ARCH: Well, good afternoon and welcome to the Health and Human Services Committee. My name is John Arch. I represent the 14th Legislative District in Sarpy County and I serve as Chair of the HHS Committee. I'd like to invite the members of the committee to introduce themselves starting at my right with Senator Day.

DAY: Good afternoon, I'm Senator Jen Day, represent Legislative District 49 in Sarpy County.

WALZ: Hi, my name is Lynne Walz and I represent Legislative District 15, which is Dodge County and Valley.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36.

M. CAVANAUGH: Machaela Cavanaugh from Omaha, District 6 and I represent west central Omaha and Douglas County.

ARCH: Also assisting the committee is one of our legal counsels, T.J. O'Neill; our committee clerk, Geri Williams; and our committee pages, Savana and Aleks. A few notes about our policies and procedures. First, please turn off or silence your cell phones. This afternoon, we'll be hearing two bills. We'll be taking them in the order listed on the agenda outside the room. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from the supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. For those of you who are planning to testify, you will find green testifier sheets on the table near the entrance of the hearing room. Please fill one out and hand it to one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. When you come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last name. We use the light system for testifying. Each testifier will have five minutes to testify. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, it is definitely time to end your testimony, and we will ask you to wrap up your final thoughts. If you wish to appear on the committee statement as having a position on one of the bills before us today, you must testify. If you simply want to be part of the official record of the hearing, you may submit written comments for the record online via the Chamber Viewer page for each bill. Those comments must be submitted prior to noon on the workday before the hearing in order to be

included in the official record. Additionally, there is a white, a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. With that, we'll begin today's hearing with LB885. Welcome, Senator Cavanaugh.

M. CAVANAUGH: Oh, I handed you my opening remarks. Oh, it's that kind of day, I guess. Thank you, Chairman Arch and members of the Health and Human Services Committee. For the record, I am Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h, representing District 6 in west central Omaha, Douglas County. You may remember that implicit bias was part of my maternal health bill from last year. However, parts of that bill are being addressed by other means, and implicit bias training is important enough to have its own stand-alone bill. The goal of LB885 is to reduce or eliminate the factors and biases that cause disparities in health outcomes for black women who are pregnant or postpartum. Black mothers in the United States are more likely to die during and after childbirth than black mothers in any other developed country in the world. The United States Center for Disease Control and Prevention statistics show that black and Native American mothers die of pregnancy-related causes at a rate about three times higher than white women in the United States. And research indicates that as much as two-thirds of these deaths are preventable. For the purposes of this act, implicit bias training means a program that is designed to expose unconscious prejudices or partialities to provide tools to adjust automatic patterns of thinking and to eliminate discriminatory behaviors and to create awareness of implicit bias. The need for this training has been well-researched. There is demonstrated link between implicit bias and the treatment and communication with patients. LB885 will require an annual implicit bias training for all healthcare professionals through continuing education hours necessary to maintain their license. Major provider organizations like the American Academy of Family Physicians have articles and training opportunities to help providers recognize implicit bias and to provide strategies to help providers keep that bias from negatively affecting the healthcare they provide. The opening paragraph of the AAFP website page on implicit bias states that implicit bias has been demonstrated as a pervasive-- as pervasive among healthcare professionals and having harmful effects on patient health. They recommend this implicit bias training in medical schools and in ongoing education. I offer AM1596, which I have filed for public availability and I believe was just passed out by the pages. It refines the professionals that could be affected by this bill because I had a conversation early on in session with Senator Arch. I had unintentionally included some people that was very much not necessary. So it-- AM1596 excludes professions like funeral

directing-- you're welcome, Senator Williams-- body artist, cosmetologists, veterinarians, and others that are not professionals who provide medical care to a pregnant woman. Since some of the medical providers we are concerned with are credentialed in ways other than a license, the language referring to licensed is changed to credentialed. Of course, the specifics-- specific parameters of training programs accepted for this bill's purpose would need to be approved by the Department of Health and Human Services. I ask you to support the bill and amendment, and I would just say that I know that there is going to be some opposition to this bill, and I am always happy to work on, on any amendments that could be made. I think that this is a really important issue that needs to be looked at and move forward. And if it's moved forward through this bill or through some other conversations that we can have with the department and the Board of Health and other entities, I'm open to all avenues. I just want to make sure that we're doing best for our moms. So with that, I'll take any questions.

ARCH: Thank you. Are there any questions? Senator Walz.

WALZ: Thank you, Senator Cavanaugh. I do have a question about annual, when you say annual training.

M. CAVANAUGH: Um-hum. So that you have to do annual training for to maintain your, maintain your credentialing. So this would be part of that training.

WALZ: OK. All right. I just want to make sure that's what you meant. Thank you.

M. CAVANAUGH: I think that's what I meant.

ARCH: Other questions? Senator Williams.

WILLIAMS: Thank you, Chairman Arch. And I want to follow up on that just a little bit. Can you give me an example of how available is this kind of training? How much time it takes to go through this training on an annual basis, those kind of things?

M. CAVANAUGH: I believe that there is going to be somebody testifying--

WILLIAMS: OK.

M. CAVANAUGH: --behind me that would probably be better suited to that.

WILLIAMS: That'd be great.

M. CAVANAUGH: If not, I will get you that.

WILLIAMS: I just kind of want to know what--

M. CAVANAUGH: Yeah.

WILLIAMS: --we're signing up for.

M. CAVANAUGH: Yes, thank you.

ARCH: Any other questions? Seeing none, thank you. Thanks for your opening. We will now welcome the first proponent for LB885.

NYOMI THOMPSON: Hello.

ARCH: Good afternoon.

NYOMI THOMPSON: Good afternoon. Good afternoon, Chairman Arch and members of the HHS committee. My name is Nyomi Thompson, that's N-y-o-m-i T-h-o-m-p-s-o-n, and I am representing I Be Black Girl. I Be Black Girl is a collective that creates space for black women, femmes, and girls to access and reach our full potential through reproductive freedom. I'm testifying in support of LB885 because the bill will decrease health disparities and address the secondhand healthcare crisis imposed upon the black community. Racial bias and prejudice are embedded in many different systems, including healthcare. Those employed by the healthcare system are in positions of authority with a strong influence on patients' experiences and outcomes, which can be significant and long lasting. Biases can lead to differential treatments of patients based on gender, language, income, insurance status, and race. In particular, black people simply are not receiving the same quality healthcare as their white counterparts in all aspects of healthcare. Data published by the Urban Institute underscored the role of medical racism and implicit bias play in racial health disparities. One in ten black patients reported experiencing discrimination during a healthcare encounter, a rate that is three times that of white people and twice that of the Hispanic community. Studies show that providers are less likely to deliver effective treatments to people of color when compared to their white counterparts even after controlling for characteristics like socioeconomic status, the prevalence of medical conditions, and access to health insurance and services. For example, one study of 400 hospitals in the United States showed that black patients with heart disease received older, cheaper, and less desirable treatments than

their white counterparts. Implicit bias has a significant impact on black maternal health, in particular, with black mothers having the worst maternal health outcomes of any racial group in Nebraska. Studies reveal that implicit bias is a strong contributor to the alarming rates of black maternal deaths. The National Institute of Health found healthcare providers are less likely to identify pain in the facial expressions of black faces compared to nonblack faces. This lack of perception leads to practitioners being less likely to believe black patients expressing their pain and other symptoms. This is just one example of implicit bias that leads black birthing people to be more than three times as likely to die from pregnancy-related complications than white birthing people. Implicit bias impacting black maternal health outcomes transcends from physical health to mental and emotional well-being. One in nine new mothers experience postpartum depression. Even further, more than 50 percent of low-income mothers experienced depression between two weeks and 14 months of birth. Postpartum depression can create issues in bonding, feeding, plus cause mental, emotional, and developmental complications in children. Despite the long-term health and socioeconomic effects of black families caused by this condition, black birthing women and people are more likely to have postpartum depression, but less likely to receive adequate treatment. Research shows addressing inadequate screening and treatment of postpartum depression of black mothers requires educating and training practitioners, particularly those who identify as white. According to the American Community Survey, 94 percent of Nebraskan physicians and mental health specialists identify as white, making implicit bias training integral to developing cultural awareness required for proper diagnosis and effective treatment. Implicit bias is internally driven and must be addressed by the healthcare delivery system. It is the responsibility of the state to ensure all of its constituents are receiving adequate healthcare treatment, allowing the opportunity for even the most vulnerable Nebraskans to live the standard quality of life experienced by their white counterparts. It is for these reasons we urge you to advance LB885. Thank you for your time.

