HARDIN: Good afternoon. Welcome to the Health and Human Services Committee. My name is Senator Brian Hardin. I represent the 48th District in Banner, Kimball and Scotts Bluff Counties. We're the real west in Nebraska. And I serve as the Vice Chair of Health and Human Services Committee. I'd like to invite the members of the committee to introduce themselves, starting on my right with Senator Ballard.

BALLARD: Beau Ballard, District 21.

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

WALZ: Lynne Walz. I represent LD 15, which is all of Dodge County and Valley.

RIEPE: Merv Riepe, District 12. We're the east coast of the state.

HARDIN: Also assisting the committee is our legal counsel, Benson Wallace; research analyst, Bryson Bartels; our committee clerk, Christina Campbell; and our committee pages, Molly and Maggie. A few notes about our policies and procedures. Please turn off or silence your cell phones. We will be hearing four bills, and we'll 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're planning to testify today, please fill one of those and hand it to Christina when you come up to testify. This will keep us-- keep an accurate record for 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, I would note: if you are not testifying but have a, 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 lighting system for testifying. Each testifier will have three to five minutes to testify-- today we'll go five-- depending on the number of testifiers per bill. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. When the light turns red, we eject you out the roof. No, we don't do it quite that way. But that's time to end your testimony, and we'll ask you to wrap up your final thoughts. When you

come up to testify, please begin by stating your name clearly into the microphone, and then please spell both your first and last name. 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 make closing 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. We have a strict no prop policy in this committee. With that, we will begin today's hearing with LB1181. Welcome, Senator Ballard.

BALLARD: Good afternoon, Vice Chairman Hardin and fellow members of the Health and Human Services Committee. My name is Beau Ballard. For the record, that is B-e-a-u B-a-l-l-a-r-d. And I represent District 21 in northwest Lincoln and northern Lancaster County. I'm here today to introduce LB1181 on behalf of the pharmacies and pharmacy techs. LB1181 makes six, six simple changes. In Section 1, it would change the annual inventory requirements. Currently, under state law, pharmacies have to take inventory of controlled substances in their possession every year. This bill would change that requirement to every other year, mirroring federal law. Section 2 would allow pharmacists to add or change the dosage form, drug strength, drug quantity, direction of use, and issue date for Schedule II drug substances after consulting with this prescribing practitioner. This codifies with current DHH-- DHHS stances on this issue. The next change is a reporting requirement dealing with inspections. Currently, facilities and pharmacists have the facilities inspected by third parties or conduct a self-inspection. If they do, there's a form that must be submitted to the department. The forms are cumbersome and they're modified from time to time without notice. And there are different pharmacies and hospital pharmacies. In Section 4, this would establish a single form for all pharmacies and require the department to approve the form on an annual basis. If the form is not approved in a timely manner, a self-inspection [INAUDIBLE] third-party inspection would be an option for the next year. This bill would also have a change to the age requirement for pharmacy interns. This was brought to our attention by the UNMC because of their first year students are the only age of 18 years old-- or, this has an amendment, if I may, Mr., Mr. Vice Chairman. Current bill says there's a 17 year of age. There is an amendment where we're changing it to 18 years. So UNMC says we have freshmen that are 18 years old. Currently, there is a 19-year-old requirement for, for interns. This would change it to 18

if, if the committee options-- opts to adopt the amendment. Change number 6, it would change the lifetime ban for nonalcohol, drug-related misdemeanors to a five-year restriction. Finally, this bill addresses the Attorney General's position in prescribing labeling. Prescriptions are required to contain a patient's name. However, this does not work for immunid-- immunizations or drugs used in an emergency. Those drugs would be allowed to label for "use of emergency." These changes are commonsense tweaks for pharmacies, help cut red tape, and create a more efficient health care system. I would be happy to answer any questions, but there are testifiers behind me with expertise.

HARDIN: Wonderful. Any questions from the committee?

BALLARD: Going to let me go, Merv?

HARDIN: Senator Ballard, will you stick around to close?

BALLARD: I will be here.

HARDIN: Wonderful.

BALLARD: Thank you.

HARDIN: Is there anyone who supports this? If you'd come forward. Hi.

MARCIA MUETING: Good afternoon. Hello.

HARDIN: Hello.

MARCIA MUETING: Vice Chair Hardin and members of the Health and Human Services Committee. My name is Marcia Mueting, M-a-r-c-i-a M-u-e-t-i-n-g. I'm the CEO of the Nebraska Pharmacists Association, a registered lobbyist, and a pharmacist. So many thanks to Senator Ballard-- there he is-- for introducing LB1181. LB1181 is a pharmacy practice cleanup bill. Our hope is to streamline regulations and decrease administrative burden for pharmacies and for DHHS. I'm going to address a few of the changes in the bill, and I'm going to be followed by colleagues who will speak to the other changes in the bill. One of the changes I, I want to chat about is, clarifying the changes that can be made by a pharmacist after consulting with a prescriber to a prescription. Nebraska's Board of Pharmacy developed a policy which was published in a newsletter in February of 2009. So the, the Board of Pharmacy got together and created a policy on what changes can be made on a prescription for a C2 controlled substance.

C2s require an-- a, a prescription, a written prescription. They can't be phoned in. They can be electronically prescribed but-- or they're written. So basically, the final draft needs to show up at the pharmacy. So they created a policy that allows, after consultation with a prescribing practitioner-- usually a phone call-- a pharmacist may add or change the dosage form, drug strength, quantity, directions for use, or issue date. OK. So why would we need to do that? So if you come to Marcia's Perfect Pharmacy with a prescription, for example, for pain medication, oxycodone, 10 milligrams, and I only have the 5 milligram tablets, my option is to send you back to the practitioner for a new prescription. Maybe they can pre-- prescribe it electronically and you could have your prescription in, you know, 10 or 15 minutes. Or I can make the changes where I adjust-- after talking to the prescriber. You wanted the, the patient have 30 tablets. I only have the 5 milligram. Let me give them 60 tablets. We'll have them take two. So it's not anything more of changes than that. The intent of the prescription remains. As far as the dosage, we're not changing the dosage. We are modifying the number of tablets. And so this is, is codifying policy that's already in existence from the Board of Pharmacy. It's never been in statute, so a lot of pharmacies call and ask, where does it say what-- which changes I can make on a C2? So that is one of the reasons that we, that we chose this particular policy to actually make into statute. The next provision is about the, the self-inspection report. When I first became a pharmacist, pharmacies were inspected annually on-site by a pharmacy inspector who was a pharmacist. The self-inspection report replaced the on-site inspection when we no longer had enough pharmacy inspectors to cover all of the pharmacies across the state. Each year, pharmacies and hospitals complete the self-inspection report, called the PQAR, or the Pharmacy Quality Assurance Report. Right now, there's a separate report for hospitals and a separate report for community pharmacies. What we're hoping this bill will do is to, because the, the PQAR has not been revised since October 17 of 2019, it cites federal laws that are out of, out of G-- DHHH's-- DHHS's-- excuse me-- jurisdiction. We've met several times with DHHS to talk about the, the concerns we have with this quality assurance report, the self-inspection report, to voice concerns about errors and confusing questions. And we have not had any resolution. So what LB1181 will do is require the members of the Board of Pharmacy to at least once a year look at this report. Review the report, make sure it's right, it's accurate, and allow for public comment. The final thing that I'm going to discuss is a change in medication labeling statutes. A prescription is usually written and labeled with a patient's name. In

some cases, medications need to be provided for someone without a specific patient. So I'm talking about a prescription written for "for emergency use" that can be labeled "for emergency use." And examples include Narcan or an epinephrine auto-injector. This will make it easier for schools to adhere to the AIRE Nebraska Act, where they can get epinephrine to have on hand, and EMS. I'd happily answer any questions that you have about the three provisions that I covered in this law.

HARDIN: Thank you for being here.

MARCIA MUETING: Sure.

HARDIN: Are there any questions? Senator Riepe.

RIEPE: Thank you, Chairman. One of the questions I had, I-- correct me where I'm wrong-- the pharmacist does not have the prerogative of moving from a brand to a generic drug.

MARCIA MUETING: Actually, actually, Nebraska law does allow us to do that if the FDA says that the-- they are equivalent.

