other healthcare facility has seen that more directly than those who serve our most vulnerable Nebraskans, the federally qualified health centers, our FQHCs. We use the phrase safety net all the time, but our seven health centers located in Gering, Grand Island, Columbus, Norfolk, Lincoln, and two in Omaha have been the safety net on the front lines of this crisis serving our neighbors and their families who do not have access to healthcare because of financial, racial, ethnic, or geographic barriers. These health centers are funded with federal and some state dollars, some insurance, and through patients paying on a sliding fee scale. They provide high-quality primary care, preventative care, including medical, dental, behavioral health, and pharmacy services. They are where families have sought care for the effects of COVID-19 and its variants, receive tests, PPE, and vaccines. Several of you on this committee have championed their work in the past and know how important they are to the communities they serve. I, too, am aware of the impact of the Heartland Health Center has made for my neighbors and our community in Grand Island. I can't think of a better way to spend $25 million, a small fraction of overall relief dollars coming to Nebraska than supporting these centers and funding grants for a one-time, shovel-ready capital construction projects with dollars

committed by December 31, 2024, and expended by December 31, 2026. I can't think of any other proposals that serves more of our citizens that have felt the most negative economic impact by this pandemic. By building or improving buildings to expand access to these healthcare centers, we can allow them to serve smaller communities in rural areas so that citizens do not have to travel long distance to access healthcare. Today, you will hear details on their shovel-ready projects that will continue their essential work. It is likely we will be dealing with another healthcare crisis in the near future. And by making this decision today, we can grow and strengthen our healthcare system for all Nebraskans to mitigate that impact. Thank you for all the hard work you do on this committee and for considering this important legislation. I'll take any questions if I can.

STINNER: Questions? Seeing none, thank you.

AGUILAR: Thank you, sir.

KENNY McMORRIS: Well, good things come to those who wait. Chairperson Stinner, members of the Appropriations Committee, my name is Kenny, K-e-n-n-y, McMorris, M-c-M-o-r-r-i-s. I have the pleasure of serving as the chief executive officer for Charles Drew Health Center located in north Omaha. I'm also here representing the Health Center Association of Nebraska and our seven federally qualified health centers in our state. LB1183 directs $25 million in ARPA funding to be used for capital construction projects for federally qualified health centers. FQHCs are nonprofit, community-led organizations that receive federal funding to provide primary care services in medically underserved areas. We offer comprehensive primary medical, dental, behavioral health, including substance use supports, and pharmacy, pharmacy services for all people, regardless of their insurance status or ability to pay. Health centers have been on the front lines of the COVID-19 pandemic. The seven FQHCs in Nebraska provided over 64,000 COVID-19 tests and have vaccinated over 42,000 individuals. Health centers are a critical component of the health-- healthcare safety net. We served over 107,000 patients in 2020 alone, 95 percent of whom were low income and two-thirds were people of color. In addition, over 30 percent of uninsured Nebraskans receive care at a federally qualified health center, as well as 12 percent of Medicaid beneficiaries. Simply put, this ARPA funding would provide health centers in Nebraska the funds needed to build and expand current sites and serve more patients in our respective communities. We estimate that with this funding, health centers across Nebraska would be able to build enough space to see over 30,000 patients, roughly two-thirds of whom would be new patients and one-third would be existing patients

accessing new services like dental and behavioral health. This would be enough space to house approximately 61 new providers, such as doctors, dentists, and mental health professionals. My colleagues will soon testify on how the money will support them in expanding access in rural areas. I have also included a map of expansion opportunities across the state with my testimony. At Charles Drew Health Center, located in the heart of north Omaha, this money would allow us to expand efforts to build out additional space in addressing behavioral health, including access to substance use support, advanced continuity of care through medical respite for those experiencing homelessness, and to an access to coordinated primary care for youth and adults who have been system impacted while training a more competitive and nimble healthcare workforce to address the complexities within the healthcare delivery system that have contributed to ongoing modern day health disparities. It is appropriate and indeed the intent of the funding that ARPA money goes towards providing healthcare to communities hit the hardest by the pandemic. However, this is also a good economic investment. Based upon estimates we've provided to the committee, this new construction will have one-time impact of $60 million on the local economies across the state, with an estimated 504 jobs related to this construction. However, the ongoing benefits are even more significant. The expanded clinic space will create over $40 million of new economic impact annually, as well as over 400 good jobs. These will be busy primary care clinics staffed with nurses, doctors, dentists, behavioral health professionals and providers and support staff who will bring needed healthcare into the community, but also jobs and spending. We recognize that you all have a very daunting task in front of you, and we'll hear a lot of stories and, and good causes for, for the use of funds. But we know that the work that we do every day is transformational and our state will have a long-term economic impact. And want to-- and we also want to thank Senator Aguilar for the support and we ask that you advance LB1183 to move forward. I'll take any questions.

STINNER: Senator Dorn.

DORN: Thank you, Chairman Stinner. Thank you for being here. Could you explain a little bit how one becomes federally qualified health center versus, I call it, just a, a hospital?

