

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee February 16, 2022

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

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

MURMAN: Hello, I'm Senator Dave Murman and I am from Glenvil. I represent District 38 and it is seven whole counties and part of an eighth in extreme southern Nebraska.

WILLIAMS: Matt Williams from Gothenburg, Legislative District 36.

B. HANSEN: Ben Hansen, District 16, which is Washington, Burt, Cuming, and now part of Stanton Counties.

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

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day before the hearing in order to be included in the official record. Additionally, there is a white sign-in sheet at the entrance where you may leave your name and position on the bills before us today. And with that, we will begin today's hearings with LB1136. Welcome, Senator Hunt.

HUNT: Thank you very much, Chairman Arch and members of the Health and Human Services Committee. I'm Senator Megan Hunt, M-e-g-a-n H-u-n-t, and I'm here today to present LB1136 to continue my mission of growing equality for LGBTQ Nebraskans. LB1136 focuses specifically on an often-forgotten demographic, but which is arguably some of the most vulnerable among us, and that's our aging LGBTQ seniors in long-term care facilities. In the past, I've advocated for the rights and dignity of LGBTQ youth and working adults, but what we have not really addressed in this Legislature is how aging and elderly LGBTQ people need legal protections that are different and as much as any other age group. LGBTQ people face unique sets of challenges. As children and teens, they might face discrimination in school. As working age adults, it could be in the workplace. But as a society, we've kind of neglected to consider what happens to this population as they age and need to live in senior care facilities. The idea for this bill was brought to me by Owlsh, an Omaha organization that advocates for equity for LGBTQ adults over 50. In this bill, LGBTQ senior care facilities would be explicitly prohibited from discriminating or harassing residents on the base of the resident's sexual orientation, gender identity, gender expression, or HIV status or because of the resident's association with someone in one of those categories. For example, LB1136 would require that trans individuals get room assignments that align with their gender identity, that LGBTQ couples cannot be denied requests to share a room in a facility, that trans or gender nonconforming individuals be allowed to use the restroom of their choice, and that LGBTQ residents' preferred name, pronouns, and clothing choices are honored. Due to the nature of this issue, this kind of discrimination is not often reported and there are many stories about how these seniors often have to quote, go back into the closet, unquote when entering long-term senior care for fear that their rights won't be respected. According to the AARP, 61 percent of LGBTQ Americans over age 45 have concerns about experiencing physical or verbal harassment in a long-term care facility. It's essential that we get this preventive standard in statute to ensure our seniors have protections from here on out so that the loved ones of LGBTQ, LGBTQ seniors can trust that they're placing their relatives in a place where they're going to be safe and so that any violations happen, there's legal recourse that can be pursued. With this clear language

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in the law, there's no gray area for a healthcare facility or for their workers to make judgment calls motivated by personal bias about what is or isn't appropriate treatment of an LGBTQ resident. Some seniors may prefer to live in a facility that is specifically targeted to that demographic and such facilities are slowly expanding and gaining more traction nationally. But we don't have that here in Nebraska and it's generally very expensive and difficult to get into a long-term care facility that is specifically for LGBTQ people. For those that have the means to find a spot in one, maybe out of state, that's great, but you shouldn't have to have the means to find an LGBTQ-only facility to know that your dignity will be protected as you age. I believe we have several testifiers here today who can speak to more specific examples or concerns they have about discrimination that they've seen or experienced or that they fear happening here in the state to them or their loved ones so I'll leave those anecdotes to them. As an overview, this bill protects LGBTQ people in senior care facilities, including trans and gender nonconforming people, and ensures that their identity, physical autonomy, privacy, and medical treatment are respected and in accordance with their gender identity and sexual orientation with or without regard to their HIV status. It would also guarantee that these people who may be extra vulnerable due to cognitive decline or medical conditions that come with age have the same rights as all other residents. I just request that the committee listen respectfully to our testifiers today, some of whom are testifying for the first time on a matter that's very near and dear to them and who are showing a lot of courage by being here to share their stories today. And also maybe think about someone you love and how you hope and expect them to be treated when they are elderly and in long-term care. Thank you.

ARCH: Thank you, Senator Hunt. Are there any questions? Seeing none, you'll stay to close?

HUNT: Yes, thank you.

ARCH: OK, thank you. We'll now ask for the first proponent for LB1136 to come up and testify. Good afternoon.

HEATHER HOLMES: Hello. Good afternoon. Good afternoon, Mr. Chairman and members of the Health and Human Services Committee. My name is Heather Holmes, H-e-a-t-h-e-r H-o-l-m-e-s, and I'm the founder of Owlsh, an organization that advocates for LGBTQ+ older adults through education, policy, and resource development. I also have been a leader in senior living for 16 years and I'm currently working in senior living full time as an executive director. As we grow older, many of

