

Transcript Prepared by Clerk of the Legislature Transcribers Office
Floor Debate April 14, 2023

KELLY: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the sixty-second day of the One Hundred Eighth Legislature, First Session. Our chaplain today is Senator Lippincott. Please rise.

LIPPINCOTT: Let us pray. As your prophet Isaiah writes: Woe to you who call evil good, and good evil. Who put darkness for light, and light for darkness. Who put bitter for sweet, and sweet for bitter. Your prophet Jeremiah says: The heart is deceitful above all things and beyond cure. Who can understand it? I, the Lord, search the heart and examine the mind to reward a man according to his conduct, according to what his deeds deserve. Forgive us, Lord, for allowing your name to be blasphemed within these Chambers, for not observing the precepts of your word. May this following prayer written by your servant, David, Psalm 101, considered the politicians' psalm, be our petition to you: I will sing of your love and justice. To you, O Lord, I will sing praise. I will be careful to lead a blameless life. When will you come to me? I will walk in my house with blameless heart. I will set before my eyes no vile thing. The deeds of faithless men I hate. They will not cling to me. Men of perverse heart shall be far from me. I will have nothing to do with evil. Whoever slanders his neighbor in secret, him will I put to silence. Whoever has haughty eyes and a proud heart, him will I not endure. My eyes will be on the faithful in the land, that they may dwell with me. He whose walk is blameless will minister to me. No one who practices deceit will dwell in my house. No one who speaks falsely will stand in my presence. Every morning I will put to silence all the wicked in the land. I will cut off every evildoer from the city of the Lord. Lord Jesus, may our hearts reflect these words of David. In Jesus name, Amen.

KELLY: I recognize Senator Armendariz to lead the Pledge of Allegiance.

ARMENDARIZ: Please join me in the pledge. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

KELLY: Thank you. I call to order the 62nd day of the 108th Legislature, First Session. Senators, please record your presence. Roll call. Record, Mr. Clerk.

CLERK: There is a quorum present, Mr. President.

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KELLY: Thank you. Thank you. Are there any corrections for the Journal?

CLERK: There are no corrections this morning.

KELLY: Are there any messages, reports, or announcements?

CLERK: There are, Mr. President. Report of registered lobbyists for 4-13-23 is on file. It will be printed in the Journal. Additionally, agency reports electronically filed with the Legislature can be found on the Nebraska Legislature's website. Notice that the Health and Human Services Committee will have an Executive Session at 10:30 under the south balcony. Health and Human Services, 10:30, under the south balcony. And the Appropriations Committee will have an Executive Session at 10:30 in Room 1307. Appropriations, 10:30, 1307. That's all I have at this time, Mr. President.

KELLY: Thank you, Mr. Clerk. First item.

CLERK: Mr. President, first item on the agenda, LB227. First of all, Senator, pursuant to Rule 6, Section 3(f), Senator Hunt would move to indefinitely postpone LB227.

KELLY: Senator Hansen, pursuant to the rule, you're recognized to open on the bill.

HANSEN: Thank you, Mr. Lieutenant Governor. Well, good morning, colleagues. Hope everyone got a good night's sleep. LB227 is the HHS Committee priority bill, and with AM1332 contains the two committee packages compiled this session. The two packages contain closely related consent calendar type bills that address our hospitals and pharmacies throughout the state. I will touch briefly on each bill contained within the amendment, but would defer to the original introducers of each to better inform the body on the details of each bill. The first package has to do with difficult to place patients across the state. Difficult to place patients are patients that, for one reason or another, can't be moved from acute care facilities to a more appropriate healthcare facility. This is an issue because hospitals don't have the room nor the budget to house these patients for long periods of time without reimbursement. This is because-- this is being addressed through LB227 as amended by incorporating LB434, which requires DHHS to enroll long-term care hospitals in Medicaid, the rebasing of inpatient interim per diem rates through LB219, and the creation of a pilot program for complex patients transfers with LB517. My bill, my bill LB227, was in response to LR417, heard before

the HHS Committee, that shed light on the challenges facing staffed bed capacity at hospitals in Nebraska, including the challenge of hard to place patients. With the inability to transfer patients to the appropriate level of care, some patients essentially live in hospital rooms receiving care and taking up precious bed capacity with no compensation provided to the hospital. These difficult to transfer patients may have mental health problems, physical disabilities, alcohol and drug abuse issues, or a limited ability to function on their own. We found that hospitals are housing patients who need care, but don't need to be hospitalized. They're receiving no compensation for the bed, room, equipment, staff, time, food, and medications. Hospitals are not meant for long-term care, and would like to prioritize immedi-- immediate needs. Yet, they are using their resources and workforce to care for patients who would be best served in a nursing facility or through in-home care. In an effort to advance solutions to this problem and with the intention to support the care of these individuals while they wait for placement options, I brought LB227. As amended, it would have the state provide Medicaid reimbursement to a hospital at 100 percent of statewide average nursing facility per diem rate for patients eligible for discharge who are remaining in their care. To be eligible, an individual must be enrolled in the Medicaid program, be admitted as an inpatient, but no longer requires inpatient care, requires nursing facility level of care upon discharge, and is unable to be transferred to a nursing facility. The second part of this package focuses on improving the efficiency and effectiveness of our state's pharmacy industry. My contribution, LB181, provides that a prescription is valid when written, and remains valid for the period stated in the medical order, notwithstanding the prescribing practitioner's subsequent death, retirement, suspension, revocation, or other intervening cause. This is necessary because of situations where an individual needs to refill a prescription and doesn't discover the problem until it's too late, and must then go through the entire time-consuming process of finding another physician, getting an appointment, getting a new prescription, and getting said prescription filled. Also contained within AM1332 is LB548, which clarifies the passing score needed to become a pharmacist; LB202, which allows pharmacy technicians to administer vaccines; LB611, which allows patients to take home leftover necessary medication upon discharge; and LB458, which removes red tape in between central fill and retail pharmacies. Now, colleagues, pretty soon you'll be getting a handout which briefly describes everything in this bill with the amendment, and all the contribution by the senators who, who introduced these bills. You'll be getting that here shortly, and that might clarify a lot of questions some people might have, or

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at least get a better description about what's in this bill. We consider these amendments to be friendly. And with that, I urge your green vote on LB227. And hopefully each person who introduced a bill in this said package will be able to get up and talk for a minute or two about what their bill is, maybe describe a little bit more in detail and hopefully answer any questions that some people might have. Thank you, Mr. Lieutenant Governor.

KELLY: Thank you, Senator Hansen. Senator Machaela Cavanaugh is recognized to open on the motion.

M. CAVANAUGH: Thank you, Mr. President. Good morning, colleagues. I am just continuing on. This, like everything else, is about LB574. And man, I did not, Senator Hansen, I did not sleep well last night. I barely slept at all. Normally, when I leave here, I'm so tired that I am able to just fall asleep and be, like, dead asleep. But the last couple of nights I have hardly slept. So today, LB227. I have a couple of motions filed. And then the amendment that Senator Hansen was discussing, I have informally, which we'll get to that point formally at some point, but I've informally requested the-- to divide the question. And, colleagues, if you are going to divide the question on a bill, you should, out of courtesy to staff and to the introducer of the bill, let people know, because it actually takes a lot of work for the staff to divide the question, especially a bill like this that has so many bills inside of it. So I made a list of what I was dividing out this morning and gave it to the Clerk's Office, and then I forgot to make a copy of it for myself, so then I had to go back up to the Clerk's and get a copy of it. So now I have a copy. I can just read the bills. So I have requested in the division that we divide out LB548, LB219, LB434, LB227, LB611, LB402, and LB458. It's on a hot pink Post-it note on my light here. You are welcome to come and take a look if you didn't catch the numbers that I just read off. But please don't talk to me. Unless you voted against cloture on LB574, then talk to me all you want. Otherwise, please don't talk to me. So as long as LB574 is alive and kicking, or if it moves from Final into law, this is what's going to happen. We're going to start every bill on General File with an IPP motion that blocks any amendment from being put on the board. We're going to talk on that until we talk on it. Then we go to a vote on that. Then there's other amend-- motions. Maybe there's amendments. What happened yesterday on both LB574 and LB753, where motions were withdrawn to get to specific amendments, that's not happening again. As long as LB574 exists, I'm not working with any of you. I'm not going to pull motions so that we can get something attached that makes the bill better. I'm not going to stand down so that we can move through a few things on the agenda faster. So what we

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saw a couple of days last week, and first day this week, I think, I can't even remember now, where we saw some bills move at a more normal pace, that is done. Where you saw where I would have an introducer come talk to me and say, hey, there's really this amendment I'd like to get to. Can we make that happen before we go to cloture? No. Maybe. I don't know. I'm not going to make-- I'm not going to be accommodating for it. If we get to it from cloture, it is purely happenstance. I'm not doing anybody any favors. You're probably going to start seeing me introducing an amendment to bills as we go along that bans agriculture in Nebraska. I have a compromise, though, that we make an exception for soybeans, but no other agriculture. So I'm going to start, I'm going to start with the, the total ban on agriculture in Nebraska. And then, and then, if, if, if that's not acceptable, I will compromise and we can ban everything but soybeans. Doesn't have to be soybeans. Navy beans are fine, too. So I'm going to start introducing that, and then I'll compromise with myself. And still a total ban on agriculture in Nebraska, except for soy or navy beans. I also am going to start adding amendments that require all children to get all CDC recommended vaccines at age appropriate without parental consent. That'll be a fun conversation, since Senator Kauth doesn't believe in science, medicine, vaccines, COVID. Vaccines are just the healthcare industry trying to make money. So today's bill is a lot about money in the healthcare industry. So I am very excited to hear the conversation around everyone who yesterday was disparaging the healthcare industry, saying that they want to mutilate children for a profit. How you're going to engage with this bill today that is purely profit driven. Not every bill that's in here is purely profit driven, but basically the bill is a hospital medical association profit driven package. I look forward to the horrible offensive conversations that my colleagues intend to have around healthcare and individual's healthcare decisions as it pertains to this bill. I won't introduce my banning of agriculture on this bill because that would not be germane, clearly. And I know, I'm totally prepared for the conversation, hasn't had a hearing. You are correct, but that's OK, because I'm still going to do it and we're still going to talk about how absolutely bananas it is that I'm trying to ban agriculture in Nebraska, and my compromise is one specific type of beans. Completely arbitrary. Completely arbitrary. But I'm negotiating in good faith with myself, and my heart. So that should work out well. And the vaccines-- I mean, I clearly, with LB574, we do not trust parents to make medical decisions for their children. So we need to be more consistent and take away that right. Let's go with the CDC recommendation. I think maybe there's a World Health Organization recommendations as well. I'm happy to negotiate on whose

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recommendations we take for what the panel and age of, of vaccinations is. Happy to work on that with myself. I'll be convening a negotiation with myself over the weekend. It'll be intense conversations in between watching Babe: Pig in the City with my kids. I think it's going to get rough sometimes. I know that Senator Machaela Cavanaugh is not always reasonable. But I'll get her there. I'll get her there. How much time do I have left?

KELLY: 1:18.

M. CAVANAUGH: At ease, everybody. No, that's not how it works. At ease. No? I don't know. Someday I'll figure out what the magical power is of how you get us to be at ease just--

KELLY: One minute.

M. CAVANAUGH: --arbitrarily. OK, so going to start working on those amendments for bills banning agriculture. I'm just going to telepath. I'm going to come forward with a, a compromise amendment where we make an exception for navy beans. I've, I've gone with navy beans, forget about soy. It's all about navy beans. And I'm going to be bringing amendments that require all vaccinations at certain ages for all children because we cannot trust parents to make medical decisions for their children. So this is-- we're going to start getting more consistent in our random, arbitrary policymaking. And I'm just here to help. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Lieutenant Governor. And thank you, Senator Hansen, for the opportunity to speak on AM1332 to LB227. This amendment contains language from my LB590, which was unanimously voted out of the Health and Human Services Committee on March 3. It would increase the personal needs allowance for qualifying individuals receiving Medicaid benefits from \$60 per month to \$75 per month. The last time the personal needs allowance was increased was, was with the passage of LB366 in 2015, eight years ago. This bill was sponsored by former Senator Patty Pansing Brooks, and cosponsored by former Senators Kathy Campbell and Colby Coash. After being amended, it increased the allowance from \$50 to the current \$60 per month. According to the American Council on Aging, a nursing home resident's personal needs allowance can be spent towards a variety of personal items and services not provided by the care facility. This includes clothing, shoes, vending machine snacks, specialty food,

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multivitamins, haircuts, toiletries, magazines, books, knitting needles and yarn, greeting cards, postage, and cell phone bills. AARP Nebraska, a proponent of LB590, believes that increasing the personal needs allowance will allow long-term care, assisted living, and other alternative living residents the ability to better meet their personal needs, and maintain a level of independence and dignity, combat isolation, and improve overall mental and physical health for our most vulnerable. It's the little things that add up. Many families help where and when they can, but not all families have that ability. Once again, colleagues, I appreciate the opportunity to present AM1332 to LB227 and I would ask for a green vote. Thank you. And I yield the rest of my time to Senator Hansen.

KELLY: Senator Hansen, you have 2:50.

HANSEN: Thank you, Mr. Lieutenant Governor. I appreciate Senator Holdcroft expanding a little bit more on his bill. This, this was actually-- this had, this had actually a really good hearing. This originally was increasing the standard of need from \$60 to, I believe, \$100. And so we kind of tailored that down, trying to be a little bit fiscally conservative, to meet at least where inflation is at. I believe inflation was, if Senator Holdcroft can correct me always too, was around \$72 or \$73 and so we kept it about \$75 to kind of meet for today's needs. And so it's a great bill, able to help people out to take care of some of their personal needs who reside in an alternative living arrangement, so. Appreciate it. Thank you, Mr. Lieutenant Governor.

KELLY: Thank you, Senator Hansen. Senator DeKay, you're recognized to speak.

DeKAY: Thank you, Mr. President. AM1232 includes my bill, LB765. I would like to thank Senator Hansen for allowing my bill, LB765, to be included in the HHS package. LB765 would amend the Statewide Trauma System Act to clean up and clarify language and make changes to how the State Trauma Advisory Board and the Department of Health and Human Services deal with the state trauma rules and the four trauma care regions. This bill is the product of several years of work between the State Trauma Advisory Board, DDH-- DHHS, and other stakeholders to craft an agreement. This bill came out of committee unanimously on a 7-0 vote. The heart of LB765 would replace the regional trauma advisory boards with regional trauma committees. Under current statutes, the trauma advisory boards exist within each trauma care region. The state created them in Section 71-8251, which would be outright repealed by this bill. It is felt that these regional boards

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are largely redundant, and that many of the duties and powers could be consolidated at the state level. The committee type system would offer more flexibility for members other than under the current board system. This bill would result in a cost savings of \$16,000 annually for the Department of Health and Human Services once fully implemented in fiscal year 2024-2025. It would also eliminate the state trauma system cash fund, since it is no longer used by the DHHS. I would urge the body to adopt AM1232. Thank you and I yield back the rest of my time.

KELLY: Thank you, Senator DeKay. Senator Walz, you're recognized to speak.

WALZ: Thank you, Mr. President, and good morning, colleagues. First of all, I want to say thank you to Senator Hansen for including both LB202 and LB517 in the committee package. I also want to thank the HHS Committee staff for their hard work on this legislation. Before I start on my piece of the, the package, I want to let people know that this process was really, really a thoughtful process. The committee put priorities for Nebraska at the helm when we were making these decisions. And just-- I'm very proud of the work that came out of that. I want to thank Senator Hansen for his leadership on making sure that what we were putting into this package was intentional, and it really made the most sense for Nebraska. So for the first time on the mike, I'm going to briefly go over LB202, which is included in LB227. LB202 is a reintroduction of LB812, that was introduced by Senator Hilkemann last year. It would allow pharmacy technicians to distribute vaccines with the supervision of a pharmacist. Because of the pandemic and the distribution of COVID-- of the COVID-19 vaccine, Congress authorized pharmacy technicians to distribute vaccines because of the high influx of patients that were coming into pharmacies. With the pandemic subsiding, the authorization will be rolled back. Pharmacists have indicated how vital this has been, though, for their pharmacies, and it's helped them get their work done to better serve Nebraskans. Last session, when this was introduced, the HHS Committee was asked that this go through the 407 process. And I'm happy to say that it has passed all three stages of that process. The importance of continuing this cannot be understated. Oftentimes, colleagues, pharmacies are the most accessible healthcare providers in many of our Nebraska communities. So this is an important bill to ensure that everyone across our state has access to equal care. And with that, I would ask for your yes vote on AM1306 and on LB227, and I'll get back in the queue to explain my other bill in a minute. Thank you, Mr. President.

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KELLY: Thank you, Senator Walz. Senator Riepe, you're recognized to speak.

RIEPE: Thank you, Mr. President. I am here, I want to thank Senator Hansen as well for accommodating three different things that I would like to talk to. I'd like to speak first to LB227, which is the-- provides a financial incentive to interim and long-term care facilities to accept what our Medicare and Medicaid patients that are held up in the hospital simply because they are not too-- as being a former hospital administrator, I can assure you that these patients are-- cannot be just discharged. You have to have a placement for them. And quite frankly, as the hospital, if you're required to retain these patients, you receive absolutely no payment for them. And this can go on for sometimes 30 or 45 days. So it becomes a very awkward situation. We need to have this legislation, this incentive, to help break the logjam of these patients that are currently residing in hospitals where it's a more expensive environment. The second bill that I would like to address is LB616, and it's a very simple bill. What it does is, it allows patients who might go in, particularly in this case for an eye laser surgery, and it allows them to then not have to throw away the medication when they go home, whether it's in the hospital or an outpatient facility. But they can-- which they're required now to do. And they would have to go out and fill a new prescription. And, to me, that does not make any sense. And so this bill would allow them to take that medication home. I think it's that simple. The third and final one that I want to address is LB572, which updates the Medical Nutrition Therapy Act by making terminology consistent with other states. LB572, for those of you who are avid fans of the 407 process, has been reviewed and fully endorsed and signed off by the state medical director and everyone else that's involved. This is simply an update of this particular professional group, and I would ask for your vote on LB227 with all of the bills that are included in that. And thank you very much, Mr. President. I would yield any of my time to Senator Ballard if he's ready.

KELLY: Senator Ballard, that would be 2:30.

BALLARD: Thank you, Mr. President. Thank you, Senator Riepe. I would like to also put in my two cents about two bills that I have in this HHS package. I would like to thank Chairman Hansen for his-- for his diligent work, and all his team in-- on the HHS Committee. LB458 is one of my bills in, in the package, and deals with central fill pharmacies. So under current law, patient prescriptions are prepared in a central fill pharmacy at a, at a hospital in the state. And then they are proposed to a resting period, or dispensing with a current

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pharmacy. Under this change, it would be-- they'd cut out the middleman. So they go from the central fill pharmacy directly to the patient. And then the second part of this bill, it's very simple. The central fill pharmacy phone number for, for prescription bottles, the dispensing pharmacy phone number, it'd be listed on the prescription bottles, and retain patient facing responsibilities. The second bill in this package is a technical cleanup for pharmacies, for the Pharmacists Association, which is LB548, and just makes one-- two minor changes. In the current statute in order to pass the jurisprudence section of the Pharmacy Licensing-- Pharmacy Licensure Act, the, the pharmacist--

KELLY: One minute.

BALLARD: --has to, to obtain exactly a 75 percent grade on the jurisprudence. This would cut that out and say it has to attain at least a 75 percent. And then the second would be-- the second requirement would require a pharmacist or person, the compounding person to combine mixtures and ingredients to create medications under federal compliance. So there are the two bills I have in this package. Again, I'd like to thank the HHS Committee for, for advancing these unanimously, and I'll yield the rest of my time back to the Chair.

KELLY: Thank you, Senator Ballard. And you are next in the queue. And waive that. Senator DeBoer, you are recognized to speak.

DeBOER: Thank you, Mr. President. I just wanted to take a second to talk about a bill that I will have later in the amendment that's coming up on this. And that is that we have the childcare subsidy, a date change is what I would describe it as. That's a bill, LB35, my priority bill, which I am very grateful to Senator Hansen, is getting a ride on this amendment that he's put together. And what that bill does is it changes 2023 to 2026 in terms of our childcare subsidy expansion. We did not get that going as quickly as we wanted to, to be able to do the study of that as we had wanted to. And so we're just pushing that date out a few years to see if, in fact, it has done what we wanted it to do. So I just wanted to say thank you to Senator Hansen for putting together this-- I won't say package, because I've already done that on this floor, but this bill with all of its amendments, and, and I appreciate all the work that's been done putting all these together. I read through this bill and all the amendments in the last day or two, and I was pleased to see a number of really good bills in there. And so I will support the entire amendment and the entire bill. And thank you, Mr. President.

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KELLY: Thank you, Senator DeBoer. Senator Erdman, you're recognized to speak. Senator Jacobson, you're recognized to speak.

JACOBSON: Oh, it's me. I was waiting for Erdman to be ahead of me, so. Well, thank you, Mr. President. Well, I, too, would like to thank Senator Hansen for including my LB434 as a part of this bill. LB434 is fairly simple. What it's doing, essentially, is allowing facilities like Madonna and Select Specialty Hospital in Omaha to be allowed to accept Medicaid from the, the, the medical fund. And that will allow facilities like Great Plains Health and other rural facilities across the state to be able to take patients who need long-term acute care, and go into those kinds of facilities that are equipped to provide that kind of care. Today, as you've seen, there is a common denominator, a common theme out there, that our hospitals, as you know, are required to take patients when they come to the hospital, regardless of their ability to pay. And then once they're in the hospital, they're really not allowed to discharge that individual unless they can release them into a safe, secure environment. With the nursing home problems that we're having today, which is really due to lack of providers and lack, lack of provider reimbursements, which is causing the closure of nursing homes, particularly rural nursing homes, this is backed up on the hospital system. So the common theme that's out there is the core of LB227 is out there to really help reimburse the hospitals for those patients that no longer need hospital care, but are not able to be discharged because there's no place to send them to that's safe for them to be. So the first part of it, of the bill that Senator Hansen brought, is to deal with that. My portion of the bill is to allow those folks that have maybe been in a car accident, or had a stroke, or in a position to where they need long-term acute care. And that means going into a facility like Madonna, who's equipped to provide that kind of care and allows them to be transferred from a place like Great Plains Health to Madonna or Select Specialty Hospital in Omaha to be able to receive that care that they need. Currently, that's not available to them because they're not allowed to access Medicaid. Those facilities are not. This would allow that to happen. So again, I appreciate the HHS Committee for including this as a part of the bill. I would urge you to vote for this entire bill. It's a great bill, it's bringing some, some critical things that we need across the state. This isn't just a rural healthcare problem, which I'm intensely aware of, but it also deals with urban issues as well. This is good for the state. So thank you, Mr. President. I urge a green vote on LB227. Thank you.

KELLY: Thank you, Senator Jacobson. Senator Halloran, you're recognized to speak.

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HALLORAN: Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraska's second house. I would like to thank Senator Hansen, the HHS Committee staff and the HHS Committee for adding LB431 to LB227, the Health and Human Services Committee priority bill this session. LB431 is a vital bill that we need to pass without any changes. LB431 had no opposition or neutral testifiers at the hearing. It advanced unanimously from the Health and Human Services Committee, and it does not have a fiscal note. LB431 is intended to provide the statutory authority for the Department of Health and Human Services to complete required fingerprinting and national criminal record checks with the Federal Bureau of Investigation, FBI. Clarifying statutory language will authorize the Nebraska State Patrol to submit fingerprints to the FBI for a national criminal history record information check of initial applicants for licensure in certain professions, and to issue a report containing the criminal record-- criminal history record check information to the Department of Health and Human Services. Last year, this body enacted LB769 with a 43-0 vote that requires five professional licenses to pass an initial national criminal background check without issue-- before issuance. After our legislative session ended, the FBI determined that Nebraska needs to revise Nebraska Revised Statute, Section 38-131, before it would begin to process the new initial national background checks. There are additional licenses requiring initial background checks within the statute. They're impacted as well. It is worth mentioning that this is a problem across the country, not just in Nebraska. Last fall, to avoid a healthcare workforce shortage emergency, Governor Ricketts signed Executive Order No. 22-04 to waive the statute and regulations that required the submission of a background check to the FBI until the Legislature could convene again to address this issue. The language in LB431 contains language preliminarily approved by the FBI. It is imperative that the language in LB431 remain unchanged, as the approval process with the FBI takes six to nine months, and this language is needed before the Executive Order expires on July 31, 2023. LB431 is a simple bill to fix an unexpected issue. I'm asking for your support and for the advancement of this critical bill to avoid a healthcare workforce shortage emergency. And again, I would like to encourage the advancement of LB227, and a, a green vote would be appreciated. Thank you.

KELLY: Thank you, Senator Halloran. Senator Ibach, you're recognized to speak.