KENNY McMORRIS: Yeah, yeah. So the federally qualified health center/community health center movement actually started in the 1960s. It's a federal program and one in which that provides integrated primary care in rural and urban areas. And so one of the things in our state, we have seven, we actually occupy about 72 locations across,

across the state. But you have to go through a level of rigorous assessment, things with the federal government to meet certain requirements. And as part of that, then you adhere to a level of standard of care that you're going-- in, in terms of being able to get these additional resources from the federal government and benefit the federal government, that you make sure that you're providing care to everyone in the community regardless of their insurance status or ability to pay. And so within our state, we look at opportunities not to say that anyone can't become an FQHC, but we feel really good about the seven that we have, and this will provide an opportunity to really expand access. Our health centers have had a, a rich history and a rich record of being able to provide these services and mine specifically is the oldest FQHC in the state. Interesting enough, my family is one of the first family to get services at Charles Drew Health Center. And so when you kind of look at this and the work that we're doing and the lives that we're impacting, can't think of a better way to, to use ARPA funding and the ongoing support.

DORN: So, so is the main criteria, I guess, that-- the fact that you now have to serve everybody or is it the fact that you qualify for more, more of a higher rate of federal funding or don't you?

KENNY McMORRIS: There's no change in the qualification of federal funding, but part of it is, is that we're going to continue to keep serving more regardless of the funding that we get. And so when we look at opportunities like this, philanthropy has been great for us in many cases. We've also been able to get some significant support from the federal government as well. But it doesn't go as far as we really can have it go as it relates to our patients. And so this will give us an opportunity to, to have some bricks and mortar, build additional locations that allows us to be able to do more and have a greater return on investment.

DORN: Thank you.

STINNER: Another place you may want to look is this-- DED has about $126 million for capital, that's hospitals and like that. I would pursue that, that avenue as well, so.

KENNY McMORRIS: Thank you, Senator.

STINNER: Do we have additional questions? Senator Hilkemann.

HILKEMANN: So you're-- these funds would all be used for capital improvements.

KENNY McMORRIS: Yeah, so each health center has kind of shovel-ready projects that we've been-- kind of been sitting on for a little while now. And so this opportunity would give us a chance to really take those, those, those projects and be able to start expanding for services for our patients.

HILKEMANN: And how will you determine how the money is distributed?

KENNY McMORRIS: Yeah, so we'll look at between the seven health centers. Typically the funds that we have, we will all-- we've historically have looked at how many patients we serve by our previous calendar year. There's a piece called the Uniform Data Set that every health center across the country has to report out to the federal government. And so based on the number of patients that we typically serve, uninsured patients and, and the liking, we typically would distribute the funds equally amongst the seven health centers as it relates to that.

HILKEMANN: We've been hearing all afternoon about the, the difficulty in getting healthcare staff. Are you not having that difficulty?

KENNY McMORRIS: No, sir. Yes, we are. We are-- we're feeling it just like everyone else. And so I think that with our model of care, we really rely upon our care teams and support staff to really go a long way for our patients. Additionally, we've heard a lot today about telehealth and telemedicine, and we leverage those means as well. Many of our patients speak English as a second language, so community health workers and individuals that help get out into the community and making sure that we build those relationships with our clientele. A lot of our patients just have challenges with navigating the healthcare delivery system. So yes, we are feeling the pinch with providers and, and, and nursing staff and support staff, but we've made a history on making a difference with the resources that we have.

HILKEMANN: So but if I hear this right, for you it's more important to build more structure than it is to compensate your or bonus your healthcare staff.

KENNY McMORRIS: I'm not saying it's more important, just-- we're just prioritizing this for right now, but it is important that we're compensating our, our staff and, and remaining competitive. But we also recognize that we're going to have to be looking towards the future. And when you look at the dollars and, and the opportunity here with ARPA, and we know at least at this point there's going to be some long-term ramifications associated with COVID-19 and, and being able

to get access to primary care. So we're, we're trying to position ourselves to be ready to take in the new wave and make sure that everyone in our community has a healthcare home.

HILKEMANN: Thank you.

STINNER: Additional questions? Seeing none, thank you very much.

KENNY McMORRIS: All right. Thank you. Additionally, we had a consumer board member as well that unfortunately had to, to leave so his testimony is also included here.

STINNER: Thank you. Afternoon.

KATHY NORDBY: Hi. Good afternoon, Chairman Stinner and members of the Appropriations Committee. I am Kathy Nordby, K-a-t-h-y, Nordby is N-o-r-d-b-y, and I am the CEO of Midtown Health Center in Norfolk. I'm here today to testify in support of LB1183 and really thank Senator Aguilar for recognizing our needs and responding to that. So thank you for that. Midtown Health Center itself served-- in my document, it shows 7,000 patients. That was 2020. We actually increased by 21 percent, nearly brushing up against 8,000 patients in the last year. So we've increased by about 21 percent. About 50 percent of our patients are racial and ethnic minorities, and nearly 90 percent of them earn under 200 percent of poverty as a family. So that's about, what, $52,000, $54,000 for a family of four. Nearly one out of every five of our patients is best served in a, in a language other than English. So we have a lot of barriers to care that we, we struggle with. I have a-- have testimony, I'm going to leave that stand as it is, but I'm going to go a little bit off kilter because I get all excited by hearing the questions and some of the comments and the testimony before. I was assigned to focus on our behavioral health services because we've really addressed some local needs in rural Nebraska. But I'm also going to touch on the educational capacity and I think FQHCs serve ready to give statewide educational opportunities. And I've worked with our state association. I've worked with local partners. I'm working with Senator Flood right now trying to bring up UNMC, Wayne State College, Northeast Community College to address our spectrum and offer training facilities. But when you need a training facility, you also need space. Because if you have a, a-- some-- a nurse doing a round in her training, she needs a spot next to the nurse that's already sitting at capacity. And when you grow by 21 percent, I was at capacity before COVID hit. I took a 3 percent drop the year that COVID was at its worst, mostly because I had to shut down my dental unit, my behavioral health, my schools closed. So I