RIEPE: OK.

MARCIA MUETING: So they have to be listed and, and-- as such, as far as being bioequivalent. The FDA has tested the brand and the generic and they have found them to be equivalent.

RIEPE: OK.

MARCIA MUETING: So, yes, we can switch from brand to generic or generic to brand.

RIEPE: Is that information readily available to the pharmacist so that they don't have to read the 1 or 2 font [INAUDIBLE]?

MARCIA MUETING: It is. It is. A lot of times, we re-- we can receive that information from our wholesaler. And at Marcia's Perfect Pharmacy, I would only order in generics that were--

RIEPE: Equivalent.

MARCIA MUETING: --equivalent.

RIEPE: Yeah. OK.

MARCIA MUETING: Yeah. So whatever's on my shelf would work.

RIEPE: OK. Thank you.

MARCIA MUETING: Sure. I'm glad you asked. Senator Cavanaugh.

M. CAVANAUGH: Hi.

HARDIN: Senator Cavanaugh.

M. CAVANAUGH: Sorry. I got here a little bit late.

MARCIA MUETING: That's OK.

M. CAVANAUGH: You said that they're about the for emergency use or use in immunizations labeling laws. Are those state labeling laws?

MARCIA MUETING: State labeling laws, right.

M. CAVANAUGH: For how something is labeled on a prescription pad?

MARCIA MUETING: How something is labeled on the prescription container.

M. CAVANAUGH: Oh, OK. On the container.

MARCIA MUETING: So we, we were able to successfully change the law to allow a prescription to be written for emergency use, but we neglected to update the statutes for the labeling. So the way it is right now, a prescriber can write a prescription for emergency use, but then it still has to be labeled with the individual patient's name.

M. CAVANAUGH: OK. Thank you.

MARCIA MUETING: Yes.

HARDIN: Very good. Any other questions? Tell me a little bit more about that middle one that you discussed in terms of the self-inspection.

MARCIA MUETING: Sure.

HARDIN: Unpack that a little bit for me in terms of DHHS has seen it, but is it essentially are-- we're just coming into parallel with the federal? Is that what you're saying is going to happen there?

MARCIA MUETING: No. There's no federal inspection.

HARDIN: OK.

MARCIA MUETING: The FDA can come into a pharmacy, I suppose, and inspect them if they wanted to.

HARDIN: But there are no federal recommendations for how that self-inspection takes place.

MARCIA MUETING: No.

HARDIN: OK.

MARCIA MUETING: No. We used to-- like I said, when I, when I first practiced pharmacy, the, the inspector would show up once a year at your pharmacy and kind of-- they had a checklist of things they wanted to check, make sure that the drugs were being stored under safe conditions, that there wasn't a can of Coca-Cola in the refrigerator where the insulin was stored.

HARDIN: I see.

MARCIA MUETING: Or other, other specific examples. And-- now-- we do the self-inspection report. And, and our concern is the report itself.

HARDIN: OK.

MARCIA MUETING: You know, we're happy to fill out the form. We're happy to do the self-inspection. The problem with the form is that some of the, some of the questions don't make sense and some of the references on the form itself are incorrect.

HARDIN: Can you give us an example? Because we're all new to this.

MARCIA MUETING: I should have brought that. No. But I can get something to you that will, that will show you where the statute, either the Nebraska statute or it-- where it cites federal law, which our inspectors don't enforce federal law.

HARDIN: OK.

MARCIA MUETING: So why would you be self-inspected on something Nebraska doesn't enforce?

HARDIN: Gotcha.

MARCIA MUETING: But yeah. I'll get you guys-- I'll get you some examples. I've got one marked up at the office.

HARDIN: Very well. Thank you.

MARCIA MUETING: You bet.

HARDIN: I appreciate you being here.

MARCIA MUETING: Of course.

HARDIN: Thanks. Anyone else in support of LB1181? Welcome.

TERI MILLER: Thank you. My name is Teri Miller. And good afternoon, Vice Chair Hardin and the other members of the Health and Human Services Committee. So my first name is T-e-r-i. Last name, Miller, M-i-l-l-e-r. I am a pharmacist licensed in nine states, and I also serve on the faculty as a licensure coordinator at Creighton School of Pharmacy and Health Professions. So that is a slight correction. This bill was initiated by me in terms of this addendum to the, the age requirement. And I'm here today to express support for LB1181, which would change the minimum age required to apply for a pharmacist intern license to 18 for the following reasons: it would create a reasonability to align with a minimum pharmacist licensure age of 19 in Nebraska as well as a previous pharmacy technician licensure minimum age exemption to age 18 previously. So it would also allow Nebraska to become synonymous to the majority of other states' minimum age requirements. It would increase the ability to fill the local job market for an in-demand skill set. It would keep talented, bright graduates from encountering barriers to remaining in Nebraska or coming to Nebraska for education immediately after high school. So the National Association of Boards of Pharmacy compiles a survey of pharmacy law, which I've got here on my desk. And they do this annually, which includes all 50 states and three territories. And one category is age at which, which initial pharmacist licensure can be obtained. The age of pharmacy intern licensure isn't addressed, but could be reasonably extrapolated. So in this survey, 37 states and territories have an either unspecified or minimum age of 18, which puts Nebraska universities at a deficit for attracting continuously emerging younger students because of AP/college credit gained in high school. It's common for current pharmacy school applicants to have prerequisite credits completed in high school, which lowers their average age of acceptance into professional school. Initiatives to provide high school students with the ability to take more

college-level coursework during high school and, in some cases, earn an associate's degree along with their high school diploma has been increasing, which will ultimately lead to a younger pharmacist-- pharmacy school applicant age. When potential bright students investigate the state requirements and perceive an age-related roadblock, they often move on to continue their education elsewhere. So I appreciate your time and I welcome any questions. Yeah?

HARDIN: Questions from-- yes, Senator Riepe.

RIEPE: Thank you, Chairman. I guess the question that comes to my mind is, if you have an internship versus-- you know, what I'm accustomed to is you have employment as pharmacy staff oftentimes are young people who then learn and decide whether they-- because they're working in the environment full time or part time, they learn, I would think, the same thing that an intern's going to learn.

TERI MILLER: For a technician, you mean? The technician learns the same thing?

RIEPE: Yes. I guess-- yeah. Technician's the right term, not staff.

TERI MILLER: So a, a technician can't do anything that involves judgment. But an intern, even though they may not, are technically allowed to do anything that a pharmacist can do with the pharmacist's supervision. So it may be a situation where either the, the intern or the pharmacist says, for right now, let's just stick, stick to these tasks. And then as you continue here and work in this experiential experience, we'll move on to more judgment-involved activities. Technicians can become technicians here in Nebraska at age 18. That was an exemption granted previously in Nebraska. But it makes more logical sense if, if a pharmacist can become a pharmacist at age 19 in Nebraska to not allow them to become an intern, which is part of the experiential program. It doesn't really make logical sense. So--

RIEPE: It, it would seem to me-- not to be argumentative, but I would hope that the pharmacist is also going to be supervising not only the interim, but they certainly clearly better be supervising the technician. And I would put my money on a technician that's been there for six weeks or a month or whatever as opposed to a, a brand-new high school-- a 18-year-old coming in because maybe has some expressed desire to be a pharmacist.

TERI MILLER: Well--

RIEPE: Who knows?

TERI MILLER: Right now, there's, there's quite a bit of turnover, especially in the community or retail environment with technicians. So they learn. They can't become a technician until they're 18. So when we're talking about that year difference-- for example, we've had 11 students who would have entered our program as age 17 or 18 once they enter professional schools. So I-- we either had to tell them we can't-- you can't become an intern here in the state of Nebraska until you're 19, which, in the competitive field of pharmacy schools, that-- whether you're talking about UNMC or Creighton, they're going to move on to something else because they're not going to take a gap year and waste that time if they're that motivated of a bright student to have accomplished so much in the short time. The other thing is the states that border Nebraska, Colorado and Iowa, they don't address age when it comes to pharmacist licensure. And then South Dakota and Kansas, their, their age of pharmacist licensure is 18. And obviously, this is intern. But it would make sense that you could become an intern prior to becoming a pharmacist, so.

RIEPE: You have technicians that go into pharmacy school?