IBACH: Good morning, Mr. President. Thank you. I rise in support of LB227 and AM1306. And I want to thank Chairman Hansen and the Health and Human Services Committee for incorporating LB219 into that bill

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via AM1306. LB219 is a bill which directs the Division of Medicaid and Long-Term Care to rebase inpatient interim per diem rates for critical access hospitals using the most recent audited Medicare cost report. As of now, there are 63 critical access hospitals in Nebraska. For background, the critical access hospital designation was designed in 1997 to keep access to healthcare viable in rural areas like District 44 and across the United States by reducing the financial vulnerability of these rural hospitals. To be eligible for designation, hospitals must meet these following conditions: They must have 25 or fewer acute care inpatient beds. They must be located more than 35 miles from a neighboring hospital. They must maintain an annual average length of stay of 96 hours or less for acute care patients, and they must provide 24/7 emergency care services. The Nebraska Hospital Association recently released a report that stated that 53 percent of our critical access hospitals are currently facing financial stress. And that's a story that we hear in the news every day. While these numerous reasons for these hospital financial stress are obvious, I believe that by enacting LB219 into law we can help alleviate one of these pressure points. Critical access hospitals are reimbra-- reimbursed based on their cost of providing these services. Currently, the average patient costs for Medicaid recipients who receive services at our critical access hospitals is between \$3,300 and \$4,500. Medicaid will then pay a per diem between \$1,800 and \$2,600, which only covers 50 to 60 percent of these total costs. This is the part that the bill would redirect-- would direct to be rebased. This per diem payment is artificially low and should be updated to better reflect today's costs. These critical access hospitals then have to wait 18 to 24 months for the remainder of this payment. When the state only pays 50 percent upfront, these small hospitals are stuck holding the bag on the remaining 50 percent, sometimes up to two years. We can help our rural hospitals simply by retiming these pay-- these payments. Paying a greater amount of Medicaid costs upfront allows these hospitals, financially struggling, which we know is in the news, to retain these existing services and staff, and may allow those that are in a stronger position financially to expand their services, which then keeps our rural communities strong and healthy. The department does not anticipate a fiscal impact related to aid, even though the rebasing will increase the per diem payment, because these costs are settled with the hospitals at a later date. Since DHHS accounts for these costs in capitation payments now, there will be no net increase in payments to the critical access hospitals, because this change in statute simply allows these hospitals to receive the larger per diem payment that are owed for providing these services that they currently receive. After discussion with the Department of

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Health and (Human) Services and Director Bagley, I introduced an amendment to the committee hearing, to the-- at the committee hearing, to allow the department to rebase--

KELLY: One minute.

IBACH: --interim per diem rates every two years instead of annually, which my original bill called for, due to the fact-- due to the complexity and the increased workload needed to rebase these rates every year. This change is reflected in AM1306. Once again, I would like to thank Chairman Hansen and the Health and Human Services Committee for incorporating LB219 and LB2-- into LB227, and I urge your green vote on the amendment and the bill. Thank you, Mr. President. I yield back.

KELLY: Thank you, Senator Ibach. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Lieutenant Governor. And again, I rise in support of LB227 and the amendment that Senator Hansen's brought forward. And I thank them again for including my bill, which is LB590, which increases the personal needs allowance for Medi-- Medicaid folks that are in our, our nursing homes and assisted living facilities. And I wanted to provide a little bit more information about who these people are. These are, these are people who, who are really at the end of their life, and have expended all of their assets. To qualify for this Medicaid assistance, you have to have less than \$4,000 in assets; \$4,000 in assets. And what the state will do then is come in and, and take your Social Security, any pension plans that you have, collect those, and they will provide, the state provides for those individuals a room to live in, three meals a day, and medication for the rest of your life. And, and for those people who are in those kinds of situations, that's a life saver. And in addition, the state does provide some personal needs, some basic hygiene items such as a toothbrush, toothpaste, dental floss, dental adhesive and cleaner, shampoo, bath soap, deodorant, moisturizing lotion, comb, razors, incontinence supplies, sanitary napkins and related supplies, and facial and bath tissue. So they do provide some personal needs. But anything over and above that, it has to come out of the personal needs allowance, which is currently \$60 a month. There are currently 5,710 Medicaid residents in our nursing homes, and 1,796 Medicaid residents in assisted living. This increase from \$60 to \$75 per month for the personal needs, does not keep up with rela-- with inflation. It was, it was \$60 back in 2015. Today, that \$60 has been inflated to \$77. And, and so we're not keeping up inflation with this, with this

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increase, but it's better than nothing. And, and it's been eight years since we've had any kind of an increase. So it does have a fiscal note and, and, and it's been, it's been steadily coming down. That's the good news. The latest, this would cost about a half of million dollars per year for the next two years. So about half a million dollars per year for the next two years. With that, I'll yield the rest of my time. Thank you.

KELLY: Thank you, Senator Holdcroft. Senator Fredrickson, you are recognized to speak.

FREDRICKSON: Thank you, Mr. President. Good morning, colleagues. Good morning, Nebraskans. I rise today also in support of LB227 as well as the amendment, AM1332. I-- I've, I've been listening to all these bills and I think-- I just want to thank Chair Hansen and also the HHS Committee. I think this is obviously a very thoughtful package, and I think that, you know, we can all agree these are important bills, and I think are good bills for Nebraska and for Nebraskans. So with that, one of the bills that are-- it's included in this package is LB123, which is a bill that I introduced, that fulfills the recommendations of the Chief Medical Officer and the Nebraska State Board of Health to create an application process for applied behavior analysts to become licensed in the state of Nebraska. This-- the proposal to license behavior analysts went through the 407 credentialing review process without opposition, which is no small feat, as many of you know. Thirty-six other states currently now license behavior analysts. And of our neighboring states, Colorado is the only one that does not currently license. So, you know, if you look at this big picture, we think about, you know, the way that we are delivering mental health services in our state, you know, being able to provide this licensure, this accountability is important for workforce issues, and is also going to make our state more attractive for behavior analysts. So behavior analysts, what do they do? They provide important services to children as well as adults. But one of the things that they particularly target include those on the autism spectrum. They provide evidence-based treatment which involves functional assessment and exploring and identifying functions of behavior and alternative behaviors that are more effective for, for the person that they are treating. So with that, I ask that you vote green on AM1332 and the underlying bill. And again, I want to thank Chair Hansen, as well as the HHS Committee for including LB123 in the package, and I urge you to support it. And with that, I will yield the remainder of my time to my colleague, Senator Ballard.

KELLY: Senator Ballard, you have 3:00.

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BALLARD: Thank you, Mr. President. Thank you, Senator Fredrickson. The last bill in the HHS package I have is LB402. LB402, I'm proud to bring on behalf of a constituent that reached out to my office earlier this year that wanted to do social work services at home, but-- or going to patients' homes. But under current statute, she would have to apply under the Home Health Agency License. And this would just take social workers out of that licensure. The Home Health Agency licensure is mainly for skilled nursing, occupational therapy, which is not what-- not anything she wants to do. So this is cutting red tape for small businesses and people that want to expand their businesses into, into a at-home services to, to ease the burden on the, the patients they're caring for. So with that, I'd urge your support of LB227 and the amendment which, which includes LB402. Thank you, Mr. President.

KELLY: Thank you, Senator Ballard. Senator Walz, you're recognized to speak.

WALZ: Thank you, Mr. President. Good morning again, colleagues. I wanted to talk about the other part of LB227 that came from a bill that I introduced, and it is LB517. Nebraska Medicine approached me regarding the issues that they are dealing with in terms of getting medically stable patients placed in a post-acute care setting. I'm really excited about this bill. We worked really hard on it. Last year, the Hospital Association reported that there were 35,500 avoidable days among the largest hospital systems in Nebraska. This means that hospital beds were filled with people who were medically ready to discharge and were not available to people that-- who need-- oh, sorry, excuse me, medically ready to discharge and were not available to people who need that higher level of care. We've been hearing about the issues relating to our largest hospitals not being able to move patients with complex health needs. The patients are ready to move, but post-acute care facilities don't typically have the resources they need to take them on. LB517 will help the post-acute care facilities receive those resources and provide services in a, first of all, less restrictive and more cost-effective alternative. After working with Nebraska Med, DHHS, and the Governor's Office and the committee, we found a compromise amendment for LB517, which is reflected in Section 60 of AM1306. This part of LB227 allows a nonprofit statewide association whose members include eligible acute care hospitals to carry out a grant program. This grant program would provide dollars to post-acute care settings like skilled nursing facilities. This would kick in when a hospital has reached 80 percent capacity for ICU beds and acute care inpatient medical surgical beds. The nonprofit entity, along with DHHS and the hospital itself, would work together at that point to try to move patients out of the larger

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hospitals. I really appreciate the work that was done on this piece of legislation. I love the fact that it's person centered and that the resources would go to people for needs. Again, it's just very personal and person centered program. Again, I also want to thank the staff of the HHS Committee. I want to thank Senator Hansen for his leadership and the HHS Committee themselves. I think that we worked really hard to make sure that what we were putting forward was thoughtful, it was intentional, and it will help a broad-- a majority of Nebraskans. Thank you, Mr. President.

KELLY: Thank you, Senator Walz. Senator Lippincott announces some guests in the north balcony. They are fourth graders from Shoemaker Elementary in Grand Island. Please stand and be recognized by your Nebraska Legislature. Senator Conrad, you're recognized to speak.

CONRAD: Good morning, colleagues. Thank you so much to Senator Hansen and members of the Health and Human Services Committee who worked to put together, I think, a very important package impacting the health, lives, and welfare of Nebraskans all across this great state. I wanted to reflect on a couple of pieces in regards to this measure before us this morning. The first being that we are, of course, in kind of an extraordinary posture for this legislative session. And so one constructive idea that policymakers have been working on is to put together additional packages or Christmas tree bills or, or things of that nature to try and move forward consensus measures that do a lot of good for a lot of Nebraskans. This, of course, has been utilized by committees, throughout the course of our legislative history. Typically, there is a committee bill that has a host of different measures, technical, substantive, included therein. And this year, we're, we're just making that process that's long-standing a bit more robust. But the other thing that I want to note about it is that I think it helps to refocus our debate to very substantive, very important issues. I think it shows that-- and these are issues that will probably never grab headlines and that's OK. But even when we have significant, serious, grave disagreements with each other on a host of important issues before the body, we have to still find ways to seek and find and advance consensus items, like the component parts of this measure and other committee bills that will be coming before the Legislature in our time together. I think that is right for the institution. I think that's right for our voters. And I think it's good to reaffirm to each other and to those that observe the Legislature, that, that good work continues to happen, as it should. The other pieces that I really wanted to lift up and there's a lot to like here. I know the individual senators have already talked a bit about their bills that are part of the component parts here. But I

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really wanted to just kind of give a shout out to a couple of key pieces that I'm really excited about, particularly in the Health and Human Services amendment. Early in the session as I was going through the bills during bill introduction, Senator Holdcroft's measure to provide a little bit more support, a little bit more resource, more dignity for people who are living in extended care facilities, really jumped out at me. It really caught my eye. I thought that was such a long overdue and compassionate measure, that I know our family had had experience with and a lot of constituents in north Lincoln had had experience with. So as I am talking to people who are in extended care and maybe don't have the family supports that others do, that, that small amount of resource that we can provide to-- for little things that aren't otherwise covered by, by other streams to help ensure their, their quality of life and, and their care can make a world of difference, can make an absolute world of difference. And I would like to continue to work with Senator Holdcroft and members of the committee to really find a way to keep moving that number up, to what Senator Holdcroft originally proposed, if not higher--

KELLY: One minute.

CONRAD: --or get that set on an inflationary track even, perhaps, so that we don't have to do it piecemeal. I'm going to hit my light again, because I want to spend a little bit more on the childcare components that Senator DeBoer has already lifted up, because that's such a critical issue for, for my district and working families all across the state and addressing our shared commitment to solving our state's workforce needs. So I just wanted to thank Senator Holdcroft for his leadership in bringing that measure forward. I'm a proud cosponsor. And I hope that, that the body will continue to make positive advancements in ensuring the dignity for all Nebraskans that that measure does indeed provide. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. Lieutenant Governor. I appreciate the comments by my colleague, Senator Conrad, pertaining to this bill. And she is right. This is-- there's not too many moments on the floor where we have, like, Kumbaya moments. No, we're not going to be holding hands, you know, and singing. But I think it's a time when, actually, we can actually get together, agree on a, a, you know, a conglomeration of bills that can move, that aren't too divisive and abrasive on the body and in the floor here. So I appreciate her, her words. I do have to bring up something that was brought to my attention. It's-- and it

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sounds like a grave error on our part, but when we handed out the, the list of bills to everybody on the floor, it was brought to my attention that we spelled Senator Jacobson's last name wrong. And he made sure to tell me that. His last name is with an o-n, not an e-n. And so he-- we must have gotten mixed up by Senator Bosn's team member, Mary Jacobsen, which is, I believe, is spelled with an e-n. So I had to say that on the record that we messed up on his last name, because he made sure to mention that to me. So with that, I'll yield the rest of my time. Thank you, Mr. Lieutenant Governor.

KELLY: Thank you, Senator Hansen. Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: Thank you, Mr. President, colleagues. Again, the bills that will be divided out are LB548, LB219, LB434, LB227, LB611, LB402, and LB458. Not really for any specific reasons, just mostly arbitrary, I looked at the bills in this package that I really like. One of them being Senator Holdcroft's bill. And I think that one is LB590. So this is the bill that is the-- increases the standard of need for eligibility for aged, blind, and disabled persons from 60 to 100. And I believe in the amendment, it was negotiated down to 70 or 75. I don't actually recall. I think it's on page 41 of the amendment. So it might not be. It was either 70 or 75. I will figure that out and, and update or maybe if Senator Holdcroft speaks again, he can-- he probably knows it more readily than I do. So when Senator Holdcroft was speaking about LB590 and how we had to negotiate to \$70 a month instead of \$100 or \$75, whichever the number was, it kind of reminded me, part of the reason that, that bill, LB590, I did not request-- specifically did not request that that bill be divided out, is because it provides relief-- financial relief, directly to people who economically need it the most: our aged, blind, disabled. And we are doing so many things this year that economically advantage those that need it the least-- not that they don't need it. Not saying that wealthy landowners don't need property tax relief, income tax relief, corporate tax relief and lots of tax loopholes. I'm not saying that they don't need it, they just need it less than everyone else needs it. They need it less than the people need \$100 a month to buy just whatever-- the brand of toothpaste they like, because it's not provided somewhere. One of the testifiers talked about, I believe it was her mother or her grandmother and how she always enjoyed a glass of wine in the evening. And this is basically, this person's monthly allowance to have for a glass of wine. Now, \$100 is not going to buy you a month's worth of wine, if you're enjoying a glass of wine every evening. If you have a friend over to share a glass of wine with, that's not going to go very far. And this was a joy and comfort for

this individual. It's the little things. It doesn't have to be a glass of wine. Some people might want to splurge at the dollar store to get little--

KELLY: One minute.

M. CAVANAUGH: --stickers and fidgets for their grandkids when they come to visit. And this allows them to do that, allows them to have the brand of toothpaste that they like. I don't like the same brand of toothpaste as probably some of you. Vice versa. Actually, I'm not that persnickety about my toothpaste, but some people are. Shampoo, some people are. I buy my shampoo at the drugstore. Lots of people make fun of me for it. I am not very high maintenance in my products. This is, this is a really kind thing. And that's why, LB590, I did not request it to be divided out. So thank you, Senator Holdcroft, for bringing it. I think it's a great piece of legislation. I yield the remainder of my time.

KELLY: Thank you, Senator Cavanaugh. Senator Conrad, you are recognized to speak.

CONRAD: Thank you, Mr. President. Again, good morning, colleagues. I also just wanted to extend appreciation to other members of the Health and Human Services Committee. I know, in addition to Senator Hansen's leadership, that our friend, Senator Cavanaugh, Senator Day, Senator Ballard, Senator Walz, gosh, who-- I'm forgetting some members right off the top of my head. That was a dangerous foray without having the full committee list in front of me. So I apologize and I'll make sure to remedy that error. But I, I just wanted to also acknowledge their hard work in putting together the committee packages and their good work at the committee level, in terms of sitting through hearings, deliberating and still finding ways to come together and put forward this, this thoughtful approach and set of ideas for us to look at. I also just wanted to spend a little bit more time talking about the childcare component that will be more firmly before us in a bit. And I, I-- this was one of the key issues that I had an opportunity to work on during my previous term of service. And it's great to see the body continue that work to expand our safety net, to ensure that high quality childcare is accessible to more working families. And whether it's the childcare subsidy program or the childcare tax credit that has been included and is kind of working its way through the Revenue packages, as well, that Senator Bostar, myself and others are working on with Senator Linehan. I think if you talk to stakeholders across the state, including the business community, including advocates for women and children, you can see a significant amount of consensus when

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it comes to addressing our childcare challenges in Nebraska and how that impacts overall family health and economic success, but also how it is a key solution to addressing our shared workforce challenges, which everybody agrees is the, the number one challenge in Nebraska. Nebraska consistently has one of the highest percentages of both parents working outside of the home. And we can continue to have one of the lowest unemployment rates in the history of our country. So Nebraskans are continuing to exhibit that generational commitment to exhibiting a strong work ethic. But the problem that we're seeing with inflationary pressures and other challenges that families are seeing, coming out of the pandemic and otherwise in an uncertain economy, is that families are working harder and harder and harder and harder. And it's more challenging for them to just keep their head above water and address their, their basic needs, in many regards. So we have a significant commitment to work in Nebraska. We have so many working parents working multiple jobs, that puts a ton of stress on families. So the more that we can do to help people, who are working their way out of poverty, access quality childcare, those investments are going to pay dividends across a host of different sectors. When we give kids a healthy, safe start that allows parents to continue to work, they're going to do better in school. It's going to lessen impacts in the criminal and juvenile justice system. So the more front-end investment we can do to help families access quality care is good for the economy, is good for--

KELLY: One minute.

CONRAD: --families, and should really be a higher priority for this Legislature. And I'm excited that Senator DeBoer has brought this forward. I wanted to give acknowledgment to the business community for their full throated support of efforts to increase access to childcare and our childcare safety net. And I-- I'm really excited to additional debate in that regard on this measure. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Machaela Cavanaugh, you're recognized to speak. This is your third time before your close.

M. CAVANAUGH: Thank you, Mr. President. Colleagues, I was just thinking about yesterday and how everything is tied back to LB574. That I'm standing here with an IPP motion talking, when I am so physically and mentally exhausted and I'd really, literally, rather be doing anything else. And I was just thinking about-- like just thinking about how I feel right now, physically, how I feel and how we're still doing this, because people in this body are so petty that they didn't want me to have a "win." I'm like, do I look like I am

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winning? Does this-- is this the face of winning? I am not winning. I am in a perpetual Groundhog Day hell. I am not winning. I'm fighting. I'm fighting, but I am not winning. And we are still doing this, because there are some people in this Legislature that are too petty, too petty to let me fail and just sit down. I could have failed yesterday and sat down. But this body's too petty, because it didn't look like enough of a failure. It has to be enough of a failure against Senator Machaela Cavanaugh. Senator Dorn, that's why the amendment won't get attached is because that's not enough of a failure. That's why. That's why. If I am not losing in some deranged, horrific loss, it's not going to be good enough. It's perverted, that making me look like a failure is more important than good public policy, parental rights, human rights, civil rights, discrimination, all of it. Senator DeKay, all of it is because they wanted me to look bad. Look bad. I already look bad. I already look bad. People hate me constantly, all of the time. I'm getting text messages from strangers to a private number berating me. Trust me, I'm not doing good, folks. I am not doing good. People, persons, men, whatever you want to be called, I am not doing well. I am failing and I am falling. And I am falling hard. And kids are and parents are. And it is because of pettiness. It is because of pure, simple pettiness. Person after person that I tried to work with, negotiate with, send ambassadors to, every single one said, well, it'll look too much like a win for Machaela. We can't have her have a win. And you voted with them, for that reason. That's why that happened. That's why that bill moved forward the way that it did, was because people are petty in this body and people who should do better refused to stand up against the pettiness and vote their conscience.

KELLY: One minute.

M. CAVANAUGH: You don't vote for bills that you inherently think are flawed and harmful as they are because somebody else wants to exact revenge on another senator. And that's what you did yesterday. You voted to legislate hate, because somebody-- multiple people, wanted to exact revenge against me. That, that should have been a bad day for you as a legislator. For people who genuinely wanted to see something better than what we had and still voted for it, that should have been a dark day for you, because you voted for somebody else's pettiness against me. That's what you did. And it's going to cause irreparable harm.

KELLY: That's your time, Senator. Seeing no one in the queue, you're recognized to close on the motion.

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M. CAVANAUGH: Thank you, Mr. President. I have looked up-- finally taken the time to find the 2016 Intergenerational Past-- Poverty Task Force Final Report. It's from December 15, 2016. It is-- I'm going to read the acknowledgments, because the acknowledgments acknowledge the staff. And the staff are important. So let's see here. Oops. The Executive Committee gratefully acknowledges the commitment of the Advisory Committee members. In this two-year study, their thoughtful perspectives on working with Nebraska families in poverty on a daily basis were invaluable. Presenters provided best practices from research, as well as a view of the programs across the state for children and families. Special recognition is noted for Jerry Diechert, University of Nebraska Omaha, and Keisha Patent, Legislative Research Office, for their comprehensive data profile of poverty in Nebraska, and Marj Plum, facilitator for the problem identification and recommendation process, process. The Coalition for a Strong Nebraska provided significant support throughout the study, including the initial report draft by Joselyn Luedtke, the Child Advocacy Center of Lincoln, the Nebraska State Education Association and Senator Campbell-- that's Senator Kathleen Campbell-- Senator Campbell's staff assisted with meeting arrangements. Elice Hubbert, Health and Human Services committee clerk-- you all might know Elice, she's in the Research Department now-- authored the final report. Her work in developing the problem and recommendation survey is the best basis of the strategic plan. In addition, she conducted an extensive review of research articles and present-- presenters' materials to ensure a report which will be the foundation of future work by the Nebraska Legislature. I specifically wanted to read the acknowledgments because I knew Elice's name was in here. And Elice works in our Research Department. And when this report was, was made, she worked for, for the HHS committee, for Kathy Campbell. And I want the people in this Chamber to know what a font of knowledge we have on staff in Elice. And if you actually take the time to look at this report and you have questions, you should go to Elice, because she was extremely integral into the development of this report and the work around it. Keisha is now the director of our Fiscal Office. And so, again, a good resource to reach out to. Jerry Diechert, who works-- is a professor at the university, was actually my professor when I was doing the master's program in public administration at UNO and I had to take a data analysis class. So I've known Jerry Diechert for a few years. So there was a time where this report was what I had hoped would be the meat and potatoes of the policy work that I would do while in the Nebraska Legislature. That hope faded away, with people introducing bills that are handed to them by national lobbying groups, like the Heritage Foundation and that are just driven purely to create a participation

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in national rhetoric of hate and divisiveness, to make Nebraska a joke of a right-wing hypocrisy. But prior to that--

KELLY: One minute.

M. CAVANAUGH: --prior to people introducing things that they just saw on Fox News, Senator Kathy Campbell, who is a Republican and was the Chair of HHS, worked on this very thoughtful report, that has very substantive action items that we, as a Legislature, could be taking up to better the lives of everyday Nebraskans. But we choose not to, instead. We got to protect kids from their parents and their doctors and just, generally, be cruel to one another in the Chamber and be cruel to the citizens of Nebraska. Much better path forward than taking care of people with kindness and compassion and inclusivity. Thank you, Mr. President. A call of the house and a roll call vote.

KELLY: Thank you, Senator Cavanaugh. There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 9 ayes, 3-- 9 ayes, 3 nays to place the house under call.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call.

ARCH: All unexcused members are now present. The motion before the body is to indefinitely postpone. Mr. Clerk, roll call.

CLERK: Senator Aguilar. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz voting no. Senator Ballard voting no. Senator Blood voting no. Senator Bosn voting no. Senator Bostar. Senator Bostelman voting no. Senator Brandt voting no. Senator Brewer voting no. Senator Briese voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements. Senator Conrad voting no. Senator Day. Senator DeBoer voting no. Senator DeKay voting no. Senator Dorn voting no. Senator Dover. Senator Dungan voting no. Senator Erdman. Senator Fredrickson voting no. Senator Halloran voting no. Senator Hansen voting no. Senator Hardin voting no. Senator Holdcroft voting no. Senator Hughes voting no. Senator Hunt. Senator Ibach voting no. Senator Jacobson voting no. Senator Kauth voting no. Senator Linehan voting no. Senator Lippincott voting no. Senator Lowe voting no. Senator McDonnell voting no. Senator

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McKinney voting no. Senator Moser. Senator Murman voting no. Senator Raybould. Senator Riepe voting no. Senator Sanders voting no. Senator Slama. Senator Vargas voting no. Senator von Gillern voting no. Senator Walz voting no. Senator Wayne voting no. Senator Wishart voting no. Vote is 0 ayes, 38 nays, Mr. President.

ARCH: The motion fails. Mr. Clerk. I raise the call.

CLERK: Mr. President, next item. Senator Machaela Cavanaugh would move to reconsider the vote just taken on the indefinitely postponed motion.

ARCH: Senator Cavanaugh, you are reckoned to-- recognized to open on your motion.