ARCH: Thank you. Are there questions? Seeing no questions, thank you very much for your testimony.

NYOMI THOMPSON: Thank you.

ARCH: Next proponent for LB885. Is there anyone who would like to testify as a proponent for LB885? Is there anyone who would like to testify as an opponent for LB885?

DAVE WATTS: Chairman Arch, members of the committee, my name is Dr. Dave Watts, D-a-v-e W-a-t-t-s. I'm a retired physician from Omaha and current president of the Nebraska Medical Association. Thank you for the opportunity to testify on behalf of the NMA in opposition to LB885. The NMA wants to be very clear, we do not oppose the idea or the importance of implicit bias training and awareness for health professionals. Our parent organization, the American Medical Association, recently adopted policies that recognize how unconscious bias and racism negatively impacts and exacerbates health inequities and among historically marginalized communities. Without broad, systemic, and structural level change, health inequities will continue to exist. As physicians and leaders in medicine, we are committed to optimal health for everyone and are working to ensure that all people and communities reach their full health potential. Implicit or unconscious bias can result in poor communication and a difficult experience for patients. Unconscious bias can undermine patient trust, limit access to care, and contribute to poor clinical outcomes. All these increase health inequities and health disparities. In response, the NMA has begun efforts to work with medical schools and educational institutions to include anti-racism, cultural competency, and implicit bias training into their curricula. However, NMA opposes LB885 as written due to a resolution adopted by our membership this past September. The resolution states that physicians already have numerous and sundry continuing, continuing education requirements to maintain their licensure and their board certifications for their specialty areas of practice. That resolution further directs the NMA to oppose legislation that would require content specific continuing education requirements. For example, the opioid education requirement passed into law a few years ago. As this committee is aware, our members generally do not like mandates in their practice. We are more than willing to work with Senator Cavanaugh to find solutions and avenues to address implicit bias in healthcare because it exists to help reduce health inequities in the state. This is an important issue, and we look forward to continuing that conversation. For now, however, the NMA requests the committee not to advance LB885 as written and thank you, Senators, for your time and for the work you do. I'll be happy to answer any questions.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much.

DAVE WATTS: Thank you.

ARCH: Next opponent for LB885.

JENNIFER HICKS: My name is Jennifer Hicks, J-e-n-n-i-f-e-r H-i-c-k-s, and I oppose this bill because it is-- it's inappropriate, I think, in any situation to have any training called implicit bias training. It says that it is defined and designed to expose unconscious prejudices or partialities. It's, it's defined by the American Education Association as a mental process. Implicit bias. I'm not sure that we need to be-- I think it's inappropriate to be diagnosing a mental process where, where you already have a purpose designed to expose unconscious prejudices or partialities. That means it has an end goal in mind. It already assumes that you are guilty of discrimination and it just needs to be rooted out. And discrimination, we have laws against that. We have laws against that. It's not appropriate to discriminate. So the appropriate thing to do would be to treat-- to train people to treat everyone fairly, but not to approach it in this way that says that you have to be trained to root out the wrongdoing that is in your soul already that you're already guilty of and you just don't know it, that it's unconscious and, and part of you. That's wrong. That's wrong. And so I think that this kind of training is, is wrong. But what we should do when there is wrongdoing, when there is discrimination, then you address it appropriately. You can advise against, you can warn against discrimination. We have, we have laws against discriminating. But this, it, it says, explicitly. Explicit bias would, would be something to address. Explicit bias would be the act of, of the crime of the wrongdoing. And that's what should be addressed. But what you're addressing is a mental process. That's a thought crime, that's a thought crime, and it's wrong. And so I, I strongly oppose this for that reason.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much for your testimony. Next opponent for LB885. Seeing none, is there anyone would like to speak in a neutral capacity on LB885? Seeing none, Senator Cavanaugh, you're welcome to close. As you're coming up, I would mention that on LB885, we received 11 letters as proponents, 5 as opponents, and none as neutral.

M. CAVANAUGH: Thank you, Chairman Arch and members of the committee. To Senator Williams, to your question, I'm, I'm going to have to follow up after this. But I do believe that, that would be something handled by DHHS that they would have to determine that or the Board of Health. I'm not entirely certain, but I'll find out for you. I appreciate the stance of the NMA. They are consistent in their stance and I understand their reasoning so I hope that we will find an opportunity to work together on this issue because I do think that it's really important. And there has to be a way forward for us all. I

appreciate your time today, and who knows, I might be coming back to you with an amendment to my amendment.

ARCH: Any questions? I, I have one just for clarification. In your testimony and in the proponent's testimony, it mentioned pregnant women. Is this intended to focus on that population?

M. CAVANAUGH: Yes.

ARCH: Not, not patients in general, but pregnant--

M. CAVANAUGH: No.

ARCH: --women.

M. CAVANAUGH: No. So the reason that under the credentialing part that it, it covers so many people, my office, we really went, and advocacy in this, went back and forth as to who should be participating in this. But it, it was getting very complicated. And so because there's so many people that could potentially be in a delivery room or just a part of the pregnancies along the way that it-- we went with what we went with. But--

ARCH: OK.

M. CAVANAUGH: --again, it's another thing that I'm open to talking about--

ARCH: OK.

M. CAVANAUGH: --because it was kind of tricky to land on that. But yes, the intention is to improve outcomes for black women specifically, which hopefully will improve outcomes for all women, but, but for having babies.

ARCH: OK.

M. CAVANAUGH: So yes.

ARCH: OK. All right, thank you. Any other questions? Seeing none, thank you.

M. CAVANAUGH: Thank you.

ARCH: This will close the hearing for LB885. We will now open the hearing-- that says LB1016. Is it LB1106?

T.J. O'NEILL: LB1106.

ARCH: OK. We will open the hearing-- this, this LB, this LB is wrong. The number is, the number is referenced as LB1016, it's actually--

WILLIAMS: LB1106.

ARCH: --LB1106. Maybe they provided you with the wrong--

DAY: Can we just cross it out?

WILLIAMS: Just take it off.

ARCH: Yeah, you can just remove it. That's fine. So as not to confuse me. I thought, oh, no. OK. So Senator Day, you may open on LB1106.

DAY: Thank you. Good afternoon, Chairman Arch and members of the Health and Human Services Committee. My name is Jen Day, that's J-e-n D-a-y, and I proudly represent Legislative District 49 in Sarpy County. I'm here this afternoon to introduce LB1106, which, which would create a process for school psychologists to obtain licensure through PLMHP and LMHP credentials that are reimbursable under the state Medicaid plan. This solution grew out of our efforts on LR213, an interim study that examined students' mental health needs and our state's capacity to improve access. One of the reasons I initially ran for Legislature is the issue of student and youth mental health. As someone whose life has been touched personally by mental illness and understands the necessity of mental healthcare for young people, it's important to me that we adequately meet this need of our students. Today, we find ourselves in a student mental health crisis. One in five Nebraska high school students have reported that they've contemplated committing suicide in the past year. In 2018, suicide was the second leading cause of death for youth ages 10 to 24 in Nebraska, and suicide among Nebraska youth has been steadily increasing since 2009. Just as troubling is a 2019 study published by the Journal of American Medi-- Journal of the American Medical Association showing that in Nebraska nearly 50 percent of children with mental health disorders are going untreated. Many of these issues are exacerbated in the rural areas of the state, and our capacity to solve these challenges is constrained by a lack of qualified mental health providers, especially LMHPs. Whatever you think the cause of this mental health crisis is, part of this strategy-- tragedy, excuse me, in Nebraska is that we're not using every tool available to help students. Currently, the Medicaid in Public Schools program, or MIPS, is a program designed to access federal Medicaid funds to pay for a