TERI MILLER: We have-- it's becoming more popular. It has not, it has not always been the case, but we're seeing more and more of that. I sit on the admissions committee for Creighton. I have for 15 years. I've been on the legislative committee at NPA for 13 years and a life-- decades of a membership. So this-- the testifying is new to me, but the, the integration with what the NPA does is not.

RIEPE: In a conversation with the dean of your school of pharmacy, he shared with me that-- and I respect this-- that they were unsuccessful in filling all of the slots for a, an incoming pharmacy class. So is this part of a, an attempt to round up some interested students to become applicants to the college?

TERI MILLER: Well, just to be clear, our dean is Amy Wilson, and it's a, it's a, it's a she. And she is in support of this. Like I said--

RIEPE: Who's this?

TERI MILLER: Amy Wilson is our dean at Creighton. She's the dean of the pharmacy school.

RIEPE: Oh, OK. I was talking to the dean of the Med Center.

TERI MILLER: Yeah. So-- but like I said, the clarification is I'm from Creighton. I'm, I'm not from the Med Center, but I know that was errantly stated initially. But we've had students over the last seven years that have been 17 and 18 years. So this is not a new problem. We have some really bright students that we've had to turn away or say, you know, in our state, we-- you can't become an intern until you can become a pharmacist, which doesn't make sense, but. The supervision-- the pharmacist takes on the responsibility for supervising an intern. And there are many qualifications they have to, to accomplish in order to get an-- acceptance to pharmacy school.

RIEPE: So are you struggling to fill your classes?

TERI MILLER: Every pharmacy school is struggling to, to fill slots, if you want to call it filling a quota. But we don't-- we, we at Creighton don't want to-- we're not going to-- ethically, we're not going to admit somebody that we don't believe can get through the program.

RIEPE: Well, that's true at the Med Center too. OK. Thank you, Chairman.

TERI MILLER: Thank you for--

HARDIN: Any additional questions? I have one, which is-- I'm, I'm just curious. How did, how did 17 get to be a thing?

TERI MILLER: We were just talking about that in the-- it was kind of a misunderstanding when we were thinking about the age. We were thinking about 18 being the age, but 19 is the age of pharmacist licensure. So 18 is really the only-- the, the reasonable number that we were going for to make it synonymous with other states and, and make sense.

HARDIN: Very well. Good.

TERI MILLER: OK.

HARDIN: Thank you.

TERI MILLER: Thank you.

HARDIN: The next person in support. Welcome.

HALEY PERTZBORN: Thank you.

RIEPE: Thank you.

HALEY PERTZBORN: Vice Chair Hardin and the members of the Health and Human Services Committee, my name is Haley Pertzborn. That's spelled H-a-l-e-y P-e-r-t-z-b-o-r-n. I am a licensed pharmacist and the executive fellow of the Nebraska Pharmacists Association. I appreciate Senator Ballard introducing LB1181. As discussed, this bill will help reduce administrative burdens for pharmacies and hospitals and increase eligibility for the pharmacy technician workforce. On page 2, LB1181 addresses matching the federal law on controlled substance inventory. Currently, pharmacies are obligated to submit an annual report to the department while also maintaining a daily controlled substance inventory. The change in LB1181 will modify the frequency of counting and recording the controlled substances to every two years instead of annually, mirroring what is in federal law. This doesn't change the requirement for pharmacies to keep and maintain a complete and accurate record of all controlled substances on hand, but decreases the added administrative burden of submitting an annual controlled substance inventory to the department. On LB-- or, on page 8 of LB1181, it also addresses a hurdle for pharmacy technicians. Currently, an individual with a prior nonalcohol, drug-related-- nonalcohol is stated, as alcohol is considered a drug-- drug-related misdemeanors has a lifetime ban from being a pharmacy technician in Nebraska. If this bill should pass, it would address cases like a 30-year old individual who had a drug-related misdemeanor when they were 18 and wants to become a pharmacy technician but is banned for life under the current state law because of a past mistake when they were young. This provision would modify the requirements to only include nonalcohol, drug-related misdemeanors within the last five years. Thank you for your time today. And I would happy-- would be happy to answer any questions.

HARDIN: Thank you for being here.

HALEY PERTZBORN: Yeah.

HARDIN: Any questions? That seems fairly straightforward. Are you aware of anything else that's similar to that where we have changed the approach?

HALEY PERTZBORN: Are you talking about the pharmacy technicians or--

HARDIN: Right. Well, well, I'm talking about with the, the banning. We take a look at someone's record and we go, uh-oh, we can't let this person--

HALEY PERTZBORN: Right.

HARDIN: Are you familiar with anything else within the medical community where it has worked in a similar fashion and then changed? Or is this kind of a new frontier?

HALEY PERTZBORN: I am not, but I can certainly kind of check more into it and get back to you if I find anything.

HARDIN: OK. I'm just curious.

HALEY PERTZBORN: Yeah. Of course. That's--

HARDIN: Thank you.

HALEY PERTZBORN: Yeah. Thank you. Good?

HARDIN: You bet.

HALEY PERTZBORN: OK.

HARDIN: Anyone else in support of LB1181? Anyone in opposition to LB1181? Anyone testifying in the neutral for LB1181? Welcome.

PAUL HENDERSON: Thank you. Good afternoon. Paul Henderson, P-a-u-l H-e-n-d-e-r-s-o-n. Testifying on behalf of the Nebraska Medical Association. We discussed this bill with our members. They're particularly interested in Section 2 of the bill, which is the section authorizing pharmacists to make those changes to Schedule II prescriptions after consulting with the prescriber. And that consultation is really the, the critical piece for us. Physicians take their prescriptive authority very seriously. So we, we appreciate that that's in there. And certainly, our members can see the value in, you know, reducing delays for patients after they have that conversation with the pharmacist. We're neutral today because our members were conflicted about whether this is something that should go into statute. The-- it's our understanding the DEA currently allows this, but has flip-flopped a little bit in recent years, as recently maybe as 2022, on whether this is a change the pharmacists can make, which just creates a little bit of a potential for some conflict between, you know, state statute and DEA policy. And, and they felt, you know,

this could lead to some confusion and perhaps this would be better addressed through a joint policy of the Board of Medicine and the Board of Pharmacy. But certainly, we can understand the pharmacists' position that they want some clarity and some certainty in, in what they're allowed to do. So that leads us to our neutral position today.

HARDIN: Wonderful. Does anyone have a question? For my edification, can you make up a hypothetical for me so I can get my head around that a little bit better? Cite an example of something fictitious that could go wrong here.

PAUL HENDERSON: So I, I think the, the potential that our members were concerned about is if, you know, this is enacted and next January the DEA issues a rule and says, no, pharmacists cannot make a change to a Schedule II prescription. Then we've got a, a, you know, a state statute that says one thing and a DEA policy that says another thing, which just creates some confusion.

HARDIN: Makes the pendulum swing. OK. Very well. Thank you.

PAUL HENDERSON: Thank you.

HARDIN: Appreciate it. Anyone else in the neutral? Seeing none, we'll invite Senator Ballard back to close. We had one proponent letter, one neutral, and no letters in opposition for LB1181, so. He's waving at us. That means we're done with that one. Well, let's get started on LB1130. Welcome, Senator Raybould.