M. CAVANAUGH: Thank you, Mr. President. I keep getting locked out of my home screen, so. I don't want to print the Intergenerational Poverty Report because it's 180 pages, so I'm just going to read it off of my screen. Intergenerational Poverty. The promise of the American dream in-- is that in our society, anyone can succeed with hard work, persistence. Even in 2009, at the height of the economic downturn, a poll by the New York Times found that almost three-fourths of Americans believed that it was possible to start out poor, work hard, become wealthy. In 2014, the number had declined to 64 percent, the lowest percentage in the approximately 30 years the question had been tracked. Economic mobility, the ability to move up or down the economic ladder during these-- during one's lifetime and across generations as a cent-- is central to the ideal of the American dream. When economic mobility is high, individuals and families can lift themselves up out of poverty. When economic mobility is low, it's difficult to change one's economic status and families may become stuck in poverty. The family into which one is born should not determine one's prospects for the future given equal opportunity, understood to mean that success should be-- should depend on hard work, that opportunities to get ahead should not be affected by the circumstances of birth and that the labor market should allow for free and open competition among children from all social origins. But subsequent generation can do better-- each subsequent generation can do better than the last. In other words, the hard work and persistence-- with hard work and persistence, anyone really can succeed. Contrary to America's beliefs about equality of opportunity, a child's future economic position is heavily influenced by that of his or her parents. Children born into different economic circumstances can expect very distinct economic futures. A study of families across generations found 42 percent of children born to

parents in the bottom 20 percent of the economic distribution remain at the bottom as adults. Another 23 percent rise only to the second fifth, only to the second fifth. At the other end of the income distribution, 39 percent of children born to parents at the top stay at the top and another 23 percent move to the second fifth. Only 6 percent of children born to parents at the very bottom moved to the very top. Black children from poor families fare even worse. More than half, 54 percent, of black children born to parents in the bottom 20 percent remain there, compared to 31 percent of white children. That's 54 percent of black children remain in the 20 percent-- from 20 percent, to 31 of white. Those who grew up in poor families as children are estimated to have 20-40 percent lower earnings as adults, compared to those who did not grow up in poverty. About one-third to slightly less than one-half of parents' incomes are reflected in their children's incomes later in life, indicating that parents heavily influence their children's economic fortunes. Approximately 37 percent, percent of all children live in poverty for some, some period of their childhood. Children who are born into poverty and live persistently in poor conditions are at greatest risk of adverse outcomes and are much more likely to be poor as adults. Early poverty is linked to toxic stress, which can harm children's brain development, lower IQ scores, and reduce academic achievement. Children who experience poverty between birth and age two are 30 percent less likely to graduate from high school than children who become poor later in life. Exactly why growing up poor hurts children's economic status is a puzzle, but clearly it does. Research shows that parental income status influences virtually all of their, all of their children's adult attainment outcomes. Low parental income is associated with fewer years of schooling, lower chances of graduating from high school, lower college attendance. Children growing up in poverty face barriers in their ability to learn and often struggle with social, behavioral, and emotional problems. Poverty is an important social determinant of health and contributes to child health disparities. Children who experience poverty, particularly during early life or for an extended period of time, are at risk for a host of adverse health and poorer developmental outcomes throughout their lives. Growing up poor has lifelong negative consequences, increasing the likelihood of becoming a poor adult, suffering from poor health, and becoming involved in the criminal justice system. Poor families often face a host of disadvantages: stressful and chaotic single parent households, limited parental education, low-paying jobs or lack of employment altogether, absence of necessities such as food, a safe place to live or healthcare. Again, absence of necessities such as food, a safe place to live or

healthcare-- residing in neighborhoods plagued with drugs, crime, and poor schools. Controlling for the impact of these disadvantages, parental poverty still has the greatest impact and is the greatest predictor of a child's future, even greater than education, which is assumed to be the greatest leveler and a key factor in increasing the economic mobility of individuals and their families. Whatever one's family background, education provides an important boost to one's future prospects, but education does not erase the effects of family background. Children from low-income families with a college education were no more likely reach the top of the income ladder than children from high-income families without a college education. Education is critical to success, but it cannot completely erase the effects of family background on one's ultimate success. This is not to say that background factors other than income are unimportant. Growing up in high-poverty neighborhoods that often have lower quality schools, lower paying jobs, higher rates of crime, and conditions that create disadvantages all take their toll. Family structure, living in a single-parent household, independently affects children's risks of dropping out of high school and girls' risks for unplanned pregnancy, even when parental income and parental nonincome resources are controlled and parental schooling is possibly-- positively associated with the child-- with children's schooling. The economic cost of child poverty to society is immense. Taking into account lost productivity and projected increased social expenditures related to crime and costs of healthcare, it is estimated that it costs \$500 billion a year, nearly 4 percent of the gross domestic product. The question of whether poverty is passed on from parents to children is an enduring theme in the poverty literature. If poverty were sufficiently intergenerational, this would violate the U.S. ideal of equal opportunity, i.e. that a child's economic destiny should not be predetermined by his or her social origins. The idea that there is a culture of poverty that can be transmitted between generations was a key focus of poverty research from the late 1950s to the late 1960s. Many of Lyndon Johnson's "war on poverty" programs in the 1960s start from the premise that poverty is complex and intergenerational and requires broad-based, comprehensive action. By the 1970s, the concept of intergenerational poverty no longer dominated academic discussions, but rather-- but returned in the late-- and I'm sorry, I have to zoom out and get to the next page. How much time do I have left?

ARCH: 1:10.

M. CAVANAUGH: OK. I will have to get to the next page-- in the late eighties and remained into the nineties, when it was published-- pushed aside again, this time by the focus on welfare reform started

in 1996. In the past few years, intergenerational poverty has reemerged as a topic of broad interest with a host of new programs to address it. And I am on the top of page 5. I wanted to get to the list of recommendations. There we go. If you are looking at this document, the recommendations start on page 21 of the Intergenerational Poverty Task Force from 2016. And I have had people reach out to me previously, asking for where they can find this. And I'm sorry. If you just Google Nebraska Intergenerational Poverty Task Force Report, it is like the first thing that comes up. And it is 180 pages. It's actually double that because it's two-- double-page.

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: Senator, you are next in the queue.

M. CAVANAUGH: Thank you, Mr. President. OK. So the recommendations. Part 1: Create an intergenerational poverty data system. Oh, man, this was-- before I read this, let me just tell you, this was my jam. This right here, this is what I wanted to do here. This was what I wanted to do here. I ran for office because I want to see paid family medical leave become a reality in the state of Nebraska. That's what really got me to run to begin with. I ran when I ran because the Governor line-item vetoed funding for children with developmental disabilities and the body, at that time, did not have the votes to over-- override that specific line-item veto. And that was bananas to me. And my senator at the time did not vote to override the veto. And I was like, well, I guess I'm going to run against an incumbent, because if you can't stand up for children with developmental disabilities, I don't really want you representing me. So that's how we landed where we landed. Thank you, Governor Ricketts, I guess. But the reality of what I am interested in, as policy goes, is improving the systems of government. And something that I found to be a really interesting and exciting opportunity was an integrated data system, so I immediately started working on that. And my dear friend, Brad Ashford, helped me with that. And he brought me together with some individuals with the university and Mark Foxhall, who somebody mentioned yesterday, who's worked in this area a lot and working on an intergenerational juvenile justice data system, specific. The idea for me, personally, is to start there as sort of a model of how we could do this inter-- integrated data system. So an integrated juvenile justice data system, which would have the Crime Commission and the DHHS and a few other entities working together to create the system. Initially, it was opposed by the Crime Commission because they were attempting to pilot

their own system, but that has been shelved indefinitely, because the person who was doing it no longer works for the Crime Commission, so that opposition no longer exists. I introduced the bill this year in Judiciary. And I didn't even ask the Chair of the committee to Exec on that one because, I mean, it's a really good bill. It's really good for Nebraska. It's really good for making sure that we are legislating-- creating policy that is driven by data and research and thoughtful. And based on LB574, I know that we don't care about that, that we are going to introduce drastic changes to how things are done in this state, with very little thought or purpose. For those that are-- have been here for more than 61 days and for those that have returned to the Legislature, they know, they know that's not how bills happen. You don't introduce a bill out of the gate that is that controversial and has that many problems and get it passed your first year. That's not how this works. You work on things for years and years and years. And you refine and you tune it until--

ARCH: One minute.

M. CAVANAUGH: --it is workable and has very little, if any, opposition. Senator Linehan has been working on her school voucher scheme since before she even arrived and she still hasn't gotten it done. She's probably going to get it done this year, but she has been working on it and working on it and working on it. In just my four previous years with her, I have seen so many different iterations of it. But this, this class does not give a hoot about strong public policy, does not give a hoot about process. We saw that yesterday with the standing at ease, with the last 15 minutes of a filibuster because the bill was going to fail, maybe. It wasn't going to fail, but people were concerned it was going to fail. People who actually don't like the bill were concerned that the bill was going to fail. And that takes me back to the pettiness. The bill couldn't fail yesterday.

ARCH: Time Senator. And, Senator, you're next in the queue and this is your last opportunity before your close.

M. CAVANAUGH: Thank you, Mr. President. The bill couldn't fail yesterday, because if it failed yesterday, then in people's twisted, sick minds, I won. I am not winning anything. Even if LB574 fails-- if it failed yesterday, if it failed the last time, if it fails the next time, I have not won anything. There is no prize that I get to take home. None. If, if you view me winning is that I get to go hug my kids and hang out with them and not you all, then I guess, yes, I have won. That's my prize, is that I don't have to be in here anymore, defending the people of this state against all of you. But I am not winning. The

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bill passing, I don't win. The bill failing, I don't win. I am not winning. I am not winning. And you all should not care if I am winning or losing, you should care about the policy in front of you. You should care about the unconstitutionality of the policy in front of you. You should care about the detriment that it will have to our economy, to our workforce, to our children, to our rights, to our liberties, to our freedoms. But what you should not care about is if Senator Machaela Cavanaugh wins or loses. That should be irrelevant. That should be irrelevant. But it is not. It is the most important thing. The most important thing is not Senator Kathleen Kauth, is not her bill, is not what she wants, it's not what Senator Jacobson wants, the most important thing is me losing. Colleagues, I have lost. I lost on February 22, when that bill was voted out of committee, I lost on January whatever day, when that bill was introduced. Actually-- what day-- it was my birthday, on January 17. When that bill was introduced, I lost. I have lost so many times. I am not going to win. There is not a win. I don't win. And you-- 33 of you, allow this pettiness to continue, because you think that it might be viewed as me winning. That is ridiculous. Nobody likes me. Nobody likes me in here. Most of the people out there, people are still-- I guarantee you, my phone is flipped over. I guarantee you, while I am saying this, there is somebody texting me something harassing. I guarantee it-- to my personal number. Not to my work email, not messaging me directly on social media, to my personal number, strangers are texting me harassing things. I am not winning. I will not win, no matter what happens. And right now, everyone is losing. Right now, everyone in this body is losing. This is bananas. Never, ever, ever has this happened. I want to go home. Please send me home. One of you 33--

ARCH: One minute.

M. CAVANAUGH: --come up to me and say, I won't vote for LB574, I will check out and I'll see you next week. Or not. I'm happy to stay home for an entire week. You can pass a million bills. I want to go home. The only win for me is my kids. I'm not going to win any other way. There's not going to be any ticker tape parade of celebration from me or for me. I just want to see my kids. But I can't, because I can't let you legislate discrimination and hate and take away parents' rights and take away medical freedom. I can't do that. I just can't. And the fact that 33 of you are OK with doing that in-- to just spite me, it's sad. It's really, really sad. Send me home, colleagues.

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

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ARCH: Senator Conrad, you're recognized.

CONRAD: Thank you, Mr. President. And I just wanted to continue to provide some information and advocacy in support of the critical childcare measures that are part of the Health and Human Services Committee measures that are before us, as LB227 is the vehicle for those measures. Again, this is one of the most important issues for my district, one of the top issues that I identified on the campaign trail last year, that I wanted to continue have-- to have an opportunity to work on, in talking to families in our district across the political spectrum. And I represent a district that has one of the youngest districts and one of the districts that has the, the highest percentage of families that are working and in poverty. But I talked to a lot of people who were really struggling with childcare costs and-- oh, sorry. Thank you so much. Thank you to the Clerk. I'm still trying to adjust to the vocal cords issue. But I, I really think, in talking to interest groups that have a leadership role in this state, whether it's the Nebraska Farm Bureau or the chambers of commerce, they've also talked about and identified how a lack of access to childcare impacts our ability to keep our economy moving in the right direction. And you might remember, colleagues, when we had a legislative council meeting together, this fall, in Nebraska City, there was a very thoughtful panel of leaders across Nebraska. Chamber members, I believe, from, maybe, Senator Slama's district, in southeast Nebraska, Senator Brewer's district, up in Cherry County and other folks who came to present information about how their communities were in need of additional help in ensuring access to quality childcare. Some of the solutions that they had focused on and how we can be better partners on the state level to really focus in on childcare to meet families' needs, community needs, and workforce needs. One thing that I wanted to talk about and, again, one of the lenses that I bring to policymaking, in addition to being a civil rights attorney, is being a mom, of course. And so having worked through balancing the budget at home, at our kitchen table with my husband and trying to find access to quality care here in Lincoln, we were really lucky to have the resources to access quality care for our children and give them that really vibrant, good start, as my husband and I were working. But I remember having a conversation with my dad and he said, gosh, I heard childcare costs as much as, as college tuition. And I kind of laughed and I said, gosh, I wish. That would be great, because it's actually more expensive when you have infants in care. And of course, you don't get a student loan to help with that. So I just tell that personal anecdote because the research also backs up what we know to be true about childcare in Nebraska and on the

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national average. So my understanding, the, the national average price of childcare was about \$10,000 or \$11,000 per year. In Nebraska, I understand that that average is about \$12,000 per year, which again, seems a little bit low to me, having written those childcare checks over, over the years. But when you take into account what that means, childcare prices are outpacing inflation and they're exceeding what a family typically spends on, on housing as well. As mentioned before, in--

ARCH: One minute.

CONRAD: --a personal anecdote-- thank you, Mr. President-- the price of childcare for an infant is many times exceeding the cost of tuition at a public university, as well, in many, in many of our, our sister states. And it-- it's just eating up a bigger and bigger, bigger-- a bigger chunk of families' income. And that puts pressure on their ability to meet other needs in transportation, housing, food security, medical care, etcetera. So I wanted to, in my last few seconds on the mike at this opportunity, again, draw people's attention to the Districts at a Glance, put out by the Nebraska Legislative Research Office. And on page 40 and 41, you can see percentage of children in poverty and then seniors in poverty by legislative district. And you can see that these issues are not unique to just our urban centers, but impact rural Nebraska as well. It's a--

ARCH: Time, Senator.

CONRAD: --very informative read. And thank you, Mr. President.

ARCH: Senator Lowe would like to welcome some guests today, Rachel Roy, son, Joseph Roy, they are his legislative assistant, Patrick's, wife and son. And they are located under the south balcony. Welcome to the Legislature. We also have some guests of Senator von Gillern. There are 50 fourth grade students from Lifegate Christian School in Omaha, located in the north balcony. If you-- students, if you would rise and be welcomed by your Nebraska Legislature. Seeing no one left in the queue, Senator Machaela Cavanaugh, you are recognized to close on your reconsideration motion.

M. CAVANAUGH: Thank you, Mr. President. So I was on the page-- again, it needs a second. So the recommendations from the Intergenerational Poverty Task Force recommendation is to create an intergenerational poverty data system. Develop a coordinated data system that can track intergenerational poverty and support policy and program development and evaluation. Designate a project lead person or agency with

responsibility for overseeing all data activities. Work with state agencies including, but not limited to, the Department of Health and Human Services, the Department of Education, the Department of Labor, the judicial branch and others to catalog existing data relevant to intergenerational poverty, identify data gaps and determine how to resolve them and create mechanisms for data integration and sharing. Establish and maintain a comprehensive, intergenerational poverty data system to track intergenerational poverty. The system should be able to identify groups that have a high risk of experiencing intergenerational poverty, identify patterns and trends that help explain intergenerational poverty, assist in the study and development of effective and efficient plans to help break the cycle of poverty and gather and track available local, state, and national data on poverty's impact on the well-being of children and families. The next recommendation was to establish an Intergenerational Poverty Task Force. Create an Intergenerational Poverty Task Force to continue to study intergenerational poverty in Nebraska, make informed data-driven policy recommendations, provide leadership and expertise to the Nebraska Legislature. Three: increase interagency communication and collaboration. Increase communication among state agencies including, but not limited to, the Department of Health and Human Services, the Department of Education, the Department of Labor. Identify existing opportunities for interagency collaboration and incorporate collaborative relationships in new programs to provide services that are less fragmented, easier to access and use resources more efficiently. Use two intergenerational-- number four. Sorry. Use two-generation approach to address intergenerational poverty. Adopt a results-focused, evidence-based state effort to improve child and family well-being through a two-generation approach to family economic security. Two-generation approaches, those that focus on economic success of families as opposed to focus on children and adults alone or in silos, address the challenge of intergenerational poverty by aligning and coordinating services for children and services-- with services for their parents and developing programs that serve both together. These innovation-- innovative programs incorporate a holistic approach and are based on strong research showing how conditions affecting both parents and children are interrelated. Employment-- oh, this is Recommendations: Part 2. Employment: Ensure parents have access to good jobs and possess the skills they need to obtain them. Financial stability: Ensure families are financially stable and able to acquire assets. That enable-- able to acquire assets is important, when we're talking about government programs like SNAP and childcare and TANF. And I don't know. There's others I'm sure I'm forgetting right now, but when we talk about the cliff effect,

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part of the problem is allowing for people to have an asset like a car. And Omaha being the largest metropolitan area, I can tell you very clearly--

ARCH: One minute.

M. CAVANAUGH: --that even there, where we have public transportation, you need a car, especially if you have a job. It's way too hard and it's something that we're working towards, in Nebraska, is multi-mobile ways of transportation. But right now, you still need a car. So having that count, that asset count makes it difficult for people in poverty. Early childhood education: Ensure families have access to a continuum of quality, early childhood programs and service supports for children from birth to age eight. Healthcare: Promote good health outcomes-- what a novel idea-- wellness and prevention through access to high-quality, affordable healthcare for low-income families. This report came out before we had Medicaid expansion here in Nebraska. We still don't have Medicaid expansion postpartum up to a year, which is very critical for better health outcomes. Thank you, Mr. President. Call of the house, roll call vote.

ARCH: There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 13 ayes, 4 nays, Mr. President, to place the house under call.

ARCH: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. All excuse-- all unexcused members are now present. Mr. Clerk, please call the roll.

CLERK: Senator Aguilar. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz. Senator Ballard voting no. Senator Blood voting no. Senator Bosn voting no. Senator Bostar. Senator Bostelman voting no. Senator Brandt voting no. Senator Brewer voting no. Senator Briese voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements. Senator Conrad voting no. Senator Day. Senator DeBoer voting no. Senator DeKay. Senator Dorn. Senator Dover. Senator Dungan voting no. Senator Erdman. Senator Fredrickson voting no. Senator Halloran voting no. Senator Hansen voting no. Senator Hardin voting no. Senator Holdcroft voting no. Senator Hughes voting no. Senator Hunt. Senator Ibach voting no. Senator Jacobson voting no. Senator Kauth voting no.

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Senator Linehan voting no. Senator Lippincott. Senator Lowe voting no. Senator McDonnell. Senator McKinney voting no. Senator Moser. Senator Murman voting no. Senator Raybould. Senator Riepe voting no. Senator Sanders voting no. Senator Slama. Senator Vargas. Senator von Gillern voting no. Senator Walz voting no. Senator Wayne voting no. Senator Wishart. Vote is 0 ayes, 31 nays, Mr. President, on the motion to reconsider.

ARCH: The motion fails. I raise the call. Mr. Clerk, next item.

CLERK: Mr. President, some items quickly. Education Committee will hold an Executive Session at 11:15 today in Room 1525. Education, Exec Session, 11:15, Room 1525. Additionally, the Natural Resources Committee will hold an Exec Session at 11:30 under the north balcony. Natural Resources, Exec Session, 11:30, under the north balcony. Mr. President, a priority motion. Senator Hunt would move to bracket LB227 until June 1, 2023.

ARCH: Senator Cavanaugh, you're authorized to open on this motion.

M. CAVANAUGH: Thank you, Mr. President. There were 32 people checked in, kind of running into the problem we had last week, when there was only, I don't even know, 30 people here or something. So we-- I didn't take Senator McDonnell's bill to cloture because there wouldn't have been enough people, not enough people just even checked in, let alone voting for cloture. So just letting you all know that's not going to happen again. I'm taking everything to cloture. Take-- the-- fortunately, today, you all could probably leave, because I think we get maximum six hours. I don't know, maybe, maybe we stay until this goes to cloture, whatever time that is, seven hours from 9 a.m. But then more people are going to need to be here, because right now, there are not enough people for cloture checked in. Your Nebraska Legislature at work. Maybe they're all at a political event for the local mayoral race. OK, so I was on early childhood education: Ensures families have access to a continuum of quality, early childhood programs and support services for children birth to age eight. Healthcare: Promote good quality-- good health outcomes, wellness, and prevention through access to high-quality, affordable healthcare for low-income families. Childcare: Ensure families have access to high-quality, affordable childcare. Fair credit and financial literacy: Ensure families are protected from unfair lending practices and have the skills and knowledge they need to be financially literate. Housing: Ensure families have access to high-quality, affordable housing. Language access: Alleviate language barriers and improve communication among Nebraska's diverse populations. Our

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diverse populations. I heard a rumor. It wasn't really a rumor. It was stated on the record here. And then it went all over social media and local news, that we have to ban abortions because we have too many people who are not native Nebraskans populating the state. So that language access might, might not be an acceptable recommendation. If we're trying to be a welcoming state, then we'll have more people who are different moving into the state. And that's why we have to ban abortion. Yes, that was the logical thread from two days ago from one of my colleagues. So, OK. Task force recommendations: Improve job skills and increase job quality. I think I'll come back to that one. Promote financial stability and asset accumulation. Ooh, yes. Let's talk about this. I want to talk about this one, because it really is center to what we are not doing this legislative session. We are not doing things that positively impact the lives of vulnerable communities. I mean, some of us are. I think Senator McKinney has had two bills that have moved forward that do those things. I know that Senator Wayne and the Judiciary Committee are working on some of those things. I know that Senator DeBoer's bill, in this bill and Senator Fredrickson's bill, in this bill and Senator Day's SNAP bill and Senator Conrad's bills, that address TANF and the rainy day funds, my universal meals, Senator Walz's meals, I know that we have the opportunity presented to us this year to do these things, but first, we have to make sure that Senator Machaela Cavanaugh has a sound and divisive loss. That is way more important than anything else we are doing, anything else we could possibly do, anything else we could possibly talk about. We, first and foremost, must make sure that Senator Machaela Cavanaugh has a resounding loss. Congratulations. I've already lost. We could move on and accomplish some really great things. Maybe we could get something done with dark fiber this year. Probably won't. Maybe we could get something done with some of these water projects in Lincoln this year. I don't know. Or we could spend all of our time tearing down one individual in this body and ensuring that we legislate the most horrific violation of human rights that has been brought to this floor in probably decades to hurt me. The senators that opposed LB574, not publicly, because they're not strong enough to do that, privately, the senators that opposed it privately voted with the crowd because the crowd wanted me to be punished. You're Nebraska Legislature. The members of this body are not people of principle, because if they were, we wouldn't have stood at ease. That bill wouldn't have moved forward. We wouldn't have used every dirty trick that didn't even actually exist to keep that ball rolling forward. But here we are, because the people that should have been principled and stood by their principles, voted against their beliefs, voted against their principles, because the bullies in the room, the

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majority bullies in the room, bullied them into it, bullied them into it, told people like Senator Armendariz, you don't want to be spat in the face like Senator Day. Bullied them into it. I assume that every conversation I have here is public and everyone else should assume that as well. This is not a private place. This is a fishbowl. So here we are, yet again, on a bill that I genuinely support. I genuinely support this bill. I genuinely support the bills within this bill. I am going to vote for this bill. I am going to vote for the amendments in this bill. But I am also going to take this to cloture. So there better be 33 people here or this ain't moving. It ain't moving. And there's another bill on the agenda. I think it's Senator McDonnell's bill. That I think is probably-- yes, it's the next bill, LB617. I think it's probably actually a good bill for economic development in our state. Thirty-three. It's going to need 33. Senator Dorn's bill, LB562, it's going to need 33. Senator Bostar's bill, LB308 is going to need 33. Senator Walz's bill, LB286, it's going to need 33. It's going to need 33. There's not going to be bills moving. And I love, love with a capital L, love Senator Walz. And I'm still going to make her bill get 33 votes. You can schedule Senator John Cavanaugh's bill. Heck, you could schedule paid family medical leave and I'd still take it to 33. And I'm still not winning. I have already lost. Nebraska has lost. I have lost. So maybe, just maybe, a few of you that were the 33 on LB574, could be the actual grown ups in the Legislature and stand up to Kathleen Kauth--

ARCH: One minute.