dipped a little bit and I was on the precipice of really growing and that happened in 2021 that we really are experiencing a very significant shortage. Some of the federal COVID funds came to me and I have a portion of my expansion covered. But even my local site, my facility, I kicked myself out to go rent space because my providers needed my office, and every office I build is 10 by 11 so I can plumb it and make it a medical room. And that's, that's what I have worked on in the past. But I'm at capacity at my local site and I'm working hard to find ways to support that. When we talk about behavioral health services, when I was supposed to focus on that, when we first opened in the community of Madison, in the rural community, there's a real stigmatization about access to behavioral health services. And I think telehealth is a wonderful solution, but what we found is even when we referred internally from our doctor to our, our behaviorists, we had a 50 percent no-show rate. And we've done things now to go, what the heck? And we found that through a warm handoff that if they meet the behaviorist or meet a case manager that ensures that they show up at their behavioral health appointment, we make it better. Our biggest feature is that we started offering services at, at schools. Both Madison schools and Norfolk Public Schools we provide-- I provide K-12 in Madison and I provide K-5 or fifth grade in the Norfolk Public Schools because they have other contracts with other providers to do the higher grades. But what we found is you don't have a, a no-show rate because the teachers are so excited that they're getting access to this care. The kids show up, they're seen, but the, the parents don't have to lose their income. And the people that struggle with mental health issues are twice as likely if you're also-- you also are impoverished. So the poor, our featured patient care, has double the medical health need-- or behavioral health needs than the average population. So we're the right place to try to expand behavioral health. But because of the stigmatization, I find it's better that if I have a facility-- and I'm going all off script, but if you have a facility-- like if I placed one in Wakefield and I start seeing primary care, you're coming to see the doctor that eventually you can give them that telehealth to the behaviorist or that warm handoff and-- or the school, the one we have in the school is coming from three to five at my office. Those are all access points where I can support them. And through partnerships like OneWorld, I have access to a bilingual psychiatrist. I would never have that in my lifetime if it weren't for my partnership with OneWorld out of Omaha, south Omaha. So those are, those are points of contact where I can access specialty and still support at the primary care level when we're, we're experiencing the shortages. And I stand ready to partner with educational institutions to provide the training locally because once

we send them to Omaha and Lincoln, we get about, what, one-fifth of them back, so we want to keep them home and train them well. So I think we're the best place for this. And I just decimated my regular-- my testimony, but I would welcome any questions.

STINNER: Thank you. Questions? Seeing none, thank you.

KATHY NORDBY: Thank you for your time.

STINNER: Afternoon.

TAMI SMITH: Good afternoon. Got to get these old specs on for the-- good afternoon, Chairman Stinner and members of Appropriations Committee. My name is Tami Smith, T-a-m-i S-m-i-t-h. I am the CEO at Heartland Health Center in Grand Island. I'm here today to testify in support of LB1183. And I would really like to thank Senator Aguilar for introducing this important legislation. Heartland Health Center opened its doors in 2014. In that first year, we served 841 patients. Last year, we served 6,695 patients, which is a 700 percent increase over the last seven years. Since we opened, we have expanded services to include pediatrics, dental, behavioral health, telehealth and behavioral health services in Grand Island Public Schools. In 2020, we had the opportunity during the pandemic to open a satellite clinic in Ravenna. Their local private clinic closed, and we were contacted by UNMC to see if we would be willing to partner. And we were able to bring medical and behavioral health services directly to the community and several smaller neighboring communities, which has been a huge success. And I'll get off of script a little bit as well as Kathy talked about the behavioral health and the stigma. I was very fearful of taking it into a small town like Ravenna and the possibility of people not being willing to receive behavioral health services. Much to my surprise, that has not been the case. We have been able to grow the behavioral health and help the Ravenna public schools, as well as community members with their behavioral health needs that I think have been even higherly-- highly-- more highly affected with the pandemic. As a rural health provider, I do see firsthand the impact that we have on our patients and the community, the accessible, accessible and comprehensive care. Outside of Omaha and Lincoln, the greatest number of low-income Nebraskans who are currently not served by a health center live in Grand Island, Hastings, and North Platte. Heartland Health Center serves patients from all those communities. And that's right, people come to Heartland all the way from North Platte to receive healthcare at the clinic. Can you imagine how difficult it is for a patient to keep their diabetes under control when they have to make a four-hour trip just to attend to a medical appointment? The