RAYBOULD: Thank you. Good afternoon, Vice Chair Hardin and members of the Health and Human Services Committee. My name is Jane Raybould, J-a-n-e R-a-y-b-o-u-l-d. I represent LD 28 in Lincoln and appear before you today to introduce LB1130, 1-1-3-0. LB1130 is a bill that intends to give us one more tool in the toolbock-- toolbox of addressing our shortage of licensed mental health practitioners, LMHP, an issue I know you have heard about over the interim. As a matter of fact, it was over the interim when my constituent, Nohora Maritza Andrade, contacted me and her story became the genesis of this bill. Ms. Andrade is an educated and experienced practitioner, and until this summer was working toward becoming a fully licensed LMHP. Having come up short on the required 3,000 hours of supervised experience, she went to the department to file an application for a third provisional license. There, she learned that there is nothing in Nebraska law to allow for successive provisional licenses after the second or an opportunity for an extension. Unfortunately, Ms. Andrade

had been misinformed about the existing limitation. And since introducing LB1130, my office has heard from others who believe that additional provisional licenses could be obtained. Ms. Andrade asked if she could appeal to the Board of Mental Health and was told that the only way she could ever be licensed to work as a mental health practitioner in Nebraska was to go to another state, such as Iowa or Colorado, and become licensed there. Then she would be able to practice in Nebraska on a reciprocal license. So here we have someone with the ed-- education, several years of experience, a commitment to serving individuals in need of mental health care, and a desire to live and work in Nebraska, yet we have nothing to offer her but the suggestion to leave. I was unaware whether this was a pervasive problem and would like to thank members of the Nebraska Association of Behavioral Health Organizations who took the time to share their feedback and thoughts on this issue. With their help, I learned that it is rare that individuals are unable to complete their 3,000 hours of supervision. However, we do know that it happens. So rather than large sweeping changes, I have proposed a simple solution in LB1130. Here is what this bill would do when the holder of a second provisional license is unable to complete their supervised hours due to a demonstrated hardship. They may file an appeal with the Board of Mental Health. The hardship would-- the hardship which contributed to the inability to complete their super-- supervised hours are limited to: one, ongoing medical issues of the provisional licensee or his or her family; number two, a documented inability to secure adequate supervision; three, or other barriers that the board deems appropriate. Following the appeal process, the bill states that the board may grant a third provisional license for a term of five years. Additionally, the bill requires the provisional licensee to provide the board the name and contact information and permission to discuss the provisional licensee's employment for all individuals who have provided their supervision during the term of their first and second provisional licenses. The intent of this is to ensure that the board has sufficient, verifiable information they need to carry out the due diligence necessary to aid in their determination. Lastly, the bill allows the board the ability to adopt additional requirements for granting an appeal. In Ms. Andrade's case, she struggled to secure the necessary supervision to complete her hours. I cannot say that, upon passing LB1130, Ms. Andrade will qualify for a third provisional license. But what I do want to make possible is that opportunity for her and others to make their case under an appeal and that the board members who are qualified and informed on these matters have the ability to make that determination. I want to say thank you very much

for your time. And I will certainly be happy to answer any of your questions. I know I have one other handout, who is from someone who has been on the, the Board of Mental Health and involved in licensing for over ten years. And she said, you know, it is rare, but this does happen. And we hate to see these people that have their provisional license and have practiced in the state of Ne-- Nebraska be-- to be turned away. So with that, I'm more than happy to answer any questions.

HARDIN: Thank you. Are there any questions? Senator Riepe.

RIEPE: I have a quick question. Welcome today. Thanks for being here. Welcome.

RAYBOULD: Yeah.

RIEPE: Is Senator Fredrickson a cosponsor?

RAYBOULD: I don't, I don't--

RIEPE: His name's mentioned in this one document.

RAYBOULD: I'm looking at my staff. They say yes.

RIEPE: OK.

RAYBOULD: He is.

RIEPE: He is. OK.

RAYBOULD: And so I want to be clear that we reached out to Mental Health Association of Nebraska to have them review and solicit and make any changes. And they did make some suggestions that we incorporated. And also, we received a letter of support from the Nebraska social workers saying, this, this is a very good thing, and we're, we're happy that someone is introducing this, this minor change to give people that additional time once they demonstrate the hardship.

RIEPE: I'm not afraid to get crossways with some of these organizations, but at least I'd like to know it when it's going to happen. So sounds like you're in good stead, though. OK.

RAYBOULD: I think we've, we've--

RIEPE: Thank you.

RAYBOULD: --reached out to all the stakeholders.

RIEPE: OK. Thank you.

HARDIN: Any other questions? What would a potential downside be? Has anyone brought up a potential downside of extending a, a third opportunity?

RAYBOULD: No one has ever mentioned that. And there is no fiscal note. There's, there's no cost. But the thing is if you-- every time you apply for a license renewal, which you can get one at this point in time, you still have to pay that license renewal fee. And so I'm assuming for this third provisional license appeal that they would require you to pay the fee as well.

HARDIN: OK. Great. Senator Riepe.

RIEPE: Thank you, Chairman. Question I would have is, is do they have such a thing as peer review? I'm, I'm interested in protecting the public from going down this road with, with a counselor who is, quite frankly, no better off than they are. So I, I, I, I think peer review is an important thing in most of these human services.

RAYBOULD: Well, I, I couldn't agree with that statement more. But I know that with the Mental Health Board, they have specific criteria for those that ei-- and that they must qualify either by their education hours of supervised or unsupervised. So there is tremendous requirements already in place that are pretty well-established for years that any candidate must have the, the bare minimum.

RIEPE: And maybe what they need is a secret shopper, you know, that someone goes in and gets counseling and then comes back and says, you know, they're really in need of counseling themselves.

RAYBOULD: Well, I think with the idea of the 3,000 hours of working with a supervisor, you go over all your caseload and you talk about the recommendations and, and the practices that you are working with this particular client, and does this meet the criteria of that practice and the mental health standards of best practices.

RIEPE: OK. Thank you.

HARDIN: OK. Thanks. Any other questions? A secret shopper. That's an intriguing concept.

RAYBOULD: That's a grocery thing.

HARDIN: Thank you, Senator.

RAYBOULD: You're welcome.

HARDIN: Will you be staying for closing?

RAYBOULD: I will.

HARDIN: Wonderful. Do we have anyone in support of LB1130 who will be testifying? Anyone in support? Do we have anyone in opposition to LB1130? Here's one now. Welcome.

SCOTT STOCKING: Good afternoon. My name is Scott Stocking, S-c-o-t-t S-t-o-c-k-i-n-g. I am a public member of the Nebraska State Board of Mental Health Practice. I come before you on behalf of that board today to oppose LB1130. First, the most straightforward objection to this bill is that it would allow a third five-year provisional license for candidates when the current statute does not allow a second license. Title 172 NAC Chapter 94 expressly states "no additional provisional licenses will be issued to an applicant after the issuance of a second provisional license." This second license should not be used as an excuse to take another five years to get the required hours. Allowing a third such license in the statute, when NAC forbids it, is poor legislative precedence and could potentially lead to legislative and legal challenges. We ask the sponsors to withdraw this bill immediately. Second, the main purpose of issuing a provisional license is to provide legitimacy to the candidate earning a full license. Its purpose is not to flood the field with undertrained and underexperienced persons to provide mental health care. Achieving the necessary 3,000 contact hours over the five-year term of an initial provisional license is roughly equivalent to 12 contact hours per week. The state deems this intensity to be sufficiently rigorous, with weekly supervision, for a provisional licensee to hone their counseling and people skills. Each subsequent license dilutes the intensity and rigor of the on-the-job training and supervision and potentially reduces a supervisor's confidence in the quality of their training. Lack of such quality and consistent training presents a risk to the health and safety of Nebraskans who need quality mental health care. Third, provisional licensees are not required to report any continuing education to maintain their license since they are being supervised. A three-time provisional licensee could go up to 15 years without any required updates to their education and training. When

compared to someone who completed their contact hours and earned their license after five years, the three-time provisional licensee would have missed out on up to 160 hours of required continuing education. If their training isn't up-to-date, we're wondering who would want to supervise them. Since securing a supervisor is one of the hardships outlined in the proposed amendment, the board is concerned there may be legitimate reasons unrelated to medical issues why a provisional licensee cannot secure a supervisor. Fourth and finally, determining what "hardships due to ongoing medical issues of the licensee--" to quote the amendment-- could legitimize a third provisional license would open a Pandora's box of potential complaints and accusations of unfairness and inconsistency in the weighing of relevance of such issues. This could also lead to legal liabilities for the state. Because the board is primarily made up of mental health professionals and not medical professionals, will the board be qualified to make judgments about how the applicant's medical history would have impacted their ability to complete their requirements or even perform their duties competently? If the applicant experienced medical issues that caused memory loss or other cognitive or psychosocial issues, how would the board determine what mitigation-- if any were possible-- would be needed to ensure no gaps in training or knowledge? It would be extremely difficult for the board to establish any kind of consistent standards to evaluate these one-off situations, which could result in complaints of discrimination or unfairness if an applicant felt unfairly treated. In summary then, we believe allowing a third provisional license potentially dilutes the quality of training intended by the 3,000 contact hours requirement, reduces the amount of lifelong learning from CE requirements, and creates significant potential for accusations of discrimination or labi-- liability for the state. Of course, all of this would negatively impact the quality of services provided to residents of Nebraska, who are our us-- utmost concern. Finally, as I said at the start, we believe that allowing a third provisional license when the current statute doesn't allow a second would create legal and legislative issues for the state, especially if such a law were challenged in the courts. One final note, the board had an overall consensus that even if this law were passed, we would be extremely reluctant to approve any application for a third such license based on the existing rule and these reasons given today. We strongly urge the committee to withdraw LB1130 to protect the mental health and safety of Nebraska residents. Thank you for your attention. I yield my time back to the Chair.