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us have the same concerns. Will we have enough to retire? Who will take care of us if we cannot take care of ourselves? When it comes to some of the most essential things in life, like living with dignity and peace of mind that comes with knowing that we or our loved ones can get the care they need, no one should have to worry they will be turned away simply because of who they are. In most states, including Nebraska, our laws do not protect LGBTQ+ people from discrimination in places of public accommodation like nursing homes and assisted living communities. Updates need to be made to the law to make sure everyone is protected from discrimination so no one can be denied care or a place to live when they need it the most. According to AARP, in 2020, there were 3 million LGBTQ adults in the United States. This is expected to double by 2030. These numbers are most likely higher, as this group is underrepresented and underreported. LGBTQ+ adults face the same challenges as other older adults, with some unique disparities and additional challenges. Currently, those living in nursing homes and senior living were born and grew up during a time where the federal government did not recognize same-sex marriages and LGBTQ individuals were barred from adopting children. This has caused economic insecurity with no access to federal spousal benefits, poorer health, and reduced support networks for an entire group of older adults who have suffered from a lifetime of discrimination. There's a lack of education among senior living care providers, leaders, and team members. In a society that does not value aging, our older adults are often looked-- are often overlooked and left out of conversations. This is compounded when adding race, sexuality, income, and other intersections. Each month, Owlsh hosts a Stonewall social, a safe space where older LGBTQ adults gather to discuss what aging in the community looks like. It's a well-attended group and is proof that in fact, it is a myth that there are no LGBTQ older adults living in Nebraska in senior living communities. I would suggest that most senior living communities have LGBTQ residents and they are choosing to be unaware of making sure their communities are inclusive. The older adults who attend the Stonewall socials each month are very concerned about the treatment and care they will receive in senior living. Examples of discrimination are seen across the country where LGBTQ older adults are refused senior housing and unwelcomed in communities. In fact, SAGE reports that 48 percent of lesbian, gay, bisexual couples experience adverse treatment when seeking senior housing and trans individuals experience adverse treatment at even higher rates. This bill is the start of the conversation and takes a preventative approach to allow individuals in Nebraska to show up as their authentic selves and receive the care they need in later life without discrimination. While working in a senior living community a

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couple of years ago, I was advocating for taking LGBTQ older adults to the Pride Parade in Omaha. The leadership team at the community told me there were no LGBTQ residents and it was an unneeded activity. They let me try anyway. As I promoted the event, multiple residents came to my office to tell me how much they appreciated seeing the opportunity. One gentleman visited with me and with tears in his eyes told me he was an 82-year-old gay man who had never come out or told anyone about his sexuality. He went on to tell me how reassuring it was to know that I was in the community and advocating for LGBTQ older adults and it made him feel safe and seen. I'm testifying today for that 80-year-old man, the multiple other couples and individuals I've met over my career in senior living, and all the other LGBTQ older adults that were told they needed to be invisible, could not speak up, and could not be their authentic selves. They deserve the right to have safe, inclusive healthcare in senior living. There's a lack of advocacy and resources for the older LGBTQ adult population. Now is the time to help this community use their voice. As a member of the LGBTQ community, a Nebraskan, and a senior living leader, I see each day how older LGBTQ adults in Nebraska are underrepresented. There's a gap in both resources and education. As much as 75 percent of older LGBTQ adults go back in the closet when moving into senior living facilities. These adults need support, community, representation, empowerment, and resources. I thank you for your time today and for your attention to this subject matter. I'm happy to answer any questions you may have.

ARCH: Thank you for your testimony. Any questions? Senator Williams.

WILLIAMS: Thank you, Chairman Arch, and thank you, Ms. Holmes, for being here. We have heard lots of testimony over these last years about the business model of our long-term care facilities. We have had a number of them close in particular in rural areas due to reimbursement rates. Is there anything in this legislation that treats a Medicaid patient different than a private pay?

HEATHER HOLMES: Not that I'm aware of. I'd have to get that exact answer for you and I'm happy to do that after the time.

WILLIAMS: One of the things that I'm in particular concerned with, coming from a rural area and dealing with, with long-term care facilities that are clearly struggling, is any additional rules and regulations that they have to abide by continues to add to the cost. Do you think there would be a cost to a facility of handling this legislation?

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HEATHER HOLMES: I don't believe there would be a cost. The only thing I could think of is ordering a new poster that might have more specific language so it would even them all.

WILLIAMS: So there isn't anything that would require them to have additional services, things that they plan, events that they plan in a facility if, if they have this population in their home?

HEATHER HOLMES: I don't see anything that would need to be added.

WILLIAMS: OK. Can you, can you cite any specific example of where, in a long-term care facility in Nebraska, there has been discrimination?

HEATHER HOLMES: Not in Nebraska, no.

WILLIAMS: OK.

HEATHER HOLMES: In our sister states, there have been. And hopefully this is a preventative bill so we don't have to wait until someone is discriminated against and a lawsuit is brought.

WILLIAMS: OK, thank you.

HEATHER HOLMES: Yeah, absolutely. Thank you for your questions.

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

HEATHER HOLMES: Thank you.

ARCH: Next proponent for LB1136. Good afternoon.