American Rescue Plan Act offers Nebraska a once-in-a-lifetime opportunity to address the healthcare barriers that have plagued rural Nebraska for decades. This limited access has led to worse health indicators and a higher likelihood that people will forgo healthcare altogether. This is especially true for low-income and marginalized populations. In Grand Island, we are putting the finishing touches on a new clinic location that will triple the size of our space and allow us to serve more patients in that community. We currently cannot bring on new providers or new patients because we simply do not have the space in our current facility. And while this new location will address our needs in Grand Island, it still does not solve the ongoing need in communities like Hastings and North Platte. LB1183 will provide funding to support the expansion of a Heartland Health Center into Hastings and eventually North Platte. We have been working closely with Mary Lanning Hospital, South Heartland District Health Department, and community leaders on expanding Heartland into Hastings. And I will add when we got the FQHC in central Nebraska, it was a toss up if it was going to be in Hastings or Grand Island. Grand Island won kind of over, I think, the population side of things. And so there was always that promise to get into Hastings. And ever since I've started, they've not let me forget that we need to get to Hastings. So we're working very hard with that. We have already identified a site that will allow us to bring medical, dental, and behavioral health services to the community, but that will require some capital funds to make that come to fruition. Likewise, North Platte is another community with a high need for health center-- for a health center. There have been discussions with leaders in the community, and the health department. Previously submitted an application for federal funding for a new health center location. With no new funding at the federal level and no guarantee that there will be new federal opportunities anytime soon, LB1183 provides the opportunity to bring healthcare services directly to North Platte. I moved from North Platte about 18 years ago to Grand Island, and I'm very well aware of the needs even back then that were in North Platte. Nebraska is at the crossroads when it comes to access to healthcare in rural Nebraska. LB1183 is once-in-a-lifetime opportunity to transform healthcare delivery and access to everyone regardless of the population in their town, their health insurance status, or how much money they make. I would like to thank Senator Aguilar for introducing this Legislature [SIC] and urge the committee's support. I would be happy to answer any questions.

STINNER: Any questions? Senator Dorn.

DORN: Thank you, Chairman Stinner. Thank you for being here. You and the previous testifier both mentioned the fact that you brought this to or incorporated it with the schools or whatever. So exactly what-- I, I guess what, what are you looking at-- for a student or are they referred to you or what-- how does the school connect to you or you connect to the school?

TAMI SMITH: So one of our biggest, I would call, community partners within Grand Island and our Ravenna clinic is the schools. So as part of a FQHC, we do a needs assessment. We have to do a new one every three years. And so part of the needs assessment did identify behavioral health needs of younger population. And so building that relationship with Grand Island Public Schools, we talked about where their greatest need was and at that time was behavioral health. And so we kind of just went out on a limb and have selected three of the schools that are more of the minority population and where the Grand Island Public Schools had identified the biggest need and have put behavioral health specialists in those three schools. We actually started with one, an elementary school, and then we've expanded into two middle schools and the ask to go into about four or five other ones. And we have a total of 22 schools with the Grand Island Public Schools. In Ravenna, same thing. It was kind of a talking with them because they weren't used-- Ravenna has never, ever had behavior health in the small community of 1,200 people. They've never had behavior health. So when we first brought that, it was that stigma. But then as we started working with the school, the school counselor, the school administration and just slowly started going in, my provider is seeing about 12 to 14 school students on top of what he is seeing adult patients in Ravenna right now. And we did not, we did not expect it. So it just shows the need for that behavioral health service.

DORN: Thank you.

STINNER: Any additional questions? Seeing none, thank you.

TAMI SMITH: Thank you.

STINNER: Any additional proponents?

KARSEN SIMS: Good afternoon.

STINNER: Afternoon.

KARSEN SIMS: Good afternoon, Chairman Stinner and members of the Appropriations Committee. My name is Karsen Sims, K-a-r-s-e-n S-i-m-s,

and I am a second-year law student here on behalf of the ACLU of Nebraska, where I'm a current law clerk. As you've heard today, LB1183 seeks to appropriate federal funds allocated to the state of Nebraska from the federal Coronavirus State Fiscal Recovery Fund to the seven federally qualified health centers throughout the state in order to fund capital projects that are essential to the general welfare of Nebraska. These health centers have always been integral parts of the communities they serve. However, they are more important now than ever. First, we know that people of color across the country and across Nebraska have contracted and died from COVID-19 at rates alarmingly higher than whites. Additionally, people of color and women are more likely to be low-- be in low paying or hourly wage jobs, making them more likely to have faced economic insecurities due to the pandemic and less likely to have had protections in the workplace or access to things like health insurance or paid leave. Specifically, in Nebraska, it has been clear that those essential workers who we rely on to grow our food, stock our supermarket shelves, and work in our meatpacking plants who are disproportionately women and Nebraskans of color have been among the individuals hardest hit by the pandemic. These are the people federally funded health centers are serving in Nebraska. LB1183 will address many challenges laid bare by the pandemic, especially in rural Nebraska and low-income communities, by helping to ensure all communities have access to high-quality healthcare. LB1183 will allow Nebraska to invest in capital projects that meet communities' critical needs in both the short and long term. Enabling these investments and capital projects will address the inequities which were displayed through the COVID-19 pandemic and serve thousands of Nebraskans for years to come. The Legislature must use these federal funds to benefit Nebraskans in equitable ways. Women, people of color, people with disabilities, non-English speakers and communities, and many more need more-- and many more need the Legislature to support LB1183 and advance equity throughout Nebraska by allowing innovation and investment in their communities. For these reasons, the ACLU of Nebraska expresses gratitude to Senator Aguilar for introducing LB1183. And I will take any questions.

