HARDIN: Representing Legislative District 48 and I serve as chair of the committee. The committee will take up the bills in the order posted. This public hearing today is your opportunity to be part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifier sheets that are on the table at the back of the room. Be sure to print clearly-- we like that-- and fill it out completely. Please move to the front row and be ready to testify. When is your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets back on the table for each bill. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the microphone. Tell us your name, and spell your first and last name to ensure we get an accurate record. We'll begin each bill hearing today with the introducer's opening statement, followed by proponents of the bill, then opponents, and finally by anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer, if they wish to give one. We will be using a 5-minute light system for testifiers today. When you begin your testimony, the light on the table will be green. When the yellow light comes on, you have 1 minute remaining, and when the red light comes up, you need to wrap up your final thoughts and stop. Questions from the committee may follow, which do not count against your time. Also, committee members may come and go during the hearing. That's just what we do around here. We have to be dropping bills in other places and it's just part of what happens. We also look at things like our phones and computers and other things. We're really not participating in social media. What we're really doing, like in my case, is I'm actually taking notes on these bills. Because when people come up to me in the hallway, I never have my computer with me, but I pull up LB22. OK. So that's, that's kind of what we're doing here. Please silence your cell phones. That's an important thing. Also, if you have handouts or copies of your testimony, please bring at least a dozen copies and give those to the page also. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be a cause for you to get to meet one of our very handsome red coats or troopers here in the room. Finally, committee procedures for all committees state that written position comments on a bill to be included in the record must be submitted by 8 a.m. the day of the

hearing. The only acceptable method of submission is via the Legislature's website at nebraskalegislature.gov. Written position letters will be included in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. I will now have the committee members with us today introduce themselves, this time starting on my right with Senator Ballard.

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

QUICK: Dan Quick, District 35, Grand Island.

FREDRICKSON: John Fredrickson, District 20 in central west Omaha.

RIEPE: Merv Riepe, District 12, which is Omaha and Ralston.

HARDIN: Also assisting the committee today, to my left is our research-- or our legal counsel, John Duggar. To my far left is our committee clerk, Barb Dorn. Our pages for the committee today are Sydney Cochran, majoring in business administration and U.S. history at UNL, and Tate Smith of Columbus. Do we have that right?

TATE SMITH: Yeah.

HARDIN: OK, good. We didn't want to get that wrong-- and a political science major at UNL. Today's agenda is posted outside the hearing room. And with that, we will begin today's hearing with LB22.

DUNGAN: Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Senator George Dungan, G-e-o-r-g-e D-u-n-g-a-n. Today I'm introducing LB22, which is a bill to allow nurse home visiting programs to bill the Medicaid program. Colleagues, I want to start by backing up to last session. For those of you who were on the committee before or were in the Legislature before, you probably remember that my priority bill was creating the Prenatal Plus Program. This came from an interim study that I essentially conducted, working with many stakeholders, attempting to find legislation that not only helped a very large amount of people, but was also something that I believed we could all agree on, which was that here in Nebraska, we need more healthy moms and healthy babies. Working again with a number of stakeholders and many conversations at DHHS, we were able to create the Prenatal Plus

Program here in Nebraska, which was passed last year unanimously, with no opposition, given the fact that I think, again, we all understood the goal of that program and understood that the outcomes were going to help us as a state as a whole. LB22 I see as a continuation of that effort. LB22 seeks to achieve that same throughline of both healthy moms and healthy babies, continuing the access to care for those who need it most into the postpartum arena. I know that we as a Legislature have done a lot of work on that in the last couple of years. This is a specific and targeted program that seeks to ensure there's access to nurse home visiting postpartum care. Nurse home visiting programs to support the health and well-being of families with young children. The nurse home visiting model, contemplated by LB22, is called Family Connect and is designed to connect mothers with newborns with a supportive resource for 3-4 visits upon discharge from a hospital. This is a voluntary program with remarkable outcomes for mother and baby. Some of the key areas covered in a visit include head-to-toe health assessment for baby, postpartum health assessment for mom, breastfeeding support, education and guidance about topics relevant to all newborns and maternal needs, assistance with connecting to a medical home and/or scheduling routine care visits, and connections to services and resources around our community as needed. Nurse home visitors are trusting relationship-- form trusting relationships with mothers and families to help them during an important time after their baby is born. The Family Connects program is only available in the Lincoln area, although all mothers in the state should be offered this important service. LB22 gets us one step closer to that goal. Why allow nursing home visiting to bill Medicaid? Well, last year we, as a Legislature, allocated $500,000 annually for evidence-based nurse home visiting with the unanimous inclusion of Senator Wishart's bill, LB1125, in the budget. This appropriation will be utilized by the state to pilot nurse home visiting for new mothers and babies in the Omaha area. However, with the success of the Lincoln-Lancaster County Family Connects program, we know that what this impactful service needs is an ongoing funding source, such as Medicaid. Authorization from the Medicaid program to reimburse for evidence-based home visiting would allow the service to grow beyond just Lincoln and Omaha. The bill, as written, would utilize the targeted case management code that we opened up for pregnant women last year with LB857, my prenatal plus bill, and allow postpartum women to receive evidence-based nurse home visiting services to support a healthy transition to home from hospital for mom and baby.

Another positive consideration for offering this service to postpartum mothers through Medicaid is that after the extension of postpartum care for mothers in Nebraska last year, the federal government would actually reimburse these services with a 90% match. I reference that because I looked at this fiscal note here today, which others after me are going to speak to in a lot more detail, but there's a conversation about what the federal matching amount would be for this program. I believe that the fiscal note contemplates that this bill would essentially be to the child, which means it would be that 57% or 56% FMAP. If it's billed to the mother, however, it would be a 90% match because it's that expansion of Medicaid. And so I think that the, the fiscal note, while not technically incorrect, fails to contemplate that 90% matching. And so the actual amount that we'd be spending as a state, again, coming from the Medicaid Excess Profit Fund, not the General Fund, would be significantly lower. One other thing I want to point out about the fiscal note that, again, others after me will speak to much more eloquently, is I believe that the notion of how many folks are going to use this is pretty high in the fiscal note. And part of that is because the bill allows these nurse home visiting services as written, I think, up to 3 years old. The Family Connects model is much, much shorter than that, I believe up to 6 months. So the actual amount of usage that you're going to be seeing of this is going to be significantly less. So while I would like to highlight that there is a $0 General Fund impact anyways on the fiscal note, the actual impact that we're going to see to the Medicaid Excess Profit Fund is significantly lower, I think, than what is demonstrated in the current fiscal. Those after me are going to come up and speak about that, along with many other issues. You're going to hear from the Lincoln-Lancaster County Public Health Department about the Family Connects program and how it actually operates. You're going to hear the VNA in Omaha that's working to bring nurse home visiting into that area. And then you're going to hear from Sara Howard, from First Five Nebraska, who can answer very specific statutory questions about the federal funding and the history of this service in our state. With that, I will stop talking and I'm happy to answer any questions that you may have for me.

HARDIN: Thank you. Questions from the committee? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Dungan, for being here and for bringing this bill. I-- question for you. I, I saw

the legislation, so it's intended to be a service provided to mothers with children 3 and younger. Am I understanding that correctly?

DUNGAN: That is how it's currently written. Yes.

FREDRICKSON: OK, great. And does it have any specifics on how many home visits they can have a year, a month, a-- like, what-- help me understand a little bit more about what this actually looks like operationalized.

DUNGAN: Yes. So LB22, like I, I talked about earlier, it specifically is, is catered around the Family Connects program. And the Family Connects program specifically has 3-4 visits upon discharge from the hospital within the time frame that is allowed. I don't want to butcher this, so I will defer a lot of the details to those after me. But my understanding is there is a couple of different-- maybe 2 different evidence-based, at-home nurse visiting programs utilized nationwide. One of those goes up to 3 years old, I believe, whereas the Family Connects program is a much shorter period of time. What we're ultimately contemplating, given that that's what's used here in Lincoln-Lancaster County and what I think is going to be implemented in Omaha, is the Family Connects program. So the bill was originally written with that broad age range in it to be accommodating. But I am more than happy to limit that to ensure that it actually covers what we need it to cover with regards to the Family Connects model. This was just the original language we worked on. So that's-- the parameters would be, I think, be a little bit more narrow under the way that Family Connects currently operates. But I'll also let you ask that again to the people who do that.

FREDRICKSON: I'll, I'll be happy to. And I, I might have just one more question, as well, related to that. So you, you mentioned the fiscal note-- and this might be a question for someone after you, as well. With the information you provided about the 90% match from the federal government, how-- do you have any estimate of how that might impact the fiscal note or do you have an approximation of what feels more realistic to you, based on that?

DUNGAN: Well, I became a trial lawyer so I wouldn't have to do math. So I'm very bad at math off the top of my head. So I don't want to

guess, but I will tell you, it's significantly lower. But looking at that 90% versus the 54-- or 56, 57--

FREDRICKSON: Yeah, yeah.

DUNGAN: --I mean, you're going to see a significant reduction.

FREDRICKSON: Sure.

DUNGAN: But I can try to run some of those numbers and get them to you all maybe in the near future.

FREDRICKSON: Great. Thank you.

DUNGAN: Mm-hmm.

HARDIN: Any other questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here, Senator. The question I have is I'm trying to fit into this-- the role of the 3 managed care organizations have accountability for providing services. This seems like it's in addition to or outside of that. I think-- my point is this: Are we already paying them to provide this kind of maternal service? And my second question is, is, is this limited to Lincoln at this time?

DUNGAN: So I'll try to answer both of those questions. And again, the experts after me might have a better answer for you. I mean, the answer to your first question is no. We're not currently providing all of these services statewide. And a lot of the issues that we're running into and why this bill, I think, is necessary is it's a, it's a billing, it's a billing problem. And what we're trying to do is allow targeted case management to be-- for these services to be billed as targeted case management with regard to that at-home nurse visiting. And so last year with the Prenatal Plus Program, we had opened up that ability to bill with the targeted case management, which is a term of art specifically defined in federal statute. And so, this would sort of, sort of expand or tap into that ability to pay for these services when offered or where offered through Medicaid. Currently, the Family Connects model is being used in Lincoln-Lancaster County. And like I said, you'll have the head of the Lincoln-Lancaster County Health Department be able to explain to you probably the implementation of that and the benefits they've seen. The

hope would be that expansion of that Family Connects program to other parts of the state is sort of incumbent upon the ability to have a sustainable funding source, which would be Medicaid. And so I think what we're trying to do is find a way to pull down those federal dollars, as Governor Pillen has highlighted multiple times he'd like to see happen, try to pull down those federal dollars in an effort to both pay for the programming that currently exists in Lincoln and have an opportunity to expand it to other areas that would like to implement similar programs.

RIEPE: I know the governor may want to pull down more federal dollars, but they're not free. So there's a match, 10% match. And, you know, I guess my concern is, as I look it and as I hear it, it's one more step in expanded Medicaid--

DUNGAN: Mm-hmm. Well--

RIEPE: --which is, quite frankly, I'm not sure that we're able to afford at this point in time.

DUNGAN: Budgets are a big conversation this year, and I think that's one of the things that we're going to continue to talk about for the rest of the session. What I would say about that is that similar to the Prenatal Plus Program, any cost to the state is being pulled from the Medicaid Excess Profit Fund. I understand that that is not a infinite resource.

RIEPE: Thank you.

DUNGAN: But then-- and I, I, I get that we have to ensure that we are fiscally responsible with pulling from that fund. That being said, that number in that fund is significantly high at this point in time. And the creation of that fund was specifically targeted at using it for serving the purposes of Medicaid. And so, in a world where a fund is created with a very specific, delineated purpose, this is different than just pulling from some random cash fund to pay for a program. We are trying to, to actually serve the purpose of the cash fund by, by funding this, this program. So I understand we can't continuously pull from that. But my understanding is that that fund is pretty healthy at this point, and the relatively offset mitigated cost to the state can be pulled from that to serve the direct need of the people of Nebraska while also not pulling from a cash fund that doesn't relate to that.

So we'll be fiscally responsible, but I think this is worth it. The last thing I'll say-- sorry, I'm a talker. We have to think about the return on investment. And I know that, you know, obviously folks like yourself who have worked in the medical industry understand that when you invest in something that has upfront care, you're saving money on the back end. The Prenatal Plus Program last year, when it was implemented in other states, they demonstrated a $2.48 saving for every dollar spent. So when you're talking about upstream investment, where we're trying to save money down the road on adverse birth outcomes and continuous returns to hospitals, these kind of investments are going to save the state money down the road in a world where we're trying to be fiscally responsible. So in, in terms of prioritizing where we invest that money, if we can do so in a way that saves us money, I think that's a smart investment.

HARDIN: Yes, Mr. Riepe.

RIEPE: I would, would respond and say, you know, as a Legislature, we work in a 2-year budget cycle and we work in election cycles, as well. And I think the, the Excess Fund has something like $45 million, which sounds like a lot of money, but in relationship to the entire state budget, it's not. And we had, yesterday, a presentation that also wanted to draw. And this is our second day of hearings, so I think we're a long way from the end. And we have to be, in my opinion-- I'm carrying on here a bit-- we have to be careful about what we commit to when we-- maybe the next one down the road is a better commit.

DUNGAN: Mm-hmm.

RIEPE: So we kind of wait-- need to wait until we get to the end of the run, and go back and say if, if we liked any of them, we have to like this one and that one and not this one.

DUNGAN: Yeah.

RIEPE: I'm also concerned, quite frankly, that money-- much of this is more towards urban. I happen to be an urban Senator. But I think some of our greater need is probably in rural Nebraska, where we really have some maternal deserts.

DUNGAN: I couldn't agree more. And I think the expansion of health--

RIEPE: Thank you.

DUNGAN: --healthcare into, healthcare into the rural area is vital. And I think, to answer that question, or I guess to, to reference that, that's what this seeks to do. So currently, right now, you look at the urban areas like Douglas County and Lancaster County, who have been either implementing the Family Connects program already or there's the pilot program going into effect in Douglas County about Family Connects, they currently, hypothetically, have the resources to at least do these pilot programs. It's LB22 that I think would allow that sustainable funding mechanism to allow the expansion into the rural parts of the state. So I couldn't agree more. We need to focus on other areas, and I think that that's what this seeks to do. And when it comes to a lot of other bills also trying to tap into the Medicaid Excess Profit Fund, let me tell you, this is the best bill you're going to hear about it, so don't worry about it.

RIEPE: No, I-- my presentation is next, so.

HARDIN: He does have 2 bills coming up, so-- any other questions?

BALLARD: I'd, I'd-- yes.

HARDIN: Senator Ballard.

BALLARD: Thank you, Chair Hardin. Do-- and I know you have to get to other committees and you're probably up in other committees right now, but I do have a question. Do you know, is commercial insurance, does they-- do they provide this service as well? I know my good friend from Ralston is very vigilant about not having what he calls a gold card for, for insurance through the state. Is, is this provided through?

DUNGAN: I think that some probably provide some of these services. I can't answer that question off the top of my head, but I can go do some more research. And some of the people after me might have a better sense to that. But I've not done some-- I have not done all of the research into what all of the different private insurances offer, with regards to postpartum care. I would imagine some of the individual services might be covered, but maybe not as comprehensively as we're talking about here. But I do think they exist, for sure.

BALLARD: OK. Thank you.

HARDIN: Any other questions? Will be-- you be staying with us, Senator Dungan?

DUNGAN: I will do my best. I'm up fourth in Judiciary, so I will have to observe that as well. But I'll try to stay to close.

HARDIN: Very well. Thank you.

DUNGAN: Thank you.

HARDIN: Proponents for LB22. Proponents.

JOSEPHINE LITWINOWICZ: Hello, Chairman Hardin and members of the committee. How are you doing?

HARDIN: Hello.

JOSEPHINE LITWINOWICZ: I want to issue forth a disclaimer that I'm not one of the experts, obviously. And my name is Josephine Litwinowitz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And so what I want to say, first of all, is that I don't want to detract from this. This is important. At-- and, and yet, the back end of-- the, the shortsightedness of not investing, you know, it does cause problems. I want to say first that Trump is, is gone totally batshit crazy. Did you, did you know what happened today? Take, take a look at what he, what he said to the, the, the, the-- anyway, at the meeting of all the businessmen. Yeah. You guys, you guys are going to have to get an open letter ready. You better start writing it. You better start writing it. Watch. Anyway, I have to say that because-- anyway. So what I want to say as it relates to this bill is that what kind of society do you want to live in? You talk about taxes, and yeah, I, I get it. But I mean, living in a good society costs money, you know. And we don't have to give tax breaks to the rich, in general. So as it applies to my situation, because I want to make it-- a lot of these-- everybody's looking for provider funding. And we need it in every case. And for me, I, I miss-- I go without appoint-- appointments with my health aide because you know, it-- there-- they don't have enough. You know, the owner comes out. There's a big, local-- there's a person in town when I used to-- it's, it's a big, skilled home health-- and I, I can't find words today. Sometimes the MS does that. But-- and I'm losing track. It's a little bit more today than normal. Can you tell

me what I was saying? And then it comes right back. Everything pops back in. That's what-- I don't know. Maybe you weren't listening. I'm kidding. But what was I just talking about? Because it- then everything I want to say comes in.