portion of medically necessary care provided in schools to students eligible for Medicaid. These services include occupational therapy, physical therapy, speech therapy, nursing, personal assistant services, mental health, and vision. Without MIPS, federal and state education funds and local funds would have to be used to pay for the full cost of these services. With MIPS, Medicaid reimburses the state for a portion of the care, lowering the costs to school districts and expanding the level of care that can be provided in a school-based setting. Additionally, another benefit is that this moves some of the costs away from local districts and to Medicaid, which, as you know, is funded by the federal government at a 59 percent rate in Nebraska. However, at the moment, although LMHPs can receive this reimbursement, in Nebraska, school psychologists cannot. Currently, 38 states consider school psychologists as quality providers of school-based Medicaid services, meaning they can receive reimbursement for Medicaid-eligible services given in a school-based setting. Naturally, the question comes to mind what makes Nebraska's situation so specific that we are one of the only states that does not extend this program to one of our greatest health challenges, student mental health. Why are we denying Nebraska schools a tool so many other schools have in other states and passing these costs back to the local communities when other states do not? In practice, not allowing school psychologists to receive the MIPS reimbursement means that many metropolitan schools, including Millard, which I represent, have strong programs where they are able to contract with outside providers to have reimbursable services. However, this is simply not possible with the workforce challenges and LMHPs outside of our state's metropolitan areas, and 88 of Nebraska's 93 counties are currently classified as mental health shortage areas, and this lack of mental health access shows up in our well-being. In the Hopeful Futures Campaign state-by-state mental health access report card, Nebraska ranked 37th in youth mental health well-being. Simply put, we do not have the luxury of being able to ignore an entire group of qualified providers that could be giving these services to our youth. One solution would be a change in the Medicaid state plan that would allow school psychologists to get the MIPS reimbursement directly without any additional training. As you'll hear from testimony today, school psychology training requirements are already rigorous and often involve more training than the standard LMHP. However, in order to make this process as fair as possible and ensure the-- ensure that those with an LMHP credential receive training commensurate with their credentials' goals, we felt that it would be best to mirror the training requirements that LMHPs receive. As such, under LB1106, school psychologists would still be required to complete the same

real-work training hour requirements that LMHPs perform. Specifically, the 3,000 hours of supervised experience in mental health practice with 1,500 hours of direct client contact in a setting where mental health services were offered. These are not minor requirements. Functionally, all LB1106 does is narrowly expand the numbers of degrees that are eligible to start the training to become an LMHP. Anyone seeking this credential would still have to do the advanced training. I understand that there may be opposition from the licensing board and existing LMHPs. I know as senators, especially on this committee, none of us are new to this occupational licensing gatekeeping. And I would ask each person in opposition if they are truly committed to solving Nebraska's student mental health crisis, what standard would you be willing to accept to make it easier to utilize Nebraska's already existing educational workforce to help students? We could have written LB1106 in a way that creates straight parity between existing school psychologists and LMHPs, but instead LB1106 still requires comprehensive training and passing a board-approved exam. We're not making getting this credential easy, but we are trying to make it possible. LB1106 is an attempt to streamline the credentialing process and create a path for school psychologists that want to put in the extra work to further help students. With that, I'm open for questions.

ARCH: Thank you. Are there questions? There may be some at close, so--

DAY: Yeah, I'll be here.

ARCH: --you'll stick around. OK. First proponent for LB1106.

SUSAN LINDBLAD: Hi.

ARCH: Welcome.

SUSAN LINDBLAD: My name is Dr. Susan Lindblad, S-u-s-a-n L-i-n-d-b-l-a-d, and I currently serve as the president of the Nebraska School Psychologists Association. As such, I represent over 340 school psychologists from dozens of school districts and educational service units across our state. As a doctorate level school psychologist, I am certified under the Department of Education, as well as licensed under the Department of Health and Human Services. I want to start with a few important facts. Per state code, certified school psychologists are able to provide school and home-based services to students from birth to age 21. School psychologists help children and youth succeed academically, socially, behaviorally, and emotionally by providing direct services, as well as collaborating

with educators, parents, and others. According to the Affordable Care Act, credentialed school psychologists are already considered mental health professionals. When Nebraska school psychologists become eligible not only for certification under NDE, but also become eligible for a licensure, licensure under NDHHS then districts and ESUs will be reimbursed under the Medicaid in the Schools Act for services we are already providing. Of the approximate 500,000 children in Nebraska in 2018 under the age of 18, almost 90-- almost 9 percent were diagnosed with a mental or behavioral health condition that needed treatment. Only 60 percent of the youth received treatment. And of those that did receive treatment, nearly two-thirds did so at schools. Research shows that schools are more likely to seek-- research shows that students are more likely to seek counseling and therapy when services are available in their school. Comprehensive school mental and behavioral health services support the mission and purpose of schools, which is learning. Schools provide an exemplar context for prevention, intervention, and positive development. Schools also offer caring relationships and regular, consistent connections between students and staff. School employed mental health professionals know the students, parents, and other staff which contributes to the accessibility of services. All mental health services provided in schools should be appropriate to the learning environment, those that are not risk being ineffective or even counterproductive. Being trained to work within the school culture is essential to being both effective and cost-effective. School psychologists have specialized training in child development, mental health, learning, diversity, cultural responsive services, school systems, and law. Their expertise lies in how these elements interact to shape children's behavior, learning, and overall adjustment. To share with you a short story about the day in the life of a school psychologist. My day usually starts with an MTSS meeting where we connect students with academic and social-emotional services. As a school psychologist, I am asked to work one on one with students in order to identify triggers to anxiety, identify and practice positive coping skills for emotional regulation, and to take the lead in scheduling a homeschool meeting to help all adults working with a particular student work together. I observe in classrooms to help teachers strengthen behavior management and student engagement skills. I work with students at risk of self-harm to create safety plans and connect the students with school-based supports. I lead a Tier 2 social academic intervention group focused on helping students decrease the negative impacts of trauma. The day ends with the manifestation determination meeting where we work to determine if a student's truancy and aggression are a manifestation of his or her

special education verification. We determine that when the students' behaviors are a manifestation of the disability, we work together to strengthen our school-based mental health supports for that student. In conclusion, when considering a school psychologist's education and training, it is easy to see that the school psychologists are overwhelmingly qualified for DHHS licensure. We are already providing social, emotional, and behavioral supports, group therapy, and individual therapy in the schools. Allowing school districts and ESUs to obtain financial reimbursement through MIPS funding will allow school psychologists to devote more time to providing preventative mental and behavioral health services and interventions which further support the needs of Nebraska's children. I respectfully request that you support LB1106, and thereby enhance trained service delivery to students dealing with depression, anxiety, emotional and behavioral disorders, trauma, grief and loss, family problems, and stressors due to influences such as poverty and homelessness. Please help us support Nebraska's youth.

ARCH: Thank you. Are there questions? Senator Murman.

MURMAN: Thank you, Sen-- Chairman Arch. And thank you for testifying, Dr. Lindblad.

SUSAN LINDBLAD: Um-hum.

MURMAN: How many schools do you work with in your district?

SUSAN LINDBLAD: In my district, I work with all seven buildings, so I work with Hastings Public Schools right now.

MURMAN: And how many of the students that you provide these services for have engaged parents, would you say?

SUSAN LINDBLAD: Oh, my gosh.

MURMAN: What percent or approximately?

SUSAN LINDBLAD: That's a hard question. Engaged parents, probably 70 or 80 percent. I can't say that I've ever worked with a parent who has not expressed love for their child that wants their child to succeed. I have worked with parents who, in my opinion, don't know how to help that child succeed or work in a contrary manner to that child's success. But parents that want their child to succeed would be 100 percent.

MURMAN: Oh, great. The parents that-- the ones that do have parents that are a, a part of their lives. How are the parents brought into being involved with the mental health services?

SUSAN LINDBLAD: What we do in Hastings, if a student is referred for social-emotional mental health services is they're brought to the attention of the school counselor or the school psychologist. We identify one of us to reach out to the parents, usually whoever has a better relationship with them or knows them more right now. We express our concern and ask if they would be interested in receiving mental health services at school or if they would like a referral to the community. Then we ask for signed consent to work with that student. We meet with the parent and go over intake questions, developmental history, our treatment plan for helping the student overcome whatever mental health issues are in the way right now. And then we meet with them occasionally for follow-up or just call them following sessions so they know what's going on with their child's life.

MURMAN: Thank you.

ARCH: Other questions? I, I have a couple. So what percent of your time, if this were to happen, what percent of your time do you think would be billable?

SUSAN LINDBLAD: Through the MIPS funding? Right now, I would say 80 percent of my time, and I'm in a little bit different position than many school psychologists because I do not work right now in, in terms of opening the, the door for special education services. Our other school psychologists are doing some of that. And then I am working with the students who have the mental health issues, the social-emotional behavioral problems.

ARCH: So the others are doing more testing and, and that type of thing to, to qualify for, for other services?