HARDIN: Thank you for being here.

SCOTT STOCKING: Thank you.

HARDIN: Are there any questions? Unpack it a little bit more for me, if you wouldn't mind. It sounds like we're saying a third provisional license-- and you've pointed out to us, and it's news to me, that we don't even have language for a second one.

SCOTT STOCKING: It's in the--

HARDIN: We evidently didn't get our math just quite right on that one.

SCOTT STOCKING: The second one is in the, the administrative code.

HARDIN: OK.

SCOTT STOCKING: It's a, an allowance.

HARDIN: An allowance.

SCOTT STOCKING: Or, a concession, basically.

HARDIN: OK. And so in your experience, it's highly unlikely that, while this can happen, 12 hours or cases, situations a week for five years should accomplish that 3,000 hours.

SCOTT STOCKING: Mm-hmm.

HARDIN: OK. To your recollection, how, how often does this situation potentially present itself, where someone cannot get through that initial 3,000? Is that a real common thing? Does it happen once, a hundred times? Help us to understand because this is where we get educated.

SCOTT STOCKING: Yeah. I can't speak to that personally because I'm, first of all, a public member. I'm not a, a professional in the field. But when we had the discussion with the board, they, they did say that they've only had one request for a third provisional license. And it may have been the one that, that the Senator referenced in the last year. And that's probably because it's not allowed in the, in the statute at all.

HARDIN: OK. Very well. And you're saying that 160 hours would be lost over a period of 15 years.

SCOTT STOCKING: Can, can-- of continuing education hours.

HARDIN: OK. Very well. Any other questions? If not, thank you.

SCOTT STOCKING: Thank you.

HARDIN: Oh, I'm sorry. We do have one. Senator Cavanaugh.

M. CAVANAUGH: Sorry. Thank you. Thanks for being here. So I just want to make sure-- and-- I don't know. Have you testified before?

SCOTT STOCKING: This is my first time testifying.

M. CAVANAUGH: Your first time? Well, thank you for--

SCOTT STOCKING: Before the-- before a state. I've testified in other settings.

M. CAVANAUGH: Well, thank you. Thank you for being here and thank you for testifying. Typically, it is helpful if you bring your objections to the introducer in advance so that they can work with you to address some of them. Did that happen with these objections?

SCOTT STOCKING: I was not advised to do that.

M. CAVANAUGH: OK. Well, I wasn't sure if you had done that or not. So, I think it, oftentimes-- and I will let Senator Raybould speak for herself-- when there are concerns, especially by the, you know, the board itself, it-- we'd like to work with you on that. And I think that that might be a great opportunity to see if we can address some of those concerns through an amendment of the bill. Is that something you'd be open to?

SCOTT STOCKING: I would have to take that back to the board. One of the concerns we had was that we were told this was a shorter session and things were being rushed through and we really didn't have time. We had to schedule a special one-hour online meeting to, to cover things, so.

M. CAVANAUGH: I understand. And this had got an early hearing as well, so.

SCOTT STOCKING: Yeah.

M. CAVANAUGH: But it seems like we might have an opportunity for further discussion on how to improve the bill, so. Thank you for being here and thank you for your testimony.

HARDIN: Thank you.

SCOTT STOCKING: Thank you.

HARDIN: Anyone else in opposition to LB1130? Seeing none. Anyone in the neutral for LB1130? Seeing none of those, would you come on back up, Senator Raybould? We did have four proponents, zero opponents who wrote in, and one in the neutral.

RAYBOULD: Thank you very much. Yes, I would have greatly appreciated Mr. Stocking re-- reaching out to me beforehand. But I want to assure everyone present that we did reach out to the Mental Health Board. And basically, I had some meeting-- one meeting in my office with them, and they said, basically, their hands are tied. They administratively have no authority to issue any third provisional license at this point in time. They have no authority whatsoever. And what-- this would give them that discretion. They said, the Legislature needs to come back and make the changes and give us that authority. Ms. Andrade also had an attorney and recognized that they have no recourse and nowhere to go because the administrative standards of the Mental Health Board are very clear. Very clear. There is no opportunity for a third provisional license. There is no opportunity whatsoever. This bill would give the Mental Health Board that opportunity to review that candidate and their circumstances. And I just want to review it again. Ongoing medical issues of the provisial-- provisional licensee of his or her family. We know this happens as a matter of routine. The documented inability to secure adequate supervision. And I think in Ms. Andrade's case, and maybe in several others, that most of the LMHPs are swamped. They are overwhelmed. They can't keep up with their current client/patient load as it now stands. And so Ms.-- in Ms. Andrade's case, she was offered employment with a LMHP to provide that su-- supervisory care, but their workload did not permit that person to provide that one-on-one supervisory time. And then the employer came back and said, OK. We can provide you that supervisory time, but you're going to have to pay for that hour of consultation for that time. And, and I don't think that is an isolated case at all-- I want to be clear on that-- that it does happen. And there is no doubt that LMHPs are incredibly, extraordinarily busy with increasing demands and long wait times for any individual to, to be seen and have the mental health evaluation and care and treatment that they need. The other thing that I wanted to say that it gives-- it outlines-- or, other barriers that the board, Mental Health Board, deems appropriate. You know, what we've heard time and time again-- last year as well-- workforce shortage, workforce shortage. Why are we creating barriers

for individuals who want to move to our state of Nebraska and practice their profession and trade? Certainly being qualified, meeting all our criteria, but giving them additional flexibility for-- no matter what their circumstances are. You know, we're, we're not saying that they would be approving someone who is, you know, not qualified to be a licensed mental health practitioner. Why would they have been granted a provisional license in the first place or a second provisional license if they didn't meet the strict criteria of the Board of Mental Health and, and their review and oversight? This is not saying, boom, slam dunk. You got to give them a third provisional license. It's up to the board, at their sole discretion, after hearing an appeal from that individual to evaluate the circumstances. And it also requires that, you know, that individual who would like to be considered for a provision-- an-- a third provisional license, they have to offer the names and contacts of those people that had acted in a supervisory role for the previous years that they were employed. And so it gives the Board of Health that opportunity to, to investigate minimally to see if that individual is still qualified and, and meets their strict criteria to be granted another provisional license. You know, I think what we've realized in our state of Nebraska: we need to give some people some grace and re-- and do everything we can in reducing barriers to hire more teachers, to hire more health care practitioners, to hire more law enforcement. So I don't think this piece of legislation would do anything to denigrate our high quality and standards and criteria for anyone to achieve the licensed mental health practitioner that Mr. Stocking stated. It would actually just be showing, like, hey, we value the years that you have already provided that service in our community and in our state. We're willing to review your concerns, but we assure you that you are not guaranteed that third provisional license. And, and-- unless the board comes to a consensus on it and agree or the board can come up with additional criteria besides the three reasonable ones that I listed. I think if anybody has ever undergone a cancer diagnosis or a, a family member, they know that that, that alters your whole life and your trajectory, and you have to address that concern. And they may not be able to work full time. Many of these LMHPs are-- or-- the, the provisional licensees are working two jobs already to try to get their hours in as well as perform their counseling services. So we-- when we reached out to the other practitioners-- and I just want to read someone else who has also been on the Mental Health Licensing Board for over ten years. She said, I heard from many provisionally licensed practitioners seeking longer than the ten-year timeline to complete their hours and pass the licensing exam. We could never do anything to help these

folks because of the statutory limitation. And she goes on to say that this would be a great step in helping those individuals without lessening our high-quality standards. It's removing the barriers. That's what we should be doing with a lot of our occupational licensing. We're not dumbing down our standards. We're not dumbing down the qualifications or their criteria. We're trying to embrace those people who've probably spent those ten years living and working in our state of Nebraska in a practice that they are so desperately needed to stay here. So I find some of the concerns expressed a little bit disappointing. And I think we need to do more. And that's something I think each of us as state senators have been challenged with this year. And we've already been very supportive of other occupational licensing reviews and-- especially for veterans and their spouses. So this is a step in the right direction. It's not a slam dunk. You don't get that third provisional license until the Mental Health Board of Licensing reviews your circumstances. And we would hope they would show the same grace to others as they would like for themselves in their family situations.