TODD STUBBENDIECK: Good afternoon. Chair Arch and members of the Health and Human Services Committee, my name is Todd Stubbendieck. That's T-o-d-d S-t-u-b-b-e-n-d-i-e-c-k and I'm the state director of AARP Nebraska. AARP Nebraska is a nonprofit, nonpartisan organization that works across Nebraska to strengthen communities and advocates for the issues that matter most to those 50-plus, such as caregiving, healthcare, and protecting older Nebraskans from discrimination. AARP Nebraska believes that residents of long-term care facilities deserve to age with dignity, dignity as their authentic selves, regardless of their gender identity, sexual orientation, or HIV status, yet three out of four adults age 45 and older who are lesbian, gay, bisexual, or transgender say they are concerned about having enough support from family and friends as they age. Many are also worried about how they will be treated in long-term care facilities. Though Senator Hunt and Heather have referenced AARP's 2018 landmark national LGBTQ survey

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entitled "Maintaining Dignity. A Survey of LGBT Adults Age 45 and Older," let me give a few more stats from that, that survey: 34 percent of LGBT older adults are concerned that they will have to hide their identity in order to have access to suitable housing as they age and 76 percent of respondents are concerned about having adequate family or social supports to rely on as they age. The research also found that based on their life experiences, many LGBT elders are worried about their safety in care facilities: 67 percent fear neglect, 60 percent anticipate verbal or physical harassment, 61 percent expect to face limited access to services, and 52 percent say they will be forced to hide or deny their identity. These numbers demonstrate the fear that many have about how they will be treated as they age and will require additional support. One important note: we talk in terms of long-term care residents and I think that word "resident" is important. They are residents because the facility in which they are living is their home. As such, they deserve to have the guarantees that they will not face discrimination in these facilities. Simply put, discrimination against be LGBTQ individuals is an issue that threatens the health and personal fulfillment of too many Americans age 50-plus and is particularly problematic when these individuals face discrimination from the entities that they rely on for support, especially healthcare services. The Senior Care LGBTQ Discrimination Prevention Act would help address those concerns by ensuring equal treatment under the law by prohibiting discrimination or mistreatment of long-term care residents based on their sexual orientation and gender identity. AARP Nebraska supports the bill's intended goal to ensure all older Nebraskans relying on long-term care facilities for their care can live free from discrimination. Thank you for the opportunity to comment and thank you to Senator Hunt for introducing this important legislation. On behalf of AARP Nebraska, we ask the committee to support the bill and advance it to the floor. Thank you.

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

TODD STUBBENDIECK: Thank you.

ARCH: Next proponent for LB1136.

DAVID THOMPSON: A little low.

ARCH: It is low.

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DAVID THOMPSON: Good afternoon. I'd like to thank the members of the Health and Human Services Committee for allowing me to speak here today and also Senator Hunt for supporting this bill. In addition to being a board member of Owlsh, I'm an elder law attorney with the Omaha firm of Burnett Wilson Law and I am also chair of the elder law and special needs section of the Nebraska State Bar Association.

ARCH: Could you please state your name?

DAVID THOMPSON: Oh, I'm sorry. David Thompson, T-h-o-m-p-s-o-n.

ARCH: Thank you.

DAVID THOMPSON: Sorry about that. But I should say that I'm-- in my comments here today, I'm not speaking on behalf of either of those organizations. As an elder law attorney, I deal on a daily basis with seniors and their family members who are struggling through an extremely difficult phase of life, trying to find a situation in which they can live out their lives feeling as much comfort and safety as possible. I am, as we speak, in the process of moving my mother, who has Alzheimer's, into a memory care unit so I am living this reality every day. Situations like these are difficult under any circumstances. Given the myriad factors that seniors have to consider when they are making the transition to a facility from homes where many of them have lived for 30, 40, and sometimes 50 years, it is tragic and grossly unfair to think that among the many things they have to give up will be their identity as beings who want to love and be loved and express their love as openly as anyone else and in accordance with their own preferences and values. This is a decision that hundreds of Nebraskans have to make every year. In our state, there are 205 nursing homes and 287 assisted living facilities, with a total of 28,982 beds. And entering a facility is not the same as choosing where to eat dinner or where to shop; not, in other words, a circumstance that you encounter for a short period of time and can choose not to engage in or to engage in somewhere else. As was previously noted, this is about where you live, where you spend most of your time, and where you will hopefully find a sense of community. This is something that affects more people than you might think; 15 percent of Nebraska's population is over 65. This translates to 294,000 people. This number sounds astronomical compared to the number of beds available in facilities, but that is a discussion for another day. Like the rest of the country, our state's population is aging. As of 2019, there are more people in Nebraska over the age of 75 than under the age of five. The fastest-growing demographic is the over 85 cohort. Eight-thousand Nebraskans retire every year. Many of our

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seniors live in parts of the state where there are few living options available. Many have to move to be near their families or to access needed healthcare services. Are we really going to say that our seniors should have their freedom restricted even more? And just as the population of people in their 20s and 30s today looks very different from 30 years ago, so will our senior population look very different 30 years from now. Walking up and down the halls of a nursing home will be a very different experience in 2050, when facilities will be home to more people of color, more people from different ethnic and cultural backgrounds, more people with disabilities, more people with a broader range of religious beliefs, and yes, more seniors who are LGBTQ or gender nonconforming. For the sake of all seniors today and in the future, I ask the members of this committee to support this legislation that establishes basic protections for people as they do their best to preserve their identities in their later years. Thank you.

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

WILLIAMS: Thank you, Chairman Arch, and thank you for being here. As a person that practices in the area of elder law, are there any protections available today for someone of the LGBTQ+ community in a nursing home?