HARDIN: Well, I think you were sharing with us about society, and you were mentioning something about President Trump, and you wanted us to get a letter ready to go.

JOSEPHINE LITWINOWICZ: Yeah. But that's, that's obviously the case. But what I was-- I guess what I was saying is provider rates are so low for everything and I, I, I hear about different services, nursing homes and assisted living, and we got to start putting some money in. And, you know, I go without visits sometimes. I'll-- I've even gone a whole day. You know, I, I can do it, you know. But I've gone a whole day without somebody coming. And most of the time, when the-- I miss one meeting. Lately, I've, I've missed quite a few in the evening. And so, that's because they can work at Chipotle instead of, you know, you know, wiping my butt. So, I mean, that's probably-- so I think it-- I don't know how to say this and I'm going to say it every time I-- that this comes up, I'll be speaking again about it, because I got to get it on the record. And this, this bill obviously makes sense, and it's intuitive that it will-- you'll save on the back end. With this-- I know-- I don't know much about it, but it's-- I'm-- I fully support it. And then-- yeah. You know what? I'm, I'm pissed about-- you better get your open letter ready against Trump. You ain't seen nothing yet. BTO. Thanks a lot for hearing me, and have a good one. I'll-- and I'll see you.

HARDIN: Any questions?

JOSEPHINE LITWINOWICZ: No.

HARDIN: Seeing none, next proponent for LB22. Welcome.

KERRY KERNEN: Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Kerry Kernen, K-e-r-r-y K-e-r-n-e-n. And I'm the health director with the Lincoln-Lancaster County Health Department. I'm here to speak with you today about our Family Connects universal nurse home visitation program in the city of Lincoln and Lancaster County, and that I am sitting in support of LB22 to allow Medicaid to bill for nursing home

visitation. We recognize that bringing home a new baby, a newborn, can be a challenging time for any parent. The Family Connects universal home visitation program services are provided regardless of geography, economic or educational status, demographic or previous number of children. It's open to all parents of a newborn, and it's 100% voluntary. This evidence-based model currently being implemented by our health department has been developed out of Durham, North Carolina. Home visits are provided by a registered nurse within the first 3 weeks of birth and 1-3 home visits are made, based on the needs of the parents. Several assessments are completed for both mother and infant. For example, the mother receives a postpartum health assessment, including a blood pressure, blood pressure check, a postpartum depression screening, and ensuring that she is connected with her OB provider for followup care. The infant health check includes a head-to-toe assessment, including weight, length, head circumference. Breastfeeding and nutrition supports are provided. Social determinants of health assessments are conducted with referrals provided. Safe sleep practices, tobacco cessation, and referrals to quality childcare are provided. Caregiver and child interaction assessment and coaching is provided, along with supportive guidance about topics relevant to all newborns and to address maternal health needs. Since the launch of the Family Connects Lincoln-Lancaster County in September of 2023, we've completed 925 postpartum visits. As we continue to build our program, we are currently scheduling about 40% of eligible births. And of these, we complete about 65% of those visits. Of the completed home visits, less than 5% of the caregivers are uninsured, while 30%-- 36% of mothers and 54, 54% of children are on Medicaid and 58% of mothers and 55% of children have private or employer-based insurance coverage. Family Connects has been shown to increase family connections to community resources and improve parenting behaviors, such as comforting an infant. It's also been found to improve parents' mental health, enhance the quality of home environments, reduce infants' emergency medical care, and increase parents' utilization of higher quality childcare for their children. Research indicates that the implementation of the Family Connects leads to a 17% reduction in infant emergency department visits, a 73% reduction in infant hospital visits, a 30% reduction postpartum and anxiety, and a 39% reduction in Child Protective Service investigations. Most recently, in 2024, an economic evaluation out of Springfield, Missouri, Greene County, which has a population size similar to Lancaster County, in--indicates an estimate that the cost

savings of the Family Connects program will be $22.2 million over a 4-year period of time. This includes the discounted present value of over $400,000 due to reduction in ED visits, almost $16 million due to the reduction in inpatient visits, over $4 million due to the reduction of postpartum anxiety, and almost $400,000 due to the reduction in Child Protective Service investigations. The Family Connects program is expected to cost approximately $1.4 million annually in Greene County, and for every dollar invested in the Family Connects program, Greene County can expect to-- expect proximately 4-- $4.08 in savings. This represents a 408% return on investment. Building the capacity for Medicaid reimbursement for nurse-based home visitation such as the Family Connects program can help expand capacity across the state of Nebraska and reduce unmet needs for those bringing home a new baby. Thank you for your time and attention as you consider nurse-based home visitation an important role in the health outcomes of mothers and our youngest community members. Happy to answer any questions.

HARDIN: Thank you. Are there questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here, for your testimony and also for your service to the city of Lincoln. One question I had is I-- is this service available in Lancaster County? I'm thinking of parents who have different roads to parenthood. So whether it's through adoption or through-- can you share a little bit more about that?

KERRY KERNEN: Yeah. So the only requirements are that they live in Lancaster County and they're bringing home a new baby. So it's single parent, adoptive parents. We also serve parents of loss, so if they've had an infant loss, we recognize that the mother still has those needs. We actually will meet with parents in the NICU , so if they have a NICU baby that's been there for a while, we really want to make sure that we're meeting those families where they're at. So it's any new baby in Lancaster County.

FREDRICKSON: Fantastic. Thank you.

KERRY KERNEN: You're welcome.

HARDIN: Other questions? I have a couple. A 408% return on investment is a pretty good one, slightly better than, well, anything else. Can

you unpack that for me a little bit? When you say a 73% reduction in infant hospital visits, that's pretty amazing.

KERRY KERNEN: So the evidence based out of, out of Durham, North Carolin-- Nor-- Durham, North, North Carolina, across the nation. So this program is across the nation and not in every state, but they're building that capacity as they look at that research. And they're looking at infants under the age of 2 that are using the emergency department appropriately, and then any subsequent inpatient hospitalizations. So when our nurses go out, they're really helping those parents understand what are normal growth and development milestones, when is the appropriate use for emergency department, ensuring that they're connected to a primary care medical home, so that we're really reducing those ED visits to really a, a most appropriate use, and if they have to be hospitalized, they're seeing a reduction in inpatient admissions. So that's a huge cost savings not only to the health systems, but to the, to the communities that those parents are really knowing how to navigate the health care system and understanding how to really use those resources appropriately.

HARDIN: How many nurses do you have now in Lancaster County?

KERRY KERNEN: So we currently have 4 full-time equivalent. We are budgeted for 7, so we still are recruiting for nursing staff to fill those positions.

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

KERRY KERNEN: You're welcome.

HARDIN: The next proponent for LB22. Welcome.

KAITLYN LICKEI: Chairman Hardin and members of the Health and Human Services Committee, thank you for the opportunity to testify in support of LB22. This is my first time testifying. My name is Kaitlyn Kickei, K-a-i-t-l-y-n L-i-c-k-e-i, and I am here as a first time parent and advocate for evidence-based nurse home visiting programs. I would like to share my personal experience with Family Connects, a program that provided my family with a nurse visit after coming home with our 2-week-old baby. My husband and I were in the early stages of parenthood, an overwhelming time full of questions, uncertainties, and adjustments. Alyssa, the nurse who visited us, provided support at a time we needed it most. During her visit, Alyssa assured us, listened

to us, our frustrations, and allowed us to share our concerns without feeling rushed. She helped us navigate newborn care, answered our questions about feeding and sleep, and offered resources to support my family's well-being. This experience was invaluable to us at the time, being new parents. She gave us confidence and helped us feel less isolated in those early weeks. Programs like Family Connects are the embodiment of what LB22 seeks to expand through targeted case management for evidence-based nurse home visiting services. These services are more than just visits. They're lifelines for postpartum mothers, infants, and young children. Research has shown that nurse home visiting programs improve maternal and child health outcomes, reduce stress, and connect families with necessary community resources. By requiring the Department of Health and Human Services to submit a state plan amendment for federal matching funds, LB22 ensures that these critical services are available to Medicaid-eligible postpartum mothers and children younger than 3 years old. The use of the Medicaid Managed Care Excess Profit Fund to support these services is a prudent and compassionate allocation of resources that will lead to long-term benefits for Nebraska families. As a parent who has directly benefited from a nurse home visiting program, I urge this committee to advance LB22. Expanding access to these services will empower more families like mine to thrive during one of life's most challenging transitions. Thank you.

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

KAITLYN LICKEI: Thank you.

HARDIN: The next proponent for LB22. Welcome.

KELLY MACKLING: Welcome. Good afternoon. My name is Kelly Mackling, K-e-l-l-y M-a-c-k-l-i-n-g. For the record, this is my first time testifying. I am a clinical nurse manager at the Visiting Nurse Association, or the VNA, in Omaha, where nurse home visitation has been in practice for 129 years. I am present today to speak on record in support of LB22, which allows evidence-based nurse home visiting to bill Medicaid. I will be managing the Family Connects program through VNA in Douglas County. We are excited to implement this program this coming spring/summer of 2025. As Kerry Kernen from Lincoln-Lancaster Health Department has shared, Family Connects provides families up to 3-4 home nurse visits in their home after discharging from the hospital. Bringing home a new infant is exciting as well as very

challenging. As many of us know, every parenting experience is different and every newborn is different. The challenges new parents face include obviously learning how to take care of a, a new baby, sleep deprivation, learning how to breastfeed, financial stressors, knowing when to seek medical care, and possible postpartum anxiety and depression. Imagine having the option for a nurse to come to your home and be able to spend time answering questions, checking on the physical status of mother and baby, helping with breastfeeding or other feeding techniques, and ensuring follow-up appointments are scheduled. The nurse provides all of these services and refers to any resources to support the family. While baby visits at the doctor's offices are necessary, but providers are often stretched very thin and don't have time to cover all of these important topics. Family Connects provides nurse home visits to supplement necessar-- necessary well-child checks, leading to proven positive outcomes for mothers and babies. I currently manage a physician-ordered home nurse visitation program at the VNA. 25 years ago, I started working as a nurse home visitor in this program. The program is not evidence-based, but nurses follow orders from physicians for home nurse-- home visits to check infants' physical status, feeding, we do a lot of blood draws, as well as other, more medically complex needs. In 2024, we saw over 700 newborns. Physicians and other medical professionals often tell us that they would refer so many more clients if our program was able to accommodate them. And not all babies have a medical need for such home visits by my program. We do not bill Medicaid for these services at this time. They are funded fully by grants and philanthropy. This requires us to place limits on the number of staff that we have and clients that we can accommodate. The benefits we see and our clients report to us include calmer, more confident mothers and fathers, increased compliance with medical follow-up, fewer ER visits and overnight hospital stays, feeding of choice success, whether that be breastfeeding or bottle feeding, improved responsiveness to infant needs, safer home environments by just simple changes made for infant safety, and connection to community resources. Based upon the demand and successes of programs VNA currently provides, our agency felt compelled to partner with the state to implement the Family Connects program in Douglas County. We want to support more parents, and we know that there are so many more families that could benefit from home visitation. This bill would allow money to provide the services statewide and ensure that more mothers receive support from a nurse home visitor after they give birth, thus positively impacting both

infant and maternal outcomes in the postpartum period. Thank you, Senator Dungan, for introducing this bill, as well as Senator Hardin and the committee. The VNA is excited for the possibility of billing Medicaid for nursing home visits, allowing us to extend services to more families in our community.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. You note in here-- I guess my piece gets to be is-- you note in here that you get some funding from grants and phil-- philanthropy. The question gets to be, is if LB22 is not successful in getting approved or funded, what's the future of your program? It's-- because you say in your letter, I will be managing, which implies into my head that if the funding isn't there, you're not going-- you don't go forward. And yet, later on you say we're already doing this.

KELLY MACKLING: Right. So we, we are-- there-- and there might be more to be able to speak to this. But we are working with Health and Human Services right now, and have guaranteed funding for just the pilot only. And there-- like I said, hoping to secure funding for, for ongoing. But obviously, if we can bill Medicaid for these services, we could see so many more people. Like my program now, which would probably be how Family Connects would be if we could only work off, you know, the small amount we're given. We'd have to limit to who we see and what we can accommodate.

RIEPE: This, this pilot, when does this pilot end?

KELLY MACKLING: Well, we haven't started yet. We're hoping to implement the spring/summer of 2025. We have training starting in March.

RIEPE: So this is in addition to that. You said it hasn't started yet?

KELLY MACKLING: We haven't implemented in Douglas County yet.

RIEPE: I thought you said it was a pilot project.

KELLY MACKLING: Well, we're piloting in Douglas County. Family Connects has been-- it's-- was started in North Carolina. There's multiple sites throughout the United States, as Kerry talked about.

Lincoln has it in place. We will be piloting that specific program in Douglas County. Hoping to extend, extend.

RIEPE: OK. I'm, I'm a little confused, but go ahead, Chairman.

HARDIN: OK. So we're talking Douglas versus Lancaster, essentially.

KELLY MACKLING: Kerry spoke to Lancaster. We're implementing the same program in Douglas County that Lancaster has in place now.

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

KELLY MACKLING: Thanks.

HARDIN: Next proponent, LB22. Senator Howard.

SARA HOWARD: Senator Hardin, nice to see you. How are you?

HARDIN: Well, I'm fine, thanks.

SARA HOWARD: OK. I can answer--

HARDIN: Nice to have you back where you used to sit in this chair.

SARA HOWARD: Yes. Yes. I hope it's nice and cozy.

HARDIN: It's nice and cozy. Thanks so much.

SARA HOWARD: I actually used to-- well, I don't use up my time, but the windows used to be really bad in here. And so the breeze would come through and, like, nip at your ankles, like there was like a ghost in here. But hopefully they've addressed that with the HVAC work. [INAUDIBLE]. OK. I apologize, Barb. OK. Thank you for allowing me to testify today. My name is Sara Howard, spelled S-a-r-a H-o-w-a-r-d, and I'm a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five is focused on the area of maternal and infant health policy because we know that healthy moms and babies are critical to ensuring the long-term success of children in our state. OK. So I, I generally will read my-- read what I have to read, and then I'll, and then I'll kind of go off the cuff. I think the thing that I want to start with today is sort of the statutory history of home visiting in the state of Nebraska, because I think

that's sort of the baseline of what got us here today. So in 2007-- and Senator Meyer, you're, you're I think the only person who we haven't spent any good time together. But just for the record, I'm a second-generation legislator. So my mother was elected in 2004 to represent District 9, and then I replaced her and was elected in 2012. And so, I was able to come to this committee with 8 years of her experience and then 8 years of my experience. And so part of the reason why Nebraska had-- has a conversation about home visiting is because before my mother ever got to the Legislature she was a social worker for the state of Nebraska for 34 years. She was a frontline worker. And when she started to hear about nurse home visiting programs, she realized that they were much more approachable because people won't answer the door for a social worker, but they will answer the door for a nurse. And so in 2007, my mother introduced a bill and got a line item in the budget that remains to this day. You've all voted for it. Thank you very much. Her first line item was just for nurse home visiting, because it was really focused on that child welfare impact on home visiting. Then in 2013, her-- me, her daughter, opened it up to all types of home visiting, because home visiting can have a variety. It can be a social worker or an early childhood educator. And so we opened up the scope of the, of the money in the budget for home visiting at-- that year. That was also in response to the federal government started investing in maternal and infant early childhood home visiting, through what's called the MIECHV program. And the state has offered a, a baseline amount of funding for MIECHV. At that point, the state took that baseline federal funding and decided to invest it in a different program, the Healthy Families America program. So that's not a nurse program. That's more of an early childhood educator program, but you'll hear about it later when we talk about LB104. So we've been working to kind of bring back to, to vintage. We've been bringing back nursing home visiting because of all the reasons that you've heard today. 3 to 4 visits offered to a mother right out of labor and delivery or right when you bring a newborn home, they can really make a difference when a parent feels like, I don't know what to do. Right. Every-- I-- everybody, I think, is very nervous when they bring a baby home. I'll be very nervous when I bring a baby home in March. Right. We're, we're all figuring it out. We know that nurse home visiting programs have those cost savings for states around not going to the emergency room, not seeing those inpatient visits. But the history of home visiting is one that's quite long in this state. Last year, we had 2 home visiting bills introduced in the

Appropriations Committee. Both were passed and included in the budget unanimously. The first one was with Senator Vargas, and that was to increase the line item in the budget so that we could draw down a new matching fund opportunity through that MIECHV program, that federal program. So Representative Adrian Smith, who's a big fan of home visiting, really worked hard to make sure that there was this new matching fund available. And the only way that Nebraska could utilize it was with new funds, so Senator Vargas introduced that. They added those funds into the budget. The second bill is the, is the seed money for the nursing home visiting pilot. This was Senator Wishart's bill. So these are LB1124 and LB1125. Senator Wishart is-- asked for $500,000 annually from the Medicaid Managed Care Excess Profit Fund for evidence-based nurse home visiting. She had seen what it had done in Lancaster County, and she wanted to see if there were other areas of the state that could benefit. So then, you know, the Division of Public Health took these funds, put them all together, and said, OK, where can we implement this pilot? And, you know, we had been hoping that they would look at more rural areas. And unfortunately, they-- and, and-- or fortunately-- right-- they went to Douglas County. So these funds will be used in Douglas County. So when Kelly from the VNA is speaking to oh, we're starting the pilot, those are the funds that they're talking about, is the funds that we got last year in the budget. After we passed that bill, I-- we have a little home visiting partners group. It's statewide. We've got folks from across the state. Very quick. Our-- honestly, it was our colleagues in the Panhandle who said how how do we get nurse home visiting in the Panhandle? And I was like, you know, the only way that I can think of without going back to the Appropriations Committee and saying, hey, make bigger investments, but that doesn't guarantee that it would go to the Panhandle, would be to have the sustainable billing source through Medicaid. Most states actually do bill evidence-based nurse home visiting. We're a little bit behind the 8 ball, I would say, in terms of billing Medicaid for home visiting services. And I will stop there. And I'm happy to try to answer any questions you might have.

