HANSEN: [RECORDER MALFUNCTION] And so, what we'll do is you can go ahead and fill us in and we'll kind of go from there. OK?

HEATHER CRAMER: All right. Sounds good.

HANSEN: All right.

HEATHER CRAMER: Well, thank you for the opportunity. The reason I wanted to be on the Board of Health is for multiple reasons, but I [RECORDER MALFUNCTION] a little bit of background. I've been a nurse for over 25 years. Twenty years of that was at [RECORDER MALFUNCTION], in multiple departments. I'm currently-- over two different departments that run 24/7 in a hospital. I applied for this-- Board of Health, because I wanted something different. [RECORDER MALFUNCTION]. I wanted to learn more about [RECORDER MALFUNCTION] I think my expertise-- provides a lot of insight.

HANSEN: Hey, Heather. Hey, Heather. Hey, Heather.

HEATHER CRAMER: Yeah.

HANSEN: Can I stop you for a second? Your, your phone--

HEATHER CRAMER: Yeah.

HANSEN: -- your phone seems to be cutting out and it's hard to hear you. Are you on a cell phone?

HEATHER CRAMER: I am.

HANSEN: OK. You might need to move or try something different so we can hear you better. Or it might be the connection that we have here.

HEATHER CRAMER: You, you want me to-- I can-- office phone, if you'd like.

HANSEN: You can do what? Again, you cut out.

HEATHER CRAMER: I can, I can switch to my office phone.

HANSEN: Yeah. Let's do that just to make sure, OK?

HEATHER CRAMER: OK.

HANSEN: So.

HEATHER CRAMER: Sure. I'll call you right back.

HANSEN: OK. Good.

CHRISTINA CAMPBELL: Hello? Are you there?

HEATHER CRAMER: I'm here. Is this better for you?

HANSEN: Yeah. So far it's better, yes. We'll let you, we'll let you, we'll let you continue. So that, that way, we can make sure we hear everything you're saying. So.

HEATHER CRAMER: Say that again. I'm sorry. You cut out.

HANSEN: Yeah, well, this is the joys of modern technology, right? We'll let you continue on.

HEATHER CRAMER: Right.

HANSEN: And then-- because that sounds like we can hear you a little bit better.

HEATHER CRAMER: OK. All right, great. So I think I had talked about my experience. I was also wanting to bring my expertise and my insight. I think I can bring a lot to the table and I think it's important for nursing to have some input. And like I said, this is-- I'm really-- this is very different for me. And so, I'm trying to grow myself a little bit more, as well. I am-- I'm married, have been for 27 years. I have three kids, my boy-girl twins are 23 and my son is actually stationed in South Korea. He's a second lieutenant in the Army, so we're very proud of him. And my daughter is also in the healthcare field. And then, I have a 19 year old who is working full time. So we've been in-- I grew up here in Nebraska, so Nebraska-grown. But I think, I think that's about, that's about it.

HANSEN: OK. Yeah, it sounds like-- you said 25 years of nursing experience. It's a lot of, like, ICU and emergency department, radiology. So you definitely got a lot of experience in that, that realm--

HEATHER CRAMER: Yes.

HANSEN: --it looks like.

HEATHER CRAMER: Correct.

HANSEN: Yeah. And so, you're, you're in-- are you in, kind of, near Bennington area? 175th and Adams, right?

HEATHER CRAMER: Actually, I moved last April, so now I live out in Louisville.

HANSEN: Oh, gotcha. OK. All right. OK, so what I'll do is I'll, I'll look around and see if anybody has any questions from the committee first, OK?

HEATHER CRAMER: Sure.

HANSEN: OK. Are there any questions from the committee? OK. So far, it doesn't look like any questions. So what we'll end up doing and I appreciate you filling us in, like, in your, your resume looks pretty extensive and you explained things well in there. And, and right now, you're with OrthoNebraska, correct?

HEATHER CRAMER: Correct.

HANSEN: OK. All right. OK. All right. So what we'll end up doing here, the next step for us as a committee is we'll have an executive session and we'll discuss your candidacy for the appointment. And then, we'll end up voting on it and if it goes through committee, then it will get on the floor for debate and a vote and then, you know, go from there-- on the Governor's desk. So.

HEATHER CRAMER: Perfect. Thank you.

HANSEN: Yeah. Do you have any questions of us at all?

HEATHER CRAMER: I do not.

HANSEN: OK. Excellent. Makes it even better.

HEATHER CRAMER: I'm very excited about this.

HANSEN: All right. Well, good. OK. We'll move it through and then you'll hear more, once we have the executive session and how it moves through committee. OK.

HEATHER CRAMER: Perfect. Thank you so much.

HANSEN: Yes. Thank you very much, Heather. Thanks for the call.

HEATHER CRAMER: All right. Bye bye. Have a great day.

HANSEN: Yep. Bye.

HEATHER CRAMER: Bye.

HANSEN: OK. That will end the hearing for Heather Cramer for State Board of Health. And now, we will move it on to Dr. Jaime Dodge. Right. Yep. We'll move it on to him and we'll open it up for him for State Board of Health. Welcome. Welcome.

JAIME DODGE: All right. Thank you.

HANSEN: Yeah. So same kind of thing. Just-- if you can just kind of fill us in and let us know all the particulars of why you're running and, and your experience and we'll kind of go from there.

JAIME DODGE: Great. Yeah. Thanks. Jaime Dodge. I grew up in Callaway, so Custer County and lived in Nebraska just about all my life since then. So a little stint in Iowa, but I practiced medicine for about 20 years. I graduated Chadron and then the Med Center for Med School and did residency here in Lincoln and then, practiced out in Alliance, then in northwest Iowa, then back to, actually, Sioux City area, to teach family medicine postgraduate, so as a professor, through actually, the Med Center of South Dakota and University of Iowa. So-- and that program was focused a lot on training family doctors to go out in the rural-- a lot of them went urban. I really had a heart for a state like Nebraska that has a diverse, you know, body of population, but also geographically diverse, to where you'd need doctors that could serve, you know, hay in, in Broken Bow or also, Lincoln. So I enjoyed practicing in some of the smaller towns in Nebraska, in the emergency room, hospital and then, now in one of the larger-- so, in Lincoln. So, I've been back in Lincoln for about seven years and the opportunity came to serve on the Board of Health. And I felt like that was a great way to continue to serve the state as a whole. So I'm excited to do that.

HANSEN: Awesome. OK, so you're in Senator Brewer's district?

JAIME DODGE: Well, so I was-- you know, growing up, it was always Senator Jones, from Eddyville. So at 39, I'd say in that room. But right now. I'm in, I'm in Lincoln. So right now I'm in--

HANSEN: Gotcha.

JAIME DODGE: Senator Geist's.

HANSEN: Gotcha. OK.

JAIME DODGE: Yeah, I live in Lincoln. Practice here.

HANSEN: OK. It looks like you have some extensive service in the military.

JAIME DODGE: Yeah, spent 12 years in the Army National Guard--

HANSEN: OK.

JAIME DODGE: --and a couple of deployments in Afghanistan and Iraq. So.

HANSEN: Yeah, with some medical-- you know, combat medic, medic, medical experience.

JAIME DODGE: I was a medical officer. So, yeah, I mean, my-- it, it was interesting because my background, training and then, practicing in rural Nebraska, I felt, prepared me pretty well for, you know, the combat zone. Because, again, you're the only doctor in the middle of wherever, Box Butte County or Afghanistan.

HANSEN: Sure.

JAIME DODGE: So I basically functioned as an emergency room doctor in the, in the combat zones.

HANSEN: OK. Awesome. So are there any questions from the committee, to make sure. Well, it doesn't look like it. You filled us in pretty good.

JAIME DODGE: OK.

HANSEN: And, you know, it looks like you laid everything out here pretty good, too. And your resume and, and all of your experience and, and I think the-- it would be a-- it would be-- State Board of Health would be, would be in good hands to have you on there. So, so, again, just like I mentioned before, we'll end up kind of discussing it in Executive Committee. We'll, we'll all vote on it as a committee. And then, whatever happens there, if it-- we vote it out of committee, [INAUDIBLE] get on the floor for further discussion and a vote and then, get on the Governor's desk for, for him to sign. So.

JAIME DODGE: Great.

HANSEN: All right.

JAIME DODGE: All right.

HANSEN: Well, good. Excellent. Well, thanks for coming. Appreciate it.

JAIME DODGE: Thank you very much.

HANSEN: All right. Well, good. Well, that will conclude our hearing for Dr. Jaime Dodge. And we will take a break until 1:30, where we will start with LB677.

[BREAK]

HANSEN: All right. Well, good afternoon and welcome to the Health and Human Services Committee. My name is Senator Ben Hansen. I represent the 16th Legislative District in Washington, Burt, Cuming and parts of Stanton Counties. And I serve as Chair of the Health and Human Services Committee. And I would like to invite the members of the committee to introduce themselves, starting on my right with Senator Ballard.

BALLARD: Beau Ballard, District 21, northwest Lincoln and northern Lancaster County.

WALZ: Lynne Walz, Legislative District 15, which is Dodge County and Valley.

HARDIN: Brian Hardin, District 48, Banner, Kimble, Scotts Bluff Counties.

M. CAVANAUGH: Machaela Cavanaugh, District 6, west central Omaha, Douglas County.

HANSEN: Also assisting the committee is our research analyst, Bryson Bartels, our committee clerk, Christina Campbell. And our committee pages for today are Delaney and Sophia. A few notes about our policy and procedures. Please turn off or silence your cell phones. We will be hearing three bills and we will be taking them in the order listed on the agenda outside the room. On each of the tables, near the doors to the hearing room, you will find green testifier sheets. If you are planning to testify today, please fill one out and hand it to Christina or one of the pages when you come up to testify. This will help us keep an accurate record of the hearing. If you are not testifying at the microphone but want to go on record as having a

position on a bill being heard today, there are white sign-in sheets at each entrance, where you may leave your name and other pertinent information. Also note if you are not testifying but have an online position comment to submit, the Legislature's policy is that all comments for the record must be received by the committee by noon the day prior to the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask if you do have any handouts that you please bring ten copies and give them to the page. We use a light system for testifying. Each testifier will have 5 minutes to testify. When you begin, the light will turn green. When the light turns yellow, that means you have one minute left. When the light turns red, it is time to end your testimony and we will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly and to the microphone and then please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to close the statements, if they wish to do so. On a side note, the reading of testimony that is not your own is not allowed unless previously approved, and we do have a strict "no prop" policy in our committee. With that, we'll begin today's hearing with LB677 and welcome up Senator Day to open.