STINNER: Questions? Seeing none, thank you.

KARSEN SIMS: Thank you.

STINNER: Additional proponents? Any opponents? Anyone in the neutral capacity? Seeing none, would you like to close, Senator? Senator waives his closing. And there are, there are five letters of support for LB1183. And that concludes our hearing on LB1183. We will now open on LB1172.

HILKEMANN: All right. Good afternoon, Chairman Stinner and members of the Appropriations Committee. I am Robert Hilkemann, that's R-o-b-e-r-t H-i-l-k-e-m-a-n-n, and I represent District 4, appearing to introduce LB1172. The page is distributing a white-copy amendment that will replace the bill. This is AM1699. It makes a one-time appropriation of federal ARPA funds in the amount of $111 million with intent language that the department use $37 million in each of the next three years for the purposes listed at the bottom of page 1 and the top of page 2. Providers of services to people with developmental disabilities took an extra special hit during the COVID, and the pain continues today. The providers who will follow me will give you specific examples of what they have and continue to go through. LB1172 or now AM1699 is an absolute example of what the funds sent to Nebraska due to the American Rescue Plan Act 21-- 2021 should be used for. Developmental disabilities is a 100 percent Medicaid-funded industry and providers of these services have been caught in a catch-22 for almost 24 months. Their cost increased, their revenue decreased due to the COVID-19 pandemic. People with developmental disabilities are among the highest-risk populations to diseases like COVID-19. Studies have shown that having developmental disability is the strongest independent risk for presenting with a COVID-19 diagnosis and the strongest independent risk factor other than age for COVID mortality. To safely deliver services to these people, space requirements require providers to spend funds that could not be reimbursed by Medicaid. Quarantined individuals could not come to facilities for services, thus denying providers to be reimbursed for those days, even though their fixed costs continue to increase. Wages for direct service providers are dictated by reimbursement rates. Current starting wages for these positions is about $13 an hour. Fast food restaurants are currently advertising for up to $20 an hour. The industry is facing a staff shortage of around 35 percent. These ARPA funds will allow providers to boost their starting wages in an effort to bring those workers back to being direct service providers. Thank you for your time, and I'd take any questions you might have.

STINNER: Questions? Seeing none, thank you.

HILKEMANN: OK.

STINNER: Good afternoon.

LESLIE BISHOP HARTUNG: Good afternoon. Thank you very much for having us today. It's a long afternoon. My name is Leslie Bishop Hartung, L-e-s-l-i-e B-i-s-h-o-p H-a-r-t-u-n-g. I'm the president and CEO of the Autism Center of Nebraska, commonly known as ACN. I'm here today

representing ACN, as well as the Nebraska Association of Service Providers, or NASP, to testify in support of LB72-- LB1172, pardon me. As a developmental disabilities provider, ACN has faced unprecedented staffing issues and financial losses due in large part to the effects of the pandemic. Prior to the pandemic, we employed 170 people. Currently, we employ 144 people. This causes significant hardship in providing continuity of care to the individuals we support. Our pandemic-related shortage of frontline workers, workers has been as high in my agency as 23 percent. On average, Nebraska providers are attempting to care for the most vulnerable Nebraska citizens with a 30 to 35 percent shortage of direct care staff. We are unable to attract qualified candidates, or, in fact, any candidates with the wages we are able to offer under the current rate methodology. The average direct support professional in Nebraska earns $13.27 an hour. Fast food restaurants in my neighborhood are offering $15 an hour to high school students. But we're not making hamburgers; we're caring for people, some of the most vulnerable citizens in the state. We're caring for people who require the supervision and supports of direct support professionals 24 hours each day. If we don't have staff, we don't have the ability to post signage that says temporarily closed. We must continue to provide these essential services and supports. We have dedicated staff at our agency that are saying yes to those requests for extra shifts. We have staff that are working 100 hours each week and this is simply not sustainable. Providing quality care and supports to persons with autism and other intellectual and developmental disabilities can be exhausting physically and emotionally, and we must have adequate staff to allow our existing staff to have a break. We must be able to offer scheduled and predictable staffing to those we support. We must be funded at a level to allow our essential direct support professionals to receive a living wage. I want to thank you very much as a committee for support of LB893, which provides a 15 percent rate increase to providers. You might think that would solve these problems, but by itself it does not. LB893, when put over our billings over the last several months, allows us to break even. We are operating at a deficit now. Even if we could, would with LB893, offer a small hourly increase, we would not be competitive with the many unskilled employment opportunities and we ask for so much more from our staff. Clearly without the passage of LB1172, we will not be able to increase wages for direct support professionals in any meaningful way. LB1172 will provide the ability to provide increases in hourly wages, allowing providers to recruit more qualified staff. We must have both of these bills to pass and work in tandem in order to effect the necessary changes to ensure the state of Nebraska meets its responsibilities to our most vulnerable

citizens. I want to thank you for your thoughtful consideration to the care needs of Nebraskans with intellectual and developmental disabilities, and I thank you for all of your efforts to provide the funds necessary to attract and retain qualified individuals who understand the crucial importance of this work. Do you have any questions?