HARDIN: OK. Thank you. Questions? Senator Meyer.

SARA HOWARD: So many.

MEYER: Thank you, Chairman Hardin. I've, I've heard from the previous testifier and also from you mentioning a pilot program, and I guess

the question begs to be asked: the pilot program, for how long and for how much?

SARA HOWARD: So that's a good question. So the-- it's a line item in the budget right now. So it's $500,000 for evidence-based nurse home visiting. The Division of Public Health is calling it a pilot program. But as far as I know, it remains in the budget today.

MEYER: OK. And that's strictly-- specifically to be used in Douglas County?

SARA HOWARD: It's specifically to be used for nursing home visiting, so they could use it anywhere.

MEYER: OK. Thank you.

SARA HOWARD: Yes, good question.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Howard, for being here. It's good to see you, as always.

SARA HOWARD: As ever.

FREDRICKSON: As ever, yeah. I was-- I'm curious. And Senator Dungan spoke to this a little bit in his intro, and I don't know if you have any more insight on this, but the fiscal note specifically.

SARA HOWARD: Yes.

FREDRICKSON: So Senator Dungan had talked about the federal match dollars and how that relates to who's billed, et cetera. Can you maybe polish that a little bit or tell us a bit more about that?

SARA HOWARD: Well, it would, it would be my honor.

FREDRICKSON: OK.

SARA HOWARD: Thank, thank you for asking. So-- OK. I'm going to do like a very brief Medicaid explainer before I kind of explain what's going on with the fiscal note, just because we've got some new, new, new faces to the committee. And so for the old-timers, I won't, I won't belabor it, but for Medicaid, if you want to participate in

Medicaid, you have to be special. So you have to fall into a category, either age, blind, or disabled, a pregnant woman, a child, or a part of the expansion category. And each of those categories has a different matching rate from the federal government. So, for instance, just regular Medicaid, 54% eligibility, their matching rate from the federal government is-- and I don't want to misstate this-- is 55%, whereas for postpartum mothers-- so in 2023, this committee passed a bill to extend postpartum coverage for up to a year for new mothers. That's at a 90% match. So what Senator Dungan was referring to is that DHHS, in looking at the fiscal note, has chosen to only look at billing the child's Medicaid or the child's Children's Health Insurance Program, when in reality, this program should bill through the postpartum mothers Medicaid coverage at a 90% match. I think CHIP was included in this bill because we do have a small population of mothers who receive their prenatal care and coverage through the Children's Health Insurance Program, but they currently don't have any postpartum coverage. So in reality, if you were to revise this bill, and I think Senator Dungan is very open to an amendment, you could narrow it exclusively to bill through the postpartum mother as opposed to the Children's Health Insurance Program. And that's at a 90% match. Did I do it right?

FREDRICKSON: No, I think that, that-- I think that's super helpful. How does that-- so this-- and this kind of relates to an earlier question I had for an earlier testifier. So in, in the case of maybe a parent through adoption, that would still go through CHIP, [INAUDIBLE], if said child was eligible for CHIP.

SARA HOWARD: Yes, because for, for the postpartum category, you have to--

FREDRICKSON: You have to have physical labor.

SARA HOWARD: Give labor. You have to give birth.

FREDRICKSON: Yes.

SARA HOWARD: You have to give labor-- pregnancy brain. OK.

FREDRICKSON: Thank you.

SARA HOWARD: Yes, Thank you. Great question.

HARDIN: Other questions? Senator Hansen.

SARA HOWARD: I'm ready. I'm buckled up. Let's, let's go.

HANSEN: I think we have more current and past HHS chairs.

SARA HOWARD: That-- isn't-- it's the most chairs I've ever seen in a room for this committee. Lovely.

HANSEN: It doesn't make us any smarter, but.

SARA HOWARD: We're trying, though, at least.

HANSEN: We try to pretend like we are. Pretty confident that federal funds will continue to be there for this program?

SARA HOWARD: Which, which program? For MIECHV or for, or for Medicaid?

HANSEN: The, the Medicaid portion of-- like the federal funds we have in the fiscal note here.

SARA HOWARD: Yeah. So I'm fairly confident that Medicaid will continue. We've-- since 1965 it has.

HANSEN: Well, I, I know that-- yeah, I know there's been some talk about them kind of--

SARA HOWARD: Block granting, per capita cuts--

HANSEN: Yes.

SARA HOWARD: --caps, or reducing the FMAP.

HANSEN: Yeah.

SARA HOWARD: Those were brought up in 2017, as well. And so I would have a-- they were not successful then. Most times-- and honestly, I think if those Medicaid caps were successful, it would, it would candidly, it would blow our budget. Medicaid is our largest source of federal funding in the state of Nebraska, and we also earn interest off of our Medicaid payments. So we actually take money from our Medicaid payments and it becomes a general fund as well. So I, I would like to tell you that I have an enormous amount of confidence that Medicaid will stay the way that it is. I think it's very likely that

you'll see more work requirements included in Medicaid before they would go to FMAP reductions. I think states are relying on this-- on these funds for these supports.

HANSEN: Yeah, I think they-- the-- at least the current administration now, has mentioned they're not going to touch-- you know how well that goes.

SARA HOWARD: Right.

HANSEN: Not going to touch Medicare, Medicaid, and Social Security. But, who knows.

SARA HOWARD: You never know. You never know.

HANSEN: It's usually the rules-- the, the, the regs kinda change, typically.

SARA HOWARD: For sure. For sure.

HANSEN: And maybe-- so pretty typical, though, for, for this program, for, for a child less than 3 years of age?

SARA HOWARD: So they-- so Kerry mentioned it. There are actually 2 nursing home visiting programs. One is Nurse Family Partnership. That goes to 3. The one that we have in Nebraska is Family Connects. That's about 3 months.

HANSEN: OK.

SARA HOWARD: So that's, I think, the one that we're contemplating. So if Senator Dungan were to offer you an amendment, he would probably reduce that window of time and then make sure that we were billing the postpartum mother.

HANSEN: Which would signif-- significantly reduce the fiscal note.

SARA HOWARD: It would be very small. Yes.

HANSEN: And one other thing. I think just because of your expertise, you mentioned that a lot of other states are already incorporating this. Have you noticed, has there been a trend in, in these other states when they start incorporating this on the increased use of nurse at-home visitation, now that Medicaid covers it? You know, it

was like right here, but all of a sudden Medicaid starts to cover it, and all of a sudden, "wsshh," we're up here now.

SARA HOWARD: Oh, everybody's using it. You know, that's a good-- utilization. So generally, the utilization rate that Lincoln-Lancaster County is referring to, which was 30%, is, is about accurate. So we can offer it to every single mother, and only 30% will say, yeah, absolutely. Yeah.

HANSEN: OK. Just curious. So. OK. Thank you.

HARDIN: Additional questions?

SARA HOWARD: May I answer one more, just, just for fun?

HARDIN: Do you have one more thing you would like to comment on?

SARA HOWARD: I'm so, I'm so sorry. The Medicaid Managed Care Excess Profit Fund-- and this is mostly for Senator Meyer. So in 2017, I was in the Legislature. Were you-- you were kicking around? When did you get here?

HANSEN: 2018. 2019.

SARA HOWARD: 2018. So 2017, we started to hear about the state of Nebraska was getting these buckets of money from the managed care companies. And we discovered-- and it was me and Senator Arch. Senator Hansen, you were on the committee. We discovered that about-- the managed care companies were returning about $30 million annually to the state of Nebraska. And then the Medicaid, Medicaid and Long-Term Care agency and DHHS was sort of spending it how they, they would enjoy spending it. And so Senator Arch and I created the Medicaid Managed Care Excess Profit Fund, which captured those returned funds from the managed care companies. And so annually, it's usually about $30 million. So the $45 million that we have in that fund right now is not static. It will most likely continue to increase. And, and the money that's been taken out by the Appropriations Committee thus far has been very small, in, in the $2 millions-ish. That's not very much when you're looking at last year, I think we had about $98, $96 million. So there's quite a lot in there. But the utilization is specifically for Medicaid-eligible individuals and programs that would

reduce our costs in Medicaid. So this one in particular has that, that flavor of reducing costs for Medicaid-eligible individuals.

MEYER: For full disclosure, if I may, Senator, I'm very aware of the Medicaid Excess Profit Fund. And given the legislation I've seen and some that I've introduced, it's going to take a hit this year, in all probability.

SARA HOWARD: Yeah, yeah.

MEYER: So, yeah, I'm, I'm aware. I'm aware.

SARA HOWARD: You know, it was one of the smartest cash funds we ever made, though.

MEYER: Pardon?

SARA HOWARD: It's one of the smartest cash funds we ever created as a body, because it, it really does make sure that the funds are used for a specific purpose.

MEYER: Thank you.

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

SARA HOWARD: Thank you. I appreciate your time today.

HARDIN: Other proponents for LB22? LB22. How about opponents, LB22? Anyone against? Anyone in the neutral for LB22? Seeing none, Senator Dungan, would you come back, please?

DUNGAN: Thank you, Chair Hardin. Thank you again, members. I really appreciate the testifiers being here today. I think you all got a very good smattering of information, both from actual frontline workers-- Senator Howard, I think, did a fantastic job giving you some of the history of how we got to where we are today. And one of the things that she highlighted that I want to make sure I kind of reference again is just the long history of this at-home nurse visiting in Nebraska. We have continued as a state to support it because we know it works, and because we know that we see not just healthier moms and healthier babies, but we see a return on investment, as we heard both, I guess, in my opening, but then more specifically from the representative from the Lincoln-Lancaster County Health Department. A

408%, I believe she said, return on investment is huge. And when we're talking about our fiscal health as a state and trying to find ways to cut costs moving forward and trying to find ways to ensure that we don't spend too much money down the road, I think no matter what issue we're talking about, upstream investment is always valuable. And I think in this specific case, it's very, very helpful that we have actual evidence to show these kind of programs save money. And so I'm very excited about the possibility of this being implemented across the entire state. I love that we have Family Connects in Lincoln. It sounds like in Omaha they're going to be having that really soon. But to Senator Riepe's points, I think we need to make sure that we're ensuring access to these kind of services everywhere, everywhere else. Moms in rural communities and small communities deserve to have this kind of care, as well. So very appreciative of the folks who came here today and took time out of their day for that. And I appreciate you all listening. And I'm happy to answer any final questions you might have.

HARDIN: Any questions? Thank you.

DUNGAN: Thank you.

HARDIN: This concludes our LB22. We do have-- how many proponents online? 11 proponents, 2 opponents, 1 in the neutral. And we will be moving on to LB41 and Senator Riepe.

RIEPE: Thank you, Chairman Hardin.

HARDIN: Welcome.

RIEPE: Good to go?

HARDIN: Good to go.

RIEPE: Thank you. Good afternoon again, Chairman Hardin and members of the Health and Human Services Committee. My name is Senator Merv Riepe, M-e-r-v R-i-e-p-e. I represent District 12, which is the Omaha-Ralston area. I am introduce-- introducing LB41. This bill is primarily driven by Senator Sara Howard. You'll get a chance to see her again-- which adds-- and the bill adds 2 additional blood tests for syphilis to the required screenings offered to pregnant women in Nebraska in the hopes of driving down the growing number of congenital syphilis cases we are detecting. This is primarily, I think, because

of the population in Omaha-Douglas County, and also Lincoln-Lancaster County. Our state, like many others, has experienced a disturbing rise in congenital syphilis cases, a condition where babies are born already infected with syphilis. Since 2017, Nebraska has seen a 373% overall increase in syphilis cases, a staggering 1,163% increase among females and 1,100% increase in congenital syphilis cases. These numbers are not just statistics. They represent lives impacted and opportunities missed to present-- prevent this entirely avoidable condition. Condent-- congenital syphilis can lead to devastating outcomes including stillbirth, miscarriage, premature birth, and severe complications for babies who survive. These complications can include developmental delays, brain and nerve issues, and deformed bones. However, it is important to note that congenital syphilis is preventable through timely screening and treatment. Penicillin, when administered appropriately during pregnancy, can be significant-- can significantly reduce the risk of transmission to the baby. Currently, Nebraska law requires only one syphilis screening during pregnancy, and that's at the first prenatal visit. While this is a critical first step, it is not sufficient. Pregnant individuals who test negative early in the pregnancy may later contact syphilis, particularly if exposed to an untreated partner. This is why the American College of OB-GYNs, as of April 2024, recommends 3 screenings: At the first prenatal visit, during the third trimester, and at delivery. LB41 seeks to align Nebraska's law with the best practices by updating the current statute to require these additional screenings. This simply change-- this simple change could have a profound impact on preventing congenital syphilis in our state. To address a common concern about cost, under the current bundled payment model for prenatal care, these additional screenings are already covered for Medicaid recipients, with centers for Medicare and Medicaid services prioritizing syphilis screening during pregnancy. A baby born with syphilis is not just a tragedy. It is a preventable failure. By passing 4-- LB41, we can take a crucial step to protect Nebraska's most vulnerable population, our infants, and support healthier outcomes for families across our state. Thank you, Mr. Chairman and committee members. I will attempt to answer some questions, although I would like to make it clear I'm not an expert on syphilis. And we will have some experts that we'll be following.

HARDIN: Thank you. Questions? Can you comment on that dramatic increase of cases?

RIEPE: I'm going to have to rely on people who are--

HARDIN: OK.

RIEPE: --more informed as to the why-fors.

HARDIN: Yes.

RIEPE: And on top of that is maybe talking in addition to the absolute numbers, as opposed to just percentages.

HARDIN: Sure.

RIEPE: I always get nervous with on-- percentages only.

HARDIN: Right. Right. Very good. Well, thank you. And will you stick around for your next bill in a few minutes?

RIEPE: I wouldn't miss it.

HARDIN: Wonderful.

RIEPE: Thank you, Chairman.

HARDIN: Do you have-- question?

HANSEN: Can I ask a quick question, Senator Riepe?

RIEPE: Oh, yes.

HANSEN: Sorry. And if you can't answer it, maybe somebody behind you can. But it's more the language of the bill. And I'm curious about the first sentence. It's more because I just don't know what it means. During the period of gestation or at delivery shall take or cause to be taken a sample-- do you know what cause to be taken a sample? I-- it's optional?

RIEPE: To cause to be taken?

HANSEN: Yeah. I just don't know what that meant. They shall take or cause to be taken a sample of the blood of such woman at the time.

RIEPE: I just-- I, I don't know for sure. I, I assume it's legalese, but.

HANSEN: That's what I'm-- yeah, that's what I'm assuming, too. I just didn't know, so. OK. That's all.

RIEPE: OK.

HANSEN: Thanks.

HARDIN: Very well. Thank you.

RIEPE: Thank you, Chairman.

HARDIN: Proponents for LB41.

JOSEPHINE LITWINOWICZ: I come up first because I don't know when I'm going to go home. [INAUDIBLE], because it hurts. Try and make the whole thing. Well-- Good eve-- good afternoon again, Chairman Hardin and members of the committee. Again, I support this bill. And these are innocent kids. They're not adults. And so, how did this get away? Oh. OK. My name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And I got, I got to mention-- it's so important. Our country-- I have to mention it every time, that you know, have your open letter ready for this guy. You know, he's, he's actually physically hurting me inside. I care a lot. So anyway, I'm going to mention it every time, too. Again, funding. It, it-- you know, it costs money to live in a society that, you know, we all can enjoy. And I'm not big-- I'm not-- tax, you know. You know, it's got to come from somewhere. But these things, like my home health problems, you know, due to finding enough-- I can't, I can't choose words right now, coming up with words. It's also an MS thing. So even though I'm kind of debilitated right now, I think I'm getting across the point that we need provider rate increases for so many things. And then, you know, I don't know what else to say except it just get read-- get ready. Anyway, Trump. Thanks.