DAY: Thank you, Chairman Hansen. And good afternoon to my fellow members of the Health and Human Services Committee. My name is Jen Day, that's J-e-n D-a-y, and I represent Legislative District 49, in Sarpy County. I'm here today to introduce LB677. LB677 provides funding to remove barriers to employment and education for families receiving assistance through the Temporary Assistance for Needy Families, or TANF. Specifically, it provides $15 million over five years to no more than two nonprofits that provide services to TANF families in each of the following: a public school, a private school and a homeless shelter. The nonprofits shall provide the following services: youth development, adult education, mental and behavioral health, access to weekend food, basic needs support and job training for youth. This bill does not use General Fund dollars or even state dollars. Instead, it taps unused federal dollars, under Temporary Assistance to Needy Families. TANF is a federal program in the United States that provides financial assistance to low-income families with children. The program was created in 1996 to replace the Aid to Families with Dependent Children AFDC program. TANF provides

assistance to families for a limited period of time, generally up to five years and is designed to help families achieve self-sufficiency. States are required to impose work requirements on TANF recipients, which generally require adults to participate in work-related activities to receive assistance. States may also impose time limits on TANF assistance and may reduce or terminate benefits for families who do not comply with program requirements. Each state has considerable, considerable discretion in how they use TANF funds to support workforce development, but there are several common strategies that state-- states use. One common approach is to provide education and training programs that help TANF recipients develop the skills and knowledge they need to succeed in the workforce. This can include basic education, literacy classes and assistance meeting basic needs. In addition, TANF funds may be used to support other types of workforce development activities, such as behavior-- behavioral health services, job search assistance, transportation assistance and child care services. Behavioral health can encompass a wide range of services, services aimed at improving mental health and emotional well-being, including mental health counseling. TANF funds can be used to provide individual or group therapy services to low-income individuals and families. This can include counseling for depression, anxiety, trauma and other mental health concerns. It can also include parenting classes. TANF funds can be used to support parenting classes that provide education and skills training to low-income parents. This can include classes on child development, discipline and communication. And lastly, it can include support groups. TANF funds can be used to support groups for individuals and families who are experiencing mental health or substance abuse issues. This can include peer support groups or groups led by trained professionals. To access TANF funds for workforce development, states must submit plans outlining how, how they will use the funds to help TANF recipients move toward self-sufficiency. These plans are subject to federal review and approval. One nonprofit that works in this area is Completely KIDS. Their adult education programming helps parents build the skills they need to obtain employment and payer high-- excuse me, higher paying jobs. Their mental and behavioral health programs for kids and adults help develop the skills necessary to be successful in the classroom and eventually, the workforce. Additionally, their weekend food program meets basic needs so that parents and their children can focus on learning and improving their situation, rather than identifying where their next meal is coming from. This combination of services addresses several critical barriers to employment that families living in poverty often face. Before I

conclude, I did want to mention that we're open to making some cleanup changes to the bill. And specifically, we are working on an amendment to strike the metropolitan class designation. Overall, TANF is intended to provide temporary assistance to families in need, while promoting work, responsibility and self-sufficiency. I believe this bill will help families to obtain these goals. And with that, I'm happy to answer any questions.

HANSEN: Thank you for that opening. Are there any questions from the committee? Senator Riepe.

RIEPE: Thank you, Senator Hansen. I couldn't help but detect that some place you say in here that part of the program helps you with basic needs. And then I think you also said with weekend food programs.

DAY: Yes.

RIEPE: Is, is that how the funds can be used?

DAY: Correct.

RIEPE: And, and in my notes, that I have, at least, it says-- mine says creates. Is, is this a new program?

DAY: This is a, a new grant program. Yes.

RIEPE: OK. So it's--

DAY: But--

RIEPE: --a new program to Nebraska, is that it?

DAY: Correct.

RIEPE: Oh, OK.

DAY: But Completely KIDS isn't already existing.

RIEPE: The other question I had, Mr. Chairman, if I might--

HANSEN: Yep.

RIEPE: --is-- also in my notes. It says, and it would-- the grants would be managed, if you will, by two not-for-profit organizations or nonprofits, I guess.

DAY: Correct.

RIEPE: And how are those selected?

DAY: You know, I'm not entirely clear on, on how they're selected. Maybe somebody behind me would be able to answer that question.

RIEPE: OK. OK. Thank you. Thank you, Mr. Chairman.

HANSEN: Yes. Any other questions from the committee? All right. Seeing none--

DAY: Thank you.

HANSEN: --yep. We will take our first testifier in support of LB677. Is there anybody wishing to testify in support of LB677? There we go. All right. Welcome.

RASNA SETHI: Thank you. Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Rasna Sethi, that's R-a-s-n-a S-e-t-h-i, and I'm the policy analyst of OpenSky Policy Institute. I'm here today to testify in support of LB677 because it would spend down Nebraska's TANF rainy day fund. The Nebraska Department of Health and Human Services has kept a significant reserve in the Temporary Assistance for Needy Families rainy day fund, also known as a cash reserve. It has grown by 64 percent over the past decade and now sits at $130 million. While the fund has grown, funding for services supported by the TANF block grant have not seen an increase in funding. Instead, there has been a dramatic reduction in benefits under the ADC program, which provides cash support for low-paid families, as well as other support programs. There are fewer people receiving ADC, not because there's less need, but because there are stringent requirements to apply and high rejection rates. Nebraska is one of several states that declined nearly 90 percent of applications. Nebraska is therefore, one of the states most likely to fail to spend its entire block grant, which is an-- which isn't an, an-- pardon me, which isn't an efficient use of taxpayer dollars. To have the rainy day fund be double the amount of the annual block grant, which is about $56 million, while there is an increased need for support to programs and recipients keep, keep those funds sitting in an account while there could be flowing through local economies and helping family support their-- helping families support their basic needs. We also support removing barriers to employment and furthering education to TANF recipients in impoverished areas. Some of

the biggest barriers to economic self-sufficiency are finding stable employment and low education attainment. Other barriers include complicated administrative procedures involved in applying for federal benefit programs and the unsustainability of these benefit programs. Having a conduit organization that provides additional support could open the gates to new opportunities for TANF recipients. For these reasons, we support LB677 and urge the committee to vote it through. Thank you. I'm happy to answer any questions.

HARDIN: Thank you. Any questions? I have one.

RASNA SETHI: Sure.

HARDIN: We mentioned a moment ago or the question was asked by Senator Riepe, in terms of the two organizations, so would they essentially be the main interface in terms of how people actually connect with the opportunity to get-- so would it be those two organizations?

RASNA SETHI: I believe so. I believe the way the bill is written, the department would allocate these funds to the organizations and then, the organizations would then carry out the services--

HARDIN: OK.

RASNA SETHI: --using those funds.

HARDIN: OK. Practically speaking, whomever the organizations turn out to be, how do people find them, I guess, how does the communication process get out to the community [INAUDIBLE]?

RASNA SETHI: That's a good question. And to be honest, in my previous experience, although it hasn't been in the state of Nebraska-- I come from New Jersey, actually. And I did work with the TANF administration in New Jersey and we worked with conduit organizations and provided outreach via applications and programs. And particularly with the work first requirement, organizations are contracted with the department to provide those services, so they are sent there through a referral.

HARDIN: So the department kind of vets them on how they best plan to communicate that information to the public.

RASNA SETHI: Well, yes, to the public, but as-- it would be through referral that TANF recipients receive these services.

HARDIN: Gotcha. Thank you.

RASNA SETHI: You're welcome.

HARDIN: Any other questions? Senator Ballard.

BALLARD: Thank you, Mr. Vice Chair. Thank you for being here.

RASNA SETHI: Yeah.

BALLARD: Does OpenSky keep any metrics on TANF recipients, if it's, if it's working? I don't know.

RASNA SETHI: To be honest, the-- I think those stats, those statistics would come from the Department of Health and Human Services. And in my knowledge, although I haven't been in this position for very long, they're not forthcoming with data.

BALLARD: OK.

RASNA SETHI: So I don't know that there is demographic-specific data. We would welcome it. And also, I do believe there is utilization data out there, as to how these benefits-- how agency benefits are utilized.

BALLARD: OK. Thank you.

RASNA SETHI: You're welcome.

HARDIN: If I can, just thought of another one and we sometimes ask this question on lots of different topics, but do you know if the CDC gets that information such that, at a national level, they can, they can interface with that kind of thing or?

RASNA SETHI: Another very good question. I believe that it would be ACF that would receive this data. I forget what ACF stands for, but they are the federal organization that oversees TANF, but I believe they are required-- the Department of Health and Human Services is required to report program participation data. And there are metrics that they have to reach in order to qualify to receive annual block grants, like I believe it's about for the workforce participation program for single parents. It has to be a rate of 50 percent that are participating in workforce development programs, in order to keep receiving the block grant program. So there are requirements that they have to meet and metrics they have to reach.

HARDIN: OK. Very good. Thank you.

RASNA SETHI: You're welcome.

HARDIN: The next testifier in support of LB677. Welcome.

CARLA O'DONNELL-RIZZO: Good afternoon. My name is Carla O'Donnell Rizzo, that's C-a-r-l-a, O'Donnell, O-'-D-o-n-n-e-l-l-R-i-z-z-o. Don't hyphenate if you already have an apostrophe. Just a side note for you all. I'm the chief executive officer at Completely KIDS. You're being handed a copy of my written testimony, but that can be for your reference. I'd much rather do this as more of a conversation, me explaining a little bit about who Completely KIDS is and why I think-- why I know Completely KIDS can really help, not only our current families but extended families, to be able to overcome barriers they're experiencing. The vast majority of the families that we serve at Completely KIDS live in poverty. We're concentrated mostly in south Omaha, a little bit in north Omaha, at 16 locations, including our building on 26th and St. Mary's Avenue. So the hub, if you will, of what we do really centers around children, so Completely KIDS kind of says that, in after-school programming. And some of you are familiar with what after-school programming looks like and how that can happen. But what makes Completely KIDS a little bit different is the support that wraps around that. So in addition to high-quality, after-school programming, we provide mental and behavioral health services to our kids. That starts at the very basic level, with just really helping kids get the language behind emotions and how they're feeling and really set them up for success. We have seen incredible increases in those needs. I know you've all heard about that, so I won't waste my time on that right now, but-- since COVID. So that's where it starts. And then, we move up to group work and then individual services. And in the last year, we've also extended that to some of our parents, as our parents see the benefits that their children are experiencing, as they're addressing mental and behavioral health needs. Some of them, for the very first times in their lives, are saying, wow, that's incredible. I see the, I see the progress. I want some of that, too. So that's another key piece of what we do. Weekend food has also had a substantial increase in the last year. About a year ago, we were serving 550 kids a week with a bag of, of food to take home on the weekend, that's reasonably healthy, meets some nutritional needs and makes sure that they've got something. We're now at 860 because, of course, we all know what's happening with that. So that's another piece of it. The next piece is a, is a teen program, so that's a workforce development specifically for teens. Those are our juniors and seniors in high school. They interview with us, they get jobs in our after-school program, they're paid. So they are gaining something

to put on their resume, learning some of those very basic skills to be able to be successful in the workforce. And then every other week, they-- we'll say they have a break from the after-school program. And they have seminars, where people come in and we're working on interview skills and how to write their resume and career exploration and really getting them ready for their next step, whether that's college or a trade or whatever it might be for them. The last piece is really what applies, what applies very directly to this, and that's the parent programming. So last year, about 300 parents went through this, at our building on 26th and St. Mary's Avenue. We have space set aside with parent education classes. So that's GED, that's ESL, that's computer basics. It's really-- we ask our parents often, what do you need to achieve your goals? How do we help you make your family more self-sufficient? And they tell us what that means. And sometimes it's, you know, adding another GED class on a Saturday or we have things that happen during the day, in the after-school hours and on Saturdays, because not everybody works a 9 to 5, Monday through Friday. So when can parents access that? And what's really special is because of the long history that we have and the relationships we have with all of these families, the trust is there. So families will come in and access those services with us. So while there, there are other places that do a lot of these different pieces and that's wonderful. We use a lot of them as partners. We make it easier for people to come in and say, yes, I'm ready for this because we already have that preexisting relationship and the trust built with them. So I think that's pretty special. Across all our services, we've seen at least a 20 percent increase in service utilization in just the last year. We reopened our building in 2019, just before COVID hit and expanded our, our current footprint in that area so that we could have more-- we could have kids there while the parents are there so that there's no child care barrier to accessing any of those classes and services. There's a place for your kids to be while you're learning. Some of you might be working parents. And I think we can agree that it's very difficult to find time for yourself to learn something, to do a skill when you're also trying to balance all of the child care. And so, by removing that barrier, again, we have more success in getting parents to come and-- come utilize our services. I've got just a little bit of time left. I'm open for any questions that you might have.