STINNER: Questions? Seeing none, thank you.

LESLIE BISHOP HARTUNG: Thank you.

STINNER: Afternoon.

LAURIE ACKERMANN: Good afternoon. Thank you for allowing us to share some information with you today. My name is Laurie Ackermann. I'm the executive director of Ollie Webb Center, Inc. in Omaha, Nebraska. It's L-a-u-r-i-e A-c-k-e-r-m-a-n-n. Dear Chairman Stinner, excuse me, and senators, fellow senators, my purpose for being here today is both personal and professional. Professionally, I'm here to represent, as I mentioned, Ollie Webb Center Inc. and all the other agencies like us that provide services across the state. I urge you to support LB1172 to keep services that require staff for people with intellectual and developmental disabilities available to those in need. All services need increases. Services that require higher staff ratios, as Leslie talked about, need increases in services that work to reduce the need for greater interventions by providing the most person-centered community-based services such as supported employment also need increases. Not-- notwithstanding the incredible challenges we have all faced the last two years as a result of the global pandemic, all, and we need to emphasize all DHHS services we provide so Ollie Webb Center Inc. as an agency lose money. The only way we were able to survive pre- pandemic is through the generosity of local foundations that believe in our mission and extensive fundraising. In that vein, some potential funders are hesitant to provide funding to us because their belief is that the rates paid by DHHS covers 100 percent of the cost of doing business for those services. Ollie Webb Center Inc. is a merged organization. The career solutions portion of our agency provides employment, residential, and community inclusion services. Aside from vocational rehabilitation funding that covers some of the supported employment services we provide, the bulk of our revenue for our career solutions program services does come from DHHS. The other portion of our agency is The Arc of Omaha, where we primarily focus on providing services that fill particular needs not often provided in the Omaha metropolitan area. We do this through programs that focus on family support, mentoring, self-advocacy, and community integration,

so going, going beyond just community inclusion, such as our First and Next Chapter Book Club programs, Best Buddies, and parent-to-parent programs to name a few. The extensive amount of funding we have to obtain through foundation support and fundraising is laborious. It takes away from time and energy that we should be putting towards increasing the number of people that would benefit from our non-DD-funded programs or to add other needed services and supports in our community. No DD-funded agency should have to fundraise to cover state-funded services. Simply put, the services we provide would be fairly compensated in any other realm of business and industry. For example, the state would not put out bids for electrical work to update the wiring at the State Capitol and then tell the contractors that they will only pay 75 percent of their cost regardless of the bid. While I realize the state would most likely go with the lower bidder, any bidding contractor would surely only put a bid in that would adequately cover their costs and labor. No one would take on a job where from the get-go they know they will in fact lose money. But without any bargaining means, we as an industry have to rely in good faith that rate increases will be built in to cover the rising cost of health insurance and starting pay rates for staff that are well-trained and have experience. The increases we have gratefully received over the years have been grossly outpaced by the cost of doing business. The DHHS-funded services we provide have required increasingly complex, complex levels of reporting, resulting in the need for all providers to invest in more dollars in accounting and compliance staff, as well as technology. This distracts-- excuse me, this detracts from the ability to invest in hiring more qualified direct line staff. And in the end, I dare say, it has not provided the overall quality or has not improved the overall quality of what we do, it has simply improved the data the state receives from DD providers. In fact, I would argue it has, it has diminished our ability to attract and effectively compensate staff, as, as has been shared, increasing the stress and all the staff up and down the line while decreasing the continuity and effectiveness of services. To put it in blunt terms, our industry-- I'm speaking nationally here-- as a whole does not place the same value on our workers as, as it does on educators or healthcare workers for example, where years of education or specific certification process is matched by the wages that reflect the knowledge and experience required to enter into the workforce. I know I'm running out of time so as many others have attested to or will attest to, the pandemic has compounded the ability to staff an industry that already has high turnover among frontline workers. That takes me to why I'm personally here. I'm here to tell the stories of my siblings, Mike and Mary. My brother, Mike, experienced a difficult

birth resulting in a traumatic brain injury. While not apparent at first, as he grew older, the impact that injury had became more apparent. What, what little language he had acquired early on completely went away by the time he turned three years old, followed by the regression of other skills he had attained up until that point. While Mike could not speak verbally for the remainder of his life, he spoke volumes with his actions and on those rare occasions, his magnanimous smile. Mike did not have an easy life, in fact at varying times throughout his life, he experienced severe abuse at the hands of some staff on more than one occasion. While thankfully not a term that we would use today, he was diagnosed as having profound mental retardation. Though not officially diagnosed with autism, he exhibited many of the behaviors that would elicit such a diagnosis today. While living as a young man in a group home operated by a local DD agency, Mike sustained an injury so severe that he nearly lost his life. His primary staff person that lived at the apartment where Mike lived with two other young men with disabilities was the kind of staff you wish you could clone. I believe he had an education degree and chose to work in this industry. He understood Mike's needs and Mike loved him as his staff. One weekend, however, the weekend staff member did not follow protocols and did not understand the level of fear Mike had with taking a shower. He always took baths.