HARDIN: Thank you. Next proponent to LB41. Welcome.

MATTHEW JEFFREY: Thank you. My name is Matthew Jeffrey, M-a-t-t-h-e-w J-e-f-f-r-e-y. I am a proponent of this bill. I'm glad this bill matches CDC recommendations for syphilis testing during pregnancy. We do have a long way to go to get to syphilis-- to get syphilis to the numbers they were in the early 2000s. So it's a good start. I am by no means a medical expert when it comes to these. It's related to work for me and a bit of a hobby. But the syphilis numbers in other STIs

were decreasing up until the late '90s and then, the early 2000s, with people going more digital and easier to hook up with strangers from different areas. That really caused increase in STIs in-- during that time period. So yay, social media, for that. So this bill will also help decrease health problems for the mothers and babies, and hopefully decrease the number of stillbirths and infant deaths. I do think this bill could go further and cover testing for other STIs. While most other STIs cannot be transmitted during pregnancy, they can be transmitted during birth. Pregnancy is a very risky process in healthy individuals to begin with, and adding STIs to the mix increases those risks further. There's also the risk of STI co-infections, which even furthers those risks and can make things 2, 3, 4 times more dangerous, more likely to transmit. So it makes sense to test for other STIs along with syphilis and HIV. I did notice that the fiscal note is for 2 additional syphilis tests for pregnant individuals covered by Medicaid. It does not cover treatment for any positive tests, but also does not cover the reduced cost to Medicaid for decreased health complications related to syphilis in the pregnant individuals. One concern I do have with this bill, which I don't know if it really even applies, relates to test results and data being sent to DHHS. I worry about this state having data tracking pregnancies and be able to infer the outcomes of those pregnancies. And they might remove all personal identifying information, so it might not be a problem. But I would recommend that that data just be used for treatment and potential outreach to partners of any individual that had a positive test, or just be used for reporting purposes. And I believe that is all I have.

HARDIN: Thank you. Questions? Seeing none--

MATTHEW JEFFREY: Thank you.

HARDIN: Thanks for your time. Next proponent, LB41. Welcome.

ANN ANDERSON BERRY: Thank you. Good afternoon, Chairman Harding-- Hardin-- excuse me-- and members of the Health and Human Services Committee. I am Dr. Ann Anderson Berry. For the record, A-n-n A-n-d-e-r-s-o-n B-e-r-r-y. I'm a UNMC faculty member and the medical director for the Nebraska Perinatal Quality Improvement Collaborative, NPQIC. However, today I am not speaking as a representative of the University. I'm here today to testify on behalf of NPQIC and the Nebraska Medical Association, and in my role as a private citizen in

support of LB41: Change blood test requirements for pregnant women. As the medical director of NPQIC, I collaborate closely with all of Nebraska's delivery hospitals, support perinatal clinicians, and serve our state's communities. Our mission centers on implementing evidence-based quality improvement initiatives designed to prevent perinatal health issues and reduce maternal and infant morbidity and mortality. A key part of this work is the implementation of proven interventions in perinatal healthcare settings that are driven by public health data and practices shown to improve outcomes for mothers and infants. The national syphilis epidemic is reflected in Nebraska's rising neonatal syphilis rates, presenting a critical public health concern. Individuals of all ages and walks of life are being diagnosed with syphilis at rates unimaginable just a few years ago. As a neonatologist helping care for over 1,000 ill newborns a year, I witnessed a dramatic shift. In my first 20 years of practice, I treated only one case of congenital syphilis, a diagnosis so rare that I wrote a case report for the medical literature detailing the findings. Today, our same practice serving multiple hospitals and health systems regularly treats infants, sometimes more than one at a time, needing extended 10-12 day intensive care hospitalizations due to missed maternal testing late in pregnancy. These are infants that would otherwise have been cared for as a normal newborn. The consequences of untreated maternal syphilis are severe, often resulting in stillbirth. If a baby survives to delivery without maternal treatment, the infection can have a profound impact on the infant's development, causing vision and hearing loss, seizures and developmental delays, and disrupting skeletal and tooth development. While syphilis is easy-- or syphilis is easily and inexpensively treated with penicillin when detected, Nebraska's population is not currently uniformly tested, according to the recently updated 2024 Center for Disease Control and the American College of Obstetrics and Gynecology guidelines. Syphilis can be a silent infection. Moms don't feel sick and newborns may initially appear healthy, with damage presenting later in infancy after the treatment window closes. Without state-guided implementation of best practices, 3 syphilis tests-- 2 during pregnancy and 1 at delivery-- many communities and providers remain unaware of local syphilis rates, warranting quality improvement initiatives. Since implementing 2024 recommended screenings at our primary hospital system, I have not needed to admit a single infant to the NICU for syphilis treatment. This proven screening protocol reduces infant harm and decreases medical care costs for the state.

Without a coordinated and successful intervention, dozens more Nebraska infants will be impacted by syphilis infections in the years to come. It is important to note that every test is a consideration between a woman and her provider. Women do now, under the current regulation, and would continue to have the option to refuse this test. Thank you, Senator Riepe and the entire committee for your consideration of LB41. Supporting the updated screening will help dedicated healthcare professionals translate best practice guidelines into actionable care in delivery hospitals of all sizes across Nebraska. Passing this bill ensures more disease prevention, keeping Nebraska babies safer, and the subsequent decrease in congenital syphilis rates will save Nebraska healthcare dollars and specialized education dollars from infants suffering from hearing and vision loss for years to come. I'm happy to answer any questions. Thank you.

HARDIN: Thank you. Questions? Senator Meyer.

MEYER: Thank you, Chair Hardin. Testing costs-- and we've got a fiscal note. Roughly $216,000, I believe, was the fiscal note. Could you speak to, with your experience, testing cost, neonatal the 3 testing prior to-- 1 at birth, 2 prior, as opposed to treatment after birth? How cost effective in comparison?

ANN ANDERSON BERRY: Senator Meyer, that's a great question. And I'm a neonatologist. I'm the most expensive person in this room. Our care is incredibly intensive. These infants have to come to the NICU. They need a monitored bed. They need 2-3 patients per nurse care. So they require hourly checks. They require IV therapy, oftentime because of the duration of the therapy, anywhere between 10 and 12 days. They require central lines, IV central lines. So that's a surgically placed line, which adds additional cost to that. So the average NICU stay, that's for all comers, is around $70-90,000. And so you can imagine if you can pick up and treat maternal syphilis prior to delivery, you'll see an incredible amount of funds from NICU stays. And the worst-case scenario for me as a pediatrician is what if we don't catch that woman at the end of pregnancy and don't understand that she has syphilis? And then that baby comes to the 2-month visit to the pediatrician, and has sniffles and erosion of the nasal septum, and we get brain scans and do testing and find out that this baby has permanent brain damage. And then you're talking about expenses incurred to the state that are multiple fold of what I would even have in the NICU.

MEYER: So in short, it's tremendously cost-effective.

ANN ANDERSON BERRY: It's tremendously cost-effective.

MEYER: Thank you.

ANN ANDERSON BERRY: Yes.

HARDIN: Any other questions? Senator Hansen.

HANSEN: Thanks for coming.

ANN ANDERSON BERRY: Thank you for having me.

HANSEN: I think you mentioned it but I didn't see it in your written testimony, about is this a recommended screening or a mandated?

ANN ANDERSON BERRY: So this would be mandated, but a patient could opt out.

HANSEN: OK. That's what I was wondering.

ANN ANDERSON BERRY: Just like HIV testing. And this statute, this is just an amendment to the existing statute to add the additional 2 tests. So your question to Senator Riepe, who I'm very grateful for introducing this bill, we did not change or recommend or ask him to change that initial phrase. So that's the existing phraseology. And women are allowed to opt out. As a delivery mom here in Nebraska, I certainly would not have opted out because of the risk. And I would encourage my patients not to, but that is their choice. That's a conversation with a woman and her provider.

HANSEN: Agreed. And I think I figured out the language. And it-- it's caused to be taken means that they can take it, the medical provider, or they can have somebody else take it for them [INAUDIBLE].

ANN ANDERSON BERRY: OK, great.

HANSEN: Yeah. I think [INAUDIBLE] up because there's a sentence in there that says if no test was made, the reason shall be stated. So that must-- yeah. it's the-- part of the-- what you mentioned there, so thank you for clearing that up.

ANN ANDERSON BERRY: Yeah, absolutely. It requires-- or it, it allows for significant patient autonomy--

HANSEN: Cool. Thank you.

ANN ANDERSON BERRY: --while protecting the newborn. Thank you.

HARDIN: Any other questions? Thanks for being here.

ANN ANDERSON BERRY: I appreciate your time. Thank you.

HARDIN: The next proponent, LB41. Welcome.

LEAH CASANAVE: Good afternoon. All right. Good afternoon, esteemed members of the committee. My name is Leah Casanave, L-e-a-h C-a-s-a-n-a-v-e. I am a division chief at the Douglas County Health Department and oversee our STI surveillance program, as well as our STI clinic. Thank you for the opportunity to speak today about the importance of increasing syphilis screening during pregnancy. I'm here to strongly support the recommendation for screening pregnant women 3 times during their pregnancy to prevent the devastating consequences of congenital syphilis. Syphilis rates among women have reached alarming rates in the last-- in the recent years. From Nebraska Department of Health and Human Services, the 2023 alert, the situation was even more dire when viewed over a longer time frame. As Senator Riepe stated, since 2017, Nebraska has seen a 373% overall increase in syphilis infections. Among women, syphilis infections have increased by 1,163%, and congenital cases have increased by 1,100%. These statistics underscore the urgency of addressing the crisis through enhanced screening protocols. Looking more closely at Douglas County data, since 2020, preliminary data from 2024 shows a staggering 366% increase in syphilis cases. This is infectious and latent, among women. Infectious syphilis alone has risen by even more shocking percentage of 512%. These increases represent a significant threat to maternal and child health, especially since the highest prevalence of female syphilis cases is among women age 25-34, which is the primary, primary childbearing years. This trend underscores the urgent need for targeted interventions for women of childbearing age. So the national context, according to CDC, among all congenital syphilis cases nationwide in 2022, 6% were stillbirths and 1% resulted in infant death. There were 10 times as many congenital cases in 2022 compared to 2012. In 2022, women in Nebraska age 15-44 had an incident rate of

56.7 per 100,000. And rural counties such as Thurston, Boone, and Cherry ranked highest in syphilis infection rates among women, age 15-44, highlighting the need for widespread and accessible testing. Syphilis can cause severe health problems if left untreated, including damage to the heart, brain, and other organs. Latent syphilis, which is not currently infectious, is particularly concerning because it has increased by 240% in women. This silent stage of the disease can result in devastating consequences for pregnant women and babies. Babies born to syphilis-positive mothers are at risk of congenital syphilis, which leads to miscarriage, preterm birth, stillbirth, and neonatal death. I requested and just received provisional data from the Department of Health and Human Services. And in 2024, there were 10 cases of congenital syphilis in the state, which is a decrease from 15 in 2023. But of those 10 cases in 2024, 2 of them were stillborn. At a local level, Douglas County recorded 1 congenital case from 2013-18. However, when we look at 2019-2024, this number surged to 16 cases, which is a preventable, a preventable tragedy. So the CDC's Healthy People 2030 goal is to maintain syphilis rates at or below 4.6 cases per 100,000. Based on the 2023 population estimates, Nebraska exceeds this threshold, with infectious syphilis rates for females at 6.7 cases. And Douglas County significantly surpasses that benchmark, reporting overall infectious rates of 14.7, and specifically for females, at 9.5 cases per 100,000. These figures clearly identify Nebraska and Douglas County as high-risk areas, underscoring the need for enhanced screening protocols. The Douglas County Health Department has tailored CDC guidelines to address our local risk profile, and we recommend screening pregnant women at 3 points: the prenatal visit, early in the third trimester, and at delivery. This proactive approach ensures that any new or untreated syphilis infections identified and are treated promptly, reducing the risk of congenital syphilis. So in conclusion, syphilis poses a severe and growing threat to maternal and child health in our community. And by implementing these 3-point screenings for pregnant women, we can prevent congenital syphilis, reduce syphilis rates among women, and safeguard the future of our future generations. So I urge you to support this lifesaving measure. And thank you for having me, and happy to answer questions.

HARDIN: Thanks for being here. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair. Thank you for being here, for your testimony, and also for your work for Douglas County.

LEAH CASANAVE: Thank you.

FREDRICKSON: I, I think, you know, one thing that's becoming really clear to me, obviously, is the, is the value of, of, of being proactive in, in cases like this, especially given the risks that are at play here. This is a question that may have been more appropriate for Dr. Anderson Berry, so if you're not the right person to ask this, I apologize. But can you maybe help enlighten our, our all-male HHS Committee about how, how, how this test is conducted? Is this a blood test? Is this something that-- yeah.

LEAH CASANAVE: Yeah. I can answer a little bit of that. So it is a very simple blood test. We-- even in our STI clinic that we have, it's a simple blood prick of a finger. We can get it. And the point of care tests are 20 minutes, so we can quickly determine if you've got antibodies. And then once we take that initial finger prick, we can also then draw blood and do a full testing gamut, if-- I can get into the details, but we can do titers and all of that to figure out what stage you might be at.

FREDRICKSON: Sure. So for all intents and purposes, would it be safe to say this is a noninvasive test, low risk or negligible risk to-- yep.

LEAH CASANAVE: I would say low risk, yes. A finger prick for the initial screening, and then a simple blood draw.

FREDRICKSON: OK. Thank you.

LEAH CASANAVE: Yeah.

HARDIN: Yes. Senator Meyer.

MEYER: Thank you, Chair Hardin. We're dealing with congenital syphilis and, and women being tested in pregnancy. Are you saying-- and, and maybe this isn't a fair question pertaining to what the legislation is. Are you seeing an increase in syphilis across the state in the general population? Is that something that you would be aware of and could address?

LEAH CASANAVE: Yes. So overall, we-- as I mentioned in here, just in general for Douglas County, I can speak to those numbers. I know them a little bit better. But with Douglas County, our infectious rates of

syphilis were 14.7 cases per 100,000. That's just the overall population. That's been a huge increase. Same, females have followed that, but we've seen a more drastic increase in percent change between our female rates, where it was lower and the curve jumped a lot higher, versus the general population. But it-- it's been increasing in the entire population.

MEYER: And just to follow up on that, I, I had spent some time in a previous position on the Northeast Nebraska Public Health District Board. And so, we actually did see an increase in, in our area in the, in the population. And don't need to go into why that is or, or the circumstances, but, but I think it's relatively widespread. I think we're seeing that increase essentially across our general population. So--

LEAH CASANAVE: Yeah.

MEYER: --it would follow that we'd see it in our, our pregnant population as well as congenital, with our, with our newborn babies, so.

LEAH CASANAVE: Yeah. As-- also within Nebraska, over a 300% increase in general syphilis, for the last six years or so, but yes. And it's a simple test that we can easily add 2.

MEYER: Thank you.

LEAH CASANAVE: Yeah.

HARDIN: Additional questions? Do you have a sense-- granted, you're in Douglas County. Do you have a sense how this looks further west across the state?

LEAH CASANAVE: I know some specific counties, just looking at their data and kind of determining where, but it's high everywhere, syphilis in general, but specifically with women is where, like I said, we're seeing that drastic change. Some other counties, as I mentioned, Thurston, Boone, and Cherry are ranking fairly high with syphilis at the moment. So I can't give you specifics on their data, but yeah.

HARDIN: Certainly. No, I appreciate you being here. Thank you.

LEAH CASANAVE: Thank you.

HARDIN: The next proponent, LB41. Welcome.