HARDIN: Thank you.

CARLA O'DONNELL-RIZZO: You're welcome. My pleasure.

HARDIN: Any questions?

WALZ: I have just a quick question.

HARDIN: Senator Walz.

WALZ: Thank you. Thanks for coming today.

CARLA O'DONNELL-RIZZO: My pleasure.

WALZ: I don't know if you have any off-hand, but are there any success stories that you could share with us, just briefly?

CARLA O'DONNELL-RIZZO: I do. So you might actually have some written testimony on some of these. I had two parents that were very excited to submit something online. They were working so they weren't able to be here. But I was actually at the Omaha Chamber of Commerce about a month ago, giving a presentation. And at the very end, one of these parents raised their hand and she said, you might not remember me, but I got my GED at Completely KIDS and now I'm working at-- that one was at the Heartland Workers Center. And another one raised their hand on the other side of the room and said, you might not remember me, but I took ESL classes with you and now, I work for the Omaha Chamber. So just randomly, people in the community-- and I've been there for 24 years and so, I know a lot of these families and their kids over time. And it's just really incredible to see the impact on the community, but it's really there.

WALZ: Does the Omaha Chamber, they're supportive of the program or are you-- were you there just to--

CARLA O'DONNELL-RIZZO: I was there just giving a presentation on resources and opportunities that are working with immigrant families, but we have a great partnership with them. They utilize our space because it's gorgeous. Anyone happens to be in the area, come take a tour. It's really incredible.

WALZ: Very good. Thank you.

CARLA O'DONNELL-RIZZO: You're welcome.

HARDIN: Any other questions? Senator Ballard.

BALLARD: Thank you, Mr. Vice Chairman. Thank you for being here today. Can you expand a little more on your, your workforce training component?

CARLA O'DONNELL-RIZZO: For the adults?

BALLARD: For the-- or for the, for the, for the juniors and seniors?

CARLA O'DONNELL-RIZZO: The juniors. That's my favorite. I helped create that program. So these are juniors and seniors in high school, and most of them were with us when they were little kids. So what we did was we created an opportunity for them to get their first job. So they have to do all the things you have to do to get a job, you know, do the resume, have the interview skills, and then they're placed in an after-school location. So they're kind of an assistant to that. So they, they help with planning, they help with doing program things and they have to show up on time. You know, those basic job skills that just-- people don't have, sometimes? We make sure they have those and develop them. And then, every other Friday they come to our main facility and they have like, a seminar. So whatever-- you know, here's how you fill out the FAFSA if you want to go to college, to make sure that they, they understand what they need for that and make sure they're ready for whatever that next opportunity is. And then selfishly, when they graduate from high school, a whole lot of them stay and work with us and become what we call program support staff. So from junior to program and it's a workforce pipeline.

BALLARD: So that was my next question. What-- what's the next step after your program? Is it-- do you have statistics on-- do they go on to a two-year, four-year or they enter the workforce?

CARLA O'DONNELL-RIZZO: Most of our kids end up going to two-year or four-year. I can get you those exact statistics. But it's-- yeah.

BALLARD: Just curious. Yeah.

CARLA O'DONNELL-RIZZO: It's, it's been really successful. A lot of them stay and work for us. We have-- my clinical director, actually, was one of our kids. So we really like to help people, you know, find out what their goals are and that's part of what they do. And she wasn't in that program, but find out what people's goals are and then help them to get, get there. Whatever that means for them. So, it's pretty incredible.

BALLARD: Thank you.

CARLA O'DONNELL-RIZZO: You're welcome.

HARDIN: Very good. Any other questions? Seeing none, thank you.

CARLA O'DONNELL-RIZZO: Thank you.

HARDIN: Any other supporters of LB677? Welcome.

MEGAN ADDISON: Thank you. Good afternoon. My name is Megan Addison, M-e-g-a-n, Addison, A-d-d-i-s-o-n, and I am the executive director for Collective for Youth, which is a nonprofit located in Omaha, Nebraska. We are a collective impact organization that's tasked with providing high quality after-school programs, primarily-- only in Omaha Public Schools. But we also provide support through fundraising and training to our nonprofit partners. We currently hold an agreement with Omaha Public Schools to provide after-school programs in 42 of their school buildings, majority of them elementary, 2 are high school, nine are middle. So through this contract we provide-- we contract with local nonprofits, like Completely KIDS, who we're talking about today and they provide those services directly in the after-school space. We've been doing this work for more than 15 years in Omaha and have partnered with Completely KIDS for those full 15 years. So I'm here today in support of the LB677. Even though through our work at Collective for Youth, we financially support Completely KIDS for the after-school youth development component. We know that it's so important that there is a holistic approach with working with families, and that's part of their mission, which makes them unique to other nonprofits that are in the youth service field in Omaha across our sites that we work with. It's-- we're seeing more mental health behavioral needs for students. We also are seeing that families are, you know, they are experiencing trauma that also stems from living in poverty. So providing those holistic services through education and removing those barriers is key for families to be successful. And we do our part by keeping kids safe after school and educated in-- during that youth development space. In the school buildings that we work with, majority of the students are on free-reduced lunch 70 percent or higher. And they are in the most needed areas in Omaha. And that's also the same footprint that Completely KIDS had. About 90 percent of the families are eligible, of the sites that Completely KIDS works with and through their expanded support, those are the resources that families need to keep working and to keep their kids engaged in school, which is critical services that they provide every day to those students. Just in closing, you know, my background is social work, so I got into this work for prevention and services that we can provide to kids and families to keep them connected to their community, to their school and help families continue to work are critical so that we can continue develop the important workforce that

we need in Nebraska. So with that, I would ask-- answer any questions you might have.

HARDIN: Thank you. Any questions? Senator Walz.

WALZ: And I know that this was probably already talked about. I may have missed it. How many kids-- do you know how many kids you're serving in this program?

MEGAN ADDISON: So in collective youth, overall, in the 42 sites, we average about 4,000 students a year with, you know, some sites serving 75 kids a day, some 50. It just kind of varies, based on the school population. And then Completely KIDS is actually in 10 of those 42 buildings. So they're serving, as, you know, a large component of those students, every day.

WALZ: Thank you.

HARDIN: Very good. Any other questions? Seeing none, thank you.

MEGAN ADDISON: You're welcome. Thank you.

HARDIN: Any other supporters of LB677? Going once, going twice, two and a half. Any in opposition to LB677? This is your one chance to be oppositional. Seeing none, anyone in the neutral for LB677? Well, this would close LB677. We did have some letters, five proponents, two opponents. And I believe, Senator Day has waived in advance. So that would close LB677. We will wait just a few minutes for Senator Conrad. We're in that fun time of year, folks, where all of us take turns introducing multiple bills in multiple rooms. And sometimes, we have to dematerialize and rematerialize in multiple places at one time. So it's crazy. So we'll wait just a couple of minutes and see if Senator Conrad can join us soon. In the meantime, Senator Ballard, would you stand and sing us a song? There she is.

CONRAD: Hello, friends. Good afternoon.

HARDIN: Well, welcome to the finest committee. No offense to any that you serve on. Senator Conrad, you have LB333 to share with us today.

CONRAD: I do. Thank you so much. Good afternoon, Vice Chair. Hardin, members of the committee. My name is Danielle Conrad, it's D-a-n-i-e-l-l-e, Conrad, C-o-n-r-a-d. I'm here today representing north Lincoln's "fightin' 46th" Legislative District and I'm proud to introduce LB333. So let me just give you a quick overview about how I

got interested in this issue and then I can give you a few of the top lines on the, the specific policy details contended in the legislation today. So back right out of law school, I worked as a public interest attorney on behalf of low income families and new immigrants at the new Appleseed Center for Law in the Public Interest. As part of that work, I helped to develop their public policy program that you frequently interact with in, in the halls of power, working on policy advocacy for a lot of those, those same constituencies and on a lot of important issues. During the course of that work, there was an effort that was convened, I'm sure esteemed fiscal and research analysts may remember this, over the years to pull together a variety of different stakeholders to really do a hard look at our Medicaid program in Nebraska and figure out what we could do to ensure that it was meeting its policy goals and to address what at that time were really significant concerns, across the political spectrum, about the ballooning costs in that program to try and figure out how we can advance the policy goals and get a better, kind of, handle on the budgetary impact for the state of Nebraska. So as part of that effort with groups like AARP, representatives for kids groups, I think the Catholic Conference was a part of that, Lutheran Family Services, poverty advocates, healthcare advocates, it was a very, very broad and diverse group of stakeholders that came together to look at these, these issues. And I had the, the pleasure and the opportunity to be a part of that as a baby lawyer. And it was a very important and interesting learning opportunity. So as part of those discussions, one thing that that group identified to try and get a better handle on meeting the policy goals in Medicaid but also finding state budgetary savings, was looking at some of the options available, under federal law, to expand family planning services. In many of our sister states, in both deep blue and deep red states, over the years, have embraced either waivers or Medicaid plan amendments to expand family planning services to more of their consumers and citizens. Now, on that point, we were not able to find full consensus of the working group for a variety of political reasons, but that's how this issue first showed up on my radar screen and it has intrigued me ever since. So I've brought similar measures in the past, during my previous term of service. I believe, Senator Keneally, Senator Wishart, Senator-- and other senators have continued to look at these options, as well. So this is definitely not a new issue for the Nebraska Legislature. But I think that it's always a good time to revisit sound policy, and particularly as we're grappling with some really complex issues in the realm of reproductive health, I think it's really important that we examine very closely our state's approach to ensuring that we have

family planning services available for Nebraskans, which help to reduce unintended pregnancies. So with that, LB333 would require the Department of Health and Human Services to submit the state plan amendment by October 1, 2023, for coverage of family planning services under the Medical Assistance Act. This bill's introduced many times, as I said. And one thing that I would note, that is a little bit different in this version versus what you've seen in past years, is the fiscal note. And I went back and I did kind of a look and a comparison of fiscal notes of years gone by, and the fiscal note that you have before you today looks very different than the fiscal notes that we've seen in previous years, which demonstrated a much lower price tag and a much more significant cost savings for the state of Nebraska. And that also incorporated and took into account the multiplier effect that comes with expending resources on family planning services. So I will continue to work with the Fiscal Office, this committee and other stakeholders to try and perhaps update that fiscal note and that methodology, moving forward. But in addition to being good policy, it was always an exciting opportunity to put this measure forward, as well, because it resulted in cost savings. So with that, I'm happy to answer questions. I'm also happy to turn it over to the folks behind me today.

HARDIN: Thank you. Any questions? Senator Riepe.

RIEPE: Thank you, Senator. Thank you for being here.

CONRAD: Hi.