STINNER: Ma'am, if you could conclude. The red light's been on for a while.

LAURIE ACKERMANN: OK. I'm so sorry. Simply put, there's, there's more of my testimony here, but basically the point I'm trying to get at is that we need to have well-trained staff who stay with us. You've heard about the high staff turnover. As Mike's life progressed on, he certainly had those kind of staff that could support him. But if we don't have the kind of staff that you would want to, to serve any member of your family, you never know when you might have a family member, a friend, somebody down the road who has a disability. We need to take care of our most vulnerable citizens. We need to have well-trained staff and we need to have the finance assisting that. Thank you.

STINNER: Thank you. Questions? Seeing none, thank you.

MATT KASIK: Good afternoon.

STINNER: Afternoon.

MATT KASIK: Chairman Stinner and members of the Appropriations Committee, my name is Matt Kasik, M-a-t-t K-a-s-i-k, and I am the CEO of Region V Services. I'm here today on behalf of the developmental disabilities or DD provider community and as a member of NASP, the Nebraska Association of Service Providers. I'm testifying today in support of LB1172. My organization, Region V Services, is the largest provider of DD services in the state of Nebraska. We support around 800 individuals with disabilities and have done so for almost 50 years. Our longevity is rooted in our diversity. We offer every service that a provider can, and additionally, our geography has also helped us through the good and the bad times, as we are almost evenly split between metro locations in Lincoln and 13 rural locations in southeast Nebraska. Based on this long fiscal track record, I can definitely say-- sorry, definitively say that the past eight months have been among the worst financial outcomes our organization has experienced. During that time, our organization operated at a 6 percent deficit. Our revenues were down almost 15 percent compared to last year. Under normal conditions, our expenses would mirror the drop in revenue. However, with inflation and the high costs of overtime, our expenses were up one percent compared to last year. Region V Services is not an outlier in the DD provider community. In fact, most providers in Nebraska are experiencing a similar struggle. Now, I understand that this struggle is everywhere. It seems that most every business can't find staff, are cutting nonessential services, and paying overtime to the staff they do have. What makes the DD provider community different is that you, this committee and Legislature, control our rates. We simply cannot raise our prices as most businesses can. That's why we need your help to appropriate funds to ensure the provider community stays healthy. LB1172 would do just that. Not only would this bill help to steady our business, but it would also help us to improve and to invest in our future. DD providers are competing with all businesses to find workers. One unlikely competitor that has emerged is the state of Nebraska at the Beatrice State Developmental Center. The BSDC was facing critical staff shortages, and their administrators feared a catastrophic outcome if they did not act, so they acted and implemented a 20 percent wage increase in December. Now our Region V Services' Beatrice location is forced to compete with $11.62 [SIC] starting wage for comparable work. For reference, our starting wage is $14.03. Community-based DD providers are in the exact same situation that the BSDC was in. LB1172 would help DD providers and the almost 5,000 individuals who we support in Nebraska. I would like to thank Senator Hilkemann for his dedication to Nebraskans with disabilities and for introducing LB1172. I am available for questions. Thank you.

STINNER: Any questions? Senator Erdman.

ERDMAN: Thank you, Senator Stinner. So $37 million for three years, what kind of percentage increase is that with what you get now?

MATT KASIK: It calculates, if I'm doing the math correctly, it's about a 15 percent increase compared to where rates are now.

ERDMAN: What we support you with now, 15 percent more?

MATT KASIK: Yes. So we are just one provider. Being the largest provider, we make up about 13 percent of all the revenue in the state system. Region V is about-- it's-- we're just under a $50 million a year company and I think it was mentioned earlier that our revenue is mostly Medicaid. So these funds, that is our primary source of income.

ERDMAN: OK. Thank you.

STINNER: Additional questions? Seeing none, thank you.

MATT KASIK: Thank you.

ALANA SCHRIVER: Good afternoon, Chairman Stinner and members of the committee. My name is Alana Schriver, A-l-a-n-a S-c-h-r-i-v-e-r, and I'm the executive director of the Nebraska Association of Service Providers, which is our state trade association for DD providers. Thank you for the opportunity to speak today on behalf of the people we support as well as employ. You've listened to requests for funding and the compelling evidence to support the massive need ad nauseam today. The time, attention, and action you are all dedicating to these issues is greatly appreciated and does not go unnoticed. You understand the chaos of the pandemic and the workforce crisis extremely well so I'll not use any more of your time trying to convince you that the need is real. You know that it is. Instead, I'll echo Senator Hilkemann and focus on how perfectly DD services fit into ARPA eligibility and intent. I've submitted a copy of our ARPA eligibility checklist with my testimony, and as you look down the list, you can see that we checked all of the boxes. People with I/DD are at a higher risk of mortality due to COVID-19 than the general population, and as such, service providers have gone above and beyond responding to the pandemic in real time, 24 hours a day, 7 days a week, 365 days a year, relentlessly mitigating exposure and risks. We provide medical services as well as behavioral healthcare for people who often have dual diagnoses and high needs. The instability that results from staff shortages, for example, consolidating service locations, often exacerbates negative behaviors in people who thrive