M. CAVANAUGH: --and others that are standing with her, saying that Senator Machaela Cavanaugh can't have a win. There's no win. Stand up to them and say, she's already lost. She is a hot mess. She is a hot mess and she is filibustering everything and she has already lost. This needs to end. I'm not voting for your bill. I'm going to go tell her I'm not voting for your bill. She's going to shut up and go home. And then the rest of us can get through these bills without having to go through this rigmarole constantly. Can any of you be that adult? Can any of you be that adult, to stop the pettiness? Probably not. So 33 it is, 33 it is. So when your bill is on the agenda and it's getting close to that cloture time, I would definitely go and check who's checked in and make sure there are at least--

ARCH: Time, Senator.

M. CAVANAUGH: --33 warm bodies. Thank you.

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ARCH: Senator John Cavanaugh would like to welcome some guests that are under the south balcony, balcony, Jaxen Kocsis and his grandmother, Denise Shirley, from his District 9. Please rise and be welcomed by the Nebraska Legislature. Senator DeKay would also like to welcome some guests. They are eighth-grade students, ten students from St. Rose of Lima in Crofton, Nebraska, with a teacher and two sponsors. They are located in the north balcony. Please rise. Welcome to the Legislature. OK. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. I should clarify, you might need more than 33 warm bodies checked in, because depending on the bill, I probably won't be voting for cloture for most of these. I'll probably vote for cloture- no, not probably, I will only vote for cloture for bills that I actually feel strongly about. If it is a bill that I am like, eh, whatever, like, it can pass, it cannot pass, I'm not voting for cloture. Nope. So I guess you'll need more than 33 warm bodies checked in. You probably should start getting those vote cards out and counting, as well, to make sure that you have 33. And then make sure that you're 33 are present when your bill is coming to cloture, because that is where we are at. Yesterday, I was asked about getting to the amendment on LB753. I think that was the bill. Senator Linehan's bill, if I have the bill number wrong. And Senator Hunt and I said fine, we pulled off motions, etcetera, etcetera. Good faith, good faith-- that was the last good faith you'll get from me. The good faith now-- the onus is on the body, that's where the good faith is. I have entered into conversations and agreements in good faith and they have not been honored. I will not be operating to show you that I am operating in good faith to help you. I will not stand aside to help your bill, whatever it is, get to whatever amendment it is that you want it to get to. I am not going to work with you on anything, on anything. I guess that's my good faith. My good faith is that I am going to be true to my word and no longer the spirit of it. The spirit of I'm going to filibuster everything. I'll let-- you know, we don't want to block good things from happening. So when there's an opportunity for good things to happen, I was letting good things happen. Not anymore. Everything is coming at the cost of 33 people legislating hate, following the crowd of pettiness to take me down a peg. What do you all think I get out of this, besides just getting to see my kids again? I don't get anything. I don't get anything. And you know, most of you-- some of you I have not gotten to know. But most of you know me. Most of you know me fairly well. And most of you know that I am doing this because it is what I believe is right. And the problem--

ARCH: One minute.

M. CAVANAUGH: --that I am faced with, is that people who disagree with the bill are not standing by me. Instead, they are standing by the people who they believe are not doing what is right out of pettiness, because you don't like how I talk. You don't like that I criticize the Speaker. You don't like that I might be viewed as getting a win. Who am I even being viewed by as getting a win? Let's just start there. And I keep focusing on this. I keep focusing on the "Senator Machaela Cavanaugh can't have a win" because that was literally the entire conversation yesterday. Everyone who supported the bill was like, well, we can't have Senator Machaela Cavanaugh have a win. Senator Machaela Cavanaugh can't have a win. It can't be a win for Senator Machaela Cavanaugh.

ARCH: Time, Senator. Senator Cavanaugh, you're recognized to speak and this is your last opportunity before your close.

M. CAVANAUGH: Thank you, Mr. President. It cannot be a win for Senator Machaela Cavanaugh. It's not a win for me. This is not a win. I will not be joyful. I will not be happy. I will not get a medal or a trophy. This is not a win for me. LB574 dying is a win for children, parents, and the medical community, not for me. Children, parents, medical community, that's who wins when that bill dies. That's who you are punishing, because people in this building, in this Chamber want to tone-police me, want to tone-police Senator Hunt, and want us to be viewed as failures. I literally offered, literally offered to vote for anything yesterday, anything except for abortion. I would have voted for anything for LB574 to fail. I would have said anything. I would have let Kathleen Kauth write my floor speech and I would have read it word for word for LB574 to fail. I would take any public punishment, admonishment, whatever you want to dish at me, I will take it, I will take it for LB574 to fail. Anything. That's what I offered. That is what I offered yesterday. I have never, ever traded my vote. I offered my vote for everything, for everything. But, but it might look like I won something arbitrary and fake, so we couldn't do it. I would have voted for school vouchers. I would have given a speech worthy of a eulogy of a God about Senator Arch if that's what it took. I would have done anything. I would have planned-- planned a trip to Cabo with Kathleen Kauth if that's what it took. I don't care what it takes. I will give you anything to end this hate that is hurting children. But you won't, because it might be viewed that I am winning something and I am not winning anything. I'm not winning anything. The only thing I am gaining is more time with my kids. That's the only thing I gain from this ending. I mean, I'm grateful I didn't vote for school

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vouchers, because I think they're abhorrent and a scheme and deceitful and a shell game for the rich and allow for tax dollars to be diverted to discriminate against LGBTQ youth in the education system. So I'm glad I didn't vote for it, but I would have. I would have. I would have. I would have voted for Senator Brandt for Chair of Transportation, even though I don't think he is going to be a good Chair for Transportation. Would have done that. Would have not filibustered his bill on dark fiber. Would have voted for it, but he wanted to legislate hate and punish me more.

ARCH: One minute.

M. CAVANAUGH: I would have given you anything. And I offered everything. And I even said, if there's something I'm not thinking of offering, I will give it to you. I will give it to you. But punishing me, tearing me down and making sure that I lose was more important than all of it. More important than your integrity, more important than your belief system, more important than the children of Nebraska, parents, freedom, rights, all of it. All of it went down the drain yesterday, because somebody wanted to punish me. And honestly, I don't even know who.

ARCH: Time, Senator. You're recognized for your close on your bracket motion.

M. CAVANAUGH: I don't even know who. I actually-- I think I said it in my last go round. And if I did, I apologize because I don't actually believe it. I don't think Senator Kathleen Kauth cares about punishing me. I don't. I think she cares about her bill. But somebody in here is leading the charge to prop up her bill, because she does not bring 33 on her own. Somebody is leading the charge to prop up her bill to continue the chaos to punish me. And that's where we're at, colleagues. That is where we are at. We are at the point where it all comes down to personal feelings about one person, maybe two. I don't know. I don't-- I haven't been told that Senator Hunt can't be-- look like she's gaining something, other than her parental rights. But other than that, I don't think that she's-- maybe she is. Maybe you do want her to look like she's losing. She is. She's losing huge. Thirty-three of you are willing to take away the parental rights of Senator Hunt, which is why I want to introduce bills that ban agriculture in Nebraska, because it is effing arbitrary and ridiculous. It is ridiculous. But it would be very harmful and very hurtful to many of you if we banned agriculture in Nebraska, arbitrarily, because I saw it on the news and thought it'd be a good idea. That would be ridiculous. And that's the point. And maybe I

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would just do it to punish somebody so that they would lose, just so they would lose. Because that's how juvenile this place has become. It used to be, it used to be, even if you supported a bill like LB574, you would have voted against cloture just because you want to move on with the business. And you'd say, I don't care if so-and-so looks like they had a victory. That doesn't matter to me. What matters to me is the business that I want to get to, is the things that I'm working on for my constituents. I don't care about Senator Kauth and Senator Cavanaugh. I don't care if one of them wins or loses. Irrelevant. I'm going to vote against this because I'm tired of this and I want to move on to something that I care about. That's what used to happen. That's what used to happen. But I cannot win. I cannot win. Colleagues, I am not winning. Doesn't matter what the result is of LB574. I have done nothing but lose everything this year. I have lost time with my kids that I will not be able to get back. I have lost time with my husband that I will not be able to get back. I have lost a great deal of respect for you all. I have lost confidence in the system. I have lost hope. I have lost faith. I worry that I'm going to lose compassion and kindness. I am losing. Every minute of every day, regardless of the outcome, I am losing. So please stop punishing the parents and children of Nebraska for me. Call of the house, roll call vote. Thank you, Mr. President.

ARCH: There has been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

CLERK: 7 ayes, 2 nays, Mr. President, on the motion to place the house under call.

ARCH: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. All unexcused members are now present. Mr. Clerk, please call the roll.

CLERK: Senator Aguilar. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz. Senator Ballard voting no. Senator Blood voting no. Senator Bosn voting no. Senator Bostar voting no. Senator Bostelman voting no. Senator Brandt voting no. Senator Brewer voting no. Senator Briese voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements. Senator Conrad voting no. Senator Day voting no. Senator DeBoer voting no. Senator DeKay. Senator Dorn. Senator Dover. Senator Dungan voting no. Senator Erdman. Senator Frederickson voting no. Senator Halloran

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voting no. Senator Hansen voting no. Senator Hardin voting no. Senator Holdcroft voting no. Senator Hughes voting no. Senator Hunt. Senator Ibach voting no. Senator Jacobson voting no. Senator Kauth voting no. Senator Linehan voting no. Senator Lippincott. Senator Lowe voting no. Senator McDonnell. Senator McKinney voting no. Senator Moser. Senator Murman voting no. Senator Raybould. Senator Riepe voting no. Senator Sanders voting no. Senator Slama. Senator Vargas. Senator von Gillern voting no. Senator Walz voting no. Senator Wayne voting no. Senator Wishart. Vote is 0 ayes, 33 nays, Mr. President, on the bracket motion.

ARCH: The motion to bracket the bill fails. I raise the call. Mr. Clerk, next item.

CLERK: Mr. President, next motion. Senator Machaela Cavanaugh would move to reconsider the vote just taken on the bracket motion.

ARCH: Senator Cavanaugh, you're welcome to open on your motion.

M. CAVANAUGH: Thank you, Mr. President. I think-- there's another motion after this pending? Yeah. OK. So we've got this motion and then we'll take a vote on the reconsider. And then we'll go to the next motion, which I think is a recommit to committee. Then we'll do a reconsider on that and then we will get to whatever amendments are pending after that. Let's see here. Well, not going to read about that yet. It's just-- I'm looking at other, other things that have happened in our history, that were, at some point, legislated, that were discriminatory and hateful, that eventually people stood up against and repealed. And so my staff had put together this-- some of these things. Interracial marriage is on there, which I talked about yesterday and I will talk more about, but then same sex marriage. And I thought to myself, wrong crowd. This crowd would like to undo that, that, I'm sure. So we will put a pin in that. But let's talk about school segregation. So Brown v. Board, Timeline of School Integration in the U.S. Now, this is something, integration of schools, that happened because people stood up against really bad policies that were discriminatory and driven by hate and fear and tried to undo them. And we are still seeing the repercussions of that hate, fear-filled discrimination in all aspects of society. I bring this up to make the point that what I'm trying to do is to stop us from doing more of that now with LB574. I'm trying to stop us from infusing more hate and discrimination into public policy that we will eventually have to spend decades working to undo. So instead of spending decades working to undo it, let's just not do it in the first place. It's an option available to us with LB574 and it not moving forward. Brown v. Board,

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Timeline of School Integration in the U.S. 1849, the Massachusetts Supreme Court rules that segregated schools are permissible under the state's constitution. *Roberts v. City of Boston*. The U.S. Supreme Court later used this case to support the separate but equal doctrine. 1857, with the *Dred Scott* decision, the Supreme Court upholds the denial of citizenship to African Americans and rules that descendants of slaves are, quote, so far inferior that they had no right which the white men was bound to respect. End quote. 1861, southern states secede from the Union. The Civil War begins. 1863, President Lincoln issues the Emancipation Proclamation freeing slaves in southern states. Because the Civil War is ongoing, the Proclamation has little practical effect. 1865, the Civil War ends. The Thirteenth Amendment is enacted to abolish slavery. 1868, the Fourteenth Amendment is ratified, guaranteeing equal protection under the law. Citizenship is extended to African Americans. 1875, Congress passes the Civil Rights Act of 1875, which bans racial discrimination in public accommodations. I'd like to dig in on that more and what that all looked like. 1883, the Supreme Court strikes down the Civil Rights Act of 1875, finding that discrimination by individuals or private businesses is constitutional. 1890, Louisiana passes the first Jim Crow law requiring separate accommodations for whites and blacks. 1896, the Supreme Court authorizes segregation in *Plessy v. Ferguson*, finding Louisiana's separate but equal law constitutional. The ruling built on notions of white supremacy and black inferiority provides legal justification for Jim Crow laws in southern states. 1899, the Supreme Court allows a state to levy taxes on black and white citizens alike, while providing a public school for white children only. *Cumming v. Richmond-- Georgia-- County Board of Education*. 1908, the Supreme Court upholds a state's authority to require a private college to operate on a segregated basis, despite the wishes of the school. *Berea College v. Kentucky*. 1927, the Supreme Court finds that states possess the right to define a Chinese student as nonwhite for the purpose of segregating public schools. *Gong Lum v. Rice*. 1936, the Maryland Supreme Court orders the state's white law school to enroll black students because there is no state-supported law school for blacks in Maryland. *University of Maryland v. Murray*. 18-- or 1938, the Supreme Court rules the practice of sending black students out of state for legal training when the state provides a law school for whites within its borders does not fulfill the state's separate but equal obligation. The court orders Missouri's all-white law school to grant admission to an African American student. *Missouri ex rel. Gaines v. Canada*. 1940, 30 percent of Americans, 40 percent of northerners, and 2 percent of southerners believe that whites and blacks should attend the same school. A federal court requires equal

salaries for African American and white teachers. *Alston v. School Board of City of Norfolk*. 1947, a-- in a precursor to the *Brown* case, a federal appeals court strikes down segregating schooling-- segregated schooling for Mexican American and white students. *Westminster School District v. Mendez*. The verdict prompts California Governor Earl Warren to repeal a state law calling for segregation of Native American and Asian American students. 1948, Arkansas desegregates its state university. The Supreme Court orders the admission of a black student to the University of Oklahoma School of Law, a white student-- a white school, because there is no law school for blacks. *Sipuel v. Board of Regents of the University of Oklahoma*. 1950, the Supreme Court rejects Texas plan to create a new law school for black students rather than admit African Americans to state's whites-only law school. *Sweatt v. Painter*. The Supreme Court rules that learning in law school cannot be effective in isolation from the individual and institutions with which the law interacts. The decision stopped short of overturning *Plessy*. The Supreme Court holds that the policy of isolating black students from his-- a black student from his peers within a white school is unconstitutional. *McLaurin v. Oklahoma State Regents for Higher Education*. Barbara Johns, a 16-year-old junior at Robert R. Moton High School in Farmville, Virginia, organizes and leads 450 students in an anti-school segregation strike. 1952, the Supreme Court--

ARCH: One minute.

M. CAVANAUGH: --thank you-- the Supreme Court hears oral arguments-- 1952, the Supreme Court hears oral arguments in *Brown v. Board of Education*. Thurgood Marshall, who will later become the first African American justice on the Supreme Court, is the lead counsel for the black school children. 1953, Earl Warren is appointed Chief Justice of the Supreme Court. The Supreme Court hears the second round of arguments in *Brown v. Board of Education of Topeka*. 1954, in a unanimous opinion, the Supreme Court in *Brown v. Board of Education* overturns *Plessy* and declares that separate schools are inherently unequal. The court delays deciding on how to implement the decision and asks for another round of arguments. The court rules that the federal government is under the same duty as the states and must desegregate the Washington, D.C. schools. *Bolling v. Sharpe*.

ARCH: Time, Senator. And you are next in the queue.

M. CAVANAUGH: Thank you, Mr. President. 1955, in *Brown II*, the Supreme Court orders the lower federal courts to require desegregation with all deliberate speed. 1955, between 1955 and 1960, federal judges will

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hold more than 200 school desegregation hearings. 1956, 49 percent of Americans, 61 percent of northerners, and 15 percent of southerners believe that whites and blacks should attend the same schools. Tennessee Governor Frank Clement calls in the National Guard after white mobs attempt to block the desegregation of a high school. Under court order, the University of Alabama admits Autherine Lucy, its first African American student. White students and residents riot. Lucy is suspended and later expelled for criticizing the university. The Virginia Legislature calls for massive resistance to school desegregation and pledges to close schools under desegregation orders. 1957, more than 1,000 paratroopers from the 101st Airborne Division and a federalized Arkansas National Guard protect nine black students integrating Central High School in Little Rock, Arkansas. 1958, the Supreme Court, Court rules that fear of social unrest or violence, whether real or constructed by those wishing to oppose integration, does not excuse state governments from complying with Brown. This is Cooper v. Aaron. Ten thousand young people march in Washington, D.C., D.C., in support of integration. 1959, Twenty-five thousand young people march in Washington, D.C., in support of integration. Prince Edward County, Virginia officials close their public schools rather than integrate them. White students attend private academies; black students do not head back to class until 1963. This was 1959. Black students did not go back to school until 1963, when the Ford Foundation funds private black schools. The Supreme Court orders the county to reopen its schools on a desegregated basis in 1964. 1960, in New Orleans, federal marshals shielded Ruby Bridges, Gail St. Etienne, Leona Tate and Tessie Prevost, Prevost from angry crowds as they enrolled in school. So I'm going to pause there for a second. My, my kids, they talk about Ruby Bridges a lot. They're really interested in Ruby Bridges. I mean, that's probably part of the culture war problem, is that they are learning about the desegregation of schools. And one of the first students who attended a desegregated school in 1960 in New Orleans, my kids know her name is Ruby Bridges. And that is probably a problem for people in this Chamber, who want us to stop teaching the history of desegregation because we want to pretend like we never did these things. 1961, a federal district court orders the University of Georgia to admit African American students Hamilton Holmes and Charlayne Hunter. After a riot on campus, the two are suspended. A court later-- a, a court later--

ARCH: One minute.

M. CAVANAUGH: --reinstates them. 1962. Sorry. 1962. A federal appeals court orders the University of Mississippi to adapt-- admit James Meredith, an African American student. Upon his arrival, a mob of more

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than 2,000 white people riots. 1963, 62 percent of Americans, 73 percent of northerners, and 31 percent of southerners believe blacks and whites should attend the same schools. Two African American students, Vivian Malone and James A. Hood, successfully register at the University of Alabama, despite George Wallace's "stand in the schoolhouse door", but only after President Kennedy federalizes the Alabama National Guard. For the first--

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: You are next in the queue and this is your last opportunity before close.

M. CAVANAUGH: Thank you. For the first time, a small number of black students in Alabama, Mississippi, Louisiana, and Mississippi-- it says Mississippi twice-- attend public elementary and secondary schools with white students. 1964, the Civil Rights Act of 1964 was adopted. The Title IV of the act authorizes the federal government to file school desegregation cases. Title VI of the act prohibits discrimination in programs and activities, including schools receiving federal financial assistance. The Reverend Bruce Klunder is killed protesting the construction of a new segregated school in Cleveland, Ohio. 1968, the Supreme Court orders states to dismantle segregated school systems root and branch. That's a quote. The court identifies five factors: facilities, staff, faculty, extracurricular activities, and transportation to be used as a gauge systems-- to be used to gauge a system-- a school system's compliance with the mandate of Brown. In parentheses, Green v. County School Board of New Kent County. In a private note to Justice Brennan, Justice Warren writes: When this opinion is handed down, the traffic light will have changed from Brown to Green. Amen. Exclamation point. 1969, the Supreme Court declares the "all deliberate speed" standard is no longer constitutionally permissible and orders the immediate desegregation of Mississippi schools. Alexander v. Holmes County Board of Education. 1971, the court approves busing, magnet schools, compensatory education, and other tools as appropriate remedies to overcome the role of residential segregation in perpetuating racial segregated schools. Swann v. Charlotte-Mecklenburg Board of Education. 1972, the Supreme Court refuses to allow public school systems to avoid desegregation by creating new, mostly or all-white splinter districts. Wright v. Council of the City of Emporia; United States v. Scotland Neck City Board of Education. Brown's legacy extends to gender. The Title IX of the Education Amendments of the 19-- of 1972 is passed prohibiting sex

discrimination in any educational program that receives federal financial assistance. 1973, Section 504 of the Rehabilitation Act is passed prohibiting schools from discriminating against students with mental or physical impairments. The Supreme Court rules that states cannot provide textbooks to racially segregated private schools to avoid integration mandates. *Norwood v. Harrison*. The Supreme Court finds that the Denver School Board intentionally segregated Mexican American and black students from white students. *Keyes v. Denver School District No. 1*. The court distinguishes between state-mandated segregation, *de jure*, and segregation that is the result of private choices, *de facto*. The latter form of segregation, the court rules, is not constitutional. The Supreme Court rules that education is not a fundamental right and that the constitution does not require equal education expenditures within a state. *San Antonio Independent School District v. Rodriguez*.

ARCH: One minute.

M. CAVANAUGH: Thank you. The ruling has the effect of locking minority and poor children who live in low-income areas into inferior schools. 1974, the Supreme Court blocks metropolitan-wide desegregation plans as a means to desegregate urban schools with high minority populations. *Milliken v. Bradley*. As a result, *Brown* will not have a substantial impact on many racial isolate-- racially isolated urban districts. Non-English speaking Chinese students file suit against the San Francisco Unified School District for failing to provide instruction to those with limited English proficiency. I will mark where I'm at for when I get to my close. Thank you, Mr. President.

ARCH: Senator Day, you're recognized to speak.

DAY: Thank you, Mr. President. I wanted to jump in on the conversation here that Senator Cavanaugh is having about some of the things that have happened throughout history that we now view as shameful looking back in because sometimes I think, as she mentioned, it's a lot easier to look back and, and hindsight is always 20/20. Right? We can see that those were really bad decisions at the time. And now we're so ashamed of the behaviors and the treatment of black and brown people in earlier decades that we don't even want to talk about it in school anymore. But I also will say that I think that Senator Cavanaugh is maybe giving some of these senators a little bit too much credit. Like, do we really think that everyone in here would be ashamed of segregation in schools? It's funny you mentioned George Wallace, because I actually had this conversation with someone yesterday after the vote on LB574 and he literally said, these people are going to

look back and they're going to be the George Wallaces of history and they don't even realize it. These people who are voting for things like LB574 are going to look back and they are going to be the bad guys. It's always easy to look back and say, oh, those were the bad guys. They did bad things. But it's much harder to put what you're doing into the context of history and say, am I going to be the bad guy in the future? Because one of our very own senators, Senator Erdman, got some national attention this week for using what's called the great replacement theory to justify LB626 during debate. The article states: As Nebraska Republicans moved to ban most abortions in their state on Wednesday, one used arguments straight from the racist, great replacement conspiracy theory to push for the bill's passage. Nebraska Senator Steve Erdman argued that abortion has caused slow population growth in the state over the last half century and argued that had hurt Nebraska economically. Our state population has not grown except by those foreigners who have moved here or refugees who have been placed here. Why is that? It's because we've killed 200,000 people. These are people who we've killed, Erdman said during debate after lamenting that if abortion had been illegal, that would have resulted in more people who could be working and filling some of those positions that we have vacancies. And then what follows is the video of that exact quote. Erdman's comments came during debate over a bill that would, excuse me, Erdman's comments came during debate over a bill that would ban abortions after six weeks of pregnancy before many women know they're pregnant. It includes exceptions for rape, incest and lifesaving procedures. The bill advanced on a Wednesday evening vote. Erdman's views seem to draw from the racist, great replacement theory. That theory, in its purest and most extreme form, posits that there's a conspiracy by globalist elites, in many versions Jews, to overwhelm Western countries with immigrants in order to outbreed and replace the white majority population and take control of those countries. Abortion is a part of the theory. Extremists argue that the procedure is part of a hastening of white genocide. It's been used to justify multiple white supremacist terror attacks and violence. At the Unite the Right rally in Charlottesville--

ARCH: One minute.

DAY: --thank you-- at the Unite the Right rally in Charlottesville in 2017, tiki torching wielding white supremacists chanted, you will not replace us and Jews will not replace us the day before they rioted. The murderers who massacred Jewish-- the murderers who massacred Jewish worshipers, Pittsburgh's Tree of Life Synagogue in 2018; mostly Mexican-American shoppers at a Walmart in El Paso, Texas, in 2019; and black grocery shoppers in Buffalo, New York, in 2022 all cited

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versions of this theory as reasons for their violence, as did the man who shot up two mosques in Christchurch, New Zealand, in 2019. Republicans have increasingly embraced a watered down version of that theory in recent years. In their rendition, Democrats want to admit a huge number of immigrants so they can dominate elections and control the country. And Erdman isn't the first Republican to connect this theory to abortion. Then Iowa Representative--

ARCH: Time, Senator.

DAY: Thank you, Mr. President.

ARCH: Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. Good afternoon, colleagues, and good afternoon, Nebraskans. LB227 is a-- it's a good bill that has a lot of bills inside of it. And I continue to be concerned about the precedent that we're setting with these Christmas tree bills with putting so many bills inside one bill. Would Senator Ben Hansen yield to a question?

ARCH: Hansen? Senator Hansen, would you yield to a question?

HANSEN: Yes.