SUSAN LINDBLAD: Yes, they're doing more of testing. They are also providing each of our psychologists, we are asking them to see at least five individual students and run at least one group. The other time is assessment. But because of my current position, they've taken me off the assessment team and I'm on the, and I'm on the service provision team.

ARCH: So with, with school psychology training, are you, and perhaps can't without the LMHP, are you able to diagnose mental health issues?

SUSAN LINDBLAD: With my doctorate in school psychology, I'm licensed as an independent practicing school psychologist or, excuse me, psychologist through Health and Human Services so I can diagnose mental health issues. I can supervise LMHPs. I can be involved in that capacity.

ARCH: Does that, does that require doctoral level training?

SUSAN LINDBLAD: For the diagnosis? If I'm correct and someone's going to follow up with-- in further testimony about licensure or, or more about licensure, I think the, the independently licensed mental health practitioners can also provide a diagnosis. But there's some limits and I am not sure what those limits are.

ARCH: OK. The additional hours of training is pretty significant, particularly if you're already employed as a school psychologist. Is that a correct assumption?

SUSAN LINDBLAD: I don't believe it is, but someone's going to provide testimony to that.

ARCH: OK. All right. Great. Any other questions? Seeing none, thank you very much for your testimony.

SUSAN LINDBLAD: Thank you.

ARCH: Next proponent for LB1106.

BRIAN McKEVITT: Good afternoon, Chairperson Arch and members of the Health and Human Services Committee. My name is Brian McKevitt, B-r-i-a-n M-c-K-e-v-i-t-t, and I'm a professor of school psychology at the University of Nebraska at Omaha. I'm speaking to you today to provide information about the training of school psychologists in the area of mental health as it pertains to the contents of LB1106, sponsored by Senator Day. LB1106 seeks to streamline the path for licensed mental health practice for school psychologists, a path which other qualified mental health providers already have. School psychologists have a unique skill set that includes strong competence in addressing the mental and behavioral health needs of children and youth in schools, and their training in this area is extensive. The entry level degree to become a school psychologist is an educational specialist degree, or EdS, in school psychology, which in the three Nebraska training programs is a 36-credit master's degree, plus an additional 36 credits totaling 72 credit hours. This degree takes three to four years to earn and includes extensive coursework and supervised school-based clinical practice. The three school psychology

training programs in Nebraska train our students in accordance with standards set by our national association, the National Association of School Psychologists, or NASP. NASP requires extensive training in mental and behavioral health services for students in areas such as behavior intervention planning, social-emotional skill development, trauma-informed care, individual and group counseling, direct mental health service provision, applied behavior analysis, school crisis preparedness and response, and suicide prevention and "postvention." Coursework required for licensed mental health practice covers five areas as determined by DHHS. Our coursework strongly overlaps with these five areas. The first area is called Theories and Techniques of Human Behavior Interventions, requiring six semester hours. As part of our NASP-approved program, we have two courses or six semester hours addressing this area: Psychotherapeutic Interventions and Behavior Analysis and Intervention. Together, these courses provide extensive training in addressing problem behavior and mental health disorders. The next area is called Professional Ethics and Orientation, requiring three semester hours. Our professional, legal, and ethical foundations of school psychology course addresses this requirement with topics on confidentiality, record keeping, relevant federal, state, and case law, and the ethics problem-solving process. The next area, Assessment Techniques Required for Mental Health Practice, requires three semester hours and is addressed by our Foundations of Assessment course, Behavior Analysis and Intervention course, and our Early Childhood Assessment course. These courses total nine semester hours and discuss critical assessment considerations like validity and reliability and specific techniques ranging from mental health screeners to direct behavior assessment for ages birth to 21. The fourth area is called Human Growth and Development and requires three semester hours. Our developmental psychology course thoroughly covers this area. Finally, Research and Evaluation is the last area, and that also requires three semester hours. We have three courses totaling nine semester hours for this one: Small and Research Design, Applied Statistics, and Program Evaluation. Additionally, the provisional LMHP application requires 300 clock hours of supervised practicum or internship prior to the degree. NASP-approved programs require 400 hours of practicum field experiences and a 1,200 hour supervised internship prior to the EdS degree conferral. I would also like to point out to the committee that the training of school psychologists is more extensive than that of other programs already approved for the LMHP credential. For example, students who complete the Clinical Mental Health Counseling program at Wayne State College, which is approved by DHHS for the LMHP, complete a 60-credit master's program. Likewise, the mental health counseling program at UNO is approved for

the LMHP and is also 60 total credit hours. Our school psychology programs are 72 credit hours. It is my hope that the information I provided to you demonstrates that school psychology training prepares students to be qualified school-based mental health service providers akin to other providers licensed for mental health service. Schools with school psychologists holding the LMHP credential would be able to be reimbursed by Medicaid for certain services provided. As Senator Day noted, we have a mental health crisis in our schools and we need all the resources available to us to address the needs of Nebraska students. Thank you and I welcome any questions that you have.

ARCH: Thank you. Are there questions? I have a couple. So the EdS, the EdS, is that a bachelor's degree?

BRIAN McKEVITT: No, sir, it's a master's degree, plus an additional 36 credits.

ARCH: So you confer a master's, a master's degree with the EdS.

BRIAN McKEVITT: The master's comes first and then it's additional-- in our program, it's additional two years of training to get the EdS degree. At UNL and UNK, I believe it's an extra one year of training to get the EdS degree.

ARCH: OK. OK, thank you, that's helpful. Your-- in your, in your testimony as well, you say coursework required for licensed mental health practice.

BRIAN McKEVITT: Um-hum.

ARCH: What, what does that refer to?

BRIAN McKEVITT: That refers to the application for the PLMHP and LMHP credential through DHHS. So what I did was I took the application and I mapped--

ARCH: And laid, and laid it parallel--

BRIAN McKEVITT: Um-hum.

ARCH: --to it-- to that.

BRIAN McKEVITT: Yeah.

ARCH: OK.

BRIAN McKEVITT: That's correct.

ARCH: All right. OK, thank you. That's helpful. Other questions? Seeing none, thank you very much.

BRIAN McKEVITT: Thank you.

ARCH: Next proponent for LB1106.

McKAYLA LaBORDE: Good afternoon, Chairperson Arch and members of the Health and Human Services Committee. My name is McKayla LaBorde, that's M-c-K-a-y-l-a L-a-B-o-r-d-e, and I'm the executive director of student services for Educational Service Unit #3 in La Vista, Nebraska. I'm also the current president of the Nebraska Association of Special Education Supervisors, which is an affiliate of the Nebraska Council of School Administrators. I'm very honored to be here today as a Nebraska educator and school administrator in support of the important work of school psychologists and to advocate for the health and well-being of our Nebraska students. These past few years in education have been anything but typical. But Nebraska schools have forged on and adapted to meet the ever-changing needs of our students. And now, more than ever, those needs are inclusive of mental and behavioral health. School staff face challenging circumstances each day from students with crippling anxiety that refuse to come to school to disruptive behaviors in the classroom that are a result of toxic stress or trauma in the home. Although the pandemic has magnified the intensity of the mental and behavioral health needs of our students, educators are rising to the challenge to provide prevention and intervention where it's needed most. Our secret weapon may just be the school psychologist. School psychologists are uniquely qualified to provide a wide spectrum of services. Not only are they trained to provide school-based mental and behavioral health services, but their expertise is critical in helping students learn and helping teachers teach. But unfortunately, school psychologists in Nebraska do not have a clear path to licensure, although a rigorous training program and preparatory coursework has long been in place. LB1106 outlines a straightforward plan to license Nebraska school psychologists that makes sense and allows them to do more of what they are trained to do. Not only will this increase access to mental health services in the schools, but it will expand much needed federal Medicaid in Public Schools reimbursement, or MIPS. Public schools can receive Medicaid reimbursement for certain health services that are provided to students while they are at school. The services must be medically necessary, the student must be eligible for Medicaid, and these services must be included in their individual education plans or individualized family service plans. The school setting really is an ideal place to enroll eligible children in Medicaid and to assist

children already enrolled in Medicaid to access benefits available to them, such as mental health services. But public schools have been prevented from including school psychologists as direct providers of mental health services due to that absence of an appropriate licensing option in spite of their educational preparation and qualifications. With the passage of LB1106, public schools could finally include school psychologists in their pool of licensed staff able to deliver these direct Medicaid services. Schools use federal MIPS reimbursement to offset special education expenditures that are otherwise covered by local district funds. The most recent statewide special education expenditure data from the '19-20 school year indicates that MIPS funding only reimbursed 2.1 percent of the local funds needed to cover the costs of special education and related services that are mandated by the federal and state regulations. Providing a licensing option for our school psychologists and increasing MIPS reimbursement rates is good for local schools and all Nebraska children. When local funding is diverted to cover the costs of required special education services, school districts are forced to make difficult decisions about where to make cuts. In contrast, when MIPS reimbursement is increased, we can provide more of the resources our students need, including highly trained staff and evidence-based materials and programs. I'd like to personally thank Senator Day for initiating LB1106 as this is a step in the right direction. My sincere hope is that we can better address the escalating mental health needs of our students by further recognizing the versatility and specialized skill set, set that school psychologists bring to the table and establish that clear path to licensure. If we can work together, we can help Nebraska students thrive. I welcome any questions.