BOB RAUNER: Thank you, members of the committee. My name is Bob, B-o-b Rauner, R-a-u-n-e-r, and I'm a physician with backgrounds in family medicine and public health. I'm testifying as an-- as a proponent of LB41. I think it's worth it to kind of review the history of this, because history kind of repeats itself. We made syphilis pretty low a few-- over the-- prior century. In the early 1900s, about 10% of the population contracted syphilis at some point in their life, which was unfortunate, because there was no training and there wasn't treating-- screening and there was no treatment, so a lot of, a lot of unnecessary suffering and morbidity, and a lot of infant deaths, especially. Because syphilis, syphilis causes a lot of stillbirths, as we heard earlier. Penicillin became available in 1943 and was found to be highly effective. So we started doing a lot of universal screening programs. It became routine and it still is routine to screen blood donations for syphilis. In the '50s, most states, including Nebraska, actually required you to get a syphilis test before you got married. When my mom and dad got married in Sidney, Nebraska in 1968, they had to get syphilis tests before they could get their marriage license. They screened high-risk populations like prisoners, for example, and we forced it down into really low, low levels. And the low-- levels were so low they decided, well, we don't need to do marriage-- premarital screening anymore. And so they dropped that in the '90s. So my wife and I didn't get screened for it, although we got screened through blood donations and other things. So it worked. And just like Dr. Berry mentioned earlier, when my wife and I were both physicians, were in medical school, we didn't see syphilis. We read about it in textbooks. We saw pictures in medical textbooks. We saw a case study now and then. But we'd neither one of us actually saw syphilis in a, in a real-life patient when we were in our medical training. But unfortunately now, it's in routine clinical practice. People are seeing it and diagnosing it. When my wife actually, in her population, saw it the first time, she actually [INAUDIBLE] saw it in a patient because she'd never seen it before recently. And so it's time to start doing universal screening again. So screenings usually are in response to the changes in the population. There's a couple questions-- and I actually put the visuals on the back of my testimony, as you can see what happened with the rates. There was a blip in the '90s. That kind of only came along with, like, the HIV pandemic. We got it back under

control again, but now it's going back up again. And you can see the state-by-state comparison. So, so with the rise in cases, it's time to do, to do universal screening, especially in newborns, because one-- even one case is a tragic case. Several deaths last year from that. But as Anderson-- Dr. Berry mentioned, when you put and institute a screening based-- a universal screening program in place like that, now they're dropped to zero, where they are, at least, in her facility. We need to repeat that statewide. You could add additional requirements, but what you find out when you make a, a universal screening too complex, it adds to the-- it makes it more difficult to roll out. Actually, it paradoxically can increase the, the expense. And usually you have a few cases sleeping-- slipping through the clacks-- cracks. So you're more cost-efficient and effective if you just do it universally in something like this because it's simpler. Senator Meyer, you mentioned some things about the cost. I actually do have a link in the back study. Average NICU cost is over $71,000 per year. So if you pull out the fiscal note, you know, with the state and the federal money combined, $216,000 you only have to put-- prevent 3 NICU admits a year to save money. So-- and that's honestly a drop in the bucket. So it's not just the case of the NICU admission. It's everything that happens afterwards. So if a kid has a neurologic complication, that's the rest of their life potentially. That could be speech therapy, occupational therapy, it could be early intervention services. And then probably the bigger cost might be actually cost to our school system, for example. So I have another hat. I'm a school board president here in Lincoln. 18% of the Lincoln Public Schools' budget, $97 million, is special education. So anything you can do to decrease the amount of special ed costs is going to save also in the education budget, not just the health budget. So chances are this would actually save money, but that doesn't show up on your fiscal note. So with that testimony, I'll answer any questions if you have any.

HARDIN: Thank you. Questions? Granted, it's not 1991 on your chart, but I'm just curious. We're up about there in 2023. What caused that blip in 1991?

BOB RAUNER: That was during the HIV pandemic. It was one population. It was men who have sex with men, came on with HIV, and there, and there wasn't as much screening again. So some screening was done, but it was very targeted because it was only in one population. What we're seeing now, it's not in one specific population, and it's all over the

state, actually. There's pockets. It's not everywhere but pockets, and they pop up. And so, when you, when you have a situation like that, that's why you go to universal screening.

HARDIN: Thanks for your help.

BOB RAUNER: Yeah.

HARDIN: Any other questions? Seeing none, thank you. Proponents, LB41. Welcome back.

SARA HOWARD: Thank you for having me. OK. Thank you for allowing me to testify today. My name is Sara Howard, spelled S-a-r-a H-o-w-a-r-d. Hit the light, lady. Thank you. Sorry, Barb. OK.

HARDIN: You have to be careful because she has that ejection button, as well. So.

SARA HOWARD: Right. I don't want to, I don't want to make her mad. I'm a policy adviser at First Five Nebraska. And First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five Nebraska is focused on the area of maternal and infant health policy, because we know healthy moms and babies are critical to ensuring the long-term success of children in our state. And I'm here to testify in support of LB41, and I want to thank Senator Riepe for introducing this bill. So I-- the issue of congenital syphilis was not on my radar, I will say. But over the summer, I was chatting with our, our folks at the Nebraska Perinatal Quality Improvement Collaborative, and they were like, are you, are you seeing what we're seeing? And I was like, absolutely not. You know, I just do policy. I don't, I don't do much else. And they were like, the rates of congenital syphilis are going up in Nebraska a shocking amount. And so, they sort of pointed me to the original statute. I dug it up and did a little history work, because that usually tells me kind of what we're working with. The original statute is from 1943 and has rarely been opened up, so-- which is bananas to me. 1943, we-- I mean, we generally just kind of-- the last time we opened it up was around HIV infection. And so the language that you were looking at like, cause to take or that opt out language that they've been using, which is that if there's no test, then you say, why? That's the opt out language. That's been the same opt out

language since 1943. There's been no change. And so the changes to the statute have predominantly been around HIV infections and not around the syphilis screen. So-- which is a little bit bananas to me, that we haven't updated the, updated the statute since then. I will say the Legislature, every 10 years or so, grapples with sexually transmitted diseases. Because often, we'll see surges on the coasts. And then they'll kind of slowly come into Nebraska, and the coasts will have changed or modified their laws and we can usually copy them. So in 2013, I had a bill around expedited partner therapy, which is when somebody presents with chlamydia, gonorrhea, trichomoniasis, and you can-- and their partner is unable or unwilling to come in to get treatment and there's a high risk of reinfection. You can-- that provider can give them a prescription for their chlamydia, gonorrhea, or trichomoniasis, and for their partner so they can be treated concurrently. The conversation we had on the floor in 2013 was actually more about gonorrhea's impact on pregnant women, because gonorrhea will attach to the eye sockets of the baby. And so, we have a long history. When we deal with STDs, we focus first on is it going to impact babies first. And so, this is a very-- this is very inline-- on brand, I would say, for the Legislature. A good question for me that you should ask is who else is doing this? Who's else-- who else is, is getting into this prevention initiative? And a lot of other states have something on the books. So Arizona, North Carolina, and Texas have all 3. Alabama, Florida, Georgia, Louisiana, Maryland, Michigan, Missouri, and Nevada have 1 or 2 of the additional ones. Arizona, I think, is one of our best test cases, and I'm going to give you just like the stats in Arizona. In 2018, Arizona had an outbreak of syphilis and they didn't quite know what to do, so they looked at 18 months of fetal data. And they discovered that they had 57 babies born with congenital syphilis during that time, and 9 of them died because of this. And when I think about our stats, our stats are fairly similar in the sense that it's going up. And so what I don't want us to-- what, what I wouldn't want us to see is those, is the-- is those demises, is those deaths of babies. So I think, you know-- and then I'll just close on-- I'll just close on the off [INAUDIBLE]. So I'm a bit of a nerd. I entered prenatal care in the fall. I was very excited. I was like, show me my consent forms. And so one of my consent forms was for syphilis. I said, I definitely want it, but they're definitely using that opt out for patient care. And they've definitely been relying on a statute from 1943 to do so. In my last 30 seconds I will just say on the fiscal note-- the fiscal note

contemplates that this is a new charge to Medicaid. However, all 3 MCOs are currently following best practice and allowing providers to bill the second and third screens. So this number that you're seeing of 92, 94 is probably-- should be reduced by about 60%, because we know a lot of our Medicaid mothers are considered at risk. Thank you for your time. I'm happy to answer any questions you may have.

HARDIN: Thank you. Any questions? Senator Hansen.

HANSEN: You beat me to it.

SARA HOWARD: Oh, good. Excellent. First time.

HANSEN: And, and this might be-- may or may not even need to be addressed.

SARA HOWARD: Yeah, yeah.

HANSEN: And this might be because of how much Bill Drafters were backed up at the time. The language of this whole thing is kind of wonky.

SARA HOWARD: Oh, it's bananas.

HANSEN: It says every physician who is attending a pregnant woman in the state for conditions relating to her pregnancy has to do the test--

SARA HOWARD: Yeah.

HANSEN: --or they should-- so every physician who ever sees her, it sounds like. And then also--

SARA HOWARD: Yeah.

HANSEN: --every other person permitted by law to attend pregnancy-- pregnant women in the state shall cause such a sample of blood of pregnant women [INAUDIBLE]. Is that a doula? Is that a midwife? Is that--

SARA HOWARD: I think it's a mid-- it's a certified midwife is, is allowed, but still.

HANSEN: Yeah, it's like, like it just sounds like every person who--

SARA HOWARD: It's very old.

HANSEN: --then sees her for an appointment for some reason has to do the test, the way the language kind of--

SARA HOWARD: Yeah.

HANSEN: I don't know if that needs to be addressed. Maybe not. They don't mess with it, just because then who knows--

SARA HOWARD: I'm into a full cleanup. I don't know if you can do it with this bill, but if you want to do it next year, I'll-- I'm down to clown.

HANSEN: It sounds like a lot of work.

SARA HOWARD: It does sound like a lot of work. But it also-- but, you know, I think our statutes, particularly our statutes relating to screenings, could use a brushup, honestly. I mean, the last time this statute was touched was by Senator Linehan, about 3 years ago, with LB285. And that was just on the HI-- HIV piece. Right, so we haven't even touched the syphilis piece. And I will say, when I was doing ST-- STD work, when I was working on the expedited partner therapy bill in 2013, I was like, should we add syphilis? Like, we're, we're throwing in chlamydia, we've got gonorrhea, should we add syphilis? And they were like, nobody worries about syphilis anymore. Right. And then, you know, 10, 12 years later, I'm here chatting with you about syphilis. And it's, it's really scary, I think, for, for mothers in our state not realizing, because your immune system can really suppress any symptoms. So you don't know that you have it, so the screenings are really important.

HARDIN: Any other questions? Senator Meyer.

MEYER: I appreciate that Senator Hansen-- thank you. Thank you, Chair Hardin. I appreciate that Senator Hansen can look at the text and, and have an appreciation of how it's worded. That's beyond my capability right now. But what I would like to know and I heard you mention in your testimony that many other states are having similar situations.

How do we compare as far as an increase in syphilis? Are we comparable to surrounding states? And maybe you don't have that information.

SARA HOWARD: You know, I don't, but I will get it for you.

MEYER: Just, just out of curiosity, if we're an outlier, if we're essentially within the norms of what's happening, region-wise or perhaps country-wise.

SARA HOWARD: Oh, I'll find out.

MEYER: And, and do very many people opt out of the test? And maybe you don't have that information either. I know there's, there's a, a sense of some people not wanting to vaccinate their children. And certainly that's their, their option. But it, it kind of baffles me that anyone would want to opt out from a blood test that could protect their newborn from syphilis, but--

SARA HOWARD: Yeah.

MEYER: You know, we mention opt out. Is, is that a, is that a thing or is that just a, a talking point?

SARA HOWARD: You know, I, I had the opportunity to opt out last fall, and I chose not to. Also, they poke you a lot when you are pregnant. So you're like, what's this one for? But I have no idea if there's a way to track opt outs, but I will ask.

MEYER: Sure.

SARA HOWARD: It's always worth the ask.

MEYER: I appreciate that very much. Thank you.

SARA HOWARD: Yeah, absolutely. Giving me homework.

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

SARA HOWARD: Thank you for your time today. This is it for me. It was nice to see you. Have a good afternoon.

HARDIN: Thanks for coming to visit us. Any other proponents, LB41? Any opponents, LB41? Anyone in the neutral for LB41? Senator Riepe, you are our next contestant--

RIEPE: Contestant.

HARDIN: --for a closing on LB41.

RIEPE: Thank you very much. I, I-- Chairman Hardin. I was going to waive, but I did want to take the opportunity to, to thank the individuals. And I think the biggest piece on opting out is sometimes from a religious perspective. Have-- certain people don't. I, I do want to thank the former HHS chairman, Senator Howard, for bringing this community concern forward. You may note that she's soon to be a mother. And I know she's going to be a good one because I ran into her at a restaurant and she had a book she was carrying on parenting. So she's, she's, she's going to be an intense mom and a great one. I also want to thank all of those who've given up their time today and their expertise to come in here and share with you firsthand knowledge, so that as a committee, we can get a-- make a good decision as we go forward. So again, that is what I have. And I, I thank the president of the Lincoln School Board to talk about the cost to education and the long-term costs of caring for these children, which then becomes oftentimes a state obligation. But with that, thank you very much. And I will-- if you have any followup questions. I think you've heard a lot of expertise. And so from a hospital administrator, you would probably say he may not know a lot about it, but.

HARDIN: Well, thank you for bringing it. Are there any final questions? Seeing none, would you spin your chair around, because this concludes our LB41. We did have 17 proponents online, 5 opponents, and 1 in the neutral. And we are actually moving on now to LB42. And so, grant us just one moment for the reshuffle of the room if you would, Senator Riepe.

RIEPE: OK.

HARDIN: And we will change the flagstone here to your right, so that we now have LB42. And as soon as the reshuffle is done, we will commence. Wonderful. I think they consider themselves reshuffled. LB42.

RIEPE: You ready for me to go?

HARDIN: Take it away.

RIEPE: Again, thank you, Chairman Hardin and fellow gentleman members of the Health and Human Services Committee. My name is Merv Riepe, spelled Merv is M-e-r-v. Last name is Riepe, and it's R-i-e-p-e, and I represent District 12, which is Omaha and the little town of Ralston. But this afternoon I am introducing LB42, which seeks to enact a minor adjustment to nurse aid registry eligibility, employer settings. It's basically a workforce issue. This is a bill introduced last year as LB982, with the amendments requested by DHHS. This bill proposes allowing individuals certified as nurse aides, commonly referred to as CNAs, to maintain their nurse registry while employed at an intellectual and developmental disabled provider. Presently, CNAs may retain active status on the registry while employed in various healthcare settings such as assisted living facilities, home health agencies, hospitals, skilled nursing facilities, and intermediate care and facilities, among others. This issue was brought to my attention during a tour of an intellectual and developmentally disabled facility, a provider in the summer of 2023. This facility frequently hires individuals with CNA certifications, but they often resign upon learning they may not maintain their nurse aide registration while working there. These facilities encounter workforce challenges and shortages, and this measure offers a means to alleviate some of the pressure they face. A representative from that facility will be here to assist in addressing inquiries you may have. But I strongly urge you to support this bill to eliminate bureaucratic obstacles regarding workforce development and retaining staff, to enhance employment opportunities, and to bolster the workforce for both employers and employees. With that, I thank you. And I will attempt to answer any questions and ask you to-- if I don't have the answers, we'll have someone behind me that does.

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

HANSEN: Thank you, Chairman. You had me at bureaucratic obstacles. I thought we moved this through committee last year, didn't we?

RIEPE: I-- we, we did--

HANSEN: Or would-- or was it held up?

RIEPE: We took it through committee, but it never made it through-- across the finish line, I don't believe.

HANSEN: OK. All right.

HARDIN: It was a short year.

HANSEN: Yeah. I just kind of had a memory of it, so-- OK.

HARDIN: OK. Will you stick around?

RIEPE: Oh, absolutely.

HARDIN: Wonderful.

RIEPE: Thank you.

HARDIN: Proponents for LB42. Welcome.

TABATHA CUNNINGHAM: Thank you. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Tabatha Cunningham, T-a-b-a-t-h-a C-u-n-n-i-n-g-h-a-m. I'm a registered nurse with 20 years of experience, and I'm here on behalf of Hands of Heartland, an IDD service provider. We provide residential services, day services, community services, supported employment, and shared living services in communities across Nebraska. Some of those locations, including Omaha, Bellevue, Lincoln, Grand Island, Kearney, West Point, and Fremont. Hands of Heartland is dedicated to supporting people with developmental disabilities with integrity, transparency, and respect. This starts with our dedicated staff. We are not immune from the challenges facing employers across the state. We struggle to recruit and retain qualified staff our participants deserve. I was fortunate to testify in front of this committee last year on LB982, which would accomplish the same things as LB42, and there is still a need for this legislation. In the past, we have successfully recruited individuals who hold CNA licenses to work at our facilities. We appreciate the skill set these employees provide to the individuals we serve, particularly because many of our individuals have complex medical needs and higher acuity, such as trachs and feeding tubes, and require daily medication administration. However, the issue is these certified nurse aides cannot stay active on the nurse aide registry while working in this field. Per Nebraska statute, only certain employer settings can keep nurse aides active. An individual can keep

their nurse aide registration active by working a paid 8-hour shift every 2 years, with that facility reporting that employment. When we have encountered this issue with our employees, their only options are to leave for a job in an approved setting or to hold a temp job in a nursing home or other approved setting, and have that employment maintain their active status on the nurse aide registry. We feel this in-- we feel this is an inadequate solution for everyone involved. For example, it cost us $3,000 approximately to onboard a new employee, and we would imagine it's the same for nursing homes, as well. Onboarding an employee for them to work 1 shift every 2 years is simply not realistic for most employers. As a result of our setting, not meeting the ne-seh-- the necessary qualifications for CNAs to keep their license current, providers like Hands of Heartland and many others have difficulty attracting CNAs, which are highly sought after in our field. Over the interim, we have worked internally and with other service providers to determine how many DSPs this change would impact. We have-- we, being Hands of Heartland-- 290 direct support professionals currently, and approximately 30 of them hold a CNA license. We believe that this statute change will help us serve our clients with higher acuity needs and remove barriers to work and increase workforce opportunities. We'd like to thank Senator Riepe and his office for bringing this bill. We are very appreciative for your attention to this issue and would encourage your advancement of LB42. Thank you for your time, and I'm happy to answer any questions that you may have.