HUNT: Thank you, Senator Hansen. How many bills are in the, the committee amendment for this bill put together, total?

HANSEN: Completely total in all, it's 16.

HUNT: Sixteen. Thank you, Senator Hansen, that's it.

HANSEN: Yep.

HUNT: Thank you. In past years, when every bill wasn't being filibustered because people weren't insisting on advancing legislation that was unpopular, discriminatory, brought the state backwards, etcetera, you had to be really careful about letting your bill get a ride on something and you could expect the germaneness to be challenged. And it's, it's interesting that that strategy to kill bills by challenging the germaneness and keeping them off bills has completely gone away this session. I almost wonder if this isn't some kind of win in a way, because there are many progressive ideas and many good governance ideas that are getting rides on these bills, and maybe opponents don't really have the stamina to stop that. But I-- I'm interested in the idea of asking for germaneness. I think we

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should get an AG Opinion on these massive Christmas tree bills, each one individually. And Attorney General Hilgers will probably say that they're all germane, but I think it would be good to get that in writing, because then that is a precedent that we can use for future sessions when we're trying to attach bills on other bills that might be challenged in the future. But speaking about healthcare and healthcare provisions, we have a letter here that we should have all received that's dated March 22. And so the number of signatories on this letter has actually grown since then from it looks like over 150 different MDs, RNs, APRNs, and there's a couple medical students on here, too, titled: A letter to Nebraska state senators from Nebraska healthcare providers. It says, Dear Speaker Arch and members of the Nebraska Legislature: We are a group of Nebraska medical experts and healthcare professionals representing multiple specialties united in opposing LB574, the Let Them Grow Act, because it will severely limit our ability to provide compassionate and safe medical care and will cause irreparable harm to our patients. LB574 directly contradicts the overwhelming consensus of every reputable medical professional society, including the American Academy of Pediatrics, the American Medical Association, the Endocrine Society, the American College of Obstetrics and Gynecology, the American Academy of Family Physicians, the American Psychiatric Association, the American Psychological Association--

ARCH: One minute.

HUNT: --and the American Academy of Child and Adolescent Psychiatry. They continue: Gender-affirming care is never provided without the full informed consent of the patient and their parents or legal guardians who have the right and duty to have input into the medical care of a minor. It is always done cautiously and in consultation with one or more mental health professionals. As healthcare professionals, we have a duty to treat every patient sitting before us as a unique individual and personalize medical care to their particular situation. This is the thing. Legislation broadly limiting an entire branch of medical care attempts to make the practice of medicine a one-size-fits-all process and does a great disservice to the individuals we care for. For legislators to claim that they know better than Nebraska parents what medical care is best for their children is a dangerous overstep of government into the private lives of its citizens.

ARCH: Time, Senator.

HUNT: Thank you, Mr. President.

ARCH: Senator Day, you're recognized.

DAY: Thank you, Mr. President. I'm just going to finish reading this article here that came out a couple of days ago about some of Senator Erdman's comments on the floor during debate on LB626. Erdman is not the first Republican to connect this theory to abortion. Then Iowa Representative Steve King argued in 2017 that culture and demographics are our destiny. We can't restore our civilization with somebody else's babies. Matt Schlapp, the head of the influential group that hosts the Conservative Political, the Conservative Political Action Conference and a close confidant and former top staffer-- sorry, my page keeps jumping on me here-- former top staffer for former President Donald Trump made the explicit connection just days after the Buffalo shooting. If you say there is a population problem in a country, but you're killing millions of your own people through legalized abortion every year, if that were to be reduced, some of that problem is solved, Schlapp said. You have millions of people who can take many of these jobs. How come-- how come no one brings that up? If you're worried about this, quote unquote, replacement, why don't we start there? Start with allowing your own people to live. Erdman's remarks about population replacement weren't his only eyebrow raising remarks on abortion. He also argued the most vulnerable people weren't women carrying unwanted pregnancies, but the fetuses themselves. Those who we should care for are the babies. It's not the mother. It's not those who are choosing to have an abortion. It's the babies. It's the babies. This is about a heartbeat. This is about a human life, he argued. This is not medical care, killing someone. I don't know who we think we are that we can choose to be God. God created those people. They deserve a chance. I yield the rest of my time.

ARCH: Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. Voter ID business. Government Committee business. So many opportunities to save democracy this session. I want to continue with this letter that was addressed to the Nebraska Legislature from about 150 healthcare professionals in Nebraska. And I'm tying this into a, a greater point that I'm going to make about LB227 as well once I get this read into the record and you'll see why that's important. They continue gender-affirming care-- let's see, I read that part. Children and adolescents who are transgender and gender diverse already experience extremely high rates of suicidal ideation and are at risk of bullying. To be clear, they are not at increased risk of suicide inherently because they are transgender, but because of how they are stigmatized by their

communities and targeted by government attempts to limit their access to safe and effective healthcare, including mental health services, which LB574 would do. You say you want to make it all about surgery and how extreme it is, but actually the most fundamental types of healthcare that these kids need is blocked by this bill, and it has a chilling effect on healthcare for the entire LGBTQ population. Studies show that transgender youth who are supported by their families and communities and have access to appropriate medical care have suicide rates similar to the rest of their peers, so baseline. LB574 penalizes healthcare professionals for providing standard of care medicine and places a gag order on providers by limiting what we can talk about with patients who have placed their trust in us to provide unbiased advice and recommendations. Trust is the cornerstone of the patient-provider relationship. LB574 takes away the ability to have honest dialogue of treatment options, risks, and benefits, and in doing so will erode that trust and therefore compromise healthcare for Nebraskans well beyond the provision of gender-affirming care. This is what I'm talking about, whether we're talking about reproductive healthcare or abortion or gender-affirming care, whatever it is, all of these are part of the house of medicine that all work together with neurologists, pulmonologists, cardiologists, every other type of doctor there is, because every human being in Nebraska is unique and has unique health problems and unique family histories and unique reasons that they need to seek care. And when we unnecessarily, because of religious opinions basically, restrict that care, the standard of practice, we say that we don't trust medical professionals to use their best judgment, we hurt healthcare for everybody because it's taking bricks out of the house of medicine. We have seen in other states that when healthcare professionals are prohibited from practicing lifesaving medicine to the full extent of their training, they will leave to go to states where they can. An exodus of healthcare professionals will disproportionately harm our already underserved rural communities. Humans have experienced transgender identities throughout recorded history. Limiting access to medical care does not erase transgender identities. It only makes the lives of already hurting adolescents unnecessarily harder. We believe and affirm that all Nebraskans, including our transgender and gender-diverse youth, deserve to be treated with dignity and respect. You do not have to understand the experiences of the transgender youth and the decisions that go into families seeking medical care for their children to respect--

ARCH: One minute.

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HUNT: --their right to autonomy and self-determination. For all these reasons, we stand united in urging you to oppose LB574. Sincerely-- I'm still scrolling. There's just so many names: men, women, people from all different types of practices, all of whom you would probably trust to treat you for whatever it is that they specialize in; all of whom you would put your trust in; all of whom the state of Nebraska put their trust in by making them board-certified licensed professionals in our state. So when we debate things like LB227, and-- one moment-- when we debate bills like LB227 and we hear things like, well, this is what, what doctors recommend, this is what professionals, medical professionals think we should do--

ARCH: Time, Senator.

HUNT: Thank you, Mr. President.

ARCH: You're next in the queue.

HUNT: Thank you. When, when you say things like this is what medical professionals think we should do, how come you believe them on that but not on LB574? To continue, how come you believe them on that but you don't believe them on LB626? When they tell you the devastating effects it has on rural Nebraska, on the access to healthcare throughout the entire state when we take away these rungs of the ladder and make it impossible for people to access the full range of healthcare that they need for their bodies and their wellness, you don't listen to professionals when they tell you that. You can't pick and choose when you believe them and when you don't. I would be happier if you did what Senator Erdman does; what, what some of these very, very far-right guys do, which is just admit outright point blank that the reason you don't support these things is for religious reasons. Senator Lowe talks about this. He reads Bible verses and things from the Bible and says, that's how we know this is evil. OK. There you have it. He said what he thinks. I believe him. But some of you standing up and saying, well, doctors support this, you know, but then you're hypocritical and you pick and choose when you listen to doctors and when you don't. I think that's a problem. I also wanted to share-- let me see here-- I had another email that I wanted to share on the record. This is one of them. This was sent to me a couple days ago from a constituent and she says: All the time, I think you're saying exactly what's in my mind or what I'm trying to tell people. I'm a single mom of a teenage daughter who is trans. She's brilliant and refusing to consider going to college here because of LB574 and LB575. I don't blame her. We have been reaching out to friends and family in other states in case we have to leave. I have a career here

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that I've been building for a long time, but my daughter's health isn't worth staying. Not being able to continue HRT is not an option. Like you, I didn't mourn when she started transitioning. I'm in awe all the time of just how more her she is, more confident, more social, more comfortable in her skin, more engaged in school and community. She's the her she was meant to be. And there are so many emails like this that I've received, not just from my district, but from your districts too, because there are people all over Nebraska who will suffer, and I think more so in your districts, if we pass LB574. Respectfully, I would encourage you to vote against LB227 just to stay consistent in terms of what you believe in listening to healthcare providers. I keep wondering. I'm, I'm curious if this session is easier or harder for the lobby, because every morning when I get here, I walk-- I, I admit I like to walk around the side of the Chamber to come in here because I don't like to be stopped by people in the lobby. That used to not be such a problem for me but my anxiety this year is really, really, really unmanageable. And so I've been kind of avoiding the Rotunda just because all the people asking questions is really overwhelming to me. But even with every bill getting filibustered, even with the knowledge that most bills--

ARCH: One minute.

HUNT: --that don't have a priority, have no chance, and that there's even bills with priorities that we probably won't get to hear. I'm sure my priority bill won't be heard. Like, get real. We're not doing anything with that. Yet the lobby is still full every day, yet there's people out there who are working for their clients, who are trying to help make deals on bills, I'm sure trying to get bills to get a ride on something. And I'm just curious if it's a good year to be a lobbyist because you don't have to do much work or if it's more work than ever. But all I ask is that we believe healthcare professionals, we believe our neighbors in Nebraska who are parents, who are educators, who are the professionals that we trust to raise and be around our kids and help develop them. Thank you, Mr. President.

ARCH: Senator Blood, you're recognized.

BLOOD: Thank you, Mr. President. I stand in support of the underlying bill and against the bracket motion. I would ask if Senator Hunt would yield to a question.

ARCH: Senator Hunt, will you yield?

HUNT: Yes.

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BLOOD: Senator Hunt, as always, I'm listening to the debate and you spoke a little bit in reference to the anti-trans bill. And I, I want to ask you a question.

HUNT: Sure.

BLOOD: So do you, do you kind of remember when we were-- when you were here the first year and you were in training, do you remember your training a little bit about some of the things they taught us that we should and shouldn't do as new senators?

HUNT: Yes.

BLOOD: OK. Do you remember them talking about never, ever, ever, ever bring forward a scope of practice bill?

HUNT: Well, I remember a lot of senators saying that that was a fool's errand to not do that, that that would be a really frustrating thing. And if you did, to make sure that all of the stakeholders were on board from the beginning.

BLOOD: And you would do a 407 hearing.

HUNT: Yep.

BLOOD: So professionals that were medical professionals could say, you know, we have-- we take issue with this. We think that this is a concern. Do you know if there is a 407 hearing on that bill?

HUNT: I know that there wasn't a 407 hearing on that bill.

BLOOD: And so if you were wearing your freshman hat, would that have concerned you knowing what we know from training?

HUNT: Yes, I guess so. But, I mean, I also would have trusted the, the other senators who had more experience. So, unfortunately, in that case, for a lot of freshmen, I think that means there are bigoted, ideological, far-right radicals who are telling them, you don't actually have to do that. It's fine. And they go, OK. I mean, I think people like Senator Hughes, she came in here really-- Senator Armendariz, like great potential for independent thought. Senator Ibach I would say the same thing. Really want to do the right thing deep down, but have listened to voices that are not independent and have been tricked honestly in a way that is too bad for their integrity.

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BLOOD: And, and isn't that almost the exact same reason that we do a 407, right? We want, we want people that are individual voices and experts in the field or in the medical community to say why a bill should or should not move forward or a cause should or should not move forward. We want that independent voice.

HUNT: That would be normal. And that also speaks to what Senator Cavanaugh was talking about earlier with the intergenerational poverty task force, back when you would actually, like, work on a problem in a way that made sense instead of just taking these copy-pasted bills from Tucker Carlson's, you know, middle segment every night or whatever.

BLOOD: So would you say if we do 407 hearings on things that pertain to scope of practice, we are doing our due diligence?

HUNT: Yes.

BLOOD: Is that our job?

HUNT: Yes.

BLOOD: Why is that our job?

HUNT: Well, you tell me what you think why that's our job. [LAUGH]

BLOOD: All right. I mean, there's like three people left in the Chamber, so, which is weird how the sound is, is like when there's nobody in the Chamber. Well, because we represent all Nebraskans, not a particular party, not special interests, not dark money. Well, some of us, at least. And it is our jobs to craft policy that doesn't do harm, that doesn't leave collateral damage. And so no matter who the person is in this Chamber, and you hear me talk about it all the time, like I understand you're passionate about this cause, but your bill is a mess.

HUNT: Um-hum. And it also used to be that people would take that seriously, like, OK, well, I'm trying to do something. Can you help me fix it, then?

BLOOD: Right. And we don't have that.

HUNT: Instead, I'm going to steamroll over you anyway.

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BLOOD: I-- and I don't get that. I can't get my head wrapped around that because that is our one and only job for the big \$12,000 we make a year is to craft good policy and not to fix it--

ARCH: One minute.

BLOOD: --between Select and General, I mean, excuse me, Select and Final because by then we know what the real game is, right? Are they really ever going to fix it? I can only think of like two instances.

HUNT: There's no way in hell that that bill is coming back from Final to get any amendment or anything. That's such unbelievable--

BLOOD: That's bananas.

HUNT: --unbelievable.

BLOOD: Thank you, Senator Hunt.

HUNT: Thank you.

ARCH: Seeing no one left in the queue, Senator Cavanaugh, you're welcome to close on your motion to reconsider.

M. CAVANAUGH: Thank you, Mr. President. Appreciate that conversation. And, yeah, part of the reason that I've been reading the intergenerational poverty, the task force report, is because it is so comprehensive, intentional, and diligent. And it came with recommendations on how to approach a problem. And I have mentioned-- thank you to Senator Walz and Senator Hunt for bringing this back up-- we did not do a 407 with LB626, and we did not do a 407 with LB574. And this is, like, essential to good governance is that we are not medical professionals. We are not medical experts. And so whenever we make a change to medical standard of care, practice, etcetera, we have required, by choice, but required that whoever is seeking the change go through the credentialing review process with DHHS and the Board of Health, which could very easily be argued is a political animal. DHHS leadership is appointed by the Governor. The Board of Health is appointed by the Governor. So even going through that in some ways is symbolic, but it does allow for the opportunity for purposeful and diligent and intentional work so that we are not ad hoc changing medical practice because of something we heard or saw on TV or Google or whatever. And one person's medical journey should not be the basis for legislation. The basis for changing medical care in this state should be the same process that we require for everything. And we are requiring a much more robust process for earwax removal than we are

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for taking away parental rights in medical decision-making. We require a more robust process for earwax removal than we do for taking away reproductive healthcare. The HHS Committee had an Executive Session this morning while I have been here talking and-- let me just grab this-- and there was a bill being discussed. It is LB593, Senator Ben [SIC] Hardin's bill, and it seeks to achieve two purposes. This is his statement of intent. First, it adds the ability for a licensed hearing instrument specialist to remove cerumen, commonly known as earwax. Second, the bill ensures that the licensed hearing instrument specialist and audiologist can order the dispensing over-the-counter hearing aids. That has had more vetting, more of a process than abortion restrictions or taking away parental rights and medical decision-making. That went through the 407 process. That went through credentialing review, earwax removal. And it is actually much more complicated. I don't mean to diminish it. It is a complicated thing and it is an important procedure that is really--

ARCH: One minute.

M. CAVANAUGH: --important, especially to senior citizens living in inaccessible healthcare deserts. It is important and it was treated as such and it was respected and the process was respected. But it doesn't matter. Literally 33 people in this body do not care. I can make every argument possible under the sun and you don't care because you don't want me to have a win, whatever that means. It's insane. It's bananas. It's baloney Skittles. Yes, the credentialing review process. So we require a higher standard of vetting and process for earwax removal than we do to take away an individual birthing person's rights.

ARCH: Time, Senator.

M. CAVANAUGH: Call of the house. Roll call vote. Thank you.

ARCH: There has been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Mr. Clerk.

CLERK: 10 ayes, 2 nays to place the house under call.

ARCH: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Mr. Clerk, please call the roll. The vote before us is the motion to reconsider.

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CLERK: Senator Aguilar. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz. Senator Ballard voting no. Senator Blood voting no. Senator Bosn voting no. Senator Bostar voting no. Senator Bostelman voting no. Senator Brandt voting no. Senator Brewer voting no. Senator Briese. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements. Senator Conrad voting no. Senator Day voting no. Senator DeBoer voting no. Senator DeKay. Senator Dorn. Senator Dover. Senator Dungan voting no. Senator Erdman. Senator Fredrickson voting no. Senator Halloran voting no. Senator Hansen voting no. Senator Hardin voting no. Senator Holdcroft voting no. Senator Hughes voting no. Senator Hunt voting no. Senator Ibach voting no. Senator Jacobson voting no. Senator Kauth voting no. Senator Linehan voting no. Senator Lippincott. Senator Lowe voting no. Senator McDonnell. Senator McKinney voting no. Senator Moser. Senator Murman voting no. Senator Raybould. Senator Riepe voting no. Senator Sanders voting no. Senator Slama. Senator Vargas. Senator von Gillern voting no. Senator Walz voting no. Senator Wayne voting no. Senator Wishart. Vote is 0 ayes, 33 nays, Mr. President, on the motion to reconsider.

ARCH: The motion to reconsider fails. Raise the call. Mr. Clerk, next item.

CLERK: Mr. President, priority motion. Senator Hunt would move to recommit LB227 to committee.

ARCH: Senator Hunt, you're welcome to open on your motion.

HUNT: Thank you, Mr. President. I rise with this motion to recommit to committee because I think that we need to think about all of the different bills that we have attached to this, the germaneness of this bill-- these bills, perhaps ask for Attorney General Opinions about the germaneness of this bill. I think that Attorney General Hilgers will say that they're germane, but that's something that I would like to have in writing as that could pertain to future attempts to attach bills in committee in, in future sessions. We were talking about the 407 process and on, on both LB626, which bans a type of healthcare, and LB574, which bans a type of healthcare. And Senator Cavanaugh was outlining information about a 407 process that a bill went through to remove people's earwax. So just showing that we're being more stringent and more thorough and more firm and also true to the process that we're supposed to go through when we're talking about removing people's earwax than we are about abortion care or about healthcare for gender-diverse kids or whatever. And that's something that we brought up in the minority committee statement on LB574. To my

knowledge, I, I hope I'm wrong because this is a really cool thing that we can do in our Rule Book, this is the first time I know of a minority committee statement being filed. And the reason that, that we felt moved and members on the Health and Human Services Committee who were opposed to the bill felt moved to file this minority statement is because the process of the committee hearing was it ran so roughshod over the rules and norms of this Legislature and also over the second house. Both sides got equal time to testify, but there were not an equal amount of testifiers on both sides. Opponents to the bill who had been waiting for over seven hours had to leave in tears because Chairman Ben Hansen wouldn't allow them to testify. And it wasn't even that late. It was like 8:00 or something. And I mean, now these days we're going every night in the Legislature till 8:00 or 9:00, and you all know you can do it now. You've got your stamina up, you've got your conditioning done. And when we look back, you know, a month-plus, maybe two months ago to when that hearing was, doesn't it seem absurd that Senator Ben Hansen couldn't stay in that committee past 8:00? We do it, like, every day now. It's not that hard. We just know that he didn't have his stamina built up yet at that point. And a lot of members of the committee were just too tired to be able to hear the testimony from the second house. But because of that, we wanted to draft a minority statement first to correct some of the errors that were made in the majority committee statement. And I'll, I'll explain that to you. It reads: This is a minority committee statement prepared by the minority members voting against advancing LB574 from committee. This is filed pursuant to Rule 3, Section 19(b) and is signed by its proponents herein. LB574 would prohibit medical professionals from providing or performing gender-affirming care for people who are under the age of 19. LB574 would also prohibit professionals from referring an individual younger than 19 for gender-affirming care. So we haven't even talked about that aspect of the bill really, just the thought crime that Senator Kathleen Kauth is, is creating here in Nebraska. Not only can you not provide the care, you can't even tell a patient where they can get the care. How does that not have First Amendment implications? You can't even tell a person where the care can be found. And we see this in other states too. I mean, we're starting to have the first travel bans basically across state lines to receive types of healthcare. There are states where if they find out that you're leaving the state to get a type of healthcare that they've banned, whether that's gender-affirming care or abortion care, there are even states now that are banning gender-affirming care for adults. So we see what this is sliding toward and what the real goal of the introducers are. And that's why we have to be very, very careful and deliberate about this language, that it's not just about banning the

care. It's not just about saying we want to make sure that kids have their brains developed or something, like any of these silly excuses that Senator Kauth has brought up that are not genuine because she's not just doing that. She's banning healthcare providers from even referring someone or even telling someone where they can get this care. The statement continues: LB574 amends various scopes of approved practice of psychology, medical practice, pediatrics, and referral service for all professionals. Finally, the bill would prohibit any state funds from going directly or indirectly to any entity, organization, or individual who performs the prohibited procedures to an individual younger than 19. One of the reasons we did a section-by-section summary of this bill is because the regular committee statement had omitted testifiers, had misspelled their names. The original committee statement was just frankly incorrect in a lot of ways, so we wanted to correct that. But the section-by-section summary of the bill says: LB574 is an effort to ban so-called gender-altering procedures from being prescribed or administered to minors. Like other states's proposals, this bill prohibits mental health and medical care for children, regardless of parental consent or medical or professional recommendation. A section-by-section summary of the bill follows, which contains a discussion of the objections of the minority committee members. Section 3. Section 3 of the bill contains legislative findings relating-- regarding gender in medical practice. The minority members of the committee object to these findings, since they are not consistent with what professionals in medicine and psychology have determined, as well as what professional associations like the Nebraska Medical Association and the American Medical Association and other professional organizations have found to be best practices relating to gender, gender identity, and gender-affirming care. That's the problem with LB227, colleagues. That's why this bill isn't ready for the floor. We have some bills where you're saying, you know, what is this-- provide duties for the Department of Health and Human Services relating to reimbursing certain hospitals for nursing facility services under the Medical Assistance Act. OK. So we're listening to what medical professionals are telling us we should do in nursing facility services. We have bills attached to this bill that address other aspects of healthcare services where we are listening to professionals in medicine, in psychology, in pulmonology and cardiology and neuropathy and osteology and all of the things that affect the patients and people in Nebraska who rely on the expertise of these medical professionals. But we have bills that have been voted out of committee, have been prioritized and who Speaker Arch stopped the entire show for 45 minutes yesterday just to make sure the bill

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didn't fail that we have organized this entire session around to specifically disregard the advice of medical professionals, to specifically disregard the experience and standard of care that healthcare providers in Nebraska are telling us matters to them. It continues: These professionals and associations testified in opposition at the committee hearing on the bill to these findings. The minority committee members object to the current form of this section as it does not reflect mainstream medical or scientific consensus. Discussion within the committee to amend or clarify this section was not accommodated by the majority. That's another key point. You know, to hear my, my colleagues talk about it in that Executive Session, it was short. There was not much discussion. There was not a lot of room for amendments. Oh, and look at where we are now, 11:59 on the clock. Senator Kauth now wants to extend an olive branch in good faith, but we needed to break for 45 minutes at the very last minute of Select File debate--

ARCH: One minute.

HUNT: --to decide that. All of a sudden we want amendments. All of a sudden we're willing to, to negotiate. OK, let's negotiate, like, better late than never. But I don't trust her. I don't trust that this is in good faith. I certainly don't trust the Speaker. I don't trust anybody who, who stops the session, who, who manipulates the rules to ensure that a discriminatory, bigoted bill passes. So in the Executive Committee session, discussion within the committee to amend or clarify this bill was not accommodated by the majority. But now, hour 11, we're ostensibly going to do that, but I have about zero faith in that. Thank you, Mr. President.