RIEPE: Can you tell me a little bit-- this is a, this is a piece of legislation that's been back a lot of times. You've talked about that.

CONRAD: You're right. You've probably seen it before, Senator Riepe.

RIEPE: And, and I know if it came up when dear-- when Speaker Scheer was here, if it had any fiscal note, it went fizzle.

CONRAD: Um-hum.

RIEPE: Of--So I don't know whether to say-- was there something that was repeated year after year or was it a, was it a philosophical thing about, as I would view it, probably, expanded Medicaid?

CONRAD: Yeah, that's a, that's a good question, Senator Riepe. And, and perhaps, we will have a chance to revisit some of the arguments on both side of the coin here today. But my understanding is that

generally, the opposition has really come, kind of in-- from two threads, one being fiscal in nature that any sort of, you know, additional expansion of Medicaid would be a burden on taxpayers and that already large budgetary expenditure. The other, I think, would be perhaps, political and moral, in terms of further expansion of family planning services and contraceptive services, which doesn't align with the deeply held, sincerely held religious values of some stakeholders.

RIEPE: OK. Is this, is this-- I'm trying to relate how it would-- Planned Parenthood, it, to me, when I read it, sounded like it was almost a government kind of Medicaid-sponsored Planned Parenthood. And I'm trying to figure out is it duplication or is it--

CONRAD: Right.

RIEPE: --competition or what--

CONRAD: Yeah.

RIEPE: --is there a relationship, you know?

CONRAD: Yeah. Thank you for the question, Senator. So let me take a step back for a minute. So we already offer family planning services in our Medicaid program. It's always been a part of that kind of essential packages of services that we have for folks that qualify otherwise because of their income or for another reason. What this measure does and similar measures have done in the past, is that increases that eligibility for this specific set of services for, for more Nebraskans. So maybe you wouldn't be able to qualify for full Medicaid, so to speak, because of your income, because you make a little bit too much. But by expanding the eligibility for specifically for family planning services, which we already provide in the Medicaid program, this just helps a few. This just helps more Nebraskans access those services. And on the Planned Parenthood Question Center, and thank you for bringing that forward. Absolutely. Family planning services have always been a part of the work that Planned Parenthood has provided to our communities across the state. We also receive family planning services from a host of medical providers, whether that's your local doctor or one of the family planning clinics that we have in our family planning network across the state. And the thing that's important to remember about family planning services is that these can mean different things to different people for different reasons. Right. And the Medicaid program, in particular, recognizes people's deeply held, authentically held religious beliefs to pursue

the family planning services that are right for them. So that might include things like counseling, in addition to contraceptives. So that's one thing that I really like about the, the policy design, in general, is that it is not a one-size-fits-all approach, but lets people honor the best needs for them, their faith and their family.

RIEPE: Is eligibility based on federal poverty line?

CONRAD: Yes, that's right.

RIEPE: And that's usually a percentage, with what is it currently and what does this propose?

CONRAD: This is a great question, Senator, and maybe it helps us out a little bit in the fiscal note. But I can triple check my notes and dig through that and come back on on closing, because I think--

RIEPE: OK.

CONRAD: I just don't have it off the top of my head. Currently serves folks-- I'm looking at the fiscal note-- at 225 percent of the federal poverty level. And I think this means that up a little bit. But I will get you a more cogent answer on that at closing, so I'm not fumbling around on the mike. Yes.

RIEPE: OK. Thank you very much. You've been very informative

CONRAD: Thank you so much.

HARDIN: Any other questions? Senator Cavanaugh.

M. CAVANAUGH: Yes. Thank you. Thank you, Senator Conrad--

CONRAD: Thank you.

M. CAVANAUGH: --for being here and for bringing this bill. I'm just looking at our, our, sort of, committee synopsis of, of some of the related services, which you probably don't have, but when you have it in a different version. But so the services provided here, are they not currently covered, like HPV screenings? That-- is that something that's currently covered under Medicaid or is that not?

CONRAD: So my understanding, Senator Cavanaugh and happy to be corrected about this by, by folks that might be coming behind us, is that I don't, I don't believe that the intent of this legislation is

to provide coverage for anything new or different than Medicaid is already doing in Nebraska. But my intent is just to ensure that we move up the eligibility--

M. CAVANAUGH: Oh, OK.

CONRAD: --for those family--

M. CAVANAUGH: Sorry.

CONRAD: --planning services. And if I got it wrong, I'm happy, again, to correct the record, but that's--

M. CAVANAUGH: So it's the current services for-- around family planning.

CONRAD: That's right.

M. CAVANAUGH: Expanding the eligibility for family planning services.

CONRAD: You got it.

M. CAVANAUGH: It takes me a while, but sometimes--

CONRAD: Join the club.

M. CAVANAUGH: --sometimes, I get there. Thank you so much.

CONRAD: Thank you.

HARDIN: Any other questions?

CONRAD: OK. Thank you.

HARDIN: Seeing none, will you be around to close?

CONRAD: I will. I will.

HARDIN: Well, thank you.

CONRAD: It's hard to pull myself away from this esteemed committee.

HARDIN: This is-- and I understand. I understand. Supporters for LB333. Welcome back.

ERIN FEICHTINGER: Oh, thank you.

HARDIN: We have not adjusted the chair. I am sorry.

ERIN FEICHTINGER: You know, I filed the requisite government form. I know it's going to take a while. We'll check the fiscal note. Maybe next session.

HARDIN: We, we appreciate your patience with us.

ERIN FEICHTINGER: It's OK. I got taller, so it's OK. It's worked out great for everyone.

HARDIN: Nice.

ERIN FEICHTINGER: Vice Chair Hardin, members of the Health and Human Services Committee, my name is Erin Feichtinger, E-r-i-n F-e-i-c-h-t-i-n-g-e-r, and I'm the policy director for the Women's Fund of Omaha. At the Women's Fund, we believe that all Nebraskans deserve the right to decide if, when and how to start a family and have access to the necessary healthcare when doing so. As such, we fully support LB333 and its efforts to include family plan-- to expand eligibility to family planning services under Medicaid and Medicare plans. For many low-income individuals, Medicaid is a critical resource to receiving appropriate and comprehensive healthcare. It is imperative that family planning services are expanded under Medicaid, to ensure that Nebraska women are provided the care they need, whether it is treatment for STIs, cancer prevention, but shouldn't say vaccines because we don't have a vaccine for cancer yet. My apologies for the typo-- cancer prevention screenings or screening for domestic violence. Community-based organizations have long been the providers of STI testing for communities of color, LGBTQ individuals and those with lower socioeconomic status who would qualify for Medicaid. But federal funding for these programs has decreased by nearly 40 percent since 2003. Congenital syphilis, which, if left undiagnosed and untreated during pregnancy, can lead to miscarriages, stillbirths and severe birth defects. And that, and that-- congenital syphilis increased more than 150 percent between 2013 and 2017 and another 40 percent between 2017 and 2018. Providing coverage of screening for intimate partner violence is also critical. The most severe outcome of intimate partner violence homicide by an intimate partner is heightened around the time of pregnancy and childbirth. Approximately 60 percent of homicides that occur around the time of pregnancy are related to intimate partner violence. Experiencing IPV during pregnancy is associated with higher rates of preterm birth, lower birth rates and lower rates of breastfeeding. Thirteen percent of

Nebraska women, aged 18 and older, are in poverty. Women in our state still make less than men at $0.78 for every dollar a man is paid. Providing family planning services under Medicaid will have significant and long-lasting positive impacts on Nebraska women's educational attainment, career advancement and general economic stability. When women can decide if and when to start their family, they can stay in school or longer in the workforce, they can earn higher wages and plan for leave if they do decide to have a child. Expanding Medicaid and Medicare coverage to include family planning services will allow more Nebraska women to take care of their reproductive health, improve their short and long-term health, help those experiencing domestic violence and help build their economic security. So we would strongly urge this committee to support LB333. And I am happy to answer any questions to the best of my ability.

HARDIN: Thank you. Questions? Yes, Senator Riepe.

RIEPE: Thank you. Chairman. I'm looking at your letter. I'm looking at, I guess, the second paragraph and down at the bottom lines in there talks about increases of more than 150 percent, 2013 to 2017. Do you see where I'm at on that?

ERIN FEICHTINGER: Yeah.

RIEPE: And another for-- I just-- I'm always leery about percentages without seeing absolute numbers, too, because, you know, if you have two and one increases--

ERIN FEICHTINGER: Sure.

RIEPE: --you know, it's just-- so I'd like to see-- I don't know, can you help me out with that? I mean, is that [INAUDIBLE]?

ERIN FEICHTINGER: Yeah, I have a citation in there and I am more than happy to follow it to, to do that for you and go in and get those real numbers for you. And those written numbers are nationally.

RIEPE: OK.

ERIN FEICHTINGER: I will definitely--

RIEPE: I have just a thought over the-- save us both time-- just-- I mean, it's 150 cent-- 50,000, they go from, you know, 50,000 to 75,000.

ERIN FEICHTINGER: I just wouldn't feel confident in my answer.

RIEPE: OK. Well, that's because you have a PhD.

ERIN FEICHTINGER: And everyone loves a good email, so I will follow up with you after.

RIEPE: OK. Swell. Thank you.

ERIN FEICHTINGER: Yeah. And thank you for the question.

HARDIN: Any other questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. In all fairness, you probably don't know this or maybe you do know it because you're a genius, but--

ERIN FEICHTINGER: I contain multitudes, Senator Cavanaugh. Let's see how it goes.

M. CAVANAUGH: Dr. Feichtinger, Medicaid currently doesn't cover fertility, does it?

ERIN FEICHTINGER: I would definitely not know the answer to that question.

M. CAVANAUGH: Yeah. That's something that, that was sort of what I was intrigued by with this bill. And I don't think that it does and I just want to put that out into the ether, that low-income people who are planning when and how to get pregnant also have fertility struggles. So maybe someday. Thank you, Dr. Feichtinger.

HARDIN: Any other questions? Seeing none, thank you.

ERIN FEICHTINGER: Thank you.

HARDIN: Senator Ballard and Senator Walz have been charged with fixing the chair before you, you come back next time, so any other supporters of LB333?

SARAH MARESH: Senator Hardin and members of the Health and Human Services Committee, my name is Sarah Maresh, S-a-r-a-h M-a-r-e-s-h, and I'm the health care access program director at Nebraska Appleseed, testifying in support of LB333 on behalf of Appleseed. One of our core priorities is working to ensure that all Nebraskans have access to quality, affordable healthcare. LB333 would require the state to submit a state plan amendment to provide family planning services to

individuals, up to 194 percent of the federal poverty level. And so, just to think about this more broadly, really, what this bill does is create a new eligibility group for people up to 194 percent of the federal poverty level to cover family planning services. So it explains it a bit more in the fiscal note, but the target group that we're really looking for in covering this bill is folks that are exceeding the Medicaid expansion income and then folks who would not fall into, like, the pregnancy category. So that's the really target group we're thinking of here in this bill, when you look at it. Over half the states, including Montana and Texas, have taken up the option to cover this eligibility group and draw down significant federal funding. Because this bill would allow more individuals to access critical family planning services and could even produce long-term savings to the state, Appleseed supports this bill. Access to family planning services can improve health outcomes and reduce future healthcare costs. LB333 would increase access to services to reduce unintended pregnancies. This bill would support families by giving them access to services they need to make the choices that are best for themselves and their health, which has positive impacts on their social aspects, economic aspects and physical health and mental health aspects of their lives. Additionally, this bill can also result in cost savings to the state. First, the federal government pays a majority of the cost for the family planning services that are contemplated in this bill. Second, data demonstrates that family planning services can lead to overall cost savings. In fact, for every public dollar spent on pregnancy prevention, a little over $4 was shown to be saved on maternity and infant care among Medicaid eligible women whose unintended pregnancies were prevented. For these reasons, we respectfully request that the committee advance LB333 Thank you. And I'm happy to take any questions.