DAVID THOMPSON: Well, I mean, there, there is a, an Office of Long-Term Care Ombudsman, which maybe you're familiar with, and I've dealt with their office with all kinds of issues and there are general provisions about, you know, prohibiting discrimination. And as you indicated earlier, this industry is very, very highly regulated so I think there are, you know, there are regulations that in a more general sense, are applicable in situations like this.

WILLIAMS: In your practice-- and this is the same question that I asked Ms. Holmes-- are you aware of any specific incidents of discrimination in a Nebraska long-term care facility?

DAVID THOMPSON: I have met with many people who are very concerned, mostly in terms of thinking about where they're going to go. I help families with a lot of placement decisions so that's definitely a concern that has, that has come up. And younger clients also have been asking about it, not just in terms of their own situations, but also older people that they know in their lives.

WILLIAMS: But not any specific incidents of discrimination?

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DAVID THOMPSON: Not specifically based on sexual identity, no.

WILLIAMS: Thank you.

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

DAVID THOMPSON: Thank you.

ARCH: Next proponent for LB1136.

JOEY LITWINOWICZ: Thanks for hearing me, Chairman Arch and members of the committee and I just want to say--

ARCH: Could you state your name and spell it for us?

JOEY LITWINOWICZ: Oh, yeah.

ARCH: That's OK.

JOEY LITWINOWICZ: No.

ARCH: Easy to forget.

JOEY LITWINOWICZ: It's so long it's going to be yellow. J-o-e-y L-i-t-w-i-n-o-w-i-c-z. I was 25 before--

ARCH: How would you pronounce--

WILLIAMS: Would you pronounce?

ARCH: Yeah, how would you pronounce that?

JOEY LITWINOWICZ: Ethnically, it's "Litvenovitch." I, I say "Litwinowitz."

ARCH: OK.

JOEY LITWINOWICZ: My dad said "Litwinowitch." Anyway, I just wanted to say that, first of all, Senator Williams, respectfully, if there is-- I forget the word because I, I have memory-- if there is a financial-- or what do you call it-- attached to it, I don't think it could be high enough to, to, you know, to ensure-- it obviously couldn't be too much-- too expensive, but we need to increase provider rates, but that's another story too. But I just-- OK, well, I'm going to-- I, I don't remember what I was-- sometimes I have that problem. What was I just talking about? You know, bring everything back.

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ARCH: You were-- we, we're on LB1136 and so it's the--

JOEY LITWINOWICZ: No, the last thing you said.

ARCH: Oh.

JOEY LITWINOWICZ: I'm sorry.

ARCH: Yeah, he just asked a question regarding--

JOEY LITWINOWICZ: What was the question? I'm sorry.

WILLIAMS: I asked a question concerning whether the, the cost would go up at a nursing home to comply with this legislation. I asked that of the previous testifier.

JOEY LITWINOWICZ: Right, right. I think, you know, that really shouldn't be a concern. In fact, that there's discrimination in other states doesn't mean that it doesn't happen and it would surely happen here as-- just as anywhere. And so this talk of the Governor, for example, that well, it's not needed, well, I disagree and it irritates me because it is needed and if it happens anywhere, it should be taken care of here. And so it seems like everybody is on board with it. And so, you know-- I don't know. I hope so. And what else was I going to say? I have been so busy to write it down, so. Some days are worse than others. Well, I had a few other important things to say. I just want to say I get a lot of verbal and I mean gestural intensity of various kinds. Some are a surprise, which is fine. Some are like frown because they're just-- you know, it's an initial reaction and then very few are just nasty and the nasty ones have a certain look so I've gathered that. And so-- but then so the intensity is kind of high. And you know what? Nobody came here today-- certainly is how they feel, it seems, anecdotally. And so there is fear and so it's-- I think it's illustrated by the fact that nobody's here-- I'm going to say it, you know, in a larger figurative sense-- dressed like me. You know, so I really hope we can pass it because I mean, it really needs to be done if it's-- if there's a problem somewhere, it'll eventually get here like COVID, you know. And so thanks for hearing me and have a good day.

ARCH: Thank you. Thank you for coming and thank you for your testimony.

JOEY LITWINOWICZ: Thank you.

ARCH: Are there any questions?

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JOEY LITWINOWICZ: Oh, I'm sorry.

ARCH: Senator Williams does.

WILLIAMS: Chairman, I would just like to say thank you for being here. I always enjoy seeing you in the Capitol and--

JOEY LITWINOWICZ: I know.

WILLIAMS: --and saying hi to you--

JOEY LITWINOWICZ: Yeah.

WILLIAMS: --and enjoying your smiling face and our conversation. Thanks for being here.

JOEY LITWINOWICZ: OK. Yeah, I might be a backbencher, but not in [INAUDIBLE]. You'll find that out later.

WILLIAMS: I know that.

ARCH: We will. We will work on pronouncing your name, though.

JOEY LITWINOWICZ: OK.

ARCH: OK.

JOEY LITWINOWICZ: Good.

ARCH: Thank you.

JOEY LITWINOWICZ: Good luck.

ARCH: Thank you. Next proponent for LB1136.

GARY HANSUM: All right if I stand?

ARCH: If you need to, but be sure and stand close to the microphone.