ARCH: Senator Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. I've been trying to-- my Internet is just a little slow right now. It's thinking. But I was going to go to the credentialing review page of DHHS's 407 to look up some of our 407s. Senator Kauth sent out an email to everybody last night giving us a 24-hour clock shot-- shot clock-- I don't know what the right term is, mixed metaphors, etcetera-- to what we want to see changed in LB574. And, first of all, that's not how negotiations work in the Legislature. Start there. Not a good faith effort either. Yeah, but it doesn't matter because they're not going to negotiate with us, Senator Hunt. We're not-- we're not the target audience for that anyways. If one were to negotiate with me or any reasonable person, I would say start with a 407. Start with a 407. Go through the actual process of credentialing review. If this medical practice needs to be

changed, go through the process. But I've said the same thing about abortion care, and we care more about placing value judgment on birthing people than we care about our own processes. And Senator Hunt's point about things being rushed, they were absolutely rushed. They were absolutely rushed, both LB574 and LB626. In the Executive Session, I asked about amendments. Nope, no amendments, none to be discussed, none to be brought forward by the committee or the introducer. And I didn't bring amendments because I want the bill to die. I don't want to make it better. I don't think you can make it better. I don't think you can make horrible better. It's just horrible. You can have it be fewer things. You could take stuff out and then be like, look it, it's less horrible. It's actually the same amount of horrible. There's just fewer things in it. It's still horrible. It's still the same amount of horrible. So, yeah, for me, the feedback I have on negotiating is that never has it been in good faith. I had an agreement with the Speaker. It fell apart. The Speaker intervened in the eleventh hour yesterday in the most inappropriate way possible. And I'm supposed to negotiate in good faith. There is no good faith. It is a two-way street and none of you have tried. Senator Kauth didn't want to try. She probably still doesn't want to try to negotiate in good faith because she never talked to me about her amendment. She's never talked to me about her bill. And, no, it is not my responsibility to talk to her about her bill. She has never once approached me to have a single conversation about LB574. Never once. Not a once.

ARCH: One minute.

M. CAVANAUGH: And she still hasn't. And I don't think she's going to. Senator Jacobson approached me several times about his problems, his real issues with LB574 and then he decided to take it upon himself to blow up the Speaker's deal and tanked the session with his amendment that he didn't want anybody to know was his amendment because he doesn't want to be viewed as a moderate in his home district, but he wants to be viewed as a moderate in the Legislature. So he tried to come up with a moderate amendment that's unconstitutional, but doesn't want it to have his fingerprints on it, and then made a speech yesterday about how he no longer honors the amendment, his own amendment because it was an olive branch of hate that wasn't accepted. No, it wasn't accepted because you blew up the deal. You blew up the deal, Mike Jacobson. You did. So, no, I'm not going to accept your olive branch.

ARCH: Time, Senator. Senator Hardin, you're recognized to speak.

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HARDIN: Thank you, Mr. Speaker. I just wanted to correct for the record that LB593, affectionately known as the earwax bill, actually did not have a 407. So thank you, Mr. Speaker.

ARCH: Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. Thank you, Senator Hardin, for that clarification. Continuing with the minority statement on LB574, it says: Section 4 of the bill provides for various definitions of biological sex, gender, gender-altering surgery, gender-altering procedures, and related definitions. The minority members of the committee object to these findings, since they are not consistent with what professionals in medicine and psychology have determined, as well as what professional associations like the Nebraska Medical Association and the American Medical Association and other professional organizations have found to be best practices relating to gender, gender identity, and gender-affirming care. One thing I'll say about legal writing is these sentences are long. Like, this is not the Atlantic that I'm reading here, but they're correct. Many of these professionals and associations testified in opposition at the committee hearing on the bill to these findings. The minority committee members object to the current form of this section because it does not reflect mainstream medical or scientific consensus. Once again, they say discussion within the committee to amend or clarify this section was not accommodated by the majority. Section 5 of the bill provides that no healthcare practitioner shall perform, quote, gender-altering, unquote, procedures on a person under age 19 or refer a person under age 19 to receive such care. Performance or referral for such care shall be considered unprofessional conduct which can result in a loss of professional license or other discipline. This makes me think of something interesting. For several years, I've introduced bills to ban the practice of conversion therapy in Nebraska, and Senator Fredrickson introduced the same bill this year. And conversion therapy is not therapy. It's a completely debunked, pseudoscientific, hateful, abusive practice of trying to change somebody's gender identity or sexual orientation through, quote unquote, therapy. There are several places in Nebraska that do these-- that, that have this kind of practice. And in testimony on these bills in committee, we heard from many adult Nebraskans who went through this treatment as kids. I have friends in Omaha, you know, two of my friends in Omaha who own one of the most successful furniture companies in Omaha actually met each other at conversion therapy camp in Nebraska. And it's a much more common practice in Nebraska than you would know. We heard from one guy who's younger than me, and he came in and talked about how he got electroshock therapy in Nebraska. And

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it was so convulsive that he passed out and he bit off part of his tongue. And when he woke up, his mouth was full of blood and he had bitten off part of his tongue. And, you know, he's still gay. Conversion therapy doesn't work. But this is a practice that Senator Kauth is not trying to ban in Nebraska that we can't get members of this Legislature to support. We introduced this year after year. You're fine with people getting electroshock therapy, biting their tongue off, getting filled up with blood as children. I'm not talking about adults. I'm talking about under 19. Speaker Arch wouldn't support that bill. Senator von Gillern wouldn't support--

ARCH: One minute.

HUNT: --that bill. Thank you, Mr. President. Senator Kauth wouldn't support that bill. What's up with that? Is that not a type of gender-affirming care? Would LB574 inadvertently ban conversion therapy in Nebraska because you can construe conversion therapy as gender-affirming care? Whether you're giving somebody talk therapy and counseling about you're not gay, you're straight, you're not gay, if you're showing them horrible pornographic images and giving them an electroshock to their nipples every time they see a gay image-- this is children, by the way. I'm talking about under 19. I'm not talking about, like, adults who want to do it. Or you're talking about people getting electroshock therapy and passing out, these practices are happening in Nebraska, and I and others have been trying to make it illegal and you have not supported that. But this is the hill that you're dying on, LB574 and it's not even--

ARCH: Time, Senator.

HUNT: Thank you.

ARCH: Senator Machaela Cavanaugh, you're recognized.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hardin, for letting us know. I thought that I had heard that at the hearing on the earwax bill so appreciate the correction. I haven't had a chance to vote, but I probably won't be voting for it because it hasn't gone through the 407 process. I'd like to stand firm on that. OK. So this bill, LB227, that has lots of bills amended into it, lots of bills amended into it, does not have the SNAP eligibility bill amended into it. And I was talking to Senator Day about her bill because it wasn't on the HHS agenda again, and it's not amended into this massive package of bills. And so I was wondering why, because I thought that there had been an agreement that that was going to move forward. And

she said there's no money for it. The fiscal note is like \$700,000 a year over two years and it's only for two years and it has to have a sunset in order for anybody to vote for it, because we need to make poor people struggle. And every two years we need to come back and fight for their \$700,000 so that we can feed 10,000 people in Nebraska. And it was like, we don't have the money for it? And I look at the fiscal notes that I have in this binder for all of the bills that are in LB227 and I'm like, well, there's some really important things in LB227. And, yes, they have fiscal notes. We probably could shave pennies here and there. And then I thought, wait a second. We're building a prison. We're building a prison for \$360 million, give or take. We can't shake that tree a little bit, trim it back, not do it. No. We need to-- we need to eventually. We need to eventually do something about our prison because our prison is atrocious and also a human rights violation. But building a new prison is not going to change any of that. But feeding people is actually going to reduce crime. Giving people access to essential needs like food and housing will reduce crime. And when we reduce crime, we reduce the need for that prison. So if we were strategic business people, which we definitely are not, we have hate in our hearts and that's how we legislate, but if we were strategic and more about the dollars and cents of the business of the state and less about placing judgment on the people in the state we would find the money for the SNAP eligibility. And let me be clear, the SNAP eligibility is to keep it at 165 percent. It was at 185 percent. Then we had an economic crisis about, I don't know, 10, 15 years ago, and we took it down to 130 percent to save the state money. That's where we cut our corners. Meanwhile, we cut down access to SNAP, access to food. At the same time, our crime rates are going up, our prison population is going up. Then we have a windfall of money, as we have now, and we can't afford to keep the eligibility at 165, which we just got it at two years ago. We can't afford to keep that, but we can afford all these other things, but we can't afford to feed 10,000 Nebraskans for about \$700,000 a year.

ARCH: One minute.

M. CAVANAUGH: We are so upside down in our value system, in our policy approach, all of it. We can't afford to feed kids at school, we can't afford to feed families at home, but we can afford massive tax cuts for the wealthy. We can afford massive property tax cuts, but we cannot afford to feed people. That is a bridge too far. We cannot afford to spend 62 days talking about taking away healthcare for about four Nebraskans a year. We can afford to do that, but we cannot afford

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to feed people, we cannot afford to take care of our most vulnerable citizens, we can only afford legislating hate and cruelty.

ARCH: Time, Senator.

M. CAVANAUGH: Thank you.

ARCH: Senator Jacobson, you're recognized.

JACOBSON: Thank you, Mr. President. I'm going to say that I'm rising in opposition to the recommit motion, in favor of LB227. I also want to take some time since I've been called out this morning on my positions as it relates to LB574. I'm going to give everyone listening at home kind of a, a snapshot of what happened with LB574, what my involvement was and what my involvement was not and what my position has been and continues to be. I knew that as LB574 moved along, I was contacted by people on both sides. I knew that there were conservative senators that had concerns with the bill in its current form. And so I took the step to try to find a way to find a path forward and find an amendment that would be palatable. I had several progressive senators who were in support of it. The amendment was, was consistent with what was pushed for in the committee by those on the progressive side. And so I brought that amendment the day that we were going to have the debate on General File. I went to Machaela Cava-- Senator Machaela Cavanaugh to talk to her about it and she wouldn't listen to me, wouldn't give me the time of day. I don't know whether it had to do with the fact that MSNBC had her interview that weekend or whether The New York-- is because The New York Times is here, I don't know, but didn't want to talk to me about it. Senator Megan Hunt, however, did sit down with me and we had a good conversation and she still had concerns with it, but we had a good conversation. And then the answer was, we don't want the amendment. Why? Because I think they felt that the votes weren't there to pass it as is. And so then the conversation became, we're going to block the amendment. And you all heard the testimony, we're not going to let that amendment on. We had one state senator saying the bill was a piece of crap. There's no way you could amend this piece of crap into something better. There was a push to block all, with all the priority motions to block any amendment coming on. And then, lo and behold, a half hour before the vote there was, where's the olive branch, we're going to pick up all the priority motions blocking the amendment and now we'll take the amendment. Why was that? Oh, that's right, because they knew the votes were there to pass it as is. Folks, colleagues, if we truly want to work together, if we truly want to compromise and get good legislation, this isn't how we do it. You don't ignore colleagues who come to you with a way

and a path forward and ignore them and say it's my way or the highway and then hold out to the people you're representing, supposedly representing that are out in the Rotunda or up in the lobby, up in the balcony, that you're fighting for them when you had an opportunity to reach a compromise and chose not to. There's one more chance, there's one more chance for an amendment on that bill. If we're just going to filibuster everything and, and continue to be name-calling and continue to be stubborn about anything, chances of that amendment are pretty slim. But I'm telling you, it's out there, it's out there. Do I believe in the bill? Yes, I do. I believe that we need to take care of all children, whether they're preborn, whether they're trans, whether they're persons of color, whether they're gay, whether they're lesbian. I don't care.

ARCH: One minute.

JACOBSON: We should care for all children. And I can tell you that everyone on the conservative side believes that intensely, that we're doing the right thing to protect these kids from harmful things. I know there are progressives who believe the opposite, and they believe it with all their heart. That's part of the legislative process. We all have constituents. It doesn't take me long to hold my finger up and figure out where my constituents are. My votes are consistent with how my constituents feel, and I'm going to get everything I can for my constituents. And if I have to compromise along the way to get the best deal for them, I will do that. But I feel very good about my position and I feel I did everything I could to try to help make things work and it was rejected. I'll continue to work to try to find compromise, that's part of being a statesman, that's part of being a legislator. I intend to continue to do that. I'm not going to stand here and name-call.

ARCH: Time, Senator.

JACOBSON: Thank you.

ARCH: Senator Hunt, you're recognized. This is your last opportunity before your close.

HUNT: Thank you, Mr. President. I felt completely taken advantage of in conversation with Senator Jacobson. I felt reassured that he understood my views. I felt reassured that he was trying to find a way to make the bill fail because he didn't support it. And then he turned around and did the exact opposite thing. So I, I see him as nothing more than an opportunistic politician looking for the next big thing

for himself. I think he'd like to be Speaker. I think he'd like to continue to grow his political influence. I think he's excited for his son-in-law to get elected so that he can join us in here and his influence can continue to grow. He's a politician, and I wouldn't say that except that he manipulated me when I was talking to him in good faith about my experience and my feelings and then he turned around and did the exact opposite thing and I felt like a fool. Fool me once, right? It's, like, why would I think that anyone-- I mean, here's why, here's why I would think that people in here would talk to me in good faith because they used to, because for four years they did. Because I ran for office to come here, because I, I spoke to senators from decades and decades and decades going back who said that that was their experience, that the Unicameral is a special place where people work together, where they can really know who you are. And that was my experience for four years. This year, no. It's just people like Senator Jacobson manipulating me and lying to me and then saying that they're the statesmen. No. Same with Speaker Arch. And then this is the example that freshmen have where they go, I guess this is normal. It's not, it's not statesmanship, it's manipulation. We don't see it the same way. Senator Kathleen Kauth, who introduced the most bigoted, discriminatory bill this session, stands by it, loves it, works as a professional conflict mediator. She could tell you that two people who are on opposite sides of something don't see it the same way. So what Senator Jacobson outlined is not how it went down through my lens. Talking about this minority report, Section 5 of the bill provides that no healthcare practitioner shall perform gender-altering procedures on a person under age 19 or refer a person under age 19 to receive such care. When I was thinking about this, the punishment for this for referring someone to receive gender-affirming care is for them to lose their license. And this is the same punishment that I had in my bill to ban conversion therapy. So I still have this question, is conversion therapy not a type of gender-affirming care? You're affirming, it's not affirming to the patient, of course, because, you know, they're being abused basically by a practitioner. But given that we know this is happening in Nebraska, that conversion therapy is happening in Nebraska, the kids are getting shocked, that kids are getting abused, that kids are getting talk therapy as well to try to stop them from being gay or trans or whatever. That there's an industry for that in Nebraska. Are those practitioners ostensibly providing gender-affirming care and would that care be banned under LB574? Could they lose their license as practitioners if they do that? It continues: The minority members of the committee questioned why a patient-- why referring a patient for care, perhaps even to another state where it is not prohibited--

ARCH: One minute.

HUNT: --should be regarded as the same as performing such a procedure. Additionally, the term "refer" is not defined and could be verbal or written, informal or formal, and could easily be used to trap a practitioner who is not familiar with this area of practice and merely suggests another professional for consultation. Talking about a professional who's not familiar with the area of practice, to say nothing about a professional who's not familiar with the whims of the radical Republicans in this body who change the law. How are we going to spread the word and make sure that every healthcare provider in Nebraska knows that they can't even refer somebody for gender-affirming care? Make sure that they know what that is. Make sure they're not confused that maybe that could mean conversion therapy. There's a lot of questions here and that's why this bill is literally bad. If it would go through someone like-- something like a 407 process, some of these things would be addressed. But procedure, process--

ARCH: Time, Senator.

HUNT: --is not a priority. Thank you.

ARCH: Senator Machaela Cavanaugh, you're recognized. This is your last opportunity.

M. CAVANAUGH: Thank you, Mr. President. I would love to know what senator that opposes LB574 supported that amendment. I would love to know that. The medical community did not support that amendment. That amendment didn't change the opposition of a single person who was an opponent. And a compromise usually means that you're bringing off at least some of the opposition. When your compromise, air quotes for transcribers, does not bring off opposition then it's not a compromise. And when you have opposition of hundreds of people and you didn't peel off of one, it's definitely not a compromise. Definitely not a compromise. And, yes, it is accurate, I would not give Senator Jacobson time to discuss his compromise, air quotes, amendment the morning of the debate on LB574. I was about to debate LB574. I walked on the floor and he literally blindsided me with his, air quotes, compromise amendment. And he thinks that I'm not negotiating in good faith. Brother, you don't seem to understand the meaning of negotiating in good faith. What you did was the exact opposite of good faith. The exact opposite. But I would love to know who supported that amendment because it is unconstitutional, it's discriminatory. The medical community continues to be in opposition to it. But apparently,

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one of the 16 that voted against LB574 got them on board. It didn't get anyone on board, anyone. And, Senator Jacobson, everything you just represented about your position to LB574 on the microphone is contrary to how you represented your position to me in private in the weeks leading up to the debate. And that is why I don't trust you. That is why I don't trust you and why I won't trust you and why I won't engage in negotiations with you personally because you have shown me who you are. And when people show me who they are, I believe them. And I believe that you are someone who will negotiate in bad faith and I will not negotiate with you. Thank you, Mr. President.

ARCH: Seeing no one left in the queue, Senator Hunt, you are recognized to close on your motion to recommit.

HUNT: Thank you, Mr. President. I'll, I'll close on this motion by trying to get through some more of this minority report related to LB574 because I, I think we are running into a problem of inconsistency when we are accepting the advice of medical professionals, we're accepting the idea of a standard of practice and standard of care for bills like LB227 that we're debating right now, but we wouldn't accept that same expertise on another bill. And this is the type of thing that's outlined in this minority report, which is the first one I know of that, you know, has been filed, at least, in my time for sure. But I don't know how long before. Here we go. It continues: The minority members of the committee questioned why referring a patient for care, perhaps even to another state where it is not prohibited, should be regarded as the same as performing such a procedure? Additionally, the term "refer" is not defined and could be verbal or written, informal or formal, and could easily be used to trap a practitioner who is not familiar with this area of practice and merely suggests another professional for consultation. The minority members object to the current form of this section and, once again, discussion within the committee to amend or clarify this section was not accommodated by the majority. Section 6 of this bill prohibits any state funds from going directly or indirectly to any entity, organization, or individual who performs prohibited procedures to an individual younger than 19. The minority members of the committee object to this section as it is legally suspect under federal Medicaid law. This section of the bill would prohibit the use of state funds for gender-affirming care, including Medicaid funds. Federal law directs that states follow federal law when administering Medicaid funds. Medicaid requires that the state cover services for youth under age 21, known as the Early and Periodic Screening, Diagnosis and Treatment benefit, or EPSDT. Under this benefit, states must provide every mandatory service necessary for people under 21 recognized by

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the federal government. The federal government has recognized that gender-affirming care fits within multiple categories of Medicaid services. Additionally, the federal Medicaid Act requires that there are no discriminatory practices in the state-run programs. The minority committee members object to the current form of this section and, once again, discussion within the committee to amend or clarify this section was not accommodated by the majority. Mr. Speaker-- Mr. President, I'd like a call of the house and a roll call vote. Thank you.

ARCH: There has been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Mr. Clerk.

CLERK: 8 ayes, 4 nays to place the house under call.

ARCH: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Day and Brewer, please return to the Chamber. The house is under call. All unexcused members are now present. Mr. Clerk, please call the roll.

CLERK: Senator Aguilar. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz. Senator Ballard voting no. Senator Blood voting no. Senator Bosn voting no. Senator Bostar voting no. Senator Bostelman voting no. Senator Brandt voting no. Senator Brewer voting no. Senator Briese voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements. Senator Conrad voting no. Senator Day. Senator DeBoer-- excuse me, Senator Day voting no. Senator DeBoer voting no. Senator DeKay. Senator Dorn. Senator Dover. Senator Dungan voting no. Senator Erdman. Senator Fredrickson voting no. Sander Halloran voting no. Senator Hansen voting no. Senator Hardin voting no. Senator Holdcroft voting no. Senator Hughes voting no. Senator Hunt voting no. Senator Ibach voting no. Senator Jacobson voting no. Senator Kauth voting no. Senator Linehan voting no. Senator Lippincott. Senator Lowe voting no. Senator McDonnell. Senator McKinney voting no. Senator Moser. Senator Murman voting no. Senator Raybould. Senator Riepe voting no. Senator Sanders voting no. Senator Slama. Senator Vargas. Senator von Gillern voting no. Senator Walz voting no. Senator Wayne voting no. Senator Wishart. Vote is 0 ayes, 34 nays, Mr. President, on the motion to recommit.

ARCH: The motion to recommit fails. I raise the call. Mr. Clerk, next item.

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CLERK: Mr. President, Senator Machaela Cavanaugh would move to reconsider the vote just taken on the recommit motion.

ARCH: Senator Cavanaugh, you're welcome to open on your motion.

M. CAVANAUGH: Thank you, Mr. President. Just got an email from the HHS committee clerk asking for my votes because they are having-- had an Exec Session this morning on bills. I wasn't able to attend. And I'm just going to say this because why not, Senator Hardin, I believe there's an amendment on your bill, AM828. I don't know what it does, so I'll just have to hold off on voting until I can have a chance to look at it. OK. I'm losing track of my-- oh, here we go. No, that's the Westboro Church binder. Which, of course, I could go back to reading about how wonderful they are and how aligned you all are with them, but just going for a different flavor today. Oh, thank you. Let's get back to the discrimination policy history. And I was reading about school desegregation, the timeline of school desegregation, and I was up to 1974. And I will say Senator Blood had told me the other day that-- so I-- these lights, you can't adjust these, like, it's up as high as it can go so all I can do is tilt it so that I have light here. But then when I sit down, it literally, and I saw it for myself, blinds Senator Blood. So when I was sitting down earlier and somebody else was speaking, I realized, so I apologize, Senator Blood, if I was blinding-- you were blinded by the light, which is also lyrics from a song. So I do try to remember to put, put it down because I do not want to blind you. So 1974 is where I had stopped with the Brown v. the Board of Education timeline on desegregation of school. Just to center and refocus the conversation, I am talking about the desegregation of education in America because everything I am talking about is because of LB574. I am talking about this on LB227 because I am taking time on LB227 because of LB574. I am talking about desegregation because I am trying to educate whoever actually cares. Probably no one, but I am going to try anyways on how when we don't stand up for hate, when we legislate it, when we institutionalize it, we will then spend decades, decades trying to "uninstitutionalize" it. And I am up to 1974, but I started in 1849, so not even decades, I've already gone 100 years on how we got to the institutionalization of segregating schools. And now then that we did that how we had to work to undo that. Something very arguable, not hard to argue, we are still working towards today. We are still working towards desegregation of our educational institutions today. And it all started, at least in this document, in 1849. So when you vote to institutionalize discrimination and hate, it has consequences in perpetuity, in perpetuity. So let's just not do it. That's a choice available to us. We can choose together collectively to not do that. And to that

delightful amendment that was just surgery, I just want to remind people that even that was codifying into law discrimination and hate that, air quotes, compromise amendment that was just surgery was codifying into law hate and discrimination because we weren't prohibiting a specific type of surgery for minors. We were prohibiting a specific type of surgery for specific minors based on their gender identity. That is codifying discrimination and hate and perpetuity into our books. And so I opposed it, there you go. I did not entertain an amendment that came blindsiding in at the 13th hour and continued to be problematic and hurtful, unconstitutional, and discriminatory. Yeah, I didn't entertain it, not even for a second. I didn't even for a second say, hey, you know what, this is reasonable. This is totally reasonable that we would prohibit a specific surgery based on how somebody identifies because that's not reasonable. No one is trying to prohibit surgery for people under the age of 19 for breast reduction or breast implants or rhinoplasty. No one is trying to do that for people under the age of 19 unless they identify as a gender other than assigned at birth. And you all probably feel totally comfortable voting for something like that because you know it'll go to the courts and it'll be unconstitutional and it'll cost the state money. So instead of standing up and doing your jobs and not passing unconstitutional things to begin with, you acquiesce your power and your authority to let bad things happen because you anticipate and expect someone else to clean it up for you. So 1974: The Supreme Court blocks metropolitan-wide desegregation plans as a means to desegregate urban schools with high minority populations. *Milliken v. Bradley*. As a result, *Brown* will not will not have a substantial impact on many racially isolated urban activities. Non-English-speaking Chinese students filed suit against the San Francisco Unified School District for failing to provide instruction to those with limited English proficiency. The Supreme Court rules that the failure to do so violates the Title VI's prohibition of national origin, race or color discrimination in school districts receiving federal funds. *Lau v. Nicholas* [SIC]. 1978-- the year before I was born-- A fractured Supreme Court declares the affirmative action admissions program for the University of California Davis Medical School unconstitutional because it sets aside a specific number of seats for black and Latino students. The court rules that race can be a factor in university admissions, but it cannot be the deciding factor. 1982: The Supreme Court rejects tax exemptions for private religious schools that discriminate. Feels apropos to yesterday. 1982: The Supreme Court rejects tax exemptions for private religious schools that discriminate. 1986: For the first time, the federal court finds that once a school district meets the Green factors, it can be released

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from its desegregation plan and return to local control. 1988: School integration reaches its all-time high; almost 45 percent of black students in the United States are attending majority-white schools. 1991: Emphasizing that court orders are not intended to operate in perpetuity, the Supreme Court makes it easier for formerly segregated school--

ARCH: One minute.

M. CAVANAUGH: --systems to fulfill their obligations under desegregation decrees. After being released from a court order, the Oklahoma City school system abandons its desegregation efforts and returns to neighborhood schools. 1992: The Supreme Court further speeds the end of desegregation cases, ruling that school systems can fulfill their obligations in an incremental fashion. This is 1992. The Supreme Court rules that the adoption of race-neutral measures does not, by itself, fulfill the constitutional obligation to desegregate colleges and universities that were segregated by law. I think I'm about out of time, so I will get in the queue. Thank you.