HARDIN: Thank you. Any questions from the committee? Seeing none, you did a stellar job and left them speechless. Thank you.

SARAH MARESH: Thank you.

HARDIN: Any others in support of LB333? Welcome.

ANDI CURRY GRUBB: Good afternoon. Thank you so much. My name is Andi Curry Grubb, it's A-n-d-i C-u-r-r-y G-r-u-b-b. I'm the state executive director for Planned Parenthood North Central States in Nebraska. Central to our mission at Planned Parenthood is the conviction that all people deserve to live in communities where sexual and reproductive rights are recognized for what they are, which is basic

human rights. We strongly believe that every person should have the opportunity to lead a healthy and meaningful life, regardless of their income level or socioeconomic status. We strongly support LB333 for these reasons. LB333 expands Medicaid coverage for family planning services, which include all FDA-approved family planning methods, insertion and removal of contraceptive devices, screening and treatment of preventative-- preinvasive cancer and breast cancer, cancer prevention vaccinations, interpersonal violence screening and prevention and follow-up appointments and counseling for qualifying Nebraskans. All of these services are vital and some can even be lifesaving. Let's start with greater access to a variety of cancer prevention, detection and treatment services, such as the HPV vaccine well women exams and pap smears. Importantly, this bill also expands eligibility for family planning related services, which includes treatment for invasive cancers. This is critical to ensure that a patient does not receive a diagnosis without the ability to then seek the necessary treatment. We know that with early detection, the five-year survival rate for cervical cancer is 92 percent. This fact alone highlights the absolute necessity of creating even easier and affordable access to these services. Next, let's talk about expanding access to one of the most common family planning services, contraception. There are decades of research on the many positive impacts to our society that came from the advent and broad availability to birth control pills. I've included a link here to review-- a review of this evidence, but we'll quickly mention that they include increased educational attainment, higher workforce participation, higher earnings and a decrease, decrease in poverty. And in the almost 60 years since the birth control pill was made broadly legal in our country, the options for how to delay and prevent present-- or prevent pregnancy have expanded. Today, there are 18 options approved by the FDA. I actually used to teach classes on this topic and folks were regular-- regularly amazed at how many options there were. Planned Parenthood is often considered what is called a safety net provider of healthcare. We are one of many across the state who provide health-care to patients, regardless of insurance status or ability to pay. We have a sliding fee scale and we have various programs that folks can access to help cover the cost of their services. This is important because the cost of contraception can vary greatly, from $42 for a pack of birth control pills to over $1,000 for an IUD. At Planned Parenthood, we conduct in-depth contraception-- contraceptive counseling to ensure every patient can receive the contraceptive option of their choice, based on their health, lifestyle and general preferences, regardless of cost. And even after working

with patients to provide discounts and qualify them for programs that can help, there are still times that patients have to choose an option based on cost that is not their first choice. If LB333 was passed, this barrier would not-- would be all but eliminated for our highest need patients. Not only is this bill good policy, but it also fiscal-- fiscally responsible. I'll let you read that. Sarah mentioned some of those things, as well. My numbers are slightly different from hers, but they're generally similar, in terms of the cost savings. Ultimately, this bill empowers Nebraskans by allowing them to control if and when they become pregnant. It also helps continue the positive societal impacts and fiscal savings that we have seen realized when healthcare access is expanded. All Nebraskans, regardless of income, should have control over their own bodies and futures. Thank you, Senator Conrad, for introducing this bill. We urge the committee to advance LB333 and support the health and well-being of Nebraskans.

HARDIN: Thank you.

ANDI CURRY GRUBB: Thank you.

HARDIN: Questions from the committee? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thanks for being here.

ANDI CURRY GRUBB: Absolutely.

M. CAVANAUGH: You're probably the better person to ask the question that I previously asked. Are you aware of if Medicaid covers fertility?

ANDI CURRY GRUBB: It, it does not.

M. CAVANAUGH: OK. But is-- do you know if it is a possibility for it to cover fertility treatments?

ANDI CURRY GRUBB: I don't know the details of-- kind of-- I know that's something that's been-- being asked for at the federal level and, and kind of included in those discussions for a long time. I don't know where they sit currently.

M. CAVANAUGH: OK. Thank you.

ANDI CURRY GRUBB: But I know we would-- Planned Parenthood fully supports that all forms of, of sexual reproductive healthcare,

including fertility, should be included in these, these types of [INAUDIBLE].

M. CAVANAUGH: I have lots of people very close to me that struggle with fertility and so, economy shouldn't stand in the way. So I appreciate learning a. Little bit more about that.

ANDI CURRY GRUBB: Yeah.

M. CAVANAUGH: Thank you.

ANDI CURRY GRUBB: Absolutely.

HARDIN: Any other questions? Seeing none, thank you.

ANDI CURRY GRUBB: Thank you.

HARDIN: Anyone else in support of LB333? Supporters? If there are no other supporters, any opponents to LB333? Welcome.

MARION MINER: Good afternoon. Sorry, I'm a little bit sick this afternoon. My name is Marion Miner, M-a-r-i-o-n M-i-n-e-r. I'm the associate director of pro-life and family policy at the Nebraska Catholic Conference. I'm here today to express the Conference's opposition to LB333. LB333, among other things, would expand contraception coverage through Nebraska's Medicaid program. And I, I do want to actually state-- go ahead and state, right away, that there are things, of course, that are covered under family planning through the Medicaid program that are good and worthy and that the Conference has no opposition to. Everything we've heard about STD and STI testing and treatment, about cancer screening and those types of things, of course, are all, all well and good. But back to, back to the issue about expanding access to contraception through Medicaid. Medicaid does already provide contraception to persons who fall at or below the federal poverty level. With the expansion of Medicaid expansion in Nebraska or with the passage of Medicaid expansion in Nebraska, that is expanded to, I believe, to 138 percent of the federal poverty, federal poverty level. And this would expand eligibility to 194 percent of the federal poverty level in Nebraska. Page 4, lines 13-18 of the bill provide, in part, that the department shall submit a state plan amendment for the purpose of providing medical assistance for family planning services for persons whose income is at or below the income eligibility level set by the state for coverage for pregnant women. In real terms and numbers, that means Medicaid will provide contraceptions to persons who are at or below 194 percent of the

federal poverty level. There are some figures there, in terms of what that means in real dollars, in my testimony. But there are a few reasons the Conference opposes this policy. First, numerous studies from sources across the ideological spectrum illustrate that greater access to contraception does not reduce unintended pregnancies and abortion, but, in fact, tends to increase both. Second, studies purporting to show that increased contraception available-- availability decreases abortion are largely estimates and projections and are not based on hard data. And third, some studies have concluded that a rise in contraceptive use has been a significant factor in the breakdown of marriage, which comes with a high social cost that falls disproportionately on the poor. Two studies by the Guttmacher Institute, formerly the official research arm of Planned Parenthood, found that 48 percent of women with unintended pregnancies and more than half of women seeking abortions were using contraception in the month they became pregnant. In addition, numerous studies examining sexual behavior and STD transmission have demonstrated a greater willingness to engage in sexually risky behavior when a person believes the risk has been reduced through the use of contraception. Researchers in Spain examined patterns of contraceptive use in abortion from '97-'07 and found that a 63 percent increase in the use of contraceptives during that time coincided, coincided with a 108 percent increase in the rate of elective abortions. In July of 2009, results were published from a three-year program in the UK, conducted at 54 sites, which sought to reduce teenage pregnancy through sex education and advice on access to family planning, beginning at ages 13-15. And I quote, no evidence was found that intervention was effective in delaying heterosexual experience or reducing pregnancies, close quote. In fact, young women who took part in this program were more likely than those in the control group to become pregnant and to have had early heterosexual experience. Finally, a study completed in 2018, which analyzed whether oral contraceptives played a causal role in the rise of non-marital births in the United States during the 20th century, concluded that access to the pill significantly increased both non-marital births and demand for abortion and that effects are especially concentrated among less educated families and minority women. It's also worth pointing out that LB333 includes coverage without qualification of all U.S. FDA approved family planning methods, including the drug or device, insert or provision of various forms of birth control. I note that provision because many forms of family planning approved by the FDA function not only to prevent pregnancy, but to terminate a very early pregnancy which has already begun. I go into more detail there. I'm running out of time. In

conclusion, I will just state the Conference opposes LB333 because social science has demonstrated convincingly that if the goal is to prevent unintended pregnancy and lower the rate of abortion, expanding contraception programs is ineffective and counterproductive. It increases sexually risky behavior. It increases the unintended out-of-wedlock pregnancy rate, which has devastating effects, effects on the poor. And to finish, it increases the rate of abortions, which has devastating effects on everyone. I will finish there and I'd be happy to take questions if you have them.

HANSEN: Thank you. Questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thanks for being here.

MARION MINER: Thank you.

M. CAVANAUGH: Am I misremembering it? Did the Catholic Conference support the ballot initiative 427?

MARION MINER: Which one was that?

M. CAVANAUGH: That was to expand Medicaid.

MARION MINER: I don't recall. Tom would be the one to ask about that. I should know that, but I don't off the top of my head.

M. CAVANAUGH: OK. It was my understanding that, that they did. That was the ballot initiative that passed in 2018 to expand Medicaid to a larger population.

MARION MINER: Sure.

M. CAVANAUGH: You're not sure if you supported it or not?

MARION MINER: I, I-- like I said, that's something I should know off the top of my head, but I don't.

M. CAVANAUGH: Well, you're coming in opposition to expanding Medicaid, so it would be helpful to know, if you could get me an answer and get the committee an answer on that.

MARION MINER: Oh, sure. I'm happy to do that.

M. CAVANAUGH: Thank you.

MARION MINER: But I would just I would just point out--

M. CAVANAUGH: No. That's fine. That's, that's all I needed. Thank you.

MARION MINER: --I would point out that--

M. CAVANAUGH: You don't need to point anything else out, unless anybody else has a question. That answered my question. Thank you.

HARDIN: Go ahead and finish your thought.

MARION MINER: I would point out that what I'm talking about here is a specific type of coverage, which is for family planning services and a subset of that, which is access to contraception. And that is the-- and covered access to contraception. That is the policy that the Conference is opposed to, not to Medicaid expansion in general.

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

MARION MINER: Thank you very much.

HARDIN: Anyone else in opposition to LB333? Anyone in the neutral for LB333? Not seeing any of those. Senator Conrad, would you be willing to come up?

CONRAD: Very briefly.

HARDIN: Thank you.