on structure and predictability, increasing the need for behavioral health support. Sometimes those negative behaviors include aggression towards already maxed out staff. Violence is often a result of stress. As a parent of a child with I/DD, I can attest to the stress family members are under at home when outside support and respite are not available. DD services keep both individuals with I/DD and their families safe and healthy. Utilizing ARPA funding to shore up DD home and community-based services has massive positive economic impact as well. In the same way that a caregiver of a small child needs affordable and reliable daycare in order to go to work, so do caregivers of people with I/DD who require constant supervision. Every community in every town in every county across Nebraska has people with I/DD and their families in need of our essential services. Our industry was financially rocked by the pandemic and is operating on reserves as a result, which has quickly become unsustainable and dire. Many DD providers are small businesses or nonprofits. All operate within the public sector. We rely on states-- on rates set by the state. There is no private pay or insurance to offset costs. The crisis facing DD services is precisely what ARPA funding is designed to address. There's no question of the need. There's no question of the value DD providers have in our society. The only question left is how much longer providers can hold out and what Nebraska will do when they break. Please don't let that happen. You have a lot of hard decisions in front of you in regards to ARPA. This should not be one of them. And if I may go off script, I do want to acknowledge that it may seem harsh that this bill excludes independents and shared living providers. There's approximately 900 independent providers in the state of Nebraska, but the majority of them are family members of people with I/DD and they only have that one person that they care for. Shared living providers are a roommate or a family that has someone with I/DD living with them so they were not as impacted by the pandemic as people with employees, people who have to go to day services because you can stay home when you quarantine and those shared living providers still get paid. So while both are dealing with the rising cost of inflation, neither independents or SLPs have the same overhead capital investments or employee-related expenses that the services specified in this bill do. So we were just trying to be cognizant and save the state as much money as possible. Independents are about 5 percent of the total state spend, but SLPs are 25 to 27 percent of the total spending. So by just focusing on the services that require staff, we were hoping to save the state as much money as possible and just put it where it's desperately needed. So I want to thank Senator Hilkemann for introducing this bill. Thank you for your time. I'm happy to answer any questions.

STINNER: Any questions? You wouldn't have the number on congregate housing, would you?

ALANA SCHRIVER: I do not, but I could get that to you.

STINNER: Thank you. Seeing none, thank you very much.

ALANA SCHRIVER: Thanks.

JOE VALENTI: Hi, Senator.

STINNER: Hi.

JOE VALENTI: My name is Joe Valenti, J-o-e, Valenti, V as in Victor -a-l-e-n-t-i. I have to give a disclaimer here, I have to support this bill. Robert's my senator so I don't have much choice, plus he, he just listed his house with my firm. Well, it used to be my firm. But anyway, I'm, I'm in total support of this bill. My concern is the same as I mentioned to you last time I was here and visited with you, how the money actually get to the DSPs. And, and in the past, and, and maybe in the amendment, which I haven't seen, it really directs that. But your-- the Legislature has the power to do that, to really make sure when there's a rate increase that it gets to the DSPs on a certain percentage basis. Now I don't know that all the formulas here that are being passed around are on the $111 million, but I agree with, you know, the NASP and, and all the other speakers here today. But again, my concern is from-- my wife is guardian to three individuals, two in, in Omaha that are with providers, and, and she can't share much with me, but I would say that even with the increased money, they've got to hire people. And, and I think to provide all these services, habilitation, a supported work environment, it takes people and I'm not sure exactly how they're going to get them because it's, it's, it's a challenge. And back to BSDC-- Matt, who I don't know, testified about BSDC. As I mentioned before, that was a union-negotiated thing, had nothing to do with really Health and Human Services, they didn't have much control over it. But having said that, it was not in a catastrophic stage. And quite frankly, even with the wage increases, what it's done, it's done two things. It's helped retention and it's helped therefore turnover. They have been able to fill some positions, but as a 24-hour facility, it is very, very difficult to fill the positions that are necessary because people just don't want to work that, you know, that 24-hour shift-- or I shouldn't say 24-hour, but from basically from 10:00 to 11:00 till, you know, 7:00 in the morning. So it's still a challenge there also, by the way, but a very needed service. So I really-- again, I support the bill. I

support the concept. My concern against it was DD overseeing how that money gets done. And in the past, senators, we've had studies after studies after studies done by very, very good consulting groups. And I'm just going to be really clear, a little derogatory, the, the department doesn't follow through after the studies have been done. And that's not my job and that's not necessarily your job, that's Health and Human Services Committee, which I've already spoke to John Arch about also. So again, that's a little bit biased, but I, I just-- the money is just not getting used properly by HHS in all cases, in my opinion. Thank you. Questions?

STINNER: Any questions?

JOE VALENTI: Thank you.

STINNER: Thank you.

JOE VALENTI: And I did support.

STINNER: Additional proponents? Any opponents? Anyone in the neutral capacity? Seeing none, Senator, would you like to close? Senator waived closing. There are 132 letters of support-- Senator Hilkemann, you must have stayed up all night doing those-- and two in opposition. That concludes our hearings for today.