GARY HANSUM: Oh, I will.

ARCH: Yeah, that's where they'll be recording you.

GARY HANSUM: All right.

SAVANA BRAKEMAN: Thank you.

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GARY HANSUM: Thank you. I don't stand to be intimidating, but I sometimes talk with my hands and it's hard to do when I'm sitting down and I can project better when I'm standing. My voice is 73 years old and it's much weaker than it was when I was young. I'm going to introduce a couple of words.

ARCH: Please, please state your name and spell it.

GARY HANSUM: Oh, Gary Hansum, G-a-r-y H-a-n-s-u-m, and yes, it's pronounced "handsome." I'm going to review a little bit of history. I'm a baby boomer and I grew up in the '50s. I was born in the '40s, but I grew up in the '50s and there's a lot of people that were born right after the war. Some of you are sitting here. And I would like sometimes, in a little bit of humor, refer to us as kind of dinosaur babies because we're becoming dinosaurs. In 30 years, we'll all be dinosaurs. We won't be here. It's not to be grim or groom-- gloom, it's just that's the way it is. The other thing I want to-- I'm so sorry. I didn't say I'm-- welcome to you all and address anybody-- all your honorables. Thank you for giving me the time.

ARCH: Quite all right.

GARY HANSUM: Anyway, the next thing is that I take medication for pain called gabapentin and it messes with my brain. It helps the pain. So if I forget something and get stuck, I'll head on. I'll get there, just bear with me. I hope the timer stops during those breaks. Anyway, this is a tale of two boys, two lads, South Dakota, 1950s, playing amongst big family gatherings. Adults sometimes referring to my cousin Daryl [PHONETIC], as somebody that should be a girl. They were right. These people were unsophisticated farmers, but they intuitively knew something wasn't right. Daryl's family moved to Lafayette, Indiana, and as a teenager, Daryl became a drag queen, a successful one, larger than life personality. He was a showgirl. Didn't call he a showgirl. Anyway, he won a state competition in Indiana, went on to win third runner-up national competition in drag queen, whatever the race is, and yet he felt unfulfilled. His life wasn't satisfied. So he went into a depression at age 19 and his parents supported him to have an assignment change for genitalia. He drove from Lafayette, Indiana, in the summertime with no air conditioning in his car to a small town in Colorado. An army doctor, retired, performed the surgery. When he got back to Indiana, he had changed his name to Arlene-- Darlene [PHONETIC]. He has a sister, Darlene [PHONETIC], and she rejected him and said he was dead. That feud lasted 20 years. They've only reconciled in the last ten. Daryl [PHONETIC] went on to [INAUDIBLE] back his life as he became older and-- oh, he had five failed

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marriages or she did, Darlene [PHONETIC] did. Anyway, I'm telling you this because this is how people have-- each act of their life-- the time that we were born as baby boomers to now and what we've done. Anyway, Darlene [PHONETIC] is now a minister in the Methodist Church in a small town in Indiana and it's only because she felt as a girl. One lady affirmed her as a young child that thought she saw the true self. OK, my story is I went to college. I went to a counselor-- boy, that time is going to go fast. I went to a counselor and I was-- the first two weeks, I sought out somebody. I said I have homosexual tendencies and I don't know what to do about it. It was a Christian college, very conservative and I was told at that time if I had any inclination to act on it, I would be expelled immediately. I was also told that I should just get married, have a family. That's what I did. I'm told that if I did choose that route, that I would have to tell my wife when I was in the early stages of dating and that's also what I did. OK, I woke up at 40, I was never straight. I mean changed-- I was, I was always gay. I never turned straight. And so I visited with my family doctor on my 40th birthday checkup and I said, this is not working. And he said, well, this is what's going to happen to you probably. You're going to go into the last third of your life in a deep depression and you're possibly never going to come out of it. Wow, what a wakeup call. OK, now let's just flip a little bit. OK, well, I went on to have successful-- I have two children, five grandchildren, all of them are extremely supportive of me, including my ex-wife. Am I done?

ARCH: We would ask that you would summarize your last, your last thought.

GARY HANSUM: OK, here's the punch line. Take it from the great writing-- or the manuscript that's been proposed for the Legislature. Your decision is going to be made in two places, in your mind and your heart. Let your heart speak. Let it feel what it needs to be done to do it right, people that are going into our nursing homes. I'm not ever going to give you statistics or anything. I'm here to tell you passionately that you need to do the right thing and if your mind isn't on board, wrestle with it, please. And I want to leave two words: one, when we get to the nursing home, we want to know that we're valued. We want to know that we're safe. It's pretty simple, two things. Thank you.

ARCH: Thank you for your testimony.

GARY HANSUM: Thank you for your time.

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ARCH: Are there any questions? Seeing none, thank you very much. Next proponent for LB1136.

LACIE BOLTE: Good afternoon.

ARCH: Good afternoon.