CONRAD: Thank you so much, Vice Chair Hardin and members of the committee, for your time, attention and good questions. And just provide a couple of quick points to close things out this afternoon. And I do believe and I appreciate HHS did send my office a heads up that they were going to submit a comment, as well. So that should be a part of your record to get their perspective on things. But as I noted in my opening, a lot of different states have embraced either a family planning waiver or a state plan amendment today. And I just double checked to see where it was at. Twenty-eight states have utilized this policy option. And those include states like Alabama, Florida, Georgia, Indiana, Louisiana, North Carolina, Oklahoma, South Carolina, Texas, Wyoming and others. So I think I raised those specific states because I think that they have a very similar political landscape to, to ours, in Nebraska, as something that we could look to for effective models that have worked in, quote unquote, red states, conservative political landscapes, to find common ground to advance the healthcare for their population and to save state taxpayers money. So if you'll look at the fiscal note, this proposal would extend eligibility to a

group of about 10,000 Nebraskans, men and women. And what the eligibility categories would be, would be Nebraska voters, by a vote of citizen initiative, decided to expand Medicaid eligibility up to 138 percent. Our current Medicaid options in programs that serve pregnant women is set at about 194 percent. So what this measure does was-- would expand from that group of 138 to 194, pegged using those existing program eligibility factors, just the, the narrow eligibility for family planning services for that group of about 10,000 Nebraskans. Senator Riepe, to your question in very rough, kind of, back of the napkin scratch here, so the current Medicaid eligibility expansion, which is at 138 now due to a vote of the people for a family of four in Nebraska, that's just shy of about $40,000 for a family of four, per year. That's the current eligibility at 138 percent. So for pregnant people, we currently set eligibility at 194 percent of federal poverty level. So in Nebraska, for a family of four, that's about $58,000 a year. So if you have a family of four and you make just shy of $60,000, you can get some help with pregnancy services, prenatal care, obstetrics, things like that. So what this would do, it would expand family planning eligibility for those kinds of services, up to folks that are at 194 percent of poverty, which is, again, about $60,000 for a family of four. The final thing that I want to note, in addition to, you know, the proven models that exist across our country that show that this program design works for improving health outcomes and for saving taxpayer dollars, including in very, very deep red states, is that there's a 90/10 match on these program dollars, in particular. What that means is that Nebraska would need to put up 10 percent to draw down 90 percent from the federal government to cover program costs, again, because of how proven this program is in advancing citizen health and saving taxpayer dollars. The last piece that I would just note, in addition to the dollars and cents and the political realities, is that-- and I know this as a mom. And I know many of you can relate to this as, as parents, as well, is that when you have the ability to decide if, when and how to start a family and how to space children in your family, it, it takes a lot of pressure off of families, to, kind of, help manage their budget, to make sure that the pregnancies are as healthy as they can be, to make sure moms stay healthy, that we have healthy pregnancies and we have healthy kids. And a part of that is ensuring that we don't have untested or untreated STIs, for example, which can lead to infertility, infertility and that can impact the ability of people who want to start a family or who want to grow their family. So I really see a lot to like about this policy because it ensures that people have better access to quality healthcare to support their family or to

grow their family or to grow their family at the right time for them. It saves taxpayer dollars and it has better health outcomes. So the final piece that I'll leave you with and I was so pleased to hear this during Governor Pillen's State of the State address earlier this year, where he was very, very clear about his perspective that we shouldn't wrap family planning into the abortion dialogue or discussion, that really, we should keep those kinds of lines separate. And I'm asking you to do the same by advancing this measure here. I think that we can have a sincere and robust disagreement when it comes to access to abortion care. That's not what this measure is about. This measure is about advancing health outcomes, reducing unintended pregnancies and saving taxpayer dollars. I really appreciate your time and consideration. Happy to answer any questions.

HARDIN: Any other questions? Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thank you, Senator Conrad--

CONRAD: Yes.

M. CAVANAUGH: --for being here. I really just wanted to clarify that somebody has reached out to me and said that the Catholic Conference was neutral on--

CONRAD: OK.

M. CAVANAUGH: --the Medicaid expansion. I was just looking for clarity in the consistency of their position and that the Missouri Catholic Conference actually was an active partner in advocating for Medicaid expansion. So I just wanted to clarify that for the record, that I was looking for clarity, that I got it from the outside and share it with everyone.

CONRAD: Oh, thank you for putting that on the record. And to be clear, I've always appreciated working with the Catholic Conference and other stakeholders across the year, particularly on policies that improve the lives for the poor and those that are living in poverty. And so, I know that they have been very thoughtful about supporting things like the child tax credit that I brought forward this year. We've worked hand in glove on food stamps issues and other issues like that, economic justice issues, anti-poverty issues. I, I understand that we have a sincerely held, authentically held, different perspective when it comes to family planning and abortion care and I, I respect and understand that. But we, as policymakers, need to move forward, taking

that into account, but doing the best for the most people when we have the opportunity to do so. And I think we can do so without entangling religion in it.

M. CAVANAUGH: Thank you. Yes.

CONRAD: Yes.

M. CAVANAUGH: And I was, I was only looking for clarity--

CONRAD: Yes.

M. CAVANAUGH: --on, on their position.

CONRAD: Sure. Sure.

M. CAVANAUGH: And so, I received that clarity and-- which is helpful. I would say that I also appreciate that this bill, I think we maybe lost a little bit of the crux of the significance of this, because so many women, specifically, struggle with things like endometriosis.

CONRAD: Yes.

M. CAVANAUGH: And that is something that, if untreated, will cause infertility. And so--

CONRAD: Yes.

M. CAVANAUGH: --it is my understanding that your bill allows, allows for that treatment, which is really--

CONRAD: Yes.

M. CAVANAUGH: --a significant thing.

CONRAD: Yes, that's right. And I know that when I've worked on similar measures over the years, for example, measures like this were able to garner the support of groups like the March of Dimes, for example. Because their sole focus was improving pregnancy outcomes and maternal health and healthy families, healthy moms, healthy pregnancies. And because of those very reasons, they offered support for measures like this in the past. I'm not sure if they sent a letter this go around or not, but if not, I can circle back with them, too.

M. CAVANAUGH: Thank you.

CONRAD: Yeah.

HARDIN: Any other questions?

CONRAD: OK. Thank you.

HARDIN: If not, I have a question for you.

CONRAD: Yes, please.

HARDIN: And it is more of a, a philosophical thing, I think.

CONRAD: OK.

HARDIN: It's the-- wherein we find ourselves in this odd season of life, where we're kind of going through redetermination. We anticipate those numbers are going down by some amount, in terms of those who are on Medicaid and those who will be shifting off of Medicaid. One would suppose that means there--

CONRAD: Yeah.

HARDIN: --are more Medicaid dollars available once that takes place, not just with this bill, but with all of them that really come and touch Medicaid--

CONRAD: Yes.

HARDIN: --in some way, shape or form. We're struggling with this issue, of saying--

CONRAD: Yes.

HARDIN: --we find ourselves on shifting sand at the moment. And so, how do we find numbers, whether it's 194 or 195, higher, lower, so on and so forth. Can you just kind of--

CONRAD: Yeah.

HARDIN: --speak out loud about that wrestling match that we're all kind of living with, I guess, for the sake of people who might be watching?

CONRAD: Yes. Thank you, Senator Hardin. I, I appreciate that question. And I think it's important to look at this in context, the larger picture, which you're painting. Critical work support programs, like

Medicaid, are meant to, of course, meet the basic humanity and dignity inherent in each of us, right, to make sure that those who are without can still access basic healthcare services. Right. We just-- that's an important component of how we treat each other as neighbors in this society. But that also being said, whether it's the income eligibility guidelines or other eligibility factors, we typically don't see these work support programs as things that are going to be in place forever and ever and ever and ever. They're meant to kind of provide an opportunity for a family to, maybe, get their head above water or maybe get back up on their feet as they work up and-- a ladder of economic opportunity. Right. So whether it's food stamps, the SNAP program, whether it's Medicaid services, at any different level of eligibility, these programs are put in place to-- they're meant to be kind of a temporary assistance to help people who have fallen on hard times kind of right the ship, kind of get back into a, a fuller participation in the economy and make sure that the family doesn't suffer when they're mired in those circumstances. But they, they also, of course, in order to ensure eligibility for many of these programs, there's work requirements in other way. They differ over different programs. But with that, it's important to remember, from my perspective, is that what these programs really do is that they subsidize subpoverty wages and jobs without benefits, in many instances. So what that does is it puts a lot of pressure on state taxpayers to pick up where private employers should be in many instances. So when you look at, kind of, where these different eligibility thresholds are set, it's usually based in, kind of, a determination of policy about, kind of, where those levels might be for the most-- to do the most good for the most amount of people. I know that the federal Medicaid expansion, of course, was tied very closely with the Affordable Care Act and was meant to work hand in glove with that and gave states the AP the option to move up their eligibility at those income thresholds. So that was what was presented to the vote of the people a few years ago, in citizen initiative. That's what this body has implemented. And then there's different types, little niches, little niches in, in Medicaid, where we have a slightly higher eligibility because we want to bring more people into the fold for health reasons, like pregnant people, for example. We want to make sure that folks that are pregnant in Nebraska, we cover them at a little bit higher eligibility.

HARDIN: OK.

CONRAD: Is that helpful?

HARDIN: Thank you.

CONRAD: OK.

HARDIN: We, we did have nine proponents in letters, one opponent and one in the neutral.

CONRAD: Very good. Thank you.

HARDIN: Thank you very much.

CONRAD: Thank you. Have a good weekend, everybody.

HARDIN: With that, we close the hearing for LB333 and we will move on to LB291, with one of our own. We're always hardest on our own kids.

M. CAVANAUGH: Oh, boy. And you've got-- you can be as hard on me as you want on this one. Good afternoon, Vice Chair Hardin, members of the Health and Human Services committee. My name is Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h. I represent District 6, west central Omaha, Douglas County. I have introduced this bill several times. The first time I introduced L-- a version of LB291, it was, it was a broader bill. It included implicit bias training, which is what this bill is, medicaid postpartum up to a year and doula services. After that hearing, which, not going to lie, was a little bit of a mess and it had something for everyone to hate, I started taking it apart in pieces and working on each piece individually. This year, we, in this committee, saw Senator Wishart brought the piece that is the Medicaid postpartum, and we-- am grateful to everyone, voted it out unanimously. So now, this is the piece about the implicit bias training. And it's going to have opposition because and I want to point out and I know that they're coming and they do all the time, and I appreciate it so much and especially their consistency. The Nebraska Medical Association opposes this bill because it directs them what to do. My intention in bringing this bill is to continue to elevate the conversation about the need for having implicit bias training in our maternal health, specifically. I want to improve healthcare outcomes for black mothers. That's at the end of the day, what I am trying to do. That is where we have the greatest disparity. And that is why I keep bringing this bill. Black mothers in the United States are more likely to die during and after childbirth, the black mothers, than any other developed-- than in any other developed country. The United States Center for Disease Control and Prevention statistics show that black and Native American mothers die of pregnancy-related causes at a

rate about three times higher than white women in the United States. Research indicates that as much as two-thirds of these deaths are preventable. Implicit bias plays a part in creating disparities because of a disconnect in communication and in bias and stereotypes that interfere with testing and diagnostics. Now, I understand that there is other opposition that we may hear today. This has not previously garnered the opposition of individuals outside of the healthcare community. But as so many things this year, things that normally kind of flew under the radar as more of a policy conversation, are getting a different level of scrutiny. So this bill is not going to advance this year. I know that it's not going to advance. I'm not going to ask that it advance. I am going to continue to work with the Nebraska Medical Association on this. And I hope that those that are coming to testify in opposition that are not part of the medical community, keep in mind, the intention of this bill is to improve health outcomes for black mothers and not to create some sort of controversial conversation. This has always been a very straightforward and, frankly, short hearing. So I hope that the point isn't belabored today. But of course, it is our job and our responsibility to listen to the people and hear their concerns. I will take any questions.