ARCH: Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I'm talking about Section 6 of this minority report which talks about the way that LB574 may be suspect under federal law because Medicaid requires us to cover gender-affirming care for kids. This is especially frustrating for me because my trans child saw psychologists, psychiatrists, therapists for over a year. We saw numerous MDs, you know, doctors who specialize in gender-affirming care. We had to get referrals to do that. We had to wait for appointments. We talked about every option. We talked about waiting. We talked about what his options would be after he's 18, what he wanted his future to look like. None of this made in haste. None of this made, you know, without a lot of information and a lot of thinking and a lot of family discussion, a lot of discussion with doctors, a lot of appointments, a lot of bills, medical bills to do that. And I am on Medicaid myself, and that's my insurance. And Medicaid denied our claim for puberty blockers three times. Even after appealing, even after having doctors write letters, they were denied without any explanation. And so for-- you know, we have concerns about Medicaid denying coverage for kids under LB574, but we also know that they're already doing it and that's a problem that we have in this state. It says: Section 6 of the bill prohibits any state funds from going directly or indirectly to any entity, organization, or individual who performs prohibited procedures to any individual younger than 19. The minority members of the committee object to this

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section as it is legally suspect under federal Medicaid law. This section of the bill would prohibit the use of state funds for gender-affirming care, including Medicaid funds. Federal law directs that states follow federal law when administering Medicaid funds, and Medicaid requires that the state cover services for youth under age 21, known as the EPSDT benefit. Under this benefit, states must provide every mandatory service necessary for people under 21 recognized by the federal government. The federal government has recognized that gender-affirming care fits within multiple categories of Medicaid services. Additionally, the federal Medicaid Act requires that there are no discriminatory practices in the state-run programs. The minority committee members object to the current form of this section, and, once again, discussion with the committee to amend or clarify this section was not accommodated by the majority. When we listen to the debate on LB574, whether it was on General File or yesterday, was it yesterday, I don't know, whatever day we did Select File, I heard so many opponents talking about how these decisions are made hastily. How these decisions are made by kids who then dictate to their parents what their healthcare is going to be, not the case, or they see someone who is trans on social media or something and then they decide they're going to be that too. Colleagues, kids aren't becoming trans because they see trans people represented in the world. Your kids are already trans. Like, if that's happening, it's because they're learning it's OK to be who they are, that they can be--

ARCH: One minute.

HUNT: --proud and they don't have to hide because they see people like them. They see other trans people in public for the first time. And this is, in our modern history, kind of the first time that this acceptance is out there even though trans people continue to experience violence at disproportionate rates. In Nebraska, in Omaha, we have some of the most sad and memorable cases of violence against trans people. And I also wanted to mention that on May 1, the documentary about Brandon Teena, who is who the movie "Boys Don't Cry" is based on, is going to be screening at the Ross in Lincoln probably around 7 p.m., and that'll be May 1 at the Ross, and then there will also be a conversation after that screening to talk about what people can do to stop the ban against transgender care and the importance of--

ARCH: One minute.

HUNT: --[INAUDIBLE] Nebraska.

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ARCH: Oh, excuse me. Time, Senator.

HUNT: Thank you, Mr. President.

ARCH: Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hunt, for that reminder about the movie screening. Yesterday, well, maybe it was the day before, I was reminded about Matthew Shepard and, and his brutal death, murder. I was in college. I was a sophomore in college. No, maybe I was a freshman still. I was in college. I belonged to this group in college, I went to a Catholic school. I went to a Catholic university for my undergraduate. And, man, has the Catholic Church changed since then, since 1998. My Catholic university-- it was not Jesuit, so a lot of people would be like, well, the Jesuits, they're, you know, sort of more progressive. It was not a Jesuit Catholic school. It was just a Catholic school. And I belonged to a student group that was an ally group for LGBTQ. And I remember I joined that my freshman year, before Matthew Shepard had been brutally murdered, I joined this ally group for LGBTQ. I can't, I cannot for the life of-- is a PFLAG? Is that what the, like, family ally? That was what it was called then, too, I think. I know it's PFLAG now, but I think that's what it was called back in 1997. So my Catholic university had a student-run PFLAG group. Fast forward to today where the Catholic Conference that unfortunately purports to represent the Catholic Church here in Nebraska shows up and testifies in support of every hate bill that causes harm and damage to the LGBTQ community. That makes me very sad. Very sad. So thank you for that reminder, Senator Hunt. OK. I think I was up to 1995: The Supreme Court sets a new goal for desegregation plans, the return of schools to local control. It emphasizes again that judicial remedies were intended to be, quote, limited in time and extent, end quote. Missouri v. Jenkins. 1996: A federal appeals court prohibits the use of race in college and university admissions, ending affirmative action in Louisiana, Texas and Mississippi. Hopwood v. Texas. 2001: White parents in Charlotte, North Carolina schools successfully seek an end to the desegregation process and a bar to the use of race in making student assignments. 2002: A report from Harvard's Civil Rights Project concludes that America's schools are resegregating. 2003: The Supreme Court upholds diversity as the rationale for affirmative action programs in higher education admissions, but concludes that point systems are not appropriate. A federal district court case affirms the value of racial diversity in race-conscious student assignment plans in K-12 education. A study by Harvard's Civil Rights Project finds that schools were more segregated in 2000 than in 1970 when bussing for

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desegregation began. In Omaha, we are a very segregated city and we have coded language for our segregation so--

KELLY: One minute.

M. CAVANAUGH: --we say north Omaha. And when we say north Omaha, we mean black Omaha. Senator McKinney and Senator Wayne both represent north Omaha. When we say south Omaha, that's coded language for our Hispanic and immigrant community and Senator Vargas represents south Omaha. And it's great that our, our, our colleagues who are black represent the black communities and Hispanic, Latino, Latinx represent those communities. It is unfortunate, however, that we are so segregated that that is how it works and our school system is inherently segregated as a result. And all of that ties back to redlining, which is a policy specifically intended to have the results that it did of segregation and so our schools--

KELLY: That's your time, Senator.

M. CAVANAUGH: Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. Lieutenant Governor. Continuing with the minority report on LB574, just establishing the inconsistency we have in our principles about when we're listening to medical professionals, as in LB227 and all of the bills that are attached to it versus something like LB574 or LB626 or one of my previous bills like LB231, which was a bill to ban conversion therapy in Nebraska that we don't listen to medical professionals when it's going to help women or when it's going to help the LGBTQ community. But if it harms these communities, then we trip over ourselves to ignore them. Section 7 of the minority report says: Section 7 provides for a cause of action for a person who received gender-altering procedures to bring a civil action against a healthcare provider who provided such procedures. The remedy has a statute of limitations for a suit to be brought within two years from discovery of damages. The minority members of the committee object to this section because the two-year statute of limitations is confusing as to when the, quote, discovery of damages, unquote, is triggered. Is that the same as the performance of the procedure? If not, what does discovery of the damage mean? The minority members object to the current form of this section, discussion within the committee to amend or clarify the section was not accommodated by the majority. I, I don't know if discovery of damages is a term of art in the legal

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profession. It probably is because I feel like everything is, everything that I have a question about. But what does that mean? It turns out-- I hear Senator Dungan behind me kind of chuckling.

DUNGAN: Term of art.

HUNT: It is? OK. He says, yes, it's a term of art, but. It's a valid question that wasn't covered in the committee and also the introducer of the bill wasn't able to clarify when is the discovery of damages? Is that when the procedure is performed? Is it when the person regrets having performed the, the procedure? What is the, the place and time when that happens? And then finally, we talk about the credentialing review of LB574. The minority members of the committee object to the advancement of this bill without the committee and the Legislature complying with the Credentialing Review Program. The Credentialing Review Program, known as the 407 process, was created to review proposals for changes in scope of practice or for new credentialing on the part of representatives of Nebraska health professionals. Proposals to modify scope of practice or credentialing standards are evaluated against public health-related criteria to determine whether proposals would benefit the public health and welfare of the bodies that conduct the review. The credentialing review is a three-stage process conducted by the following review bodies, including an ad hoc technical review committee appointed by the director of the Division of Public Health, review of the State Board of Health, and review of the director of Division of Public Health. These three review bodies each create their own independent report on each proposal. These reports are submitted to members of the legislative Health and Human Services Committee to assist them in the review of bills that arise from credentialing review proposals. LB574 brings profound changes to the scope of practice and credentialing of various health professions in Nebraska. The minority members of the committee strongly recommend the committee not advance this bill since the 407 process is being circumvented by the introduction of the bill--

KELLY: One minute.

HUNT: --and its advancement from the committee. Discussion within committee to not advance LB574 until the Credentialing Review Program could be undertaken was not accommodated by the majority. This is what's so abnormal and so disappointing and such a loss for the state of Nebraska. It is valid and OK if you want to introduce a bill to ban a type of healthcare. You can sure-- I'm saying procedurally, like, you can sure do that. You can introduce any old bill ever and you certainly are. But to have the bill flown out of committee when

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committee discussion is curtailed by the Chair, they don't even let everybody who came there get to speak, the introducer of the bill doesn't answer questions, and the 407 process hasn't gone through. Nebraskans can't trust or be sure that that bill has gone through the process where they know it can actually help them or if it hurts them. Thank you, Mr. President.

HUNT: That's your time, Senator. Thank you, Senator Hunt. Senator Machaela Cavanaugh, you're recognized for your third time and then you'll have your close.

M. CAVANAUGH: Oh, sorry. Thank you, Mr. President. So, yes, redlining, that's what I was talking about before, redlining, and I will eventually get more in-depth into redlining. Not right now, and I will get back to this timeline. But while I'm thinking about it, I want to acknowledge that there is a redlining exhibit at the University of Nebraska Omaha's Community Engagement Center and it is very interesting and informative and I think you can get some of the information online. It's a national, there's a national redlining research project, and Omaha had the first exhibit at The Union for Contemporary Art in, again, coded language, north Omaha. So on 24th and, and Lake Street-ish, they had the exhibit there for a while, and now the exhibit is at the CEC, Community Engagement Center, on campus at the University of Nebraska Omaha. One of-- if you ever go to the CEC-- so any building, basically, government building that's built, there's a percentage of the, the budget that is for artwork, which is kind of a fascinating thing, but it is specifically set aside to purchase art. And if you go to the CEC, there is art throughout that building and it is really cool. It is local artists throughout the building. And even one of my favorite things is under a staircase, a metal, like, found metal welded together cow. And it's, like, behind-- it's, like, underneath a staircase so you could very easily miss it. But I just always-- I used to work in that building, I used to always love to see the cow under the stairs. Just kind of a whimsical thing. But they currently have the redlining exhibit, and I apologize if they don't any more, but I'm pretty sure that it's there, at least for a while, if not permanently. I don't recall. And they did offer to do a sort of tour and briefing to the Legislature of the exhibit, which would be wonderful to take them up on it someday. It's in Senator John Cavanaugh's district, I think. Is UNO at-- it's not in Senator Hunt's district, is it? No. UNO, Dodge Street. I think it's in John Cavanaugh's district. Yeah. It's, it's hard to remember after redistricting. Yeah, that's the line. After redistricting, it's like I got part of Senator John Cavanaugh's district in redistricting. So there were people when I was up for reelection that I would knock on

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their door and I'd be like, hi, I talked to you, like, a year and a half ago when my brother was running for office but now I'm your senator and now I'm running for office. And it was just, like, very confusing. Anyways. OK. 2001-- oh, I already did that one. OK. 2003: The Supreme Court upholds diversity as a rationale for affirmative action programs in higher education admissions, but concludes that point systems are not appropriate. A federal district court case affirms the value of racial--

KELLY: One minute.

M. CAVANAUGH: --diversity and race-conscious student assignment plans in K-12. 2004: The nation marks the 50th anniversary of Board-- Brown v. the Board of Education. And I would note in 2004, there was-- in 2000 we had more segregation than we did in 1970. So clearly, successes or progress has a lot of backslides. 2007: In Parents Involved, the Supreme Court finds voluntary school integration plans unconstitutional, paving the way for contemporary school segregation to escalate. The nation marks the 50th anniversary of the Little Rock Nine. OK, I think I'm about out of time so I will leave it there. Thank you, Mr. President.

KELLY: Thank you, Senator. And Senator Hunt, you are recognized to speak. This is your third opportunity on the bill-- on the motion.

HUNT: Thank you, Mr. President. Do I still have my close? Oh, it's-- that's right, thank you, it's Senator Cavanaugh's close. OK. Another aspect of the concern around LB574 as it relates to LB227 today is the legal uncertainty around the bill. The minority statement reads: Finally, LB574 is very similar to an Arkansas law, HB1570, which was packed as Act 626 when the Arkansas Assembly overrode Governor Asa Hutchinson's veto on April 6, 2021. That law has never been in effect. The law was to go into effect on July 28, 2021, but was enjoined on July 21, 2021, by the District Court of Arkansas. On August 25, 2022, a three-judge panel of the Eighth Circuit Court of Appeals affirmed the temporary order of the District Court. On November 16, 2022, the Eighth Circuit of Appeals en banc refused to modify the August 2022 decision of the three-judge panel. While the temporary order from July 2021 blocking the bill remains in effect, trial on the merits of the Arkansas law was held in October '22 and ended on December 1, 2022. A final decision from the judge who heard the case, United States District Court Judge James Moody, Jr. could come at any moment. A number of other states have enacted a version of prohibition similar to the Arkansas law: Alabama, Arizona, South Dakota, Tennessee, and Utah. Some of these states face similar court challenges. Given the

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uncertain legal and shifting landscape relating to these sorts of bills, the minority members of the committee strongly recommended the committee not advance this bill until the legality and constitutionality of these bans on healthcare can be determined by the courts. Discussion within the committee to not advance LB574 for this reason was not accommodated by the majority. Colleagues, I think there's a strong chance that LB574 will be challenged in court by somebody in Nebraska. And I do think-- I mean, like, seriously, there are so many things that we could do to delay the passage of this bill. One thing you could do, just vote the way you actually believe and don't support it. Easy. Another thing you could do is push it off and say let's do an interim study and see what the need is actually in Nebraska for this type of thing or we could just chill on it like we should and see what the courts are going to say about it before we end up making a decision that cost the state a lot of money. We had similar concerns on LB626, the abortion ban introduced by Senator Albrecht, and that committee statement had similar problems, too, where people who testified weren't included in the record of, of the committee statement that is, where names were misspelled, where [RECORDER MALFUNCTION] represent or misrepresented or not. You know, the correct information was literally not on the committee statement. And so the minority report for LB626 addresses all these things too. Let me see here, the format of this one is different, but part of it reads: This is a minority committee statement prepared by the minority members voting against advancing LB626 from committee. This is filed pursuant to Rule 3, Section 19(b) and is signed by its proponents herein.

KELLY: One minute.

HUNT: Thank you, Mr. President. LB626 would prohibit medical professionals from providing abortion and related medical services. The bill would amend various scopes of approved practice for abortion care and would establish a standard of-- a standard in Nebraska law for what is accepted medical procedure for providing abortions. The minority members object to the form of the listing of various proponents and opponents to the bill and to the description of or characterization of certain witnesses. Some apparent misspellings are noted, but not corrected. Known misspellings are corrected. The characterization of opponents is modified to match the characterization of proponents. One opponent who testified in person but is not listed in the majority committee statement is added. Additionally, a significant number of testifiers who appeared to testify at the committee hearing but were denied that opportunity due

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to arbitrary time limits set on testimony. These individuals are listed in this minority statement to the best of our ability.

KELLY: That's your time, Senator.

HUNT: Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Mr. Clerk, for an announcement.

CLERK: Announcement, Mr. President. The Revenue Committee will hold an Executive Session now under the south balcony; Revenue Committee now under the south balcony.

KELLY: Thank you. Senator Albrecht has some guests in the north balcony, fourth graders from Wakefield Elementary. Please stand and be recognized by your Nebraska Legislature. Senator Cavanaugh, you are recognized to close on the motion.

M. CAVANAUGH: Thank you, Mr. President. So, OK, the Undesigning the Redline, it is Undesign the Redline Exhibit, and it is at the Barb Weitz Community Engagement Center, 218. With redlining as one of four priority areas through community engagement and service learning, the UNO Service Learning Academy brings the Undesign the Redline Exhibit exhibition to UNO. The exhibit-- exhibit will be on display for the next two years, so it's still there, with different opportunities to view the exhibit, which you can find below. The exhibit officially opens for guided tours on November 7, 2022, with public viewing starting on November 10, 2022. There's also unguided tours. Addressing redlining through service learning. Redlining impacts communities in a number of ways, but we know finding methods to reinvest time, energy, and resources in these spaces based on community priorities can address the effects of redlining. One way to do it is through service learning. In alignment with UNO's strategic investment theme, race, class, equity and social justice, the Service Learning Academy uses an asset-based community engagement approach to address redlining. Rather than emphasizing deficits, students in service-learning courses seek to recognize and utilize the strengths already present within communities. About redlining: Redlining practices in the past continue to impact communities today. Even though redlining became an illegal practice in 1968, the systemic ramifications of redlining are still present. This means that redlining practices of the past continue to impact historically redlined communities today. Let's see here. Trying to find-- so I haven't been able to look at everything in the exhibit. I would really like to go back because one of the parts of the exhibit, it has different areas of Omaha and it has the history of

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redlining in the Peony Park neighborhood, which is my neighborhood. And so I, I would like to someday have the opportunity. You know what? Let's kill LB574 and I can go do that. I'll, I'll just leave here and go really dive into learning about redlining back in Omaha. Wouldn't that be great? I think that'd be great. So, yeah, Undesign the Redline. There's lots of interesting stories about the history of redlining across this country, how lending practices led to redlining and just real estate practices led to redlining and the repercussions today. So what we do here today will matter in the future and will impact the lives of future generations. A lot of it is going to impact-- a lot of what we're trying to do this year is going to impact what this population in Nebraska looks like. And by what it looks like, I mean, how many people are left. With LB626, if that-- if that were to pass, I know for a fact it's not the sky is falling. I know for a fact that we are going to lose medical providers. I know that because they have told me. They have very clearly told me, and I know they have told you as well, that they are going to leave.

KELLY: One minute.

M. CAVANAUGH: I know that they are preparing to find work in other states. That is a fact. It is not my perception. I know if LB574 is to pass, the same thing, families are going to leave the state. Parents are looking for jobs in other states. Parents of transgender children are in the workforce. They are going to leave because of these policies. That's probably intentional on your behalf. We have the business community that knows that this is bad for business. I have more to say about the hospital community on all of this, but since I'm almost out of time, I will come back to my issue with the Hospital Association of Nebraska. Thank you, Mr. President. Call of the house, roll call vote.

KELLY: Thank you, Senator Cavanaugh. There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 11 ayes, 7 nays to place the house under call, Mr. President.

KELLY: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Day, Conrad, Fredrickson, McKinney, please return to the Chamber. The house is under call. All unexcused members are now present. The question is the

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motion to reconsider. There's been a request for a roll call vote. Mr. Clerk.

CLERK: Senator Aguilar. Senator Albrecht voting no. Senator Arch voting no. Senator Armendariz. Senator Ballard voting no. Senator Blood voting no. Senator Bosn. Senator Bostar voting no. Senator Bostelman voting no. Senator Brandt voting no. Senator Brewer voting no. Senator Briese voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements. Senator Conrad voting no. Senator Day voting no. Senator DeBoer. Senator DeKay. Senator Dorn. Senator Dover. Senator Dungan voting no. Senator Erdman. Senator Fredrickson voting no. Senator Halloran voting no. Senator Hansen voting no. Senator Hardin voting no. Senator Holdcroft voting no. Senator Hughes voting no. Senator Hunt voting no. Senator Ibach voting no. Senator Jacobson voting no. Senator Kauth voting no. Senator Linehan voting no. Senator Lippincott. Senator Lowe voting no. Senator McDonnell. Senator McKinney voting no. Senator Moser. Senator Murman voting no. Senator Raybould. Senator Riepe voting no. Senator Sanders voting no. Senator Slama. Senator Vargas. Senator von Gillern voting no. Senator Walz voting no. Senator Wayne voting yes. Senator Wishart. Vote is 1 aye, 31 ayes [SIC], Mr. President, on the motion to reconsider.

KELLY: The motion fails. The call is raised. Mr. Clerk.

CLERK: Mr. President, LB227, introduced by Senator Hansen. It's a bill for an act relating to the Medical Assistance Act; provides for reimbursement of certain hospitals providing nursing facility level of care services. The bill was read for the first time on January 10 of this year and referred to the Health and Human Services Committee. That committee placed the bill on General File. There are committee amendments, Mr. President.

KELLY: Senator Hansen, you're recognized to open on the committee amendment.

HANSEN: Thank you, Mr. Lieutenant Governor. This will be fairly brief. During my opening, I already laid out the makeup of this, this omnibus bill and what it all entailed. And even a lot of the introducers got up and spoke about it. And so-- but just for clarification sake, AM848 is the committee amendment, which included LB548 which is Senator Ballard's bill; LB202 which is Senator Walz's bill that had to do with pharmacy technician administering vaccines; LB611, Senator Riepe's bill, had to do with medications; and LB458 which is Senator Ballard's bill with central fill pharmacies. That is what makes up this portion

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of the amendment. And I know a lot of them already got up and spoke and explained a lot about it in detail. I know you have the handout that talks about it with this collection of bills. So with that, before I yield my time, since I got 10 minutes, I would like to personally thank my, my, not just the committee and the senators that are on it, but my team. They put a lot of hard work into this bundle of bills and I'd just like to recognize them for a second. My legislative aide, Ellie Stangl, who's been with me-- no, I was not choking up. I actually had something on my throat. She's my legislative aide that's been with me since I first started here. And she is my right- and left-hand woman. She does a lot of the stuff that I don't think about. And without her, a lot of the stuff wouldn't-- would not even be here. My administrative assistant, Carson Clayton. He joined us this year. Our committee clerk, Christina Campbell; our legal counsel, Benson Wallace. A lot of you maybe met his wife Alex and their son, Little Larry or Lawrence. They were here yesterday and got recognized. And my research analyst, Bryson Bartels, a lot of you might know who he is. I think he-- they've dedicated a room to him now in the Capitol because he's been here for so long and he knows everything. And so any time we have a question when it comes to HHS or anything else, he somehow remembers a bill from 20 years ago, the senator that introduced it, what happened to it, and the number. So a lot of times, especially when we talk to the newer senators, how important it is to have a good team with you, to help you, to help guide you. And so I like to think our office has one of the best teams here in the Capitol. And so I just want to recognize them and all the work they've done with this and the communication they've had, not just with me, with all the other senators. So with that, I'll yield the rest of my time back to the Chair. Thank you.

KELLY: Thank you, Senator Hansen. Mr. Clerk, for, for an amendment.

CLERK: Mr. President, Senator Ben Hansen would move to offer AM1332.

KELLY: Senator Hansen, you're recognized to open on AM1332.

HANSEN: Thank you, Mr. Lieutenant Governor. Again, this is the last portion of the makeup of the, the, the total combination of bills. And these included LB123 and that was Senator Fredrickson's bill, behavioral health bill; LB431, Senator Halloran's bill that had to do with background checks, fingerprinting; LB402, Senator Ballard's bill, home, home health agency bill; LB765, Senator DeKay's bill that had to do with the trauma board; LB35, Senator DeBoer's bill; and LB572 which updated the Medical Nutrition Act and I believe that was Senator Riepe's bill. So with that, these two amendments and the underlying

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bill make up the entirety of the bills that we put together. So with that, I'll yield the rest of my time back to the Chair. Thank you.

KELLY: Thank you, Senator Hansen. Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: I think I'm supposed to say point of order. I would like to divide the question on AM1332.

KELLY: Would, would Senator Ben Hansen and Machaela Cavanaugh please approach? The ruling of the Chair is that the AM1332 is divisible. Mr. Clerk, for an explanation.

CLERK: Mr. President, through a series of floor amendments available to the members, the amendment, AM1332, will be divided into what is essentially the contents of LB227, LB443, LB219, LB548, LB611, LB402, and LB458, as well as the remaining committee amendment. The first division, Mr. President, of AM1332 is Section 59, which contains the contents of LB227 as amended by the committee amendments.

KELLY: Senator, Senator Hansen, to open on the first division.

HANSEN: Thank you, Mr. Lieutenant Governor. This would be on LB227, I believe. And just to update everybody on what, what this portion of the, the entirety of these bills are is it requires the state to provide Medicaid reimbursement to a hospital at 100 percent of the statewide average nursing facility rate per diem. The individual must be enrolled in the Medicaid program, has been admitted to such hospital, has been admitted as an inpatient to such hospital, no longer requires inpatient care and discharge planning requires nursing facility level of care upon discharge, and is unable to be transferred to a nursing facility and has been approved for a guardianship. LB227, as amended, was advanced to General File with a 7-0 vote. And so just to kind of update everybody on what that portion of it that is being contested right here. So with that, I'll yield the rest of my time back to the Chair.

KELLY: Senator Hunt, you are recognized to speak.