LACIE BOLTE: Thank you, Chairperson Arch, for letting me speak today and the rest of the members of the Health and Human Services Committee. My name is Lacie Bolte. It's L-a-c-i-e B-o-l-t-e and I am a representative of Nebraska AIDS Project. Nebraska AIDS Project is a nonprofit organization that provides services across the state of Nebraska and I'm here today to request your support of LB1136. Nebraska AIDS Project leads the community in the fight to overcome HIV and its stigma through supportive services, advocacy, and education. At Nebraska AIDS Project, we provide medical case management services to over 1,000 individuals living with HIV throughout the entire state of Nebraska, parts of Wyoming, and southwest Iowa. One of the biggest and greatest needs our community faces is access to safe healthcare and housing. We serve an aging population at Nebraska AIDS Project. Over half of the individuals receiving HIV supportive services in our program are over the age of 45. Some of the individuals we work with currently utilize healthcare facilities and we anticipate this to further grow. A 2019 study from the Journal of the American Geriatrics Society estimates that 4 percent of long-term state nursing home residents are people living with HIV. Healthcare facility discrimination does happen in Nebraska. In 2016, six nursing homes were warned by the American Civil Liberties Union of Nebraska about the potential consequences of rejecting an applicant with HIV for services, as this violates both state and federal law. One of these facilities denied admittance to a potential client living with HIV, saying quote, our air system isn't right, end quote. This is in spite of the fact that HIV cannot be transmitted through the air. This case shed light on the fact that although discrimination against people living with HIV is illegal, local protections, local monitoring, and enforcement continue to be necessary. Nebraska AIDS Project case managers continue to experience extremely challenging situations when finding care facilities who will accept a person living with HIV. Medical facilities continue to have misunderstandings about HIV transmission and care. These facilities are well-intended, but are sometimes uneducated about providing care for people with HIV. People living with HIV have relatively the same healthcare needs as other aging Nebraskans. We know that people living with HIV who have access to medical care and treatment can live long and healthy lives. And while the long-term use of antiretroviral medications-- that's the

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medications that treats HIV-- the long-term use can lead to healthcare-- other health conditions. We believe that their healthcare needs can be met in the same way that their HIV negative counterparts are met. Additionally, we find that these struggles occur more often in rural locations and we believe that nobody should have their ability to access healthcare be dependent on their zip code. The protections of LB1136 are not only for people living with HIV, but also to protect the rights and dignity of LGBTQ seniors, including trans and gender nonconforming individuals. HIV continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, gay, bisexual, and other men who have sex with men, and transgender women. In 2019, 69 percent of all new HIV diagnoses in the United States were among gay and bisexual men. The intersections of HIV status and sexual orientation prove to be a significant challenge from locating a healthcare facility despite their actual healthcare needs. LB1136 provides protections for some of Nebraskans most vulnerable aging individuals and I urge you to support LB1136. I'd be happy to answer any questions.

ARCH: Thank you! Are there any questions? Seeing none, thank you for your testimony. Next proponent for LB1136.

DANIELLE CONRAD: Hello. Good afternoon. My name is Danielle Conrad. It's D-a-n-i-e-l-l-e, Conrad, C-o-n-r-a-d. I'm here today on behalf of the ACLU of Nebraska and in support of Senator Hunt's legislative measure. Thank you to Senator Hunt for her ongoing leadership in regards to ensuring equality, justice, and fairness for all. So just to lift a couple of key points here: our office frequently does public education, outreach. We also have a legal intake line where we receive inquiries from Nebraskans who fear their civil rights or civil liberties may be violated. And we frequently hear about these issues through our legal intake work and then also through our community engagement and education work. The previous testifier noted that we have handled in the past instances, particularly discrimination in longer-term care or aging care facilities on the basis of HIV status. We've been able to resolve those kinds of discriminatory claims in a more collaborative kind of posture without having to resort to litigation. But nevertheless, it does go to show that there is a significant, I think, amount of-- a lack of information and understanding and clarity sometimes amongst facilities' obligations for ensuring nondiscrimination and how they provide their services. The last point that I just want to let you know is of course the conservative United States Supreme Court, just a few years ago, in an Opinion written by Justice Gorsuch made very, very clear that gender discrimination or sex discrimination in that case-- in the Bostock

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case, in the context of employment, also includes discrimination on the basis of gender orientation-- or of-- yeah-- gender identity or sexual orientation. So, of course, applying that precedent, you can look at, for example, housing discrimination or public accommodations discrimination. Our NEOC here in Nebraska has been very clear that they're applying Bostock in a housing context. So I think that this measure would help to clarify and codify that existing approach in Nebraska and would be very helpful for all stakeholders. To your question, Senator Williams, about cost, it's something that I mentioned to Senator Hunt when reviewing the fiscal note. Perhaps we'd be able to work together with all stakeholders and think about maybe modifications or amendments to the bill to clarify that enforcement and jurisdiction could be along with, for example, maybe the NEOC or something to that degree, which, you know, is very well versed in handling discrimination issues in a host of different contexts. And that's just a creative idea I wanted to throw into the mix. Happy to answer any questions. Thank you all for your time. But at the heart of this matter, it's clear: no one should be denied housing, a safe place to be when they're in need of care because of who they are or who they love or their medical status. So with that, thank you so much.

ARCH: Thank you for your testimony. Are there any questions? I see none.

B. HANSEN: I've, I've got a quick question. Just more--

ARCH: Oh, Senator Hansen.

DANIELLE CONRAD: Hi.