HARDIN: Thank you. Any questions?

M. CAVANAUGH: Are you sure?

HARDIN: Senator.

M. CAVANAUGH: Yes.

HARDIN: Share a story with us. What, what-- you said you've been at this for a while.

M. CAVANAUGH: Yes.

HARDIN: So you share a story with us or two that, that kind of encapsulizes your heart on this and made you say, you know what, I, I need to say something about this.

M. CAVANAUGH: Well, I appreciate that. I mean, since I started here, maternal health has been my passion. I have worked on several pieces of legislation to move the needle on improving outcomes for women in maternal health. And all of the data says that black mothers have the worst outcomes. And so, in order to improve maternal health writ large, we need to focus on those disparities first and foremost. And

if we can improve their outcomes, we will improve everyone's outcomes. The stories that I have heard over the years, from black mothers, have, a lot of times, been communication, a misunderstanding, a disbelief of pain and so, pain going undiagnosed and that pain being a very significant and severe thing that needed to be recognized. And I honestly, I am, I am not an expert in this. I don't know why it is the way that it is. I just know that the studies have shown that doing this type of training helps with the outcomes. And I do think and, and perhaps, they will speak to it when they testify. I didn't ask, but the Nebraska Medical Association, that they-- the medical community is working on this. This is definitely an issue that they are working on and that they recognize is important, that the opposition has always been that us directing healthcare is not appropriate, which I, I agree. And I would like to find a path forward that doesn't have us intervening in that and how is the medical community taking care of it themselves. But I think it's an important conversation, so I keep bringing it up and making you all sit through it.

HARDIN: I see. Is-- have we made any progress in terms of being able to measure it or--

M. CAVANAUGH: Excellent question. This committee voted out of committee, again, unanimously, Senator Vargas's bill on maternal morbid-- morbidity. So we do have a more-- maternal mortality review committee and if we are to-- if the Legislature were to pass the bill that we kicked out of this committee, that would authorize them to also look at maternal morbidity, which would ultimately, ideally go towards finding some of those health disparities and addressing them proactively and, and improving those outcomes. So highly encourage that bill moving forward, because it will really do a lot of what the intention is here, which is to improve health outcomes.

HARDIN: If you were to put yourself in the other person's moccasins, why is this struggle to move forward?

M. CAVANAUGH: This particular bill? I mean, again and I haven't pushed for it to be moved out of committee because I very much appreciate the, the, the viewpoint of the medical association, in that directing them, so proscribed in how to do their work, is, is something that they object to and I view our role to be more partners. And so, I would like them to do this. I think this is something that they are continually looking at and working on. But I, personally, have not moved this piece out of committee or asked for it to be moved out of committee because of their specific objections.

HARDIN: I see. All right.

M. CAVANAUGH: So--

HARDIN: OK.

M. CAVANAUGH: --we'll have a conversation.

HARDIN: OK. Senator Riepe, Senator Riepe--

M. CAVANAUGH: Oh, we've sparked--

HARDIN: --I've got to let your, your cellmate over here.

M. CAVANAUGH: --yes.

RIEPE: Be nice to her. I always--

M. CAVANAUGH: Are you going to ask me?

RIEPE: I always am nice to you.

M. CAVANAUGH: You are. More than I deserve, probably, but.

RIEPE: Well, that's for sure. That goes without saying, I think. But my piece gets to be is all these little pieces and we've tried and tried and tried for a very long period of time.

M. CAVANAUGH: Um-hum.

RIEPE: And I don't know whether this is a question or trying to engage in dialogue here, but I read one that was 20 years ago and we really haven't made any progress on the poverty piece and we've spent billions and billions and billions of dollars. Now, I have a particular interest and I think part of the core problem is [INAUDIBLE] we like to use the term root cause, is just Medicaid in and of itself. I think we have to go to a population based. I proposed one time, years ago, that we go to a five-year contract to take-- of a population group, so that you get some continuity. And I don't-- I'm not a fan of managed care.

M. CAVANAUGH: A five-year contract? Can you-- I'm, I'm not--

RIEPE: You-- if you have a patient--

M. CAVANAUGH: --yes.

RIEPE: --you sign-- you don't give them an option of changing every month. You have a relationship, much like Kaiser Permanente--

M. CAVANAUGH: I see.

RIEPE: --where you see them for continuity and you see their families for five years and you, you, you see what you've got and you try--

M. CAVANAUGH: I thought you were going down a road of socialized healthcare.

RIEPE: --we're already on that road, but don't get me started there. But I just think-- I think some of it's in our-- regard-- regardless of the federal dollars, I just think there's-- we've got to come up with some different model. And I like the model of population based.

M. CAVANAUGH: I think that's an interesting concept. And having a medical home is, I think, would improve.

RIEPE: Medical home is the key.

M. CAVANAUGH: Medical homes improve outcomes.

RIEPE: And the use of like, emergency centers and--

M. CAVANAUGH: Yes.

RIEPE: --and even clinics at these schools break down that continuity. So nobody knows exactly--

M. CAVANAUGH: We could make those schools a medical home.

RIEPE: --those schools have their hands full being a school. They don't need to try to be a hospital. They don't have that skill. They don't have the resources yet.

M. CAVANAUGH: We'll continue this conversation--

RIEPE: OK.

M. CAVANAUGH: --you and I.

RIEPE: I think that ends my question.

HARDIN: Any other questions?

RIEPE: But thank you.

M. CAVANAUGH: Thank you.

HARDIN: OK. Will you join us for close?

M. CAVANAUGH: I, I will be here for close.

HARDIN: Nice. Proponents for LB291. Anyone in favor? Supporters, pom pom shakers for LB291? Anyone in opposition to LB291? We have a taker. Welcome.

JOHN TRAPP: Thank you. Chairman Hansen and members of the committee, my name is John Trapp, J-o-h-n T-r-a-p-p. I currently am a pulmonary critical care physician. I serve as chief medical officer for Bryan Health, and I'm president-elect of the Nebraska Medical Association. I am testify-- testifying on behalf of the Nebraska Medical Association in opposition to LB291. Given Dr. Cav-- or given, given Senator Cavanaugh's comments, I, I probably will abbreviate this because I hear the focus really is on perinatal education. So I, I actually think we can work closely with Senator Cavanaugh on this topic. The NMA does not oppose the idea of implicit bias training and awareness for health professionals. Actually, it's quite important. But as physicians and leaders in medicine, we are committed to optimal health for everyone and are working to ensure that all people and communities reach their full health potential. However, the NMA is opposed to mandates for specific content in continuing medical education for physicians. Physicians in Nebraska are currently required to complete 50 hours of approved CME each biennial licensure cycle. Currently, this must-- this does include 3 hours of controlled substance prescribing and a half hour on the prescription drug monitoring program or PDMP. Additionally, as of this year, physicians will complete mandatory education requirements to hold their DEA license. This is their drug enforcement license. This year, physicians renewing a DEA license will require-- be required to complete an 8-hour course on pain management and the treatment of patients with substance use disorders. And finally, physicians complete additional hours related to their board certifications in their specialties and subspecialties, which typically accounts-- gosh, it could be hundreds of CME hours, depending on how many boards that you maintain. Legislative mandates, requiring specific training requirements, place further burden on our physicians to complete, track and report participation in yet another training course and often, is a almost "check the box" type education. This takes time away from physicians' other training and caring for

patients. So the NMA gladly continues to support efforts to encourage implicit bias in DEI training, available to Nebraska physicians and other healthcare providers. Specifically, in Senator Cavanaugh's comments about perinatal quality, she actually may get some of the-- what she wants with this. Currently, at Bryan Health, we are working to get additional perinatal certificates for quality of care. We get this through our accreditation agencies, through CMS and Joint Commission. And to achieve these special certificates, you actually have to complete this training. So it's almost a requirement already at Bryan Health. We just had a session, because we are pursuing that actual certification for perinatal quality, because of exactly some of the concerns in gaps in care that are identified, that implicit bias training is really important. So that is actually part of that certificate and I think it was 3 hours of implicit bias training. So many of our team have already gone through that first phase to get that additional higher level certificate. The comments that Senator Cavanaugh makes, with regard to the gaps in care for some of our patients of-- that are culturally different, no question, really important to identify those gaps. Those gaps are real. We need to close those gaps. We're working on a blood pressure initiative at Bryan Health, at as-- again, I mention Bryan Health because I'm familiar with that. But these are worked on at other hospital facilities to really close the blood pressure gap, making sure that we close gaps with regard to cultural language, ethnicity, to make sure that we're doing a great job on just blood pressure checks and access to care. So lots of opportunities to partner with Senator Cavanaugh on exactly these topics. So we do appreciate Senator, Senator Cavanaugh's passion for this subject. We agree it's important to address health inequities within the state. But again, we remain opposed to mandates of specific education content that's required on an annual basis. Thank you. Happy to answer questions.

HARDIN: Thank you. Senator Riepe.

RIEPE: Thank you, Chairman. I've read some recently, where some of the medical schools are moving away from enrollment or selection of students for medical school from merit over to diversity. I want to get this right, equality and inclusion. My question gets to be, at the end of the day, at the end of the graduation, do those recipients of that care actually receive better care based on sensitivity, based on merit and ability?

JOHN TRAPP: You know, I-- again, I'm not an--

RIEPE: Because that's the outcome.

JOHN TRAPP: --not in an academic medical center where I'm actually recruiting those medical students and interviewing those. But I think the interview process and selection of medical students has changed. Perhaps, many years ago, it was based on your grade point average and, and, and the brightness factor and how you scored on an MCAT test that got you into medical school. Now, they're very much looking at the spectrum of care, that communication is important, empathy is important, awareness is important, self-reflection is important. So I think they're really looking at a different medical student, who's able to deliver healthcare in a way that's really going to connect with our patients. So I do believe the selection of medical students has moved from simply achievement on certain tests and GPA to a different, well-rounded type of a physician for future delivery of care. I don't know if that changes the gap, but I think it's going to change who your physician is in the future.

RIEPE: I spent some time at a hospital, St Vincent's, in Columbus, Ohio, and we were fundamentally in the black community. And I saw some of the very competent black physicians who experienced discrimination from, in this one case, I recall, from a black professor, from Ohio State University. Wouldn't let the black surgeon, because he said, son, you may have gotten through on affirmative action. So I think we had to gently go after this thing. I'm not saying we don't all, including me, especially, probably, need to be more sensitive. But it also has some backlash for the very competent individuals who could make it without it.

JOHN TRAPP: Competency is a complex word and, and competency-- we want competent physicians. We don't want individuals to go through training and get special passes. This is about maintaining a broad diversity of types of physicians from all cultures, ethnicities, languages, delivering that competency. We think we can achieve that level of competency so, so they can deliver great care. And a great competency is really important, and we should expect that and continue to deliver that as physicians.

RIEPE: OK. Thank you, Mr. Chairman.

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

JOHN TRAPP: Thank you.

HARDIN: Anyone else in opposition to LB291? Welcome.