HUNT: Thank you, Mr. President. Looking at the summary of the different bills that are included in this package, which I respect, this division, FA42, this contains LB227. Anyone can confirm? I think it's LB227, introduced by Senator Hansen, requiring the state to provide Medicaid reimbursement to a hospital at 100 percent of the statewide average nursing facility per diem rate for an individual if the ho-- for an individual if the individual-- OK, that's a typo. The

individual must be enrolled in the Medicaid program, has been admitted to such hospital, has been admitted as an inpatient to such hospital, no longer requires inpatient care in discharge planning, requires nursing facility level of care upon discharge, and is unable to be transferred to a nursing facility and has been approved for guardianship. LB227 as amended was advanced to General File with a 7-0 vote. So this is a bill that went through the committee process that had proponents and opponents come in and speak, maybe no opponents, I'm not sure. Let me see. LB227 committee statement, no opponents, just one guy neutral, which is great, representing DHHS. I think it's right that, that state departments come in neutral on things because we want to trust that they will carry out the laws passed by the Legislature. So that's good. But the point is that we know that this bill had input from medical professionals. Looks like from the Nebraska Hospital Association, from CHI Health. There were proponent-- oh, Mike Jacobson, Senator Jacobson testified as a proponent, CHI Health, Madonna Rehabilitation Hospital, Omaha Hospital or Nebraska Hospital Association. And that would be on LB434. I see. OK. So looking at the committee statement, you can find out all these kinds of things. And what it tells me above all is that the hospital community, the medical community, medical professionals in Nebraska support this bill. And Senator Ben Hansen and seven members of the Health and Human Services Committee had no problem with that. It advanced 7-0 out of the committee to recognize the guidance and the experience and the advice of medical experts in Nebraska. That's not the same thing that happened on LB626, which is an abortion ban in Nebraska. And talking about the minority committee statement, which is different from what I just read on LB227, it says: The minority members object to the form of listing various proponents and opponents to the bill. So I talked about that. And what I wanted to explain more is just section by section how we have taken one bill and listened to the medical community when there's another bill that we've completely discounted their expertise and advice and what they have to say. LB626 would create the Nebraska Heartbeat Act. Specifically, the bill requires physicians and medical professionals before performing or inducing an abortion to estimate the gestational age of the fetus and perform an ultrasound to determine if the fetus has a, quote, fetal heartbeat. Specific sections are summarized along with listed objections by--

KELLY: One minute.

HUNT: --minority members. Thank you, Mr. President. Section 3 of the bill defines, quote, fetal heartbeat as, quote, cardiac activity or the study and repetitive rhythmic contraction of the fetal heart

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within the gestational sac. Cardiac activity can be detected by ultrasound in cells within an embryo that will eventually become the heart as early as six weeks from a woman's last menstrual cycle. This is why LB626 is a near-total abortion ban. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Machaela Cavanaugh, you are recognized to speak.

M. CAVANAUGH: Thank you, Mr. President, colleagues. Appreciate dividing the question. So I picked the bills that I did for the divi-- for the division. Some of them, I think I just picked kind of randomly; but some of them I picked, including the underlying bill, LB227, not because I oppose LB227 because I don't. I voted it out of committee, but because of the hospitals. I'm picking on the hospitals specifically. Why? Well, LB574 and LB626. That's why. The hospitals have not shown up for the medical community. They have hidden from the forward-facing side of LB574 and LB626. The only hospital that has shown up is Nebraska Medicine. The Hospital Association, Children's Hospital, they have hidden. Why is that a problem? Because, as Senator Hunt just said, we are picking medical issues to circumvent the process and we are picking controversial red meat issues to circumvent the process. And the hospitals are hiding from us because they don't want us to hurt their pocketbooks by standing up for what they believe in and what is right for healthcare. They are hiding from us. The people from the hospitals were not here for LB626. They were not here for LB574. But they are here right now. They are here right now for LB227. That is why I picked the underlying bill to be picked out separately when I divided the question. And even though the hospitals are failing the people of Nebraska and failing the medical community, I'm still going to vote for this bill because their patients deserve for them to continue to serve them, even though they are failing them at the same time. Children's Hospital, most notably refused, refused to weigh in on LB574 because they were afraid. They were afraid of how they would be maligned by this body because their entire job is to treat children and they have attempted to do so in a kind, compassionate, and inclusive way. I say attempted because they failed this year. You cannot be kind, compassionate, and inclusive and also hide from the hatefulness of LB574. I'm disappointed in Children's Hospital's Board for not taking a stance and for not engaging on this issue. I'm disappointed in the leadership of Children's Hospital for not taking a stance and weighing in on this issue. Many, many, many doctors that work for that hospital system have taken a stance--

KELLY: One minute.

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M. CAVANAUGH: --despite their employer hiding. I am disappointed in the Hospital Association for hiding, for hiding on these issues because LB626 is going to impact hospitals. It is going to impact the standard of care that is provided and they are allowing it. They are complicit in it. In their silence, they are complicit in LB626 destroying lives because they know this and they know that this is bad healthcare and they are hiding from it because they are afraid of the retribution of people who are ideologues in this body. That is why I am picking on LB227. I think LB227 is an important piece of legislation and I'm ultimately going to vote for it. I'm ultimately--

KELLY: That's your time, Senator.

M. CAVANAUGH: --going to support the amendment. Thank you.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're next to speak on the matter.

HUNT: Thank you, Mr. President. I, too, was really disappointed and shocked, honestly, by the fact that Children's Hospital in Omaha didn't come out in opposition to LB574, especially since they provide a lot of gender-affirming care for Nebraska's kids and a lot of kids who need-- trans kids and gender-expansive kids in Nebraska who need healthcare are referred by their psychologists and counselors and psychiatrists to Children's Hospital for care. So, you know, in conversations with their lobbyist and, and people from the hospital, the reason is exactly what Senator Machaela Cavanaugh said. They didn't come out in opposition to the bill because they were afraid of what people in this body would do if they did that. And after knowing that, you know, my relationship with Omaha Children's Hospital is done. I'm, I'm not able to, to work with them on anything anymore, unfortunately. But I also helped draft a letter that 1,500 Nebraskans signed on to urging the board of directors to oppose LB574. The Nebraska Examiner talked about it a little bit here. They say-- they say it as well as I could. They say: More than 1,500 people signed on to a letter urging the Omaha Children's Hospital and Medical Center Board of Directors to oppose legislation that would ban gender-affirming healthcare for minors in Nebraska. The bill would also ban medical providers from referring patients to doctors who perform gender-affirming care for minors and would prohibit organizations that provide such care from receiving state funds. The letter was started by a group of parents, yours truly included, who began circulating the online petition Thursday. They contend that LB574, introduced by Senator Kathleen Kauth of Omaha, could harm transgender youth in Nebraska, according to Denise Powell of Omaha,

whose children have been patients of the hospital. More than 1,300 people signed on to the letter by Monday morning; and by Monday afternoon, it had more than 1,500 signatures, Powell said. The letter was sent to the hospital's board of directors. Those signing the letter were not being identified publicly to protect their privacy, she said. The Nebraska Examiner was able to review the list, however. Letter signers included nearly a dozen people who identified themselves as parents, some of whose children have been patients of Children's Hospital, elected officials, five current or retired teachers, a handful of students who said they would be affected by the legislation, and more than 60 healthcare professionals, including doctors and nurses. Powell said in an interview Monday she was surprised Children's Hospital was not speaking out against LB574 for what she said amounts to a disinformation campaign against gender-affirming care. Exactly right. Quote, It's really, really disheartening that our legislators would be spending so much time actively trying to create more barriers for kids who are already vulnerable in our state, Powell said. Children's Hospital said in an emailed statement Tuesday that it will not take a position on the bill, noting it provides, quote, very little clinical care in the legislation specified areas, but they do provide care. Silly. The statement explained the hospital also does not perform gender transition surgeries-- that's true-- and has had, quote, only a small handful of cases at any given time that involve puberty suppression for transgender issues. Quote, It's important to note that hormone therapy, which is used in many forms for different medical concerns, has been and remains legal the statement reads. Children's strives to provide the very best care to children following all best practices within the law, now into the future.

KELLY: One minute.

HUNT: Thank you, Mr. President. That's some tricky language. Best practices within the law, which is not the same thing as best practices. Kauth's bill, which is scheduled for a hearing Wednesday, includes 22 cosigners. Children's Hospital previously came out in support of gender-affirming care for Nebraska youth, including tweeting in July 2022 to foster, quote, a culture that puts people first ensuring all individuals are respected and valued, unquote. I would like to note that the people who have been sitting in the balcony, the people who have been trying to talk to you are parents, are teachers, are caregivers and loved ones of transgender kids. But the organizations that treat these kids are too cowardly to show up for those patients. They'll host a Pride parade. They'll sponsor different things during Pride Month that people go walk in, but they

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won't show up here in the Legislature where it counts to stand up for their patients and families. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Hunt. I signed that letter as a parent. And I was disappointed by the lack of response from Children's Hospital. And I haven't seen Children's Hospital participate in anything this session, but I'm not on Appropriations. And maybe they're just following the money. That seems to be what the hospitals are doing this year, just following the money. Not patient care centered, not healthcare centered, following the money. And I get it. I get it. I mean, they paid to get most of you here. They lined your campaign pockets to get you here. They don't want to disturb that balance, that delicate balance that they worked so hard to get you here so that you could disrupt healthcare for Nebraskans. Following the money. I was literally told that both the health-- the Hospital Association and Children's specifically were not going to show up for these bills because they were concerned about appropriation asks. And I'm the bully. I'm standing up here fighting for children's rights, for parents' rights, for human rights. Meanwhile, you all have bullied the healthcare industry into hiding because you're holding their purse strings hostage and I'm the bully. Trust me, I couldn't bully the Hospital Association on my best day. They don't give a flip about what I do or what I say or what I think, not a flip. I have shown up for them every year I have been here. I have advocated for everything that is good for healthcare, everything that they have supported. And they don't care what I think. Nope, they care what you think. They care what the people who vote against them, who vote to cut their funding, cut their budgets, disrupt healthcare, disrupt access to healthcare, they care what you think as they should, because I've already stated I'm going to vote for LB227 because it's the right thing to do. They don't have to care. The hospitals literally do not have to care what I think because they know that I will do the right thing. I will do the right thing. Even if they abandon our children, pay some people way too much money to do government relations to abandon our children, I will still do the right thing. I will still show up for them when the vote is needed. But I sure am not going to be kind about it. I am not going to be kind about it. Kindness, compassion, inclusivity, I save that for people. And the Hospital Association is not people. It's an institution that is greedy. It is an institution that is greedy, that is looking for theirs, and they don't care about anybody else.

KELLY: One minute.

M. CAVANAUGH: And I'm not going to be kind. I'm not going to be kind about that kind of cavalier attitude towards the children of this state and towards medical care in this state. I'm not going to be kind. And they know that because they haven't even tried to talk to me. I'm on the committee. I've walked past them numerous times, never tried to talk to me because they are embarrassed of themselves as they should be. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Hunt, you're recognized to speak and this is your third time on the first division.

HUNT: Thank you, Mr. President. I see Senator Riepe's in the queue, eager to hear what he has to say. Children's Hospital said in an emailed statement Tuesday it will not take a position on the bill, da, da, da, da, I talked about that. This is the thing. Children's Hospital previously came out in support of gender-affirming care for Nebraska youth, including tweeting in July 2022 to foster, quote, a culture that puts people first ensuring all individuals are respected and valued. Quote, We strive to recruit and support a diverse workforce to meet the healthcare needs of children in our region, the tweet reads. Monday's letter states, quote, So we, the families of your patients as community members who care about all of our youth are calling on you to adhere to your mission and your values and urge you to publicly oppose LB574 and direct your legislative advocacy efforts toward ensuring that all of our kids get the care you have promised us and for which we have chosen and supported you. The National Children's Hospital Association, which includes the Omaha hospital, said in March 2022 it supports transgender children, youth and their families to receive comprehensive, gender-affirming and developmentally appropriate healthcare. Quote, Research shows gender-affirming care improves the health and overall well-being of children and youth when families and medical professionals work together in making healthcare decisions, the association said then. A press release about the letter Monday encouraged Children's Hospital, quote, to reconsider its silence and reaffirm its commitment to improving youth mental health access, in part by testifying against Kauth's bill. Quote, It is our sincerest hope that Children's Hospital remembers its promise to this community and finds the necessary courage to oppose LB574, the release continues. To fail in this would represent a striking revocation of all that Children's Hospital has so far perforted-- purported to value. Thank you, Mr. President.

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KELLY: Thank you, Senator Hunt. Senator Riepe, you're recognized to speak.

RIEPE: Thank you, Mr. President. I feel compelled to speak because I did serve in the administration of Children's Hospital for 15 years. I'm not here to speak as a spokesperson for them. I also served as a hospital administrator for upwards to 40 years. So I think I do have a little bit of a contribution to make. First of all, Children's Hospital, like many other hospitals, is a 501(c)(3). Children's Hospital never once made any contribution to my financial campaign and I have many friends there. But the hospital made no financial commitment to me in that process, and I do not believe they have to others. Also, I wanted to say this. Children's serves a broad market. They don't serve a small group. They serve way beyond Omaha. They serve southwest Omaha, west Iowa, and all of southwest Iowa as well. And they serve all across the state of Nebraska. They also I would like to mention when we talk about them being interested in the famous term "the Benjamins," they're not of-- as I said, a high percent in Medicaid. And they have always worked with families, never to have turned away a patient because of a lack of funds. I support Children's in part because at the time when I was there, and I believe this to be true, they did support, we did support diversity, equity, and inclusion. And those are the famous popular terms right at this time. If there's one way that I could describe Children's in Omaha and many of the hospitals that I know would be, in the words of Albert Schweitzer's missionary hospital in Africa. And that was, and I quote, a sign on the front of Albert Schweitzer's clinic was much like I felt the mission was at any of the hospitals I've served in. And that read, and I quote again, here at whatever hour you come, you will find heat and help-- heat and light and help and human kindness. And I think that that's the way it is. I think that anyone that's had an experience with Children's or many of the other hospitals will find kindness in the staff all the way from the people who clean the rooms, serve the food, care for the patients at the bedside, be they nurses or, or a therapist, and also the medical staff. So I just felt a compelling need to step forward and not let this go by. I, quite frankly, couldn't go home knowing that. So thank you, Mr. President.

KELLY: Thank you, Senator Riepe. Senator Machaela Cavanaugh, you're recognized to speak. This is your third time on the first division.

M. CAVANAUGH: Thank you, Mr. President. I was not trying to infer anything about Children's Hospital making direct contributions to individuals. I'm sorry if that's how that was taken. I was actually talking about the Hospital Association's contributions to campaigns,

not a specific hospital, but the association which is allowed to do that. And I also was not speaking about their following money for compensation for the care that they give. I was speaking about appropriations for projects that our hospitals are seeking, like building new buildings, expansions, etcetera, which is a little bit different. And that they literally told me that they would not come in because they were concerned that it would jeopardize their funding. And that is a problem. It is a problem when our healthcare institutions are too scared to come and testify to the best interests of the healthcare institution because of money, whatever that money is. But because of money they, and the retribution that this body may take upon them, they are not going to come and testify on a bill that impacts their industry, impacts their standard of care, impacts their patients. They're not going to come and testify. That is problematic. And I want to make it problematic for people to do the wrong thing, which is why I'm talking about it. I'm talking about it on LB227, on the amendment, FA42, which is LB227, because, because of how the hospitals have conducted themselves in this legislative session when it comes to their government relations, which they do have. They have government relations. The people are out there. They have actively not shown up for their patients, for standard of care, for high-quality healthcare in Nebraska because they are afraid of retribution from this body. And it is tied to the financial side of things, the appropriations that this body might give them. That is why they have not been showing up, pure and simple. So Senator Hunt was right. Children's Hospital, sponsor of the Pride Parade in Omaha every year, I think maybe the main sponsor of the parade, have these lovely signs of inclusivity when you walk into their facilities, but then they don't show up for gender-affirming care. And that is why myself and 1,500 other individuals sent a letter to the board of directors that went unanswered. It is unfortunate, but also at the same time, I guess I should be more understanding because none of you care. None of you care. We had hundreds of people testify and submit online testimony in opposition to these bills, healthcare professionals, and none of you care. So I guess maybe it was a good strategic move on their part.

KELLY: One minute.

M. CAVANAUGH: Why keep your powder dry because nobody cares anyways. They don't care what the healthcare industry says. We can show up, every single healthcare industry in Nebraska, we can show up and tell you how terrible these policies are and you still won't care because you don't want Senator Machaaela Cavanaugh to win something arbitrary and fake. Makes perfect sense. But I do apologize if I inferred anything untoward about Senator Riepe. I did-- definitely did not

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intend to do that. That was not my intention, sir. I think we-- that was my last time on the queue so we're probably going to get to a vote on this. And I'm going to vote for it, even though I think that they are not deserving of my support, but the people they serve are. So I'm going to vote for it. I encourage you to do the same. Thank you, Mr. President.

KELLY: Thank you, Senator. Senator Hansen, you're recognized to close on FA42.

HANSEN: Oh, I'll waive closing.

KELLY: Senator Hansen waives closing. Members, the question is the adoption of FA42. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

CLERK: 28 ayes, 0 nays on adoption of the amendment.

KELLY: The amendment is adopted. Mr. Clerk.

CLERK: Mr. President, next amendment, next division. The second division of AM1332 is Section 54 through 56, which contains the contents of LB434, FA43.

KELLY: Senator Hansen, you're recognized to open on the second division.

HANSEN: Thank you, Mr, Lieutenant Governor. Again, this is LB434, Senator Jacobson's bill. That is with an o-n, not an e-n. It requires DHHS to enroll long-term care hospitals in Nebraska as providers eligible to receive Medicaid funding. No earlier than July 1, 2023, DHHS shall submit a state plan amendment or waiver to the federal Centers of Medicare and Medicaid Services to provide coverage under the Medicaid program for long-term acute care hospitals. LB434 was advanced to General File on a 7-0 vote. And again, that's in, in the original or the, the complete bill at Sections 54 through 56 if you want to read a little bit more in detail. I know Senator Jacobson got up earlier and described it. And so with that, I'll yield the rest of my time back to the Chair.

KELLY: Thank you, Senator. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Senator Hansen, I'd ask if you would yield to a question. I'll tell you the question first. You said it was advanced to General File, and I don't see the committee

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statement online or that it was on General File. And so I'm just wondering. Yeah, if you want to just take a moment, I'll keep talking. If you want to take a moment to ask about the status of that. But I'm a real stickler for committee statements. I love to read the committee statement. And so I had pulled this one up earlier and it wasn't available. So I just wanted to ask if there was-- if Senator Hansen would yield to a question. Are you ready to answer about it?

KELLY: Senator Hansen, will you yield to a question?

HANSEN: Yes, I can answer it--

M. CAVANAUGH: OK.

HANSEN: --in more detail in about five minutes.

M. CAVANAUGH: OK, great.

HANSEN: I just want to give you the right answer. I don't want to get up here and say something that's not right.

M. CAVANAUGH: No, no. I appreciate that and I, I appreciate-- I, I didn't mean to throw everybody a curve ball there. So sorry to the committee staff. Just thank you, Senator Hansen, for answering it in the future. So LB434, I have the underlying bill. It's one page. It's Sections 2 and 3 of this act. The department shall enroll long-term acute care hospitals in Nebraska as providers eligible to receive funding under the Medical Assistance Program. No later than July 1, 2023, the department shall submit a state plan amendment waiver to the federal Centers for Medicare and Medicaid Services to promote coverage under the Medical Assistance Program for long-term and acute care hospitals. I have an additional question about the timeline, because that is very soon to require a state plan amendment. So that is something that I will want to come back to at a later date and time. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. I just want to remind the body again that this bill is really quite simple. This is a situation where you've got rural hospitals in particular who have folks that and individuals who have likely been in a car accident or for-- or had a stroke or for some reason or another are hospitalized. The hospital's done everything they can to stabilize them. And now they've reached a point to where they're going to need long-term acute care, which the

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rural hospitals are really not equipped to do. So we can either keep them in the rural hospitals, taking up bed space and nursing capacity to have them at a place where they can't be properly cared for or we can get them to transfer or get them transferred to places like Madonna, who is equipped to do this kind of work. But in order for Madonna and the hospital in Omaha to be able to accept these patients, they need to be able to accept Medicaid. And so what this is doing is allowing them to enroll in a program that would allow those long-term acute care hospitals to have access to Medicaid so they can take these patients that are transferring into those facilities. These, these two long-term acute care hospitals in Nebraska today are actually taking patients from South Dakota and other states because they qualify for reimbursements in those states, but they don't currently qualify for that in Nebraska. So that's what this bill is doing and that's what's-- that's what's included on this segment of the-- of the particular bill. And with that, I would yield time to Senator Ben Hansen, if he's ready. Go ahead.

KELLY: Senator Hansen, 3:15.

HANSEN: Thank you, Mr. Lieutenant Governor. Yeah. Sorry, I had to clarify and make sure I was giving Senator Cavanaugh, Machaela Cavanaugh, the right information. All of the bills that were under LB227 as part of the original package are online under LB227 in the committee statement. It has all the committee votes and descriptions of the bill. So thank you, Mr. Lieutenant Governor.

KELLY: Thank you, Senator Hansen. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. This is another example of senators picking and choosing when they're going to listen to medical professionals and hospital professionals about what best practices are and what it means to make sure that our healthcare providers can use their best medical judgment and when we believe them and when we don't. It turns out that we don't believe them. We don't, you know, support what it is that they're telling us from their own experience and expertise as the standard of care on, you know, a national or worldwide level when it conflicts with the platform of our political party. That's literally the only difference. And we know that because there are members of this body who do not support LB574 to ban healthcare for trans kids, but who are voting for it anyway because they're afraid of going against their party in those exact words. So it's, it's not about listening to medical professionals. It's not about trusting people to use their medical judgment. It's really about

whatever the party says. And Senator Jacobson, a faithful card carrying member of the radical right-wing Republican Party, this bill introduced by him is OK with you because he, you know, fits the criteria to gatekeep anything that would possibly help the medical industry or help patients in Nebraska. But since he's a Republican and it's not affecting LGBTQ people directly, then it's OK with you. The letter that we sent to the Children's Hospital Board of Directors reads: We are the parents of your patients and community members who value our youth and believe they all deserve and are worthy of the highest standard of care. We believe in your mission to, quote, improve the life of every child through exceptional care, advocacy, research, and education, unquote. As parents, we have chosen and trusted your doctors to see our families through good times and bad, because you have promised to be welcoming and inclusive to all of our families. As community members, we have seen you at Heartland Pride, and we publicly supported you when you were maligned for that involvement. We believed you when you said that the lives and well-being of LGBTQ+ kids and families were valued by your health system. For this reason, we, the undersigned parents and community members, urge you to oppose LB574 and to direct your legislative efforts toward this purpose. LB574 introduced this session in the Nebraska Legislature would ban gender-affirming care for the very same families who have trusted Children's Hospital to stand for all Nebraska's kids. It would criminalize even the referral by your doctors, our doctors to gender-affirming care. Your vision is, quote, to be a global leader for children's health. Your values are, quote, innovation, collaboration, accountability, respect, and excellence, which stands for ICARE. Cute. The signs in your offices affirm that they will be a welcoming place for kids and families in a world full of discrimination. Your mission this year is to reduce youth suicide. This mission can only come from a recognition that mental health is critically important and increasingly in jeopardy for youth. In public presentations, Children's Hospital acknowledges that suicide is the leading cause of death for 10- to 24-year-olds and that one in four are in need of mental health services. Children's emergency department has seen a 42 percent increase in mental health visits since 2019; 170-plus patients are on your waitlist for the behavioral--

KELLY: One minute.

HUNT: --health clinic. It is no coincidence that your own data so closely mirrors that of the Trevor Project's data in Nebraska. In 2022, 50 percent of LGBTQ+ youth seriously considered suicide, including 58 percent of transgender and nonbinary youth; 15 percent of LGBTQ+ youth attempted suicide, including 22 percent of transgender

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and nonbinary youth; 15 percent of LGBTQ+ youth attempted suicide, including 22 percent of transgender nonbinary youth; 73 percent of LGBTQ+ youth in Nebraska experienced symptoms, symptoms of anxiety, including 76 percent of trans and nonbinary youth; 61 percent of LGBTQ+ youth experienced symptoms of depression, including 65 percent of transgender and nonbinary youth.

KELLY: That's your time, Senator.

HUNT: Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Mr. Clerk, for items.

CLERK: Thank you, Mr. President. Your Committee on Enrollment and Review reports LB531 to Select File with E&R amendments. Additionally, motions to be printed: Senator Ben Hansen to LB227. Name adds: Senator Vargas name added to LB108; Senator Blood, LB227; Senator Vargas, LB613. Finally, Mr. President, priority motion. Senator Murman would move to adjourn the body until Monday, April 17, at 9:00 a.m.

KELLY: Speaker Arch, you are recognized for messages.

ARCH: Thank you. Just briefly, on Monday we will continue debate on the Health and Human Services Committee package of bills contained in LB227. Cloture will be around 11:30 p.m. Additionally, next week I hope to schedule one or two additional committee packages as they become available. And next week, Monday, Tuesday, Wednesday will be our late nights and so enjoy the weekend. Thank you.

KELLY: Thank you, Mr. Speaker. You heard the motion to adjourn. All those in favor say aye. All those opposed, nay. We are adjourned.