HARDIN: Thank you.

RAYBOULD: You're welcome.

HARDIN: Any questions for Senator Raybould?

RAYBOULD: And I'd be happy to talk to Mr. Stocking. And at this point in time, I will not withdraw this.

HARDIN: OK. General question for you. Do you have a sense in terms of how many provisionals might be out there right now? Not talking about knocking on the door of the third one-- but just generally speaking, how many provisional licenses are out there?

RAYBOULD: I do not know the number of provisional licenses out there, but--

HARDIN: I'm just trying to get a, a sense as to the size of the issue.

RAYBOULD: --but I can tell you that I know that, two years ago, a tremendous-- I can actually tell you the amount-- $26 million of ARPA funds went out to UNMC to offer beacon grants to those individuals to encourage licensed mental health practitioners to be mentors and provide the supervisory hours and backfilling those that apply for a grant for those-- that funding, as well as incentives to encourage more people to go to school and get the, the educational criteria and

to make it easier for more people to become practitioners in the mental health field. And out of that $26 million grant-- they went out for one round. This was last year-- they-- I think they got over 100 million requests in for that type of grant money. That shows-- and everybody is aware how desperately needed we need to do everything we can to retain our licensed mental health practitioners but also make sure that those that have provisional license stay in our state. Thank you.

HARDIN: Very well. Thank you.

RAYBOULD: Thanks.

HARDIN: We are up to LB1138 and Senator Riepe, whom we have never seen before in this room.

RIEPE: Or at least never wanted to.

HARDIN: Not at all. We'll wait just a moment, Senator Riepe, while there's a bit of transition happening in the room. I think we are ready. Please educate us.

RIEPE: Thank you, Chairman Hardin and members of the Health and Human Services Committee. I am Merv Riepe. That's M-e-r-v R-i-e-p-e. Representing the 12th District of the Nebraska Legislature. Today, I present LB1138. This bill is brought at the request of the Nebraska Dental Association and has no fiscal note. This legislation puts forth an exception to the e-prescribing requirements for Schedule II prescriptions. Currently, a handful of exceptions exist to address logistical or situational issues, including in-house dispensing or when timeliness is a necessity. Veterinarians are exempt from the current reporting system. To understand the context of this proposal, it is essential to consider the background that prompted the need for such legislative action. Dentists have changed the way they prescribed, especially with fewer opioids prescriptions. A report from the Journal of the American Dental Association in January of 2024 shows a significant drop of 50% fewer opioid prescriptions. Moving on to the specifics of LB1138, the bill suggests a targeted, targeted exemption to the electronic prescription mandate. It proposes that any prescriber writing fewer than 50 prescriptions of Schedule II drugs annually should be exempt from the e-prescription mandate. A pediatric dentist might be a perfect example of this. The software to fill the terms of mandate-- our latest estimate cost an estimated $600 per year. It is crucial to highlight that a significant portion of our

dentists operate in small offices, functioning as true small business owners. The proposal recognizes the financial challenges these practitioners face and seeks to strike a balance that ensures compliance without imposing undue financial burdens. In consideration, the scope and impact of this legislation, it's worth noting that LB1138 aligns with similar exemptions presented in statutes across other states. Comparable statutes, such as those in Illinois, Ohio, Tennessee, Kansas, Colorado, Maryland, and Washington include the minimus prescribing exceptions. In conclusion, we recognize that our dental providers, especially those who write only a handful of Schedule II prescriptions per month, should not bear the unnecessary financial burdens in the pursuit of good patient care. In subsequent testimony, those seated behind me will elaborate on the rationale behind these measures. With that, I conclude my opening statement and welcome questions. And I will stay for closing.

HARDIN: Thank you, Senator Riepe. Any questions? They're going to be kind to you for now.

RIEPE: Thank you. Thank you.

HARDIN: Will the first proponent of LB1138 come forward?

DAVID O'DOHERTY: Good afternoon.

HARDIN: Welcome.

DAVID O'DOHERTY: Thank you. Good afternoon, Senators. I think Senator Riepe got a copy of my testimony because I was reading mine and it sounded just like this. So some of this will be a little duplicative. Good afternoon. My name is David O'Doherty. D-a-v-i-d O-'-D-o-h-e-r-t-y. I'm the executive director of the Nebraska Dental Association. The NDA is a professional association of dentists, and we represent 70% of the dentists in Nebraska. We would like to thank Senator Riepe for bringing forth LB1138 to provide for an exception to the e-prescribing requirement contained in LB11-- 38-1,146. Back in 2018, the NDA supported Senator Sara Howard's legislation, LB931, which placed restrictions on opioid prescriptions. As a result, what you have-- you see the cover of our publication in 2018, "Resources for Safe Prescribing of Opioids and Non-Opiates Alternatives," to educate our members on the new legislation on the ADA's research on the effectiveness of nonopiate alternatives for oral pain, namely a combination of Advil and Tylenol, which were found to be as equally effective as opioids. In the practice of dentistry, we have seen

opioid prescriptions drastically increase-- excuse me-- drastically decrease due to the awareness of the epidemic that the state and country are facing. In a January 2024 Journal of American Dental Association, opioid prescribing by dentists has dropped by 30% to 83%. The majority of dentists across the state practice in small offices and are truly small business owners. The cost of an electronic prescribing system to comply with 38-1,146 is prohibitive for dental offices-- dental offices who are writing few Schedule II drugs in their practices. The changing in prescribing practices of the dental community have been impactful, and dentists across the state are committed to fighting the opioid epidemic. However, in certain cases, a dentist must use their professional judgment and determine that it is in the patient's best interest to be prescribed a Schedule II drug. These instances are limited but important in the care of patients with specific needs due to certain procedures. With this in mind, we would ask that an exemption of the electronic prescribing mandate be added to 38-1,146. Any prescriber who licen-- [INAUDIBLE] less than 50 prescribe-- prescriptions of Schedule II drugs per year would be exempt from the mandate. [INAUDIBLE] minimus prescribing exception to state manda-- mandated e-prescribing is included in a number of states. And I have-- what I've also passed out are the seven states that have that exception. Most of them are 50: Illinois, Ohio, Tennessee, Kansas, Colorado, Maryland, and Washington. The Nebraska Dental Association is committed to fighting the opioid epidemic. The actions taken in the past few years have made a significant impact and will continue to have an impact in the future. We ask that an exemption to the mandate be p-- be put in place for the providers who write only a handful of Schedule II prescriptions per month. That is all my testimony. I'm happy to take any questions.

HARDIN: Thank you. Any questions? Can you help me a little bit?

DAVID O'DOHERTY: Any time.

HARDIN: Give me some examples of Schedule II drugs that-- opioids are-- we're, we're talking oxycodone--

DAVID O'DOHERTY: Dr. Steckelberg could probably name off all of them. I would stumble through. Who-- she'll be right behind me, so.

HARDIN: Wonderful. We'll, we'll make her pronounce--

DAVID O'DOHERTY: Oxycodone is one that just leaps to mind.

HARDIN: We'll, we'll make her pronounce all the hard things.

DAVID O'DOHERTY: They're very long words.

HARDIN: OK. Yes, we'll have her do that.

DAVID O'DOHERTY: OK.

HARDIN: Thank you.

DAVID O'DOHERTY: You bet. Thank you.

HARDIN: Welcome.