B. HANSEN: Just kind of curious about what-- which state and federal laws are already protected with HIV status? I'm trying to remember--

DANIELLE CONRAD: Sure. Well, I mean, there's a host of different laws that are out there in terms of nondiscrimination on the basis of HIV status. I can get you the exact citations for that.

B. HANSEN: Yeah, just let me know. I'm actually just kind of curious.

DANIELLE CONRAD: I'm sorry, I don't have those right off the top of my head, but--

B. HANSEN: That's probably a-- kind of a convoluted question, so I can-- you can just send it to me later.

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DANIELLE CONRAD: We'd be happy to follow up with you in that regard, but I think that there's really a long line of advocacy from across the political spectrum at the federal and state and local level that seeks to tear down stigmas and misinformation and ensure that our neighbors who are living with HIV are not discriminated against in public life.

B. HANSEN: Thank you.

DANIELLE CONRAD: Yeah.

ARCH: Any other questions?

DANIELLE CONRAD: Thank you so much.

ARCH: Seeing none, thank you. Next proponent for LB1136. Good afternoon.

RANDY HAGER: Good afternoon. Randy Hager, R-a-n-d-y H-a-g-e-r. I come in support of LGB-- LB1136 as a licensed therapist in the state of Nebraska. My clientele is primarily LGBT. I also treat people with trauma. A lot of times those overlap. So as people age, they experience a series of losses. That's not new news to those that have aging adults or have friends that are older. Those losses can be family and friends, their abilities-- physical abilities, mental abilities-- freedom of choice, and this series of losses is extremely challenging, even under the best circumstances where there's family and friends to support them in those transitions. If you're a senior who identifies as LGBT, it's exponentially even more so challenging as a person to navigate these losses. To think of having reduced care, of having less social support from their family or friends, or even to worry if you're going to be discriminated against in your residence just adds layers of stress, anxiety, and can be crippling mentally. So why are we looking at this now when nobody has stated specific examples that you've asked for of cases where this has happened? It's like asking why do we prepare for a tsunami? We see the effects of mental health on LGBT who are younger and even those who are older. I have a 60-year-old right now who has never shared his sexual identity of being a gay man other than his wife and myself. He's terrified for his life because that piece of information has gotten out and he's afraid of what his future holds. So, no, he's not in a home care. He's not in assisted living right now, but he fears for his future and anticipating that. I could cite lots and lots of clients-- HIPAA policy aside-- of clients who are just afraid. So why now? The younger generation doesn't understand that this generation that's moving into

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this, this age, these golden years, have been through so much. They've been through the AIDS epidemic. They've been through separation and isolation with the pandemic. They've lost lots of friends and family and now they're facing their future with uncertainty. So why in 2022? At this time, if you look in the news, even yet this week, this morning I saw there's so much focus on mental health of student-age kids. What's going on with the kids? Kids are breaking down. I can tell you others in my office that see kids, they're just booming. They can't keep up with the number of kids that have anxiety. But I'll tell you, the statistics are, according to the CDC, that 75 percent of people dying of COVID are 65 or older. That means a lot of this generation are losing their friends. They're losing family members. So what does that mean? Let me connect the dots. It's tough being a senior anyway mentally. You add to it all the losses and if you strip away some of the support systems, such as family, communities of faith, organizations, healthcare, that adds another layer of complexity to their mental health. You add the layer of a secret identity that you are now hiding or aren't sure you can share with and that just exponentially shoots it through the, through the roof with mental health concerns with this population. So what does this bill do? It takes away one of those layers so that we can get them the help that they need now before they're in the facility or as they're in the facility to help them cope with saying it's OK to be you and still expect the same care that your straight counterparts get. Thank you so much.

ARCH: Thank you for your testimony. Are there any questions? Seeing none, thank you very much. Next proponent for LB1136. Welcome.

ABBI SWATSWORTH: Thank you, Senator Arch and senators of the Health and Human Services Committee for the opportunity to provide testimony today as part of the committee record. My name is Abbi Swatsworth, A-b-b-i S-w-a-t-s-w-o-r-t-h. I'm the executive director of OutNebraska, a statewide nonprofit working to celebrate and empower lesbian, gay, bisexual, transgender, and queer-questioning Nebraskans. OutNebraska is in full support of Senator Hunt's LB1136, the Senior Care LGBTQ Discrimination Prevention Act. LGBTQ elders are twice as likely to be single and live alone and four times less likely to have children. Research shows that nearly one-third of LGBT older adults are living at or below 200 percent of the federal poverty level. These issues can create extra difficulty for stable, healthy aging. When you are the same age as your support system and you have not got children to support you or other family members, your isolation becomes more your difficulty and just having a healthy, stable aging experience becomes harder. Thirty-four percent of LGBTQ older adults worry about