ARCH: Thank you. Are there questions?

WALZ: I have a question.

ARCH: Senator Walz.

WALZ: Thank you. Thanks for coming today.

McKAYLA LaBORDE: Thank you.

WALZ: So currently if services aren't being provided to students in the school, what happens?

McKAYLA LaBORDE: You know, we have found and there's some evidence to support that students when they need to go to a clinic to receive those services, they are far less likely to access those services. And

so it's dependent upon the families to provide transportation, you know, navigate the insurance system to pursue those options.

WALZ: Yeah. OK. Thank you.

McKAYLA LaBORDE: Thank you. Yes.

ARCH: Other questions? Senator Hansen.

B. HANSEN: Hi.

McKAYLA LaBORDE: Hi.

B. HANSEN: So if a student does access services in school, do they pay for it?

M. CAVANAUGH: At this point, no, they do not.

B. HANSEN: OK.

McKAYLA LaBORDE: They do not pay for them at all. Those are part of a free, appropriate public education that we are mandated to provide to all students with special, special education needs. And then there are students who are not identified also receiving those types of interventions. Correct.

B. HANSEN: Yeah. OK. So if, if they went to an outside clinic, though, they would have to pay for it.

McKAYLA LaBORDE: Correct.

B. HANSEN: OK, just making sure.

McKAYLA LaBORDE: Correct.

B. HANSEN: What are some, what are some examples of certain health services provided to students at school that would be covered with Medicaid if this bill is passed?

McKAYLA LaBORDE: Yes. Well, the, the already included services that are reimbursable through Medicaid funds include speech language therapy, occupational therapy, there's nursing services, vision support, personal care assistance, and there's some transportation and other, other pieces that are already included in our state Medicaid plan.

B. HANSEN: OK. All right. And do you know, maybe not, and maybe this was already said earlier, so I apologize. How many other states include school psychologists in their pool of licensed staff?

McKAYLA LaBORDE: 38.

B. HANSEN: 38. OK.

McKAYLA LaBORDE: Yes.

B. HANSEN: Thank you.

McKAYLA LaBORDE: Thank you.

ARCH: Other questions? Senator Murman.

MURMAN: Thank you. So a school psychologist or, yeah, a school psychologist would be able to diagnose mental health conditions of students?

McKAYLA LaBORDE: You know, Dr. Lindblad, who you met earlier, was the first person testifying, she is also a clinical psychologist. She also has her doctorate in psychology. So a school psychologist is not able to diagnose mental health needs unless they have some additional licensure that would allow them to do that. Yeah.

MURMAN: What you did say that the school psychologist could identify a student that needed an IEP, so--

McKAYLA LaBORDE: Correct. Correct.

MURMAN: --would that not be a diagnosis?

McKAYLA LaBORDE: No, it's a little different. They are able to determine if a student is eligible for special education and in need of an IEP. So that special education is kind of that large umbrella. So they might have a disability such as autism. They might have a specific learning disability or perhaps a vision impairment. So there's an umbrella of special education, and our school psychologists are our key personnel that help us determine whether or not students are eligible under Rule 51, which is our Nebraska special education law.

MURMAN: OK, so a school psychiatrist that wasn't licensed as a psychiatrist could kind of like refer then for a mental health condition?

McKAYLA LaBORDE: Yeah. You know, we work really closely with other community providers who might be able to do those diagnoses. A lot of times families might have worked with their pediatrician, and maybe that child already has an anxiety diagnosis. And then we can then provide those services in the school. So there are wonderful community providers who are able to diagnose specifically mental health conditions. And then our school psychologists could kind of work in concert with them in the school setting to provide the treatment.

MURMAN: So the school psychologist wouldn't diagnose, but they could suggest. I mean, not-- probably not--

McKAYLA LaBORDE: Absolutely.

MURMAN: --refer either, but suggest to the parents then.

McKAYLA LaBORDE: Correct, yeah.

MURMAN: OK.

McKAYLA LaBORDE: Yeah.

MURMAN: Thank you.

McKAYLA LaBORDE: Yes.

ARCH: Other questions?

WALZ: I just have one more real quick.

ARCH: Yes, Senator Walz.

WALZ: And this is a very simple question, maybe. I know that when I was going to school a long time ago, there were school psychologists. How long have school psychologists been working in-- within the school system?

McKAYLA LaBORDE: Oh, gosh. A very long time, a very long time. And they, they do have this amazing training preparation program that Dr. McKevitt described that includes so much with regard to what, what it's like to, to provide these kind of services in a school setting, which is just a little different than that clinic or community setting. So they are really valuable to school administrators and to schools.

WALZ: All right. Thanks.

McKAYLA LaBORDE: Yeah.

ARCH: Other questions? I, I just have one additional. So if, if school psychologists became LIMHP-- or LMHP, they not-- I mean, we've kind of focused on Medicaid billing here.

McKAYLA LaBORDE: Right. Right.

ARCH: But you could bill commercial. You could, you could individually bill the parent. I mean, you know, you could, you could do more certainly than Medicaid. And a school psychologist then becomes a, a counseling center in the school.

McKAYLA LaBORDE: You know, Senator Arch, that's a great point. And there is a lot of work in the state of Nebraska to try to explore different options for school-based mental health. And if school psychologists were to be able to have that clear path to licensure, absolutely, they would be a tool in the arsenal of expanding school-based mental health. So it's a topic I'm very interested in and, and working on at my own ESU.

ARCH: The down-- the downside, of course, is that as you move that direction, you couldn't do what you're doing now. I mean, the, the school psychology, the traditional school psychology work--

McKAYLA LaBORDE: Right.

ARCH: --would have to be picked up differently.

McKAYLA LaBORDE: You know, I agree with you and I think we're working towards a well-rounded assignment for school psychologists that really helps capitalize on those, those-- that versatility that they have. But you'll hear a little bit more about rural schools. I mean, there is a shortage of licensed mental health professionals right now. And so just to be able to expand those options and then the avenues for which we would pursue reimbursement through various, various opportunities, I think would be really beneficial.

ARCH: OK. Thank you.

McKAYLA LaBORDE: Yeah.

ARCH: Other questions? Seeing none, thank you very much.

McKAYLA LaBORDE: Thank you.

ARCH: Next proponent for LB1106.

BRENT COLE: Good afternoon, Chairperson Arch and the rest of the Health and Human Services Committee. My name is Brent Cole, B-r-e-n-t C-o-l-e. I want to thank the committee for hearing my testimony today. I value public service. The hours that you all are spending improving the state are so appreciative. Thank you. I am the principal at Crete Middle School. I'm also a member of NCSA, Nebraska Council of School Administrators. At Crete Middle School, we serve 450 students in grades six, seven, and eight. Over 60 percent of our building is on free and reduced lunch. We have a lot of great kids and great people at our school. I love education. However, the job is only getting more and more difficult as the needs of our students continue to increase. The number of students needing more services also continues to climb. The most important aspect of my job is student achievement. Crete Middle School currently is labeled a great school by the Nebraska Department of Education. This means our student achievement is above good but not excellent when computed with various factors by the NDE formula. I am very proud of this considering our poverty rate. Even though we have a great rating, our percentage of students proficient needs to be higher. We also are still serving too many students in intervention classes. We currently offer interventions beyond core instruction to 35 to 40 percent of our students. Aside from specifically identified interventions, I believe servicing students' mental health needs increase their academic performance. We currently serve over 140 students in some capacity for behavioral and mental health needs. That's almost a third of our students. We have three tiers of services that we provide. Our Tier 1 service in our building is a daily check-in on a Google form where all kids can rate how they are feeling on a scale from one to five. One being they're feeling the best they can. Five, they're not having the best day. If students rate themselves a four or five, our school counselor or school psychologist speaks to those students that day. In Tier 2, our school psychologist and school counselor provide group counseling for students that are experiencing a variety of social-emotional needs. We currently are serving 29 students in our group sessions. Students receiving Tier 1 and Tier 2 support are high, but our current Tier 3 needs are very high and that number goes up every year. In Tier 3, our school psychologist provides one-on-one assessment and intervention for students. These students are experiencing self-harm or suicidal thoughts. They need detailed safety plans because they have expressed thoughts of harming themselves or others. Some students are also on intense behavior plans because of an identified disability on their IEP. We are currently serving 36 kids in Tier 3. We currently use our