MELANIE STECKELBERG: Hello. Thank you. Greetings, Senators. My name is Dr. Melanie Steckelberg, M-e-l-a-n-i-e; and Steckelberg, S-t-e-c-k-e-l-b-e-r-g. I have been a private practice dentist here in Lincoln for just under 20 years. I also work as a public health dentist at the county health department, and have done so for the past 16 years. I am the Nebraska Dental Association treasurer. I am very grateful to Senator Riepe for introducing this bill. LB1138 would greatly benefit my practice and other Nebraska practitioners like myself. My dental software shows that, for the past ten years, looking back from 2014 to 2023 at end of year, I have recorded 158 prescriptions in my private practice. 28 were Schedule III drugs and three were Schedule II drugs. I averaged 13 prescriptions per year and an average of 3.1 controlled substance prescriptions annually. As a member of the Nebraska Dental Association, I started electronic prescriptions at the end of 2023 with a company that provides an ADA discount. The member rate is $54 per month per provider per location, or $648 per year for my private practice. Assuming that the monthly subscription fee does not increase over the next ten years and that I continue prescribing drugs at the same rate, it comes out to $6,480 in ten years, or just over $209 per prescription at my current prescribing rate. At the public health clinic, I am a low prescriber. Most of my prescriptions are for fluoride toothpaste. While I am a low prescriber, I do likely exceed 50 prescriptions yearly when combining my private practice and public health. But I was under the assumption when I read the bill that this was for all prescriptions and not just Schedule II drugs, so. I will tell you that as-- I have been a person that has experienced significant tooth pain in my life once, so it's important to me that I maintain the ability to help my patients find pain relief when over-the-counter analgesics do not help. The costs for prescribing electronically are only one part of the problem. The

DEA permit costs have more than doubled in my career. Currently, I pay $888 every three years for my DEA permit. There are also the costs for keeping up with the continuing education requirements for prescribing opioids, which just went up with the MATE Act. There is also the cost for providing minimal sedation in my office, which I need all of this to do that. So as a solo dental practitioner, it has gotten more difficult to pay the bills as these things are now a-- another increased cost of doing business. If you would remove this barrier for providers that do not write more than 50 prescriptions annually, you would have my deepest gratitude. That's the end of my testimony.

HARDIN: Well, thank you. Any questions? Can I ask my question again?

MELANIE STECKELBERG: I will try. I mainly prescribe Tylenol #3 for pain. That's my number one. And that's a Schedule III drug.

HARDIN: Schedule III.

MELANIE STECKELBERG: So I do not have to write that drug out on a piece of paper prior to January 1 of 2024. I had to have a special prescription pad prior to this year that I could write Schedule II drugs on, which would be most of the opioid combination. They like to combine an opioid with a low-dose analgesic. So oftentimes, it will be, say, 30 milligrams of hydrocodone with 325 milligrams of, of Tylenol or acetaminophen. So to be honest, to get the maximum effect, usually I have to have that patient take one over-the-counter Tylenol in addition to that. There are other Schedule II drugs, a whole bunch of them: Percocet, oxycodone, Oxycontin. They have all these different names, and they're different combinations of whether it is hydrocodone or oxycodone, plus an, an over-the-counter analgesic. Typically, it's Tylenol, acetaminophen. There is an ibuprofen one, but I can't remember if that's still in the market in the United States.

HARDIN: And I, I realize it's not the main emphasis of what we're talking about today. I'm emphasizing the wrong syllable. But truly, you're saying the efficacy of what you can accomplish, for example, with the Tylenol and a, an OTC drug is equal to what you can do to these level II drugs?

MELANIE STECKELBERG: No, not level II. No. Level II just has a lot more side effects.

HARDIN: I see.

MELANIE STECKELBERG: Yeah. It's-- if a patient is willing to try-- because a lot of times, they say, well, you know, that doesn't work for me. Tylenol #3 doesn't work for me. I just want the Percocet. That's the only thing that works for me. So if they're willing to try and they'll do 600 milligrams of ibuprofen at noon, then at 3:00, they can go ahead-- we're going to use the, the clock analogy. And I might be doing it backwards for your view. But at 3:00, then they can do 650 milligrams of Tylenol. Then you get around to the 6:00 and they're going to do 600 milligrams of ibuprofen. And then they're going to jump back to that same dose of Tylenol. If they're willing to do that, if their pain is, like, a 7 or an 8 on a 10 scale, then I believe I can get them down to a 5, which is not 0, but I can get them, them down to a 5 by their third dose. But a lot of patients aren't always willing to do that or their pain is really severe so they-- so I might prescribe a Tylenol #3, maybe, like, ten pills or something like that. And then they're going to take that when the pain is really bad and then do the over-the-counter in the opposite times.

HARDIN: Very well. All right. Thank you. Anyone else in support of LB1138? Thank you.

MELANIE STECKELBERG: OK.

HARDIN: Is there anyone in opposition to LB1138? Do we have anyone in the neutral for LB1138? If not, Senator Riepe.

RIEPE: Thank you, Chairman. I will be brief. We responded to a drug problem in prescriptions concerning the medication, both in medicine and in den-- dentistry. In that response, I think we're-- now recognize that we overcompensated, that in the process of doing that, the, the pendulum swung and we included a lot of smaller players, smaller practices. And with that, we imposed on them some significant expenses and obligation in trying to maintain those software programs to e-prescribe. So this is an intent, or attempt, to bring that back to a more reasonable approach to how to practice. I think that's particularly true in a state like Nebraska, where we have a number of smaller practices outside the urban centers. With that, I will take questions if you have them.

HARDIN: Any questions? Seeing none, thank you.

RIEPE: Thank you, sir.

HARDIN: But Senator Riepe, don't go too far away.

RIEPE: But he's a good friend.

HARDIN: Now we're taking a look at LB1173.

RIEPE: Don't they like to say that an actor likes to play in front of a full house?

HARDIN: Yes, yes. Well-- but you're going to have to draw the full house [INAUDIBLE].

RIEPE: Yeah. OK. Leave the doors open.

HARDIN: OK.

RIEPE: OK. You ready?

HARDIN: Yes, sir.

RIEPE: Chairman Hardin and members of the Health and Human Services Committee, I am Merv Riepe. That's M-e-r-v R-i-e-p-e. Representing the 12th Legislative District in the state of Nebraska. Today, I present LB1173. This bill is brought at the request of the Nebraska Association of Funeral Directors. This bill introduces the concept of an abstract of death in statute, serving as a vital tool when a death certificate is not immediately available due to timing issues. Currently, Nebraska statutes include provisions for an abstract of marriage utilized for administrative purposes. LB1173 extends this concept to death-related circumstances, offering a valuable resource for managing administrative tasks prompted after a loved one's death. Dealing with the death of a family member involves numerous administrative responsibilities, such as closing accounts and gaining access to various services. Traditionally, a death certificate has been the exclusive proof of death required for these tasks. However, this bill addresses a significant challenge: the potential delay in obtaining a death certificate. LB1173 aims to resolve this prolonged delay in receiving a death certificate by providing an alternative in the form of an abstract of death. Delays in obtaining a death certificate may occur, especially when a required autopsy is involved, leading to a waiting period of six to eight weeks. Families may face unnecessary hardships during this time, needing to address administrative matters before the insurance-- issuance-- I'm sorry-- of the death-- official death certificate. The proposed abstract of death offers a solution by facilitating the resolution of administrative issues in these limited circumstances. Additionally, LB1173 introduces an administrative change to the death certificate

itself. It streamlines the process for designating armed services [INAUDIBLE] services on the certificate of simplif-- by simplifying it to a check-the-box designation. The change eliminates the requirement to specify the period of service, which can sometimes be challenging for family and friends to recall specifically. To provide further insights into the necessity of creating an abstract of death and to answer any questions you may have about the practical implications of these changes, we have a funeral director present today who will elaborate on the importance of this bill and offer a detailed prescription on how these modifications will positively impact the grieving families. In conclusion, LB73 [SIC-- LB1173] is a simple proposal that recognizes the complexity individuals face when dealing with the death of a loved one. By introducing an abstract of death and refining the veterans service designation, we aim to ease the burden on families during a difficult time. Those seated behind me will clarify further. And with that, I yield to questions.

HARDIN: Very well. Before we let him off easy, any questions? Seeing none, thank you, sir.

RIEPE: Thank you.

HARDIN: Anyone who is a proponent of LB1173, please come forward. Welcome.