HARDIN: Thank you. Are there any questions? Yes, Senator Quick.

QUICK: Yeah. Thank you, Chair Hardin. And my question is, and maybe I didn't catch it in here, but does this-- would this also apply like for in-home care, like when they, you know-- because I know there are some DD services that are provided in the home for especially children, so.

TABATHA CUNNINGHAM: Correct. Yes, sir. So that's-- and that is a line of service that we also provide, is we're supported family living, where our staff go into the homes and help maybe parents who have a child with special needs. We also use our staff to go for people with special needs that are available-- are able to live independently, like in their own apartment, but just need a little assistance a few hours a day. And so if they were a CNA in our work environment then that would pertain to them that yes, we do provide that service, as

well as supported employment, where we help people with special needs seek employment out in the community. So.

QUICK: All right. Thank you.

TABATHA CUNNINGHAM: Yeah, you're welcome.

HARDIN: Other questions? This is not why you're here, but I have a general question.

TABATHA CUNNINGHAM: OK.

HARDIN: In this space, how much do CNAs make in Nebraska? A range. Can you provide that?

TABATHA CUNNINGHAM: Around-- for us, in, in, in what-- in-- at Hands of Heartland, it would be in the $17 to $18 an hour range.

HARDIN: OK. Very good. I was just curious whether or not there are those who are affected in any way by some of our minimum wage requirements that are changing.

TABATHA CUNNINGHAM: I don't think there are any CNAs making minimum wage, just because--

HARDIN: Yeah.

TABATHA CUNNINGHAM: --they're so sought after.

HARDIN: OK. I appreciate that clarification for me.

TABATHA CUNNINGHAM: Yeah. Yeah.

HARDIN: Thanks for being here.

TABATHA CUNNINGHAM: Thank you for having me.

HARDIN: Wonderful. LB42 proponents. Welcome.

NICOLE VAN POOL: Hello. All right. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Nicole Van Pool, N-i-c-o-l-e V-a-n P-o-o-l. I am also here today on behalf of Hands of Heartland, an intellectual and developmental disability service provider. I am fortunate to serve as the regional director for

heart-- Hands of Heartland currently, and I have been working in the IDD field for 17 years. I've seen firsthand how this issue impacts our employees as well as our recruitment and retention efforts. Having employees with the experience and training that CNAs have is wonderful for the individuals we serve, but it can be hard to retain these employees when they learn their CNAs will not stay active while working at our facility. This is something that I have experienced personally. After 4 years of being a direct support professional, I completed my CNA certification in an effort to expand my skills. I started working in assisted living as needed, in order to keep my CNA license active. I went back to working full time in the developmental disability field, and my CNA certification became inactive. It has remained inactive for over the past 10 years. As a manager, I have seen multiple staff leave to get their CNA and staff that will not work for us because their CNA will not remain active while working here. CNAs have specific training and skills that enhance the quality of care for the individuals we serve. Enabling CNAs to keep their license active while doing direct support professional work would create more options for staffing and bring a higher quality of care to the participants we serve. We believe that passing this legislation will help not only our employees, but the communities we serve, especially in the areas in rural Nebraska. We very much appreciate your attention to this issue and are thankful to Senator Rippy and his staff for their work on this bill and would encourage your advancement of LB42. Thank you for your time and I'm happy to try and answer any questions that you have.

HARDIN: Thank you.

NICOLE VAN POOL: Yes.

HARDIN: Questions? Seeing none-- wait. We have one. Senator Meyer.

MEYER: Yeah. I, I have a question, and this is just, just for my personal understanding. Could you tell me the difference between a direct support professional and a CNA?

NICOLE VAN POOL: Yes. So--

MEYER: Please.

NICOLE VAN POOL: --as for job duties, are typically the same. A CNA is, you know, has to have a license. So often, hospitals, long-term

care facilities employ CNAs and you have to have a CNA to work there. Direct support professionals do not have to have that licensure. However, they do many of the same job skills and receive a lot of the same training, just without that licensure.

MEYER: So it's simply a matter of license, which is--

NICOLE VAN POOL: Yes.

MEYER: --a requirement in some facilities.

NICOLE VAN POOL: Yes.

MEYER: OK. Thank you. I appreciate that.

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

NICOLE VAN POOL: Thank you.

HARDIN: Any other proponents, LB42? Welcome.

KIERSTIN REED: Good afternoon. Senator Hardin, members of the Health and Human Services Committee. My name is Kiersten Reid. That's K-i-e-r-s-t-i-n R-e-e-d, and I serve as the CEO for Leading Age Nebraska. We are a organization that represents nonprofit and locally-operated aging services providers, representing services to about 5,000 older adults in Nebraska. I'm here today to testify on behalf of LB42. And I'd just like to kind of explain a little bit that-- well, first of all, thanks, Senator Riepe, for bringing this forward again. We did have this bill here last year and it fell. Death by fiscal note, so very happy to see that it has a neutral fiscal note this year. There was a little bit of a, a misunderstanding with that. And to kind of answer Senator Quick's question, this really is, is such a great thing for our workforce because it is going to expand not just to the developmental disability services, but to all home and community-based services, anywhere that the CNA can work, where they are working in that professional capacity, where they're overseen by a nurse, well within the rules and scope of their practice, they would be able to provide services. I think you've heard from the developmental disability providers. We see the same thing in the A&D Waiver, as well as just home care services in general. They're trying to recruit professionals for these positions, but it's very difficult because that turnover. They've got to stay on the registry, so they

want to go work somewhere, even though in their heart of hearts they may love what they're doing in home care or working with people with developmental disabilities. But that licensure, they got to maintain that so every 2 years, they're going to do that. I would say that the scope of, of aging services is really changing. And we're seeing a lot of older adults that want to stay in their homes. And we've seen a huge influx in the number of home care providers. And as my member will testify, they're, they're seeing a lot of turnover in those positions, as well. So this is a, a really positive result. I hope it passes through easily and we're able to get this fixed. I did hand you all out a copy of what the-- what Nebraska says are the settings that nurse aides can be licensed and work in. And all we're really trying to do is amend that list to get these home and community-based service providers added to that. Thanks. I'm happy to answer any questions you have.

HARDIN: Do you recall what the fiscal note was last year?

KIERSTIN REED: I, I don't. It was ugly.

HARDIN: We'll, we'll attack Merv later. Is, is that OK?

KIERSTIN REED: It wasn't, it wasn't his fault. Please don't hurt him.

HARDIN: Well, this is wonderful, because zero is hero around here.

KIERSTIN REED: Zero is--

HARDIN: So. Yes.

KIERSTIN REED: Great.

HARDIN: I'm curious. Was this ever a 407 issue? Because did they consider this a scope of practice switch in any way, do you know, in the, in the past?

KIERSTIN REED: It wouldn't be any sco-- they would still have to follow all the same rules and regulations that nurse aides do, and be overseen by an LPN or an RN for what they're doing. A lot of times, what these home aides are actually doing is similar to what they said people-- or services for developmental disabilities are doing. They're providing baths. They're providing-- you know, making sure that people have their meds set up the way that they need to. They're combing

people's hair and helping them get dressed, all those day-to-day things that they're doing in the home to provide that home care service, so, you know, everything within their scope of practice.

HARDIN: Why don't we just [INAUDIBLE] that was $48,000, and $67,000 last year. So yippee, we saved some money there.

KIERSTIN REED: Yay. Saved some money.

HARDIN: I was just curious, curious because it seems to beg the question that since it's not a 407-related thing, gosh, we should have done this some time ago is my comment. Anyway, that-- that's an interesting set of data. Thank you.

KIERSTIN REED: Thank you.

HARDIN: Proponents, LB42. Welcome.

ANDREW CARLSON: Good afternoon, Chair Hardin and members of the committee. My name is Andrew Carlson, A-n-d-r-e-w C-a-r-l-s-o-n. I serve as the CEO and one of the owners of Home Care Partners. We provide in-home care services for seniors. Many people refer to the services that we provide as assisted living at home. I'm here today to testify in support of LB42, which would expand the settings in which nurse aides in Nebraska can work in and maintain-- remain on the state registry. I'd like to share why caring for seniors has such a personal connection for me. My family and I were caregivers for a grandfather that had dementia almost my entire childhood. It might not be possible to explain how difficult and stressful that experience can be for caregivers. We cared for him until he passed away, and it has quite a bit of an emotional toll. Our team at Home Care Partners is providing in-home assisted living services under the supervision of an RN. These caring nurse aides feel called to take care of the elderly. There's an in-home care staffing shortage that is impacted by the restrictions to renew a nurse aide license. We have a large number of employees that are nurse aides that submit an application for their license to be renewed, and they are denied. These nurse aides have to make a difficult decision. They can choose to lose their license that they worked hard for and have-- are proud to have received. This education has allowed them to move up in their career and to increase their wages. The other choice that they have is to resign from their position on our team and to seek employment within a facility in order

to receive a new-- renewal of that license. We usually care for someone from a time frame from several months to several years. With such close and long-term relationships, a nurse aide leaving a patient that they've been caring for can feel like, for them, giving up on a member of their family. This is a difficult choice for them to make. Over the last several weeks, another conversation again that I've had, had with a team member. Her name is Say-len [PHONETIC]. She's 20 years old, asked me to help with an upcoming renewal of her license. She'd already known that she would be unable to renew that license unless she is employed by a facility, but she told me she does not want to leave her job or caring for her patients. I'm hopeful that this bill can be helpful. According to Genworth, 7 out of 10 people will require long-term care in their lifetime. Genworth publishes an annual cost of care report, and the cost for caring-- for seniors to receive care in their homes is about half of what it would be to receive that same care in assisted living. Many people in the state have aging loved ones and have become their caregivers, just like my family has. And AARP reports that 39% of caregivers have to drop out of the workforce. That large number of family caregivers in Nebraska that need to leave their employment has an impact, an impact on the employment market in the state. In-home nurse aides help reduce pressure on long-term care facilities that do not have enough beds available to care for the increasing aging population. Medicare healthcare costs are increasing because of avoidable hospital admissions that occur due to falls and missed medications. If more people have access to in-home nurse aides to provide the required cares, activities of daily living, some of those hospital stays can be avoided. In-home care can help save seniors money when their finances are already being stretched, and it is possible to make an impact with care in the home setting that people overwhelmingly prefer. This need for more available care providers has become personal for me again, as this week my grandmother had a fall and has had surgery. My family is from northeast Nebraska, and she's right now on waiting lists for several different assisted living and skilled nursing facilities in small towns in northeast Nebraska to receive her care. My mother and sister are providing that care while she's waiting to be admitted. I think that this will allow more people to receive nurse aides in their existing home, reduce the need for those in rural areas to move to a facility in a different town, away from their family, and would help people, like my mother and sister that are currently of that 39% of caregivers that have needed to leave employment, to be able to return

to work. Thank you for allowing me to testify today. I'd be glad to answer any questions that you have.

HARDIN: Thank you for being here. Any questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here, and for your testimony. Just out of curiosity, when an individual does lose a CNA license what's the process to renew that? In other words, what does someone have to go through to get that back should they lose that?

ANDREW CARLSON: Sometimes they have to go through all new testing, so there's certain amount of in-class hours and retesting that they need to take. A lot of people will do as much as they can avoid to having to do that.

FREDRICKSON: Right. Right.

ANDREW CARLSON: You know, as an industry, turnover on average is over 80% annually. So it's a high turnover industry. And we've had over 500 members on our team, probably 300 of those have been CNAs. All of those CNAs have had to make a choice to remain and let that license lapse or to leave and go work in a facility.

FREDRICKSON: And, and presumably with that testing, there's, there's additional fees that would be associated?

ANDREW CARLSON: Yes.

FREDRICKSON: OK. Thank you.

HARDIN: Other question-- questions? Yes, Senator Quick.

QUICK: Thank you, Chairman Hardin. One of-- my wife's an RN, and I know she has to do certain continuing education to keep her license. Do CNAs have to do that as well, or?

ANDREW CARLSON: We provide quarterly continuing education. There's also, within the renewal paperwork, some requirements to renew that. I don't know that that renewal paperwork requires currently for a facility to provide the amount of continuing education received.

QUICK: OK. Thank you.

HARDIN: Other questions? Seeing none.

ANDREW CARLSON: Thank you.

HARDIN: Thank you. Proponents, LB42.

JINA RAGLAND: I think the chair gets lower every time, Senator.

HARDIN: Welcome.

JINA RAGLAND: Chair Hardin and members of the Health and Human Services Committee, my name is Jina Ragland, J-i-n-a R-a-g-l-a-n-d, here today testifying on behalf of AARP in support of LB42. LB42 would allow certified nursing assistants, also known as CNAs, working under a registered nurse's direction in home care to report their hours toward maintaining their active CNA certifications. It's not surprising, and you heard me say this yesterday that when asked, most older adults want to age in place so they can continue to live in their own homes or communities. In fact, here in Nebraska, when asked, 90% of Nebraskans say, I want to age in place at the lowest level of care. Unfortunately, though, as we age and our health needs change, the need increases for accessing various long-term services and supports. A critical part of that continuum of care is ensuring that individuals can remain at the lowest level of care nearest their family, friends, and community supports. Home care services are one of those pieces in the continuum that allows older adults to age in place at that lowest level of care. Home care providers come to the home and help provide bathing assistance, feeding assistance, meal preparation for older adults. As Andrew said, it's that assisted living at home type of, of aspect. These services are distinct from private or informal caregiving arrangements because they're structured around care plans that are professionally implemented and reviewed by a registered nurse case manager. This ensures the delivery of high-quality medical care tailored to the client's needs while upholding strict standards of care. Home care providers frequently hire nurse aides that are certified through the state of Nebraska, and many nurse aides prefer the work that they do in home and community-based services settings and want to stay there. All care provided through home care services by these aides is supervised and guided by a registered nurse, ensuring adherence to professional healthcare protocols and accountability for the quality of care. This oversight level mirrors the care structure provided in traditional

healthcare settings, such as long-term care facilities where CNA hours are eligible to maintain certification. By allowing CNAs to count these hours, we would recognize the evolving home-based healthcare model and its vital role in reducing institutional care needs while ensuring quality care in a more personal, home-based setting. It would also incentivize CNAs to remain in the sector, addressing workforce challenges and supporting clients' ability to receive high-quality care in their homes, again, remotely supervised by an RN. This recognition would validate the professionalism and expertise of these caregivers while promoting a healthcare model that supports clients in fulfilling their wishes to age in place at the lowest level of care, which in most instances in their home. Thank you to Senator Riepe for bringing the bill back, and also for the expansion of that service provider piece that now includes the home-based care. Thank you to the committee for the opportunity to comment. We would kindly ask you to support LB42. Has no fiscal note. Move it to the floor, please, and we'd be happy to answer any questions.

HARDIN: Thank you.

JINA RAGLAND: Thank you.

HARDIN: Questions? Seeing none.

JINA RAGLAND: That's a first.

HARDIN: We're letting you off easy today.

JINA RAGLAND: Thank you, Senator Hardin.

HARDIN: Thank you. Proponents, LB42.

JOSEPHINE LITWINOWICZ: It would be nice to impleent some of the reasonable disability [INAUDIBLE]. This, this is how I sat when I first started speaking here. I'm not going to go all nuts right now. My name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. Well, just to comment on some of the, you know, conversations that, that were going on, I had-- my ex, she worked for a, a skilled nursing facility. And they gave her like packets of-- so that you could keep up with what you're supposed to do. Like if-- you know, if you have all kinds of different things connected to you or whatever, and so it just happens like that way naturally, over the course of the year. But home health, it's-- I can't emphasize enough

that we're going to have tragedy. We're going to have people going to nursing homes because they can't get a health aide. And that, that happens. One time-- actually, a fireman told me once, you know, you better get someone. Because it was a period where, I don't know, a couple weeks I had some problems. Man, there's a whole lot I wanted to say about this, except kinda-- you know, when, when you get turnover, if you ask specific questions, I probably got an answer to some. As far as turnover goes, so what, what you get then is inefficiency in your cares. You're gotta teach people how to do it again. And then, you know, that-- man, there's a whole manifold of, of categories. But I'm trying to think of other-- if you have any questions-- and, and by the way, I, I don't know how, you know, the auditor, how it went so long that they were-- that Medicaid was-- they were giving-- they were-- they were approving people for home health that-- basically, for like a headache or something. And this, this is, this is rampant. I don't know how it went so [INAUDIBLE]. If you have any questions about that later, just ask me. I should have gone to Mr. Foley, but-- and I just don't know how it didn't get there. I don't blame anybody. I just don't understand it. So that-- I mean, that's, that's all I really have to say here. I think it was worth saying. And if you have specific questions, I could probably give you an answer.