school psychologist, school counselor, plus three other outside therapists to provide individual counseling services. This is my sixth year as a principal. For my first three years, we shared a psychologist with our high school. Our district has made the correct decision to now have a school psychologist in every building. Having a full-time person in my building for the past three years has been eye opening to me. Our psychologist has a tremendous range in services provided to students. She provides services in all three tiers that I described above. But she also is in charge of 20 more additional students that are on behavior levels that could prevent or lead up to a behavior plan. Our school psychologist also leads our special education teachers in managing their caseloads doing data analysis of student achievement. In my building, our psychologist collaborates with myself and the assistant principal on a daily basis. I think one misconception is that school psychologists only work with students in special education and give tests. That's not true in my building. In addition to the individual and group counseling she provides, our psychologist has been integral in working with staff to improve their effectiveness with students with mental and behavioral health needs. This helps make my job easier. Again as a principal, my main focus is student achievement. To do this, some research suggests that I monitor instruction 40 per-- to 40 to 50 percent of my day. That's extremely tough to do, as is, and without a school psychologist, it's impossible. I, of course, support LB1106. I hope my testimony has given you a behind-the-scenes look at some of the challenges our students and staff are facing in public education. There is no question that school psychologists are highly qualified mental and behavioral health providers. MIPS funding would increase access to these services in schools. As a principal, I am faced with tough decisions every day, but I always make sure that the decisions I make are best for kids and not what is best for adults. LB1106 is best for kids.

ARCH: Thank you for your testimony. Are there questions? Senator Walz.

WALZ: Thank you. Thank you for coming here today. I am very interested in your-- in the program that you have: Tier 1, Tier 2, Tier 3. As a parent, you know, you would like to think that your children are telling you everything and that they're telling you how they feel. But there are just times that they don't. So I, I'm very glad that if my child were going to your school, that they would have some type of ability to have somebody figure out or find out how they're feeling. My question is, how-- can you just kind of explain how you bring the parents in to this process?

BRENT COLE: Just from Tier 1, 2, and 3 or--

WALZ: Yeah, I guess.

BRENT COLE: Well, like in Tier 1 every single day, it's so nice that the kids have an opportunity to tell us how they're feeling every single day.

WALZ: Yeah.

BRENT COLE: And then we can have early intervention on that, right, that's the idea. Some of those things, it might not involve the parents, it might just be an issue with a friend or an issue within the classroom or with a teacher. Things of that nature. If it is-- if it comes through the, the Tier 1 and it is directly related to self-harm or suicidal thoughts, then we, what we call, orange folder cases because all of our protocol for self-harm are an, an orange folder. Then we go through an extensive process to, to really see how the students are feeling and if they really are a threat to themselves or others. We bring the parents in immediately on that. That's not-- we're not waiting around to, to bring them in. Now in some of the Tier 1 and some of the Tier 2 services like our group sessions are-- we definitely get parent consent to be a part of those sessions, but we wouldn't necessarily update the parents after every group session. For example, a parent would know that their child is in an anxiety group, but that they-- we don't necessarily talk to them every week after we meet.

WALZ: Um-hum. OK. And how, how responsive have parents been to this program?

BRENT COLE: Extremely responsive. You know, the, the, the Tier 1 everyday check-in is something we've just been doing over the last couple of years and we've had a lot of success with that. The-- that when parents of students in Tier 2 and Tier 3, oftentimes they feel either a little responsibility, right, for what's happening with their child or they're a little embarrassed that they need that support. But then once we start getting into the services that goes away and they're just so appreciative of the support that we're providing.

WALZ: Yeah, yeah. Well, thank you so much. I really appreciate--

BRENT COLE: Thank you.

WALZ: --your explanation of that program.

ARCH: Other questions? Senator Murman.

MURMAN: Thank you. In your second paragraph, this is kind of a housekeeping thing, you mentioned the, the percentage of students proficient needs to be higher. Is that proficient in English or proficient in all subjects?

BRENT COLE: So in, in grades three through eight: math, English language arts, and science are the tested subjects for the state of Nebraska. So when I say proficient, I mean in those three areas.

MURMAN: OK. Not necessarily proficient in English language, then.

BRENT COLE: No. Yeah. Yeah, proficient on the standardized tests from the state of Nebraska in math, language arts, and science.

MURMAN: OK, thank you. And then I understand why, you know, students are put in like Tier 1, Tier 2, Tier 3. I'm just wondering do students-- I mean, I could see maybe they could kind of get a stigma. You know, according to what group they're in. And I don't know how, how obvious the label is or even the group is, but you know, there could be a stigma with that or-- but maybe the kids think it's cool, dude, to be in a certain group. I don't know.

BRENT COLE: No, that's a great question. And as a middle school principal, I'm definitely the person to talk to about how students are worried about their peers. But when we talk about Tier 1, Tier 2, Tier 3, none of that language is ever brought up with the student. So it's not even sort of pigeonholed into a spot. Now our Tier 2 students that are in those groups, it's very cool to, to be able to meet with our psychologists and work on some of those things. They don't look at that as a, as a negative at all. The Tier 3 students that we're serving, the general population would have no idea that that student is receiving Tier 3 services unless the student would say something to a friend. I mean, it's just not publicized. It's not even-- in my opinion, it's-- that's not an issue in my school.

MURMAN: So would you say it's more-- I mean, the students themselves as what they think of themselves would it be more of a stigma or a cool thing to be, you know, in the high, maybe the highest or the lowest need group for services?

BRENT COLE: I don't think they view it as a stigma. I don't.

MURMAN: OK, thank you.

ARCH: Other questions? Senator Hansen.

B. HANSEN: Thank you. Thanks for coming to testify too. Thought you would be the unique person to ask a question to. You mentioned in your testimony, the needs of our students continue to increase and the number of students needing more services continue to climb. And with the numbers that you give here seems pretty significant, you even kind of mention it in your third paragraph that a third of your students need extra services. And 36 out of 450, which is just about almost 10 percent, need Tier 3, which indicates self-harm and suicidal tendencies or thoughts. Do you have an opinion on why all of this is climbing or why all of it's increasing, which would be indicative of the need to, to have, you know, for more school psychologists?

BRENT COLE: I think we could talk about that question for about 30 more minutes.

B. HANSEN: Let's keep them all here, let's do it. No, just joking.

BRENT COLE: No, but to, to summarize that. One big issue is and for Tier 3 services and when we're talking about self-harm and suicidal thoughts. The things that students deal with today are completely different than when I was in middle school or I think when anybody else was here. Social media and different pressures. It's a nonstop 24/7 thing, and it just wasn't like that when I was in school. When I would go to, to middle school, yeah, you'd still have peer issues. You'd still have real-life things. But when you went home, it was done because you couldn't connect with anybody. And now you're always connecting. You're always able to hear from somebody saying something negative to you. It just doesn't go away. The other thing in my community, the biggest issue for me that relates to student achievement is poverty. And when you have students that are in poverty, the chance for them to be proficient on these state tests is so much more difficult than someone that is not in poverty. And so along with poverty, then you have so many other issues that go with having the need for mental health services.

B. HANSEN: OK. I appreciate your opinion. Thank you.

ARCH: Other questions? Seeing none, thank you very much.

BRENT COLE: Thank you.

ARCH: Thank you for coming. Next proponent for LB1106.