PAUL SEGER: Good afternoon. My name is Paul Seger, P-a-u-l S-e-g-e-r. I'm representing-- on behalf of the Nebraska Funeral Directors Association. We brought this bill forward because we're running into the, the, the hardships with not getting death certificates on time because of everything being done in Omaha now. I've ran into this instance probably six, six to seven times just this last year, where we couldn't do anything because of an autopsy being done. And so then we were forced to wait, you know, 6 to 8, like Senator Riepe said, or even up to 10 to 12 weeks, depending on if there's a homicide or not. So if there's a homicide, it gets pushed back further. So this helps families get records, shut off accounts, you know, get things transferred out of their name in time. And also just takes a load off of them so they're not just sitting here waiting for a death certificate to be issued just so they can kind of start moving on, I guess you could say. As far as the other housekeeping with the, the, veterans designation, the big part with that is the VA does not use that at all. It's really just there to say, yes, they served. It's not used for anything. Nebraska is actually one of the few states that has the dates on there. Another big issue with that is sometimes they give

you a discharge paper, but they don't have the latest one. They have a discharge, but not the latest one. Well, if you put those dates on there and then they-- if they can get the official-- all of them from when they served, if they did-- you know, if they were retired, you know, they're going to have multiple discharge papers. If they can't get all of those, then they want the death certificate amended. This would make that so we don't have to do amendments. It's not needed for anything. It's really just to say, yes, you know, we have the, the card that they show us that say they served, they are honorably discharged. That's all we need to see. Past that, the VA handles everything that they need themselves.

HARDIN: Very well. Thank you.

PAUL SEGER: You bet.

HARDIN: Any questions? Mr. Seger, I have a couple.

PAUL SEGER: Yep.

HARDIN: Are we talking about a, a hard copy document? Would this be available electronically? What would this abstract--

PAUL SEGER: So it'd be, it'd be a dig-- or, I'm sorry-- it'd be a hard copy.

HARDIN: A hard copy.

PAUL SEGER: So it'd just be-- it'd actually be on this-- issued on the same paper that birth certificates are issued on.

HARDIN: OK.

PAUL SEGER: So death certificates are issued on a legal paper. This would just be an 8.5 by 11 that we already have. What it would do is just take out the section-- so it'd be-- the top section of death certificate would be there. The middle section, where the doctor fills out, would be gone. And then, then we would ask to have the registrar signature on there so it's-- it would be filed, numbered, and everything. So that way when that record is completed down the road, that state file number is already there and it can just be attached to the full certificate. Obviously, there would be a cost involved. If they needed this, you know, they'd have to pay for this abstract, and then they'd have to pay for the certifieds. But I have a hard time believing anybody would not want to pay for something to have the full

amount-- the full death certificate when it's available. Sometimes it's really hard to wait to tell these families, you know, I'm sorry. You're going to have to wait a longer. There was a homicide. So now your death certificate's delayed another month.

HARDIN: I see. You mentioned in passing all certificates go to Omaha.

PAUL SEGER: All, all autopsies go to Omaha.

HARDIN: All autopsies go to Omaha.

PAUL SEGER: Mm-hmm.

HARDIN: OK.

PAUL SEGER: And that's a new thing-- just 2023.

HARDIN: '23. So for the last 13 months.

PAUL SEGER: Yeah.

HARDIN: OK. Can you imagine a world in which this could be abused in any way?

PAUL SEGER: Actually, a lot of states already have it.

HARDIN: OK.

PAUL SEGER: We're actually one of the few states that do not have it. So since we don't ins-- issue a pending death certificate, everything is put on hold.

HARDIN: OK.

PAUL SEGER: With the registrar's signature, that's why I would feel that it's, it's-- you know, it proves that, yes, this person has passed. It would have the, the facility-- and, you know, it could have the funeral home facility that they are chosen-- that they had chosen is on there, if need be. But with the registrar's signature, it'd be harder to abuse it, I believe, in my view.

HARDIN: OK. And I realize it's not your industry, but how is the insurance industry-- life insurance industry responding--

PAUL SEGER: So--

HARDIN: --to these abstracts?

PAUL SEGER: Of course you can't-- we wouldn't be able to file-- for those that need a cause of death, you wouldn't be able to file. This would be, you know, ut-- public utilities. Sometimes we can get them if we needed to get a person on an airplane. That could help do that, as long as we could get a couple other documents. It's really just to, to, A, notify the bank so we can show them something so they can freeze the account. For in-- I'm running into an instance right now where we're not going to have a death certificate for so long. If we had an abstract, alls they need to show is proof of the person that died with registrar's signature and the person's ID that is the next of kin, which would all be on that form. But of course, since we don't have this, they're kind of sitting in limbo wondering if it's still going to be there, who all has access to that account, that kind of stuff.

HARDIN: I see. We tend to ask these questions because, for some strange reason, it makes us feel warm and toasty out here in the middle of the country. You said most other states have this. How about all the states that touch us? Is that a common thing?

PAUL SEGER: It is common, yes.

HARDIN: I see.

PAUL SEGER: Yes. We actually looked at and spoke to some people in Kansas that have it as well. And they-- it eases the-- what it does is it eases, it eases the vital records department because they're not having those people walk in all the time wondering where these certificates are at, taking up their time when we can get this for them. At least it gets them started. It's not the end all be all, but it's a good start.

HARDIN: OK. Very well. Well, thank you.

PAUL SEGER: Thank you.

HARDIN: Appreciate it.

PAUL SEGER: You bet.

HARDIN: Anyone else in support? Is there anyone in opposition to LB1173?

CHRIS KLINGER: Good afternoon. My name is--

HARDIN: Just one moment.

CHRIS KLINGER: I'm sorry.

HARDIN: There you go. Thank you.

CHRIS KLINGER: Good afternoon. My name is Chris Klinger. I'm the president of the Nebraska Funeral Directors Association currently. Chris is C-h-r-i-s; Klinger, K-l-i-n-g-e-r. The Nebraska Funeral Directors Association is in support of this bill on both, on both ends. So I really just needed to let you know that and see if you had any questions from-- me-- from the associations [INAUDIBLE].

HARDIN: Very well. Thank you. Any questions for Mr. Klinger? It does not look like we have any questions for you. But I'll just open it up to you and say, can you think of anything else that we would benefit from knowing in regards to this?

CHRIS KLINGER: Well, Paul, Paul Seger did mention the airplane situation. So we do have people that pass away in the United States that may be from another country and they need to be shipped back. And this would help with that. That would be a big thing this would help as far as that goes. Instead of waiting six to eight weeks maybe to try and get this person on an airplane, we can, we can have that for that family so they can move on with their services as well. Also with the-- you mentioned the life insurance. So this is designed so the next of kins can't move forward with monetary things, meaning they can't access funds or life insurance. It's just to start the administrative processes.

HARDIN: I see.

CHRIS KLINGER: So. And you had mentioned kind of the devil's advocate of that, and that's what I, I want to clarify that side of things, that they can't access these funds with this, so.

HARDIN: Very well. Thank you. Appreciate the clarification. Thank you. Appreciate that.

CHRIS KLINGER: Thank you.

HARDIN: Anyone else in opposition or neutral for LB1173? The room's kind of empty. Well, Senator Riepe, will you come up and close?

RIEPE: Thank you, Chairman. I'm not going to take the absence of the attendance in the room as a personal offense, so. I would summarize this in three ways. This is legislation that's trying to ease the process, ease the burden at times when there's a lot of stress going on, due it-- due to a death in the family. And they need to have things that they maybe resolve when they're in town, from out of state or whatever, and they need to get these things attended to. Second important point I would want to note: as a committee, it is important to me and other fiscal hawks on this committee, is that there is no fiscal note. And also that DHS has expressed its support, not neutral, but its support of LB1173. I'll-- if there are any questions.

HARDIN: We did have one letter in support, none in opposition or to the neutral. Any questions for Senator Riepe? Yes, Senator Cavanaugh.

M. CAVANAUGH: Well, I'd just like to state for the record that I would have been concerned if there was a fiscal note, so thank you for pointing that out.

RIEPE: I know how important it is to you.

M. CAVANAUGH: It is. Thank you.

HARDIN: Any other questions? Thank you.

RIEPE: Thank you.

HARDIN: And with that, I believe it concludes our hearing today on these four bills. Thank you, everyone.