LINDA VERMOOTEN: Good afternoon, Senators. My name is Linda Vermooten, L-i-n-d-a V-e-r-m-o-o-t-e-n. Thank you for making the time available for us to come and speak to you today. As a professional that's licensed in the state, I have multiple licenses in the state for which I'm required to complete multiple CEUs, different requirements for each. And I'm not opposed per se to learning more, although I feel that I have a pretty good grip on a lot of diversity, more than average American. I'm trilingual and can converse in basic conversation in about 15 additional languages, have lived on three continents, so I think I bring a lot of diversity to the table and understanding that. So when I'm looking at this and I'm saying I have a limited amount of CEUs that I'm required to take, but if I'm required to have to take some, that's a mandate. I have to take ethics for one, I have to take substance abuse for another license and the care of those particular individuals. I think we need well-rounded people, but when we begin to mandate, where do we draw the line? I see now we're looking at this. We want this included. And then maybe a few years down the line, we want that included. That's how we had to have the ethics included with one license and the, and the substance abuse with another license. So it's-- it becomes a burden to the practitioner that's just trying to give good care to the clients and the people that are sitting before them. And so, I would just caution us in when we're looking at this and we're saying there's a mandate required and that becomes a challenge. I think all medical professionals are quite happy and, and we do engage in continuing education because to stay current, things are changing so fast, you can't even just keep up with the amount of reading, let alone all the research that's out there in so many different aspects that pertain to your licenses. But when you're saying, I want to mandate the kind of content that you're required, then I think that becomes a-- problematic for me because I'm saying, are we pushing a certain way of looking at things, a mindset, a way of looking at things? Are we taking minority views and wanting everyone to look at and see things the same way? I think then that becomes problematic to the majority of the practitioners that are in the field. So I would stand opposed to that. Thank you very much for your time.

HARDIN: Well, thank you. May, may I ask, what are some of your certifications that would-- required you to get all of these different CEUs? What do you do?

LINDA VERMOOTEN: Well, I'm an RN. So to the RN license they added the mandatory working with people with substance abuse.

HARDIN: Yes.

LINDA VERMOOTEN: I'm also licensed as a mental health practitioner and independent mental health practitioner and a psychological assistant, so trained as a clinical psychologist. So they've added like ethics to those. And each, you know, every few years we are adding on more and more and more. Well, where does it stop? Nobody is paying for those except the practitioners that are just trying to give good care to the individuals. So I think I spoke much more broadly than what I had jotted down on the paper.

HARDIN: Well, thank you. Any, any questions from the committee? And, and forgive me for being snoopy, but where did you pick up such amazing linguistic skills, speaking all of these different languages?

LINDA VERMOOTEN: Well, I grew up in South Africa, which is a bilingual country.

HARDIN: Yes.

LINDA VERMOOTEN: But there's actually 16 major languages in South Africa alone. You know, there's Xhosa and Sutu and Zulu and Pedi and Venda. And then I traveled. I lived in Europe. So if you live in Europe, you're going to pick up multiple languages. Dutch is my third language. And so, I can converse a little bit in German and French and yeah.

HARDIN: As someone who struggles with duo lingo in one language, I admire that. So thank you.

LINDA VERMOOTEN: Thank you for your time, Senators. Have a good day.

HARDIN: Anyone else in opposition to LB291? Welcome.

MARILYN ASHER: Thank you. OK. My name is Marilyn Asher, M-a-r-i-l-y-n A-s-h-e-r, and I am not a medical person, but I have great concern for the First Amendment rights of Nebraskans and I feel that this bill poses some problems for that. Laura Morgan [PHONETIC], a registered nurse, lost her job during 2022 because she would not mouth the words that she was a racist. She was fired for refusing to take implicit bias training, claiming that states across the U.S. are forcing healthcare professionals to make false confessions of racism and that

she refused to go along. After 39 years of providing equal care to all my patients without regard to their race, I objected to a mandatory course grounded in the idea that I'm racist because I'm white. My objection is to mandated training for implicit or unconscious bias, because the material in those courses is intended to tell healthcare providers what to think instead of how to think, said Morgan. Laura could have insincerely mouthed the words and could have gone on about her business, but she was not about to take part in forced confessions. Policymakers don't seem to be considering the unintended consequences of these mandates, Laura said. Accusing my peers and me of racism will contribute to soaring levels of burnout, causing many to leave the medical profession. Some, like me, will surely be forced out. Patients, especially minorities, will experience the most harm. This week, I was reading a book by F. Olin Stockwell, a methodist missionary who was imprisoned in Chinese Communist prison camp from 1950-'52. On the same day that I was going to write this speech, I wrote-- I read what he said. He said the Communists insist upon confession. Because it is all done under a ruthless, dictatorial compulsion, the confessions are often shallow. They are often but superficial attempts to conform to a new pattern. When confession is honest, denoting a real change in thought and attitude, it is transforming. Here are some questions we need to answer before passing LB291. What determines that only medical professionals are required by the state to take training? What other professions will soon be required to do the same thing? Who in the state determines the subject matter that needs to be addressed, such as diversity, equity and implicit bias? Could it possibly be a state senator that, on one hand, demands that this training be given so people are treated fairly and on the other hand, threatens to burn down the Legislature, so the second house may not receive legislation. Does LB291 encourage or curtail our individual inalienable rights of life, liberty and the pursuit of happiness? Dictators insist on subjecting entire populaces to subjective whims that can curtail, curtail these inalienable rights. And most of the global population does not have those rights. LB291 invites us to join them. And if the trained professionals fail to think the way they are trained, by what mechanism will they be judged? Who will be the monitor of their thought life and who will pay for the adjudication? And how much will it cost? I will tell you how much it will cost. It will cost our life, liberty and the pursuit of happiness. And that is not worth giving up. Thank you.

HARDIN: Thank you. Questions from the committee?

MARILYN ASHER: OK.

HARDIN: Seeing none, thank you.

MARILYN ASHER: Thank you.

HARDIN: Anyone else in opposition to LB291? Welcome.

STEVE DAVIES: Thank you, Senator Hardin and other senators on the committee. My name is Steve Davies. D-- or-- sorry. S-t-e-v-e D-a-v-i-e-s, and I testify in opposition to LB291. And Senator Cavanaugh, I laud your goal and hope we can make progress. And I, and I testify in the vehicle to obtain that. I-- the stated objectives of diversity, equity and inclusion seem laudable, but the results of such training bring more angst, division and unhappiness. Grade school children come home believing that they are evil. And to quote part of the article by Peter Bregman in the Harvard Business Review, entitled Diversity Training Doesn't Work: when people divide into categories to illustrate, illustrate the idea of diversity, it reinforces the idea of categories. Which, if you think about it, it is the essential problem of prejudice in the first place. People aren't prejudiced against real people. They're prejudiced against categories. Sure, John is gay, he'll say, but he's not like other gays. Their problem isn't with John, but with gay people in general. Categories are dehumanizing. They simplify the complexity of a human being. So focusing on people, on the categories increases their prejudice. The solution? Instead of seeing people as categories, we need to see people as people. Stop training people to be more accepting of diversity. It's too conceptual and it doesn't work. That's the end of the quote. Since we began this process of enlightened education, our society has become more divided, angry and less civil. An organization has polled the University of Minnesota every year for 20 years and found the level of unhappiness of students has been increasing, as the DEI has become more instituted. The idea of equity is a major concern. Our nation was founded on the equality of the individual. It purports to provide a level playing field for all. Equity is the antithesis. It jumps to the outcomes and seeks redistribution to equalize the results. It is Marxist and socialism masked as being fair and the Christian way. Even St. Paul, by inspiration, commanded the Thessalonians, if anyone does not want to work, he should not eat. And I'm going to insert a verbal paragraph here. Position and standing equity is also problematic. You see the military, airlines, universities, medical schools, all lowering standards to meet a diversity goal. There are major city schools nationwide that aren't grading students anymore. And there's a school in Virginia, had at least two National Merit Scholars, which greatly enhances their

scholarship ability and acceptance into the universities. They didn't tell the students or the families. They hid it, because they didn't want anybody else to realize someone had achieved something. And when we get on an airplane or go in an operating room, are we concerned what the person is that's doing it or their skills and talents? The zenith of DEI? An example could be our current administration. We have a VP whose greatest achievements may be photo ops and an awkward laugh, a challenged press secretary, a Secretary of Treasury, who a year ago, stated inflation would be transitory, a Secretary of Transportation who went on two months parental leave, as container ships stacked up in the Pacific. The head of nuclear waste disposal had to be let go for multiple thefts of women's luggage at airports. And the Secretary of Homeland Security declaring a border is secure, as 5 million non-citizens enter our nation. The types of programs that have been instituted to increase diversity, equity and inclusion have exacerbated, exacerbated perceived problems and greatly eroded our co-- excuse me-- cohesiveness as a society. They do not belong in certification programs or schools and businesses. Thank you for your time.

HARDIN: Thank you. Questions? Seeing none, thank you, Mr. Davies.

STEVE DAVIES: Thank you.

HARDIN: Anyone else in opposition to LB291? Anyone in the neutral for LB291? Feel free to come back, Senator Cavanaugh. We did have letters, 14 proponents, 102 opponents, and one neutral.

M. CAVANAUGH: Wow. I feel popular. I, I mean, I appreciate everyone coming and sharing their views. The intention of implicit bias training is not to make anyone feel bad about who they are. The intention is to improve health outcomes, specifically for black mothers. Again, we know that-- for whatever reason and I am not an expert. I don't know what the reason is, but we hear time and time again that there is a disparity in how black mothers experience their pain, especially during all things pregnancy, which can be so much fun and, and how they are treated and, and, and specific pain going undiagnosed or being diminished can result in some pretty serious complications and has, historically. And so, that is not to say that anyone is ill-meaning, ill-willed. I think our medical professionals, especially those that go into the obstetrics, are wanting to serve their patients. And sometimes, we just need to, you know, take, take a look at how we are addressing specific situations. I know, for myself, when I was pregnant with my second child, I foolishly, some might say,

went to Pierre, South Dakota, when I was 36 weeks pregnant for my cousin's wedding. And I pulled my stomach muscle and that-- yeah. Yes. And I had a 14-month-old who insisted on being carried around and I pulled my stomach muscle and it was addressed immediately and I figured out what I needed to do and all of those things. And it wasn't a threatening position. But I think of the pain that I was in, in that moment and I appreciate that my doctor trusted me in my pain, helped figure out the cause of the pain and it was addressed. And so, it's things, it's things like that that just-- you want to make sure that we are providing the best quality care at all times. So it is not my intention to make anyone feel bad about themselves or to be called racist or anything like that. It is just to improve health outcomes. I appreciate the medical association for coming in and first of all, for being consistent in, in how they come in on bills. And I will continue the conversation with them and how we can improve health outcomes. And I want to thank this committee for the work that we have done this year to advance bills that do improve health outcomes for mothers, which we've already discussed: postpartum, Medicaid expansion and the maternal morbidity review. And I just keep wanting to say thank you for getting those bills out, unanimously, out of this committee. Bunch of softies here and I am grateful to work with you, as a result. So, I'll take any questions.

HARDIN: Questions, anyone? It looks like we are complete. Thank you so much.

M. CAVANAUGH: It's our Friday. Thank you.

HARDIN: This closes the hearing for LB291. I believe we're moving into exec.