JACK MOLES: Good afternoon, Chairman Arch and members of the Health and Human Services Committee. My name is Jack Moles, that's J-a-c-k M-o-l-e-s. I'm the executive director of the Nebraska Rural Community Schools Association, also referred to as NRCSA. NRCSA has 216 members, including 199 public school districts and 13 educational service units representing the interest of about 86,000 rural students. On behalf of NRCSA, I wish to testify in support of LB1106. NRCSA certainly appreciate Senator Day's desire to help to provide solutions for a growing need in the mental health area. LB1106 would not only provide another avenue for schools as they look to provide help for their students, it would also provide them with an opportunity to receive some reimbursement for the cost of providing that help. In preparing for my testimony, I asked for input from our member superintendents and ESU administrators. I just simply asked them to tell me their story as it, as it pertains to providing mental health services, and I received an overwhelming response. Most of those that responded focused on the difficulty of finding help in our, in our-- or for our rural students. And I'm just going to give you a small sampling in some of the things I, I received. From Kyle Finke, the superintendent at Summerland, said: I found it hard for Summerland to deal with all the needs the students have with a licensed MHP, I have an LMHP for one and a half days per week. And I'm requesting from ESU 8 next year that, that I receive another two full days-- or have two full days. But he's also put in a request for a third day per week. But that will depend upon the ESU finding individuals to fill the needs. I'm sure I'm not the only superintendent in ESU 8 that is needing extra LMHP assistance. From SPED director or SPED-- somebody in the SPED department at ESU 1: The unmet mental health needs in rural settings continue to grow. Good mental health is extremely important to children's, children's success. Research supports that students who receive social, emotional, and behavioral supports achieve better academically. School psychologists are ideal candidates to address the deficiency of mental health services in rural areas. School psychologists are trained in both academic and social and emotional services. School psychologists are uniquely positioned to provide a continuum of services to meet student mental health needs. And for Mark Bejot, the superintendent at Maywood Public Schools in southwest Nebraska: The biggest challenge out in southwest Nebraska is accessing mental health services. Services for school-aged children are typically located one or two hours away from Maywood. Getting to a child therapist takes students out of school for typically one half day a week. The anxiety levels our student-- our children are experiencing are high and many are needing help dealing with their feelings and sorting out issues. Adding certification to allow them to

meet with students will help our students learn more at school, as well as reduce stress loads they're experiencing. In closing, I see LB1106 as helping to address a dire need in our rural districts. It will not be the solution, only part of it. We have a long ways to go, but this would be a step in the right direction. On behalf of NRCSA, I encourage you to advance LB1106.

ARCH: Thank you. Are there any questions? Seeing none, thank you very much.

JACK MOLES: Thank you.

ARCH: Next proponent for LB1106.

KATIE BEVINS: Good afternoon, Senator Arch and members of the committee. I want to thank Senator Day for sponsoring LB1106 and her advocacy for addressing the mental and behavioral health needs of children in our state. My name is Katie Bevins, K-a-t-i-e B-e-v-i-n-s, and I currently serve as the government and public relations liaison of the Nebraska School Psychologists Association. NSPA represents over 340 school psychologists from dozens of school districts and educational service units across the state of Nebraska. There are some misconceptions about school psychologists that I would like to clear up. Frequently, we are seen as the testers because of our role in providing assessment for special education evaluations. Our colleagues in education and community mental health have long misunderstood that this is our only skill set giving IQ assessments, attending multidisciplinary team meetings, and determining special education eligibility. Unfortunately, school psychologists have often been used this way because of unreasonably high evaluation caseloads, inadequate staffing, funding issues, and confusion created by certification and licensing regulations. As you've heard, our training is so much more than that. In the middle of a pandemic and a national pediatric mental health crisis that is contributing to teacher burnout and concerning outcomes for our students, now is not the time to maintain the status quo. We must recognize school psychologists' full skill set in order to help students support teachers and maximize funding to schools. I would like to summarize some points regarding school psychologist qualifications and LB1106. School psychologists value our school and community-based colleagues. We count on their expertise and their collaboration. We work with them every day to help kids. The purpose of this bill is not to say school psychologists should be recognized instead of other qualified mental health professionals. Rather, we would like to be recognized alongside them for the work we are already doing and help schools access additional funds to support students.

School psychologist training exceeds the training required by DHHS for the PLMHP and LMHP credentials. Based on the testimony today and the letter I've submitted on behalf of the National Association of School Psychologists, there is no question that we are qualified mental health providers. Given the overwhelming evidence of school psychologist qualifications and benefits to children in schools, the urgency of a pediatric mental health crisis justifies bypassing the 407 process. While LB1106 would make it possible for school psychologists to practice in the community and their training qualifies them to do so, our state organization and the university training programs will continue to advocate for school psychologists to practice in schools. I would also like to highlight a few items regarding our state Medicaid plan. Our state Medicaid plan is, is one of only 15 other states, and I correct that, that's 12 that do not recognize school psychologists as reimbursable providers. Additional MIPS funding to schools for services already provided by school psychologists would help districts provide more access for services for children. In the five years I've been working on this issue, I have gathered information from DHHS, the Department of Education, our national association, other state associations, state senators, attorneys specializing in Medicaid, and communication from the Governor's Office. All of the evidence indicates the change to the state Medicaid plan would be extremely difficult based on the Centers for Medicaid-- Medicare and Medicaid Services' feedback that reimbursable providers must be licensed through the Department of Health and Human Services. In closing, I urge this committee to support LB1106 to help address the behavioral and mental health needs of Nebraska's youth. I'm happy to answer questions related to these important points and my experiences in working with licensure and certification issues for school psychologists.

ARCH: Thank you. Are there questions? Senator Walz.

WALZ: Yeah, I just want to go back to your-- the paragraph of in the five years I've been working on the issue, you talked about gathering information from DHHS and so on and so forth. And then you say all of the evidence indicates that a change to the state Medicaid plan would be extremely difficult based on the feedback.

KATIE BEVINS: Um-hum.

WALZ: Are there reasons why these-- like, what are the reasons?

KATIE BEVINS: Yeah, so I, I have been working on this for a long time and I've explored a lot of different options. And so I'll kind of give

you a timeline because I've had a lot of meetings with different people over the course of this and trying to figure out what is the best way to move forward. So way back in 2017, the Governor's Office had communication with the federal funding agency, CMS, and at that point DHS-- DHHS had asked that folks certified through the Nebraska Department of Education be reimbursable through our state plan. And at that time, CMS said we are not going to allow that to happen. Those folks who are reimbursable through the plan need to have a licensure through the Department of Health and Human Services. So that was kind of the first, the first piece of this. I then reached out, excuse me, to our national association because obviously other states have done this and they sent me some communication from CMS saying, well, that was incorrect, that the qualifications must be equivalent, but the licensure doesn't have to come through the same licensing body. So I'm not sure for the reasons and the inconsistencies with CMS communication with states regarding their state plans. But that is kind of where some of this started. I have personally been involved in communications with the Department of Health and Human Services, dating back to 2018. There was a public comment session on that updated Medicaid in Public Schools plan, and we submitted a statement for that. And I followed up with some phone calls and was unable to reach anyone who could speak with me about that issue, and we did not hear back from the department. In 2019, I worked with Senator Howard and her legal counsel-- Senator Howard, who was chairperson of this committee at one point, to talk through the state Medicaid plan and if there were any avenues for us to pursue with that. And as it was currently written and with the feedback from CMS, it didn't appear as though that was an option. We also did some investigating into the 407 process, which I'm sure you're familiar with is, is for licensing. And at that time, you know, that is a lengthy process, and the Department of Health and Human Services had really not communicated with us very much. And so at that time, we, we didn't choose to pursue that process. We also met with Commissioner Blomstedt of the Nebraska Department of Education. We talked with him about reciprocity perhaps because of our certification through NDE if there was then a way to have some reciprocity with licensure through DHHS. At that time, he voiced that he was open to that possibility. However, similar sorts of initiatives prior to this had not been successful in partnering with DHHS. And then in 2020, I, I made multiple contacts to DHHS licensure specifically asking about this issue. My initial contact, I was told that we could do an in-house fast-track process where we would submit our university training program criteria, and they would then review it and say, yes, you meet all of-- you check all of the boxes. And so then applicants from our programs would have a kind of an abbreviated

process to go through to get the PLMHP. And then this person also discussed with me, I talked to multiple people, but discussed with me the possibility then of modifying regulations related to this through legislation. At no point did we talk about 407 process at that time. Once we had that conversation, I had sent some information about that Dr. McKevitt shared about our training programs, and they stopped responding to my emails and my calls. So and I was very persistent. But so we-- I felt like we had a conversation started about this in a very meaningful way with DHHS at one point and then the communication just stopped, and I'm not sure what the reasons for that were. So I, I wanted to just share, you know, my experience because I have been working on this issue for a long time and we have been looking at a lot of different ways to make this happen for kids.