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having to hide their identity in order to access senior housing. LGBTQ elders entering senior care facilities face difficult decisions about how to live as their authentic selves. Without the Senior Care LGBTQ Discrimination Prevention Act, they could face rejection, limits in care, harassment, bullying, or other forms of discrimination if their identity as a member of the LGBTQ community is made known to faculty, facility staff, or residents. In a matched-pair test across ten states, 48 percent of same-sex couples experience adverse treatment when seeking senior housing. LB1136 will protect these couples. LGBTQ elders have already faced significant discrimination throughout their lives. During their lifetime, social acceptance of our community has grown exponentially. It makes sense that older LGBTQ people have become more comfortable living authentically. There is no set age for coming out or living life authentically. In regard to specific data or cases in Nebraska, I know that Nebraska AIDS Project and ACLU has talked about the HIV case. I would like to point out that we don't have a good way to track cases at this point. We know that cases go unreported, that seniors are afraid to come forward with cases of discrimination for fear of losing their housing and this is a really scary time to be without a home. So we know that this law, with its mechanism for reporting and punishment on discrimination, would allow us to track those cases. So if we're really interested in Nebraska data, we should pass the law as a way to begin tracking. As I think about aging and as I work with my mother now in the hospital and looking at nursing care, having to hide my identity in order to receive equal care and access to senior facilities would break my heart. In our advocacy work, we must not abandon those elders who have come before us and paved the way. This legislation is the right thing to do and it is necessary now as the boomer generation needs care. We respectfully request that you move LB1136 to General File and that you consider making this a committee priority bill. Thank you for your time.

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

B. HANSEN: Thank you. These are a probably a couple of questions I could have asked earlier, but maybe somebody--

ABBI SWATSWORTH: That's OK. I'll try.

B. HANSEN: --somebody can ask-- answer them later. If a, if a facility does not have the restroom available for everyone involved, like somebody-- like a male and a female or a-- another bathroom that

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everyone can use or one can go in the other, how does that work? Did they have to build a new one or does it--

ABBI SWATSWORTH: I don't think so.

B. HANSEN: I'm just not sure how it works and I just wanted to know.

ABBI SWATSWORTH: Yeah, I don't think there's a cost or a need to build a separate bathroom. People should just be allowed to use the bathroom they feel comfortable in because all of us, when we go to the bathroom, only want to use the facilities.

B. HANSEN: OK.

ABBI SWATSWORTH: And so it's really-- there's no safety issue or need to build additional bathrooms.

B. HANSEN: OK. Good.

ABBI SWATSWORTH: Yeah.

B. HANSEN: And in relation to the other residents--

ABBI SWATSWORTH: Um-hum.

B. HANSEN: --if one, for instance, does not choose to use the person's preferred pronoun, what would happen to that resident?

ABBI SWATSWORTH: I think it'd be a matter of education. I don't know what the law outlines at this time, but I think it could be considered a form of bullying where they persistently not using the correct pronoun.

B. HANSEN: OK.

ABBI SWATSWORTH: You know, I think it, it can happen where a pronoun is misused and we try to educate folks on that. If it happens persistently, I think you have to consider it bullying and treat it the same way you would any other bullying situation in the facility.

B. HANSEN: OK. I just--

ABBI SWATSWORTH: Yeah.

B. HANSEN: --wanted to get your unique perspective on that so I appreciate it. Thank you.

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ABBI SWATSWORTH: Yeah. You're welcome, Senator Hansen.

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

ABBI SWATSWORTH: Thank you.

ARCH: Next proponent for LB1136. Welcome.

JAKE OWENS: Hello. My name is Jake Owens, J-a-k-e O-w-e-n-s. I am-- I have no detailed statistics. I have no legal knowledge. I am simply a citizen. I am-- the only things from my past that feel pertinent are that I have a bachelor's degree in biblical studies. I have served as a pastor at three different churches, all of which would identify as evangelical. And I bring those things up just to state that in my life, I have witnessed my faith be weaponized by a vocal minority who would claim the title Christian in order to discriminate against those brothers and sisters of mine who are LGBTQ. And I wish to simply no longer be part of a silent minority and to just state my support for this bill, that I feel it is a moral imperative, that as a person of faith, I feel that it is, it is imperative on us as a state to behave with compassion and with generosity to our neighbors and that there are no values more Christian than that. And I say this in anticipation that there will be opposition to this that will try to cite the faith as a way to maybe leave a door open for discrimination that may or may not be happening currently. And I would strongly discourage you from accepting that as a valid reason to-- I can't speak to the cost. I can't speak to current protections or anything like that. I can speak to that it's not a valid reason to allow discrimination to occur. And I would ask that if you are people of integrity, if you are people of morals and of compassion, that you consider this one of your highest priorities, as it sounds like something that would cost us very little but benefit some of our neighbors very much.

ARCH: Thank you for your testimony. Are there any questions? Seeing none, thank you very much. Next proponent for LB1136. Is there anyone else that would like to speak as a proponent? Seeing none, are-- is there anyone that would like to speak in opposition to LB1136. Welcome.

BECKY WISELL: Thank you. Good afternoon, Senator Arch and members of the Health and Human Services Committee. My name is Becky Wisell, B-e-c-k-y W-i-s-e-l-l, and I am a deputy director of the Division of Public Health within the Department of Health and Human Services or DHHS and I'm here to testify in opposition to LB1136, which will

require the Division of Public Health licensure unit to change the facility inspection process to monitor for potential discrimination based on an individual's sexual orientation, gender identity, gender expression, or human immunodeficiency virus status. DHHS opposes LB1136 due to the impact of the provisions of the bill, which would require a facility to keep admission records for a resident that include the resident's gender identity, preferred name, and preferred pronouns. The Division of Public