HARDIN: Thank you. Any questions? Seeing none.

JOSEPHINE LITWINOWICZ: 5 years and counting.

HARDIN: Thank you.

JOSEPHINE LITWINOWICZ: OK. I'm going to see-- I, I can get a decade in there. Like I say, if you want to know about the, the, you know, the massive fraud-- all right.

HARDIN: Thank you. LB42. Proponents. Welcome.

EDISON McDONALD: Hello. My name is Edison McDonald-- excuse me. E-d-i-s-o-n M-c-D-o-n-a-l-d. I'm the executive director for the Arc of Nebraska. We're the state's largest membership organization for people with intellectual and developmental disabilities. We're here today in support of LB42 and want to thank Senator Riepe for bringing it back. I'll be short because most of my comments would be pretty duplicative of previous comments. Our workforce shortage is an absolute crisis and has really put a tremendous strain on families. And that is across the

board. And in my 7 years in this organization, I have not seen anything nearly as bad as over the last 8 months or so within the IDD community. The, the other thing I just wanted to bring up, just as a thought, I think that this is an issue that's going to continue to grow, as we've had a lot of leadership from this committee working on the family support waiver from Senator Cavanaugh and Senator Hansen, and then from DHHS, ensuring that we get kids with high medical needs access to Medicaid. And I think that as we especially make sure that we fill that gap for services for kids, we're going to see that need for CNAs continue to grow. So I think this is a, a great action to take, and would appreciate your green vote in moving this forward. That's all. Thanks. Any questions?

HARDIN: Thank you. Questions? Tell us about the last 8 months.

EDISON McDONALD: Ever since the department has changed their waiting list plan, they have shifted the standards so that now, the only people who receive services-- or residential services are those on priority 1 and those following under the other new waiver. And so, that's just kind of created this, this struggling gap in terms of those residential services, and especially those individuals with high levels of need.

HARDIN: Thanks for the clarity.

EDISON McDONALD: Yeah.

HARDIN: All right. Any other questions? Yes, Senator Meyer.

MEYER: Just-- thank you, Chairman Hardin. Just, just a question. In changing the status of the waiting list, the waiting list is still there. There's just-- they are classified differently? Am I under-- understand that? Is that--

EDISON McDONALD: Generally, and we'll have a bill later to dig into this. But basically, what they're doing is ensuring that everybody has access to Medicaid, which is great, and ensures a lot of preventative care that creates future savings. However, the access to residential services is really that critical piece that we kind of are in question about. The department has made previous promises that no one will be kicked off. But then they say, within the objective assessment process, well, we may need to have a conversation that may end up

effectively kicking people off. Even if they won't be directly kicked off of services, they may be kicked out of a setting.

MEYER: So essentially, we really haven't had any change in the waiting list, but just change their status.

EDISON McDONALD: We have had changes. The Legislature's been helpful over the last, you know, 5 or so years. They've worked on providing additional appropriations that's been helpful. You know, the increase in DD funding has been helpful. It just hasn't kept up with inflation. And then, the family support waiver is a huge step forward. Also this summer, the department did take the step of ensuring access to the Katie Beckett waiver that ensures just access to that Medicaid side without the LTSS side, or long-term supports and services. So we're, we're making progress in some ways. And, and I would say for those with lower levels of needs, we're-- you know, this plan is going to work well for kids. The family support waiver or the Katie Beckett changes are great. For adults with higher levels of need, though, I don't think it's a particularly well-designed plan.

MEYER: Thank you very much.

EDISON McDONALD: Yep.

HARDIN: Other questions? Seeing none, thank you.

EDISON McDONALD: Thank you.

HARDIN: Proponents, LB42. We are done with those. Opponents, LB42. Those in the neutral for LB42. Senator Riepe, would you return?

RIEPE: Thank you, sir. First of all, I'd like to thank everyone that did testify. It's always helpful to get people that are out on the front line and have to deal with it on a day-to-day, day-to-day basis. I did want to address the question that Senator Hansen had. And that is that last year, the bill, which was LB982, died a fiscal death. And the reason that that fiscal death was is-- your question was, Mr. Chairman, was DHHS said that it would require 1 full-time employee who would be an administrative technician at the cost of $67,000 and 289, plus benefits. I don't know what they were going to do, but they were going to at least be an employee. And there has been no request this year, ergo no fiscal note. So I guess they figured out how they could do that. I also wanted to point out and I think it would be important

for this committee to know, it came out last year, out of committee, at 7-0 in support. So it's simply a matter of new, new approach. Re-- retreat, and I'm sorry that we have to go through all of it, but we do. And it is not a 407 concern. That's all that I have, sir.

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

RIEPE: Thank you. I appreciate it.

HARDIN: We had 4 proponents online, zero opponents, zero in the neutral. And this concludes LB42.

RIEPE: OK. Thank you very much.

HARDIN: Next up is LB71. Senator DeBoer, we will wait for the shuffling of the crowd, but they are very fast shufflers. They're very adept at it, and so it won't be long. The HHS folk can shuffle with the best of them. I believe the shuffle is already done, so when you're ready.

DeBOER: Thank you. Good afternoon, Chair Hardin and members of the HHS, Health and Human Services Committee. My name is Wendy DeBoer, W-e-n-d-y, D-e-B-o-e-r, and I represent District 10 in beautiful Northwest Omaha. I'm here today to introduce to you LB71. LB71 accelerates the bonus provided to childcare providers who accept the childcare subsidy and are enrolled in the Step Up to Quality program. The Step Up to Quality program is administered through the Nebraska Department of Education and the Department of Health and Human Services, and provides education and support to childcare providers to help them deliver high-quality childcare. It's a 100% voluntary program in which progress is marked by completion of certain steps, of which there are 5. Under current law, if you are a childcare provider accepting childcare subsidy-eligible children and you are enrolled in the Step Up to Quality program, upon achieving Step 3 status, you will receive a 5% increase in your childcare subsidy reimbursement rates. The problem we have discovered is that the cost borne by the providers to reach Step 3 status is greater than the benefit received. So it doesn't work as much of an enticement if it costs you more to get it than you get from doing it. So the cost borne to providers to reach Step 3 status is greater than the benefit received through the increased rate of reimbursement. As such, we have providers across the state who make the commitment to provide high-quality childcare but

are financially penalized for advancing their further skills in the Step Up to Quality program. LB71 changes the reimbursement schedule to have the first 5% increase occur upon reaching Step 2 status. It is my hope that by accelerating when the increase in reimbursement rate occurs, we will have more providers offering high-quality childcare. You can see, when-- I think HHS provided a letter. Somewhere, I've seen the number of providers in each category, and there are quite a few that are sort of stalled out at that level 2 level. Over my last 6 years in this Legislature, we've done a lot to improve the availability and affordability of childcare. Obviously, we all know that's an important topic. We don't even have to talk about that much. We know it's important, but there's still more that needs to be done. We consistently hear from parents that childcare is too expensive, and often it is. We consistently hear from childcare providers that it is too difficult to make a business case to provide childcare, because often it is. Childcare is an expensive endeavor but is incredibly necessary. If we don't have childcare, we can't grow our workforce, we can't grow our state. I believe we should ensure childcare providers have the tools available to provide the quality of care, the best quality of care they can, and that's why I brought this bill. I'm happy to answer any questions, but I will note that, you know, there's a high fiscal note on this. I get that. And that's something that I would look to the creativity of this all-male HHS committee to try and figure out how we might solve that issue and still meet the aims of this bill, which is to try to really help get folks in through those steps in the Step Up to Quality program, so that they can get the reimbursement increases and they can continue to move along to provide the highest quality of childcare possible. We know that if we make the kind of interventions that high-quality childcare in those early years can provide, we're actually going to save money later in the life of that child when they are better prepared for school, when they do not fall behind their peers in school. So you get better outcomes for kids, you get better outcomes for our state fiscal picture, and you get better outcomes for the providers who are able to provide at this higher level and also, who are going through the process to get the professional development they need and getting a high-quality-- or a higher level of payment for those subsidy-eligible children that they accept.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator DeBoer, for, for being here and for bringing this bill. I-- so I, I think Step Up to Quality is a great program and incentivizes, you know, improving the quality of care that our kids are getting. I, I did have one just clarifying question. I know that-- so your bill would change the 5% increase for subsidy reimbursement once you reach Step 2. Would that-- would there also be an additional 5% increase once they get to Step 3, or this would just be [INAUDIBLE]?

DeBOER: That's not envisioned in this bill.

FREDRICKSON: OK.

DeBOER: So it would just move that Step 3 increase up to Step 2.

FREDRICKSON: Step 2. OK.

DeBOER: So it would just come earlier in the process.

FREDRICKSON: Got it. OK. So that fiscal note that I'm seeing that you mentioned, that is based on an approximation of what we currently have at Step 2 that we know as a state. Is that correct to say?

DeBOER: That's my assumption, as well. Yes.

FREDRICKSON: OK. Thank you.

HARDIN: Other questions? Senator Riepe has one. Go ahead.

RIEPE: Thank you, Chairman. I, I have heard from more than one source that Nebraska is a magnet in terms of our benefits are better than other states. And so we do have people that-- and I know I've spoken to one that relocated here, to take advantage of Nebraska's welfare programs. Does that play into this?

DeBOER: No, but I will say that prior to 20 to 2020, when I passed our childcare subsidy expansion, we had childcare subsidy rates that would have put us at 40-- or 50th-- 49 out of 50 states. When you add in Washington, D.C., we become 50th in terms of our eligibility for childcare subsidy so we are definitely not overzealous in giving folks childcare subsidies. I don't know where we are now with that expansion, which I'll be coming to talk to you guys about again later in the session, but roughly in the middle of the pack is where it is.

We are not, with respect to childcare subsidy, an embarrassment of riches.

RIEPE: Well, if I may? To-- I don't like to play mystery here. My experience was with the Beatrice State Home, in terms of talking with a father that relocated from Kansas-- and that was probably 6 years ago-- so his son could be in the Beatrice State Home at the expense of Nebraska. And those are verbatim what he told me.

DeBOER: Well, that's probably not childcare subsidy, right?

RIEPE: Well, no, but it's--

DeBOER: So--

RIEPE: --all kissing cousins, if you will, among, among their cost to the state.

DeBOER: Well, don't-- I do-- I would, I would push back on that. I think that childcare subsidy is a very different kind of program in that it allows people to work. The requirements of this program are that you pay 7% of your income to childcare and that the, the rest of the childcare costs between 7% and whatever the childcare subsidy reimbursement rate is, is paid for by the state. Additionally, you must be working and/or taking full-time education in order to get a job. So this isn't a situation where someone is coming and, and shopping for the best venue for their child to get care. I will leave up to you all to think about what that entails and what the ethics of that are. This is about getting people into a place where they can work. And we know, in Nebraska, we want people to work. This program is structured such that there are incentives to actually work more. And when you do have a higher-income level, then you fall off of the childcare subsidy because it only goes up to a certain amount. So it's-- I would, I would push back gently, Senator Riepe, my friend, and say that I think this is a very different kind of program.

RIEPE: And I, I would yield to you at this point in time because I don't have sufficient facts. So fair enough.

DeBOER: Thank you.

RIEPE: Thank you, Mr. Chairman.

HARDIN: Any other questions? I have one. Do you happen to know and maybe someone behind you happens to know what percentage of both commercial centers and home centers are accepting subsidy? Because they don't have to, so I'm just curious.

DeBOER: You know, I don't have that information. Maybe somebody else will. But we can look it up for you. I can't do that between now and when I come up for my closing because unfortunately, I can't close.

HARDIN: I'm disappointed, but OK.

DeBOER: I have to run back to Judiciary. But.

HARDIN: All right.

DeBOER: I will try and get that information to you if we can figure it out, or if it's even available. It, it may not be available.

HARDIN: OK. Thanks. Appreciate it.

DeBOER: OK.

HARDIN: And we'll see you at close if you're able. If not, we'll wish you well.

DeBOER: I think I'm not going to be able.

HARDIN: OK.

DeBOER: Thanks.

HARDIN: Proponents, LB71.

JOSEPHINE LITWINOWICZ: Conspicuous cripple. I really don't like it, but I've got this new chair and you have to tighten it-- falls off. We really need to fix this reasonable accommodation. Hi. My name-- I'm, I'm kind of laid back now. My name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And I, I think it's, I think it's important. That's why I'm doing it, to, to tell you just a couple things about myself so you can understand what I say, because I'm going to be around here forever. You know, I, I, I have a background. I worked for Habitat. I renovated old, historic-type homes. We did everything. I was-- when I got MS-- my dad was both black-- white and blue collar. When I got MS-- in 2008, I was diagnosed. I had cognitive

problems before that, as you may-- that happens. It's typical. So I was getting a doctorate, trying-- make-- stronger mag-- magnets, you know, the ones in your cell phone. So I was working on a-- on that when I got this and I had to leave. Now, the problem, I think-- anyway, I don't want to get sidetracked, but I think-- I don't-- you, you lose 50 IQ points once you jump in the chair. All right. I'm just-- now I think I'm, I'm mellowing out. Well, I took my meds, too. You know, but I had to smoke some marijuana in the horseshoe. You know, I'm, I'm so glad this passed. And I hope-- it's the only thing that works for pain other than, you know, that one medicine I take. You know. Anyway, what I wanted to say is that, you know, all of these bills I support. And we just need to take a look at the areas in home health and, and assisted living and nursing homes and such. We just got to really look at it and not have the governor not do an increase. I mean, like the last several years, it was either 2% increase or nothing. And so-- and that contributed to the fact that, that-- I was on a healthcare in Wilber. So you-- if you couldn't renegotiate your contract-- so as she was successful over the years, costs grew, but she didn't get provider rate returns that were, that were-- it was like $12 an hour less, at 18 to 30. You know, stuff like this is nonsense. And I told, and I told a couple folks and they-- we incorporate it, too. And so, I, I just-- and I had a-- I don't know. I'm just saying this is I had a real bad family thing happen, so that's kind of why I'm also intense. I just had to get here and talk. And I really, really, really-- but Trump is a danger. I mean, and I'm, I'm, I'm saying it because every-- it's-- my God. Just-- if you want to talk to me about how autocracies and fascist dictators come to power, why you can just-- you know. They alrea-- he already released the Brownshirts and then they're going to recruit some more, and there we go. All right. I, I say it-- it's so-- it scares me so much. And so, if there-- I don't know. I'm going to go. And so now you can kind of understand the point of view when I talk about things. I hope it helps. Thanks. Have a good one.

HARDIN: Thank you. Any questions? Seeing none.

JOSEPHINE LITWINOWICZ: Thanks.

HARDIN: LB71, proponents. Welcome.

RIEPE: Thank you.

LAMEAKIA COLLIER: Good afternoon, charm-- Chairman Hardin, Hardin and members of the Health and Human Services Committee. My name is Lameakia Collier, L-a-m-e-a-k-i-a C-o-l-l-i-e-r, and I'm the chief operating officer for the Nebraska Early Childhood Collaborative, NECC, a statewide organization with the mission to support the business of childcare by getting childcare providers in the families they serve, the resources and support they need to give young children the education they deserve. I'm here today on behalf of NECC in support of LB71. We want to thank Senator DeBoer for the introduction of this bill and for her tireless efforts to champion early child-- early childhood care and education in Nebraska. The Nebraska Early Childhood Collaborative is a home to Nebraska's largest Early Head Start-Child Care Partnership grant serve-- serving over 20-- serving 280 infants and toddlers across 7 different licensed childcare programs in Omaha, all of which are engaged in Step Up to Quality. We are also home to one of the largest statewide childcare networks in the country, serving over 100-- 1,800 members across more than 80% of Nebraska's counties, 2 of which are here with us today, who will share more about their services to the families and the communities that they serve. Based on the recent survey of NECC's Childcare Network, we've learned the majority of providers work with-- who-- we have learned that majority of the providers we work with are engaged in some level of Step Up to Quality. And we have recently seen and supported an increase in the number of educators participating in order to become eligible for the school readiness tax credit. We know from both the survey and our working relationship with providers that many programs are stalled at level 2 for a variety of reasons. These include a desire to delay official ratings until they can achieve higher scores, limited financial resources to invest in program improvements that will help them obtain higher scores, and a shortage of coaches, including Spanish-speaking coaches, for Step Up to Quality. When Step Up to Quality was originally introduced in the Nebraska Legislature, the belief was that higher reimbursement at higher levels of quality made sense to help support the sustainability of that quality. And what we have learned through the implementation over the years is that the most critical time for investment in quality is up front, to support a foundation on which to build that quality. Investments-- early investment yield higher returns, which you'll hear more about from the testimonies later today. To this end, LB71 offers one, offers one of the most clearcut and impactful opportunities to directly address lessons learned, and to support

quality care and the difference it makes in every district in Nebraska. We would urge you to support this bill and advance it to General File. And thank you for your time and attention today, to the future success of the childcare industry, and for your public service to our great state. And now, I'll take any questions.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for your testimony, and also for your work with the Collaborative. So you mentioned this briefly about some of the barriers that some organizations might have from achieving level 3 status or certification. Can you, can you share a little bit more about that? Is that primarily financial barriers, would you say or like, what else might be getting in the way of organizations getting that?