WALZ: OK. Well, I appreciate you explaining that very much. Thank you.

ARCH: Other questions? Seeing none, thank you very much.

KATIE BEVINS: Thank you.

ARCH: Next proponent for LB1106. Seeing none, is there anyone like to speak in opposition to LB1106?

TERRY WERNER: I feel a bit outnumbered. So good afternoon, Chairperson Arch and Health and Human Services Committee. And I too want to thank you for all of the work you do because I know you do a tremendous amount of work and it's not just during session. So thank you. My name is Terry Werner. I'm the executive director for the National Association of Social Workers. And that's spelled T-e-r-r-y W-e-r-n-e-r. And I want to thank Senator Day for bringing this very, very important issue up, and we, we-- I debated whether we should do neutral or opponent in opposition, but we have the very same concerns as Senator Day has, and as all of your proponents have. And, and perhaps this is part of the solution. Perhaps it's not. And I want to assure you this is not a turf war, OK? There are not enough practitioners in this state. We can't get enough social workers graduated to cover all the needs, and neither can the counselors or the MFTs. So it is not about turf war, and I'm not here to dispute any of the testimony or the qualifications of school psychologists, although I will point out that all the testimony was by school psychologists. But we are here to testify about the health and, health and safety of all Nebraska citizens. And I do want to just point out that the Legislature by statute has its own system for vetting this kind of thing. And I don't understand why this hasn't happened, but I think it is statutorily required that if you want a change in

credentials, you have to go through the 407 process. And that's what I passed out to you just now, and it's an arduous process. I've been through it. It is no fun. And I also know that what the last speaker said, that you can go to the board of mental health practice and you can request that they review your credentials and they can offer you a license, an LMHP or PLMHP. So there is a way, she, she called it fast-tracking and, and that would be one way. But the, the simplest and fastest way in my mind is simply to do the 407 process because that is not a biased system. It is-- it's, it's made up of a technical review committee, and that technical review committee is made up of several different professions and they will vet, and they really do a good job, they will vet all of your qualifications and all of, all of your needs. It's-- it would be-- it's then sent to the State Board of Health. State Board of Health will, will vote to accept or not accept their, their decision, and then the director of the Division of Public Health has to also sign off on it. So it's a tough process. I-- like I said, I've been through it and it's no fun. But so my only concern here is and, and what their focus is, is, is health and safety of the people in Nebraska. That is their only focus. And they ask, like, four questions basically saying how would this, this credential-- how is it not helping the people of the state of Nebraska by not having the credential? How will it help the people of the state of Nebraska by having the credential? So I, I only suggest and, and if, you know, if it's statutory required-- statutorily required, and I think this came in right when the licensing came in. Don't quote me, but I believe Senator Wesely was the chair of this committee at the time, and, and they, they brought through the licensing and, and the 407 process. So that's-- I'm not, I'm not disputing anything that was said here today, and I really, really think this is a serious issue that needs to be addressed. To me, the 407 process is the simplest way to address that, so. And I'd be happy to answer any questions. Don't ask me anything about what they all testified on, but.

ARCH: Thank you. Senator Walz.

WALZ: Thank you. Thank you for coming to testify today. It is a health and safety issue, for sure. We, we know that. It sounds like they have been trying to talk about what they can do to get this done, including the 407 process, and they're not getting a response. Do you happen to have any idea why that would be?

TERRY WERNER: To me, I, I don't understand that at all, because when I've gone through the 407 process, it was simply a matter of calling up, at that time it was David Montgomery, and he sent us an application, we send in the application. And, and again, I think it

was like 80 pages that we ended up sending back to them and, and they created the Technical Review Committee and, and we went through it. We didn't win. As a matter of fact, we dropped our application just so we wouldn't show a loss at the time. But so it's tough. But I mean, I, I wish that, that had happened a year ago. I mean, when you-- when the interim study was passed and so on, and it would have been really-- we'd be done with this.

WALZ: Yeah. All right. Thank you.

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

TERRY WERNER: Yes. Thank you.

ARCH: Next opponent for LB1106.

TERRY WERNER: Think I'm it.

ARCH: Is there anyone like to testify in a neutral capacity? Seeing none, Senator Day, you're welcome to close. And as you're coming up, I would mention that we received four letters as proponent, none as opponent, and one in a neutral capacity.

DAY: Thank you all again for your attentiveness this afternoon on a Friday. A couple of things that I wanted to mention. I understand the concerns about the 407 process. As you heard from Katie Bevins, they've attempted to go through that process and have not received the appropriate communication to do so. And they've been working on this for several years. And I heard that when we had our-- when we did the interim study initially that this is-- this would be an easy way to solve part of the issue that we're having right now with mental healthcare access for kids. And they're-- they keep running into roadblocks of how to do that. And so for me-- again, as I say, I think in almost all of my hearings related to mental health access for kids, this is at the top of my list in terms of priorities. And I appreciated Senator Hansen's question about why do we continue to see a rise in the number of kids who are, are, you know, having suicidal thoughts or, you know, self-harm and those types of things? And I would agree that part of it is social media and the internet and the things that, that kids have access to that we didn't have access to when we were kids. More children living in poverty. And I think when I think about mental behavioral healthcare, I like to think of it, and maybe this is because I've been in therapy and they've used this, they talk about it being a toolbox, right? A lot of kids are living in poverty and they're being bullied on social media or in school, and

they're walking around with an empty toolbox. And we are only attempting to provide them with tools to carry around in their toolbox. So when these things do arise, they have the tools to deal with it. Kids are dealing with a really-- a lot of really awful things. Again, the pandemic has, has exacerbated this issue. And again, kids are without access to the appropriate tools to deal with that. You know, included in your toolbox are things like-- I know as a mental-- or a, a fitness and wellness professional, exercise, you know, diet, chiropractic care, all of those things. But we also have to have the other things outside of that because those things will not always solve the problems that kids have today. They're very different than the problems that we had when we were kids. Also to, to Senator Murman's question about parental involvement. We have to remember that the age of majority for mental health services in Nebraska is 18. So mental behavioral health services cannot be provided to kids without the consent of a parent until they are 18-years-old. So parents are involved in this process always, and that's by law. Again, I wanted to especially thank Principal Cole for coming from Crete Public Schools and describing the incredible program that they have there. And I just thought about, you know, if we could have that type of program in every school in the state where we're regularly checking on kids and saying, just how are you today? I think it's something really small that could, that could pay off huge dividends in, in the health of children and just the health of, of Nebraskans in general. And so I'm happy to answer any other questions you may have.

ARCH: Thank you. Are there questions? Senator Walz.

WALZ: I'm so sorry I'm asking so many questions today.

ARCH: That's all right.

WALZ: Too much coffee or something I don't know. Have, have you talked to DHHS about why there's been no response?

DAY: I haven't. No. But we certainly will be following up with that question.

WALZ: OK. Yeah, you don't have any--

DAY: Yeah, and again, I understand we talk about this all the time in this committee, the 407 process, 407 process. So that's something we'll definitely be checking on and seeing if maybe we could push the process along. You know, this is-- it's a solution to a huge problem. We can't keep sitting on the problem and doing nothing about it,

right? We have the power as legislators to try to solve part of this problem. And so if the simple resolution is trying to get the 407 process initiated or this bill, you know, we're happy to do whatever we can.

WALZ: Yeah.

DAY: Yeah.

WALZ: You know, I think about Senator Williams' bill that was passed last year with the, the--

WILLIAMS: Safe2Help.

WALZ: Safe2Help--

DAY: Yeah.

WALZ: --program.

DAY: Right.

WALZ: Really, really great program. And over 1,000 calls already made since that has been introduced. And now just to have the ability to follow-up and provide resources and supports to kids.

DAY: Right.

WALZ: Those 1,000-plus--

DAY: Absolutely.

WALZ: --kids. Yeah.

DAY: Absolutely. And sometimes it's just something small. Right? You know, we're expecting kids to carry a burden now that is so much more significant than, than we had to when we were kids. And sometimes they just need a small thing to, to really help them in the long run. And something like Senator Williams' bill, I think shows that. Right? It's, it's a, it's-- they just need the lifeline, you know, they just need access to it to really help.

WALZ: Yeah.

DAY: Yeah.

WALZ: Well, thank you.

DAY: Um-hum.

ARCH: Thank you. Any other questions? Seeing none, thank you.

DAY: Thank you.

ARCH: This will close the hearing for LB1106 and will close the hearings for the committee for the day.