LAMEAKIA COLLIER: Sure. I mean, there are so many barriers. But some that come to mind, obviously, is their ability to be-- have access to coaches is one of those, including those that are culture--culturally competent, including those who speak Spanish. Some of the other barriers is the financial piece of investing in some of those improvements that are required to go from a Step 2 to a Step 3. So I would definitely say those are some of the, the key factors that are barriers to preventing providers from moving from a 2 to a 3.

FREDRICKSON: Thank you.

HARDIN: Can you unpack what are your, your greatest hits for a couple of those steps between 2 and 3? I mean, what are those specific things? You unpacked that a little bit, but if you were to take that to a more granular level, what, what does that look like?

LAMEAKIA COLLIER: Yeah, as-- well, I would say what we're hearing from providers is really, for one, the lack of coaches. I think that is one of the pieces that we do have.

HARDIN: Any, any idea how many we're lacking? Any idea?

LAMEAKIA COLLIER: I can't give you those numbers and maybe someone coming behind me should be able to give you those numbers. And if not, we can get those to you. I do know that is a great shortage. And so as people are working through some of those processes, their case loads are really high. Also, the ability to be able to serve in a more

inclusive way without having some of those coaches who are culturally competent or Spanish-speaking is also a huge barrier because we continue to have an increase--

HARDIN: Do we have any Spanish-speaking coaches as far as you know?

LAMEAKIA COLLIER: I can't give you the specific number.

HARDIN: OK. I'm scared.

LAMEAKIA COLLIER: My guess is there's probably not a lot. And we're definitely in great need, for sure.

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

LAMEAKIA COLLIER: Thank you.

HARDIN: Proponents, LB71. Welcome.

MIKAYLA DOHT: Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Mikayla Doht, M-i-k-a-y-l-a D-o-h-t. I serve as the marketing and community relations manager at Pender Community Hospital. Pender Community Hospital owns and operates Little Sprouts Child Development Center, which is currently at a level 2 of the Nebraska Step Up to Quality program. I've been with the hospital for the past 6 years and have overseen our child development center for the last 3 years. I'm here today in support of LB71. Like many other critical access hospitals in Nebraska, Pender Community Hospital is an economic pillar for our region in northeast Nebraska. In a community of just over 1,000 residents, the hospital employs roughly 300 people, recruiting from many nearby rural communities. Our decision to enter the early childhood field has provided significant benefits, including access to quality childcare and serving as a valuable medical professional recruitment tool for our hospital in a region that suffers from a severe shortage of licensed childcare. Our childcare program is not operated for financial gain, but for community benefit. However, as a program operating at a financial loss, the long-term sustainability of our childcare services is one of our greatest challenges. This is not unique to our organization, but reflects a widespread issue affecting childcare providers across the state. Quality childcare, it's as critical to-- as quality healthcare. Just as we expect healthcare providers to be competent, compassionate, and effective communicators,

childcare providers should have the support they need to offer high-quality learning environments for children in their care. Step Up to Quality, Nebraska's childcare rating system, offers the training and coaching they need to continue their quality journey. However, barriers remain for providers striving to achieve higher levels in Step Up to Quality. Meeting these standards often require significant time, financial investment, and resources for training and facility improvements. LB71 rewards the childcare providers committed to improving their quality by changing the level at which tiered reimbursements begin. By adjusting reimbursement rates to include childcare providers who are at a Step 2 in Step Up to Quality, we not only support their progress, but also reward their dedication to improving quality childcare across Nebraska. At the same time, LB71 expands parent choice. Not all parents have the same choices. Working families that rely on childcare subsidy face limited options for care. However, LB71 will change that. By offering a higher reimbursement rate, LB71 will encourage more childcare providers to accept subsidy. In return, LB71 will ensure that regardless of income, more families have access to high-quality childcare. LB71 is a critical step forward in creating a sustainable childcare infrastructure in Nebraska, addressing evident disparities in childcare reimbursement rates and supporting both providers and family. I encourage you to vote yes and move this bill out of committee. Thank you for the opportunity to speak today, and for your dedication to the betterment of our beautiful state. I'm happy to provide any additional information and answer any questions you may have.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you. Thank you for being here. Maybe it's been a couple of years, you were hit with a tornado.

MIKAYLA DOHT: We did have one in the area.

RIEPE: Did you get a new hospital or did it, did it-- does-- the hospital was salvaged?

MIKAYLA DOHT: We were not directly hit by-- you might be referencing the Pilger twin tornadoes.

RIEPE: Oh, maybe that was it.

MIKAYLA DOHT: Those were west of town. Wayne was-- the actual community was hit by a tornado a while ago. I don't know if the hospital was affected or not.

RIEPE: OK. Time has a way. My question is this. My serious question is what percentage in your childcare are hospital employees as such? You said you had 300 employees. I'm just saying, is it 50/50, 75/25?

MIKAYLA DOHT: Roughly 40% of our students at the childcare center are hospital employee students.

RIEPE: OK. And is your-- is the childcare center pretty much occupied fully?

MIKAYLA DOHT: For the most part, our younger classrooms. We see a little bit more gap in our older classrooms that have more capacity. We're comfortable at a rate of 40 kids. And we have 30 kids currently, with some on the waitlist as we wait for kids to age out.

RIEPE: Do you provide-- I'm sorry. Do you provide infant care, too?

MIKAYLA DOHT: Correct.

RIEPE: That's really hard to come by.

MIKAYLA DOHT: Very.

RIEPE: OK. OK. Thank you very much. Thank you, Chairman.

HARDIN: Other questions? Seeing none, thank you.

MIKAYLA DOHT: Thank you.

HARDIN: LB71, proponents. Welcome.

ERIN BRANCH: Well, hello. Chairman Hardin and members of the Health and Human Services Committee members, my name is Erin Branch, E-r-i-n B-r-a-n-c-h, and I am an owner and childcare provider at the Branch Ranch Childcare, a family childcare home located here in Lincoln. I have been an early childhood educator for 25-plus years and have achieved a Step Up to Quality rating of Step 2. I am here today to express my strong support for LB71, which would increase tiered childcare subsidy reimbursement rates for childcare providers participating in Step Up to Quality. Specifically, I commend the

provision to begin tiered reimbursement at Step 2 instead of Step 3. Research confirms that children in high-quality learning environments are better prepared for kindergarten and experience long-term benefits, including higher earnings, and reduced reliance on welfare services. Yet in order to provide this type of environment, especially to the children that need it the most, parents and childcare providers need support. The simple changes made in LB71 will provide this support. First, it will encourage more childcare providers to accept childcare subsidy. As we know, many providers across the state are unable to accept subsidy because the reimbursement rate does not cover the cost of, cost of providing care. Offering a higher reimbursement rate will help providers addressing rising operational costs, improve staff wages, as well as possibly offset program improvement costs to pursue higher Step Up to Quality ratings, all of which are critical for workforce retention and program sustainability. Second, LB71 will allow more working parents to enter or stay in the workforce with peace of mind that their children are in safe, quality care. While there are providers not enrolled in the program who do provide stimulating and stable childcare for children, Step Up to Quality provides ongoing training and accreditation that supports early childhood educators, as well as gives parents clear options through the Step up to Quality website when looking for childcare. In my experience as a provider who partners with others in the childcare community, community, I have heard firsthand the questions and challenges-- excuse me-- questions and challenges providers share when considering their own partic-- participation in Step Up to Quality. Some of these hesitations stem from weighing the costs of participation with Step Up to Quality, how it will benefit their childcare business, and weighing the work involved and the benefits of doing so. By supporting this bill, you will directly con-- contribute to improved outcomes for children and families in Nebraska while strengthening the childcare sector. Thank you for your consideration on this critical issue, and I'm happy to answer any questions.

HARDIN: Questions? I have one.

ERIN BRANCH: Yes.

HARDIN: We all know subsidy is somewhere here, and what childcare centers, be they home or commercial, church, something up here. Can you kind of comment on what that difference is between the subsidy

amount, whatever this is, is proposing to help-- what's this gap right here?

ERIN BRANCH: That--

HARDIN: Roughly?

ERIN BRANCH: That gap--

HARDIN: And I know every center is different.

ERIN BRANCH: Yes. I would-- I, I, I really-- I-- I'll be honest, I don't think I have an answer for that. So I would like to defer to--

HARDIN: OK.

ERIN BRANCH: Yes.

HARDIN: We just try to make everyone feel equally uncomfortable in Health and Human Services.

ERIN BRANCH: That's quite all right.

HARDIN: So-- but thank you. Appreciate that. Any other questions? Seeing none, thank you.

ERIN BRANCH: Thank you.

HARDIN: LB71, proponents. Welcome.

JEN GOETTEMOELLER WENDL: Good afternoon. Chairman Hardin, members of the committee, my name is Jen Goettemoeller Wendl. I am here on behalf of First Five Nebraska and also the Nebraska Chamber of Commerce and Industry. I want to give a quick shoutout of thanks to Senator DeBoer for introducing this bill, and thank you, Committee, for the opportunity to testify in support. There's a lot of information in my test--

HARDIN: Gwen [SIC], can I get you to spell your name real quick?

JEN GOETTEMOELLER WENDL: Sorry. J-e-n G-o-e-t-t-e-m-o-e-l-l-e-r W-e-n-d-l. It takes up too much time, so I try to skip it, but thank you for that. There is a lot of information in my written testimony. So hopefully, you'll be looking at that, and the policy brief that you

have going around, as well. I'm going to try to keep this really simple and brief and give you 3 things: First, a quick overview of the strategic infrastructure that the state built for childcare providers; 2) a little bit of data; and 3) how making adjustments to one reimbursement level will have a domino effect of positive impact. So first, the strategic infrastructure. We all know how important it is for young children to have stimulating interactions with young parents and grandparents at home, as well as in high-quality early care environments when they aren't at home. These interactions literally build the foundation for cognitive, emotional, and social skills that help children succeed. We've heard about those again in this hearing today. We see kids doing better in K-12 with their reading and math scores, graduating high school, attending college, having a job, earning higher wages, all of the things that we want to see happen here in Nebraska. But it's the quality of the interaction that is the difference maker, and that doesn't happen by accident. So when the departments of HHS and NDE came together with other partners to implement the Step Up to Quality Act that was passed back in 2013, they knew off the bat that they wanted to encourage those types of interactions in childcare environments, especially when there was a public dollar invested. It was a matter of fiscal accountability. So we built this piece of infrastructure called Step Up to Quality that would be available to all early education providers in the state. It was and remains a voluntary system, as Senator DeBoer said. Only programs that receive more than a quarter of a million dollars in public childcare subsidy funds are required to participate. It is voluntary for everyone else. That goes back to the fiscal accountability piece that I mentioned. Ultimately, Step Up to Quality enables providers big and small to take their quality to the next level, the levels that we know reduce achievement gaps. So in my written testimony, you'll see some additional information on the supports built into the infrastructure. These supports are offered to all programs who participate. They include coaching, professional development and training, one-time bonuses, tiered reimbursement for providers who accept the subsidy as payment. So that's just a really quick glance at the infrastructure. It's also important that we pay attention to the data. Since September 2020, participation in Step Up to Quality has increased 106%, from 474 to 979 programs. So for Step 1, we have 406 programs, 368 in Step 2, 107 in Step 3, 35 in Step 4, and 63 in Step 5. While overall participation in Step Up to Quality has grown, the ability of programs to achieve Step 3 or higher has not

kept pace. In fact, the proportion of enrolled programs reaching Step 3 has never surpassed 30%, and it's actually decreased over time. So LB71 recognizes that providers need additional support to move from a 2 to a 3. When they do, we all benefit. And that brings me to my last point: Adjusting one reimbursement level will have a domino effect of positive impact. So, many providers can't accept the subsidy because the reimbursement rate doesn't cover the cost of providing care. We have a plethora of data from providers in Nebraska. It reveals the number one reason they can't serve low-income children in their program is because that reimbursement rate is too low. Offering a higher reimbursement rate for Step 2 will encourage additional providers to care for children who are more likely to struggle in school. They'll be in a child care environment that is actively working on providing those quality interactions that we talked about earlier. Now, it's going to come as no surprise to you that parents with higher incomes have the most choices when they select childcare. They can choose a provider close to their home, a provider that's close to another convenient location such as work or a grandparent, a provider who offers certain experiences, the list goes on. But working parents utilizing the subsidy can only choose a provider who accepts the subsidy. This bill will encourage more childcare providers to accept the subsidy, and it will also increase the choices that parents have. I have a couple of notes from questions. I'm just kind of watching the lights here. So, Senator Hardin, earlier you asked what percentage of centers and homes accept the subsidy?

HARDIN: Go ahead and continue, if you would, please.

JEN GOETTEMOELLER WENDL: OK. Thank you. So, latest data that we have available shows 736 family childcare homes in Nebraska are either accepting the subsidy or say they are willing to accept the subsidy, have indicated to the department that they're willing to accept the subsidy, and about 610 centers, and that's out of roughly 2,400 providers across the state. We've got one Spanish-speaking coach right now, and hopefully more in the pipeline. That is another piece of infrastructure that we're really trying to have built here in Nebraska. And you asked a question about the gap between private pay and what subsidy reimburses. You may--

HARDIN: It's more of an impression, I realize, than a number, but.

JEN GOETTEMOELLER WENDL: So-- and you're probably aware that it depends on the age of the child, what type of provider you are, the location-- geographic location of the state. I have some numbers somewhere in front of me if I can find them quickly. It kind of gives an idea. So let me look at those-- look for those as we're--

HARDIN: No, no problem. Because-- and forgive me. I called you Gwen earlier.

JEN GOETTEMOELLER WENDL: Jen.

HARDIN: That's only because I superimposed in my mind your last name has a G and a W.

JEN GOETTEMOELLER WENDL: There is a G and a W. So, you're right on.

HARDIN: And so I just superimposed the whole thing on your first name. My apologies, Jen. Also, where would we go, where would I go to kind of see the Step Up to Quality defined criteria for Steps 1, Step 2, Step 3?

JEN GOETTEMOELLER WENDL: Oh, sure. OK. So actually, NDE has this really handy dandy program guide here, Step up to Quality Program Guide. I found this online. I can send it to you. You can also find it online probably fairly easily. So we have some really great developmental standards, birth to 5 learning and development standards, that are established here in Nebraska that kind of outline both for parents, for providers and teachers, what kids should be able to do. Hopefully what we-- the kinds of skills that we want to be developing in our kids from those 0-5 years. Right. So there are certain domains, and Step Up to Quality is really the, the levels, the step levels are lined up to coordinate with those early learning guidelines so that we are kind of coaching and providing the support and the knowledge, the training for our providers so that they know how to interact to, to help children recognize their own feelings. Like, 2-year-olds know what being mad feels like, but they don't necessarily know that they're mad, and they don't know what to do when they're mad, right? Everybody gets mad. It's important for them to know that. Here's what's good to do when you're mad. Here's what we shouldn't do when we're mad. Right? Basic stuff. And that's just one of the domains, right? There's, I think, 7 domains, if I remember.

HARDIN: And it happens to 52-year-olds as well.

JEN GOETTEMOELLER WENDL: Right. It's good for all of us. It's a good reminder for all of us. You know, so approaches to learning, health and physical development, that early literacy, language development, scaffolding language so that if someone is-- you know, a child is pointing to this sign here, I can say, oh, those are letters and they tell me things, and there's a D, and is there a D in your name? Right? It's just, it's just interacting and scaffolding language and things that really build their brain and give them those skills that all of that later learning in life is going to be able to rest upon and be strong. So that's what you're going to get in Step Up to Quality, is training on doing those things. And it's, you know, not all of them at a Step 2. I think, if I remember correctly, it's about 4 of those domains. And then as you go to a 3, then you're going to pick up another couple of domains and build on top of all of that. So--

HARDIN: Well, thank you.

JEN GOETTEMOELLER WENDL: There is some really great information in the program guide if you're interested.

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

JEN GOETTEMOELLER WENDL: Thank you.

HARDIN: Proponents, LB71. Any other proponents? How about opponents, LB71? Those in the neutral? Seeing none of those, and since we seem to be missing a senator-- she told us about this. She-- we just knew this would come, that she would be elsewhere.

_____: She's pretty smart.

HARDIN: She's pretty smart. So thank you so much. This actually concludes our time on that. We did have 21 proponents, 1 opponent, 1 in the neutral for LB71 online today. This concludes our hearings for the day. We really appreciate your time and your attention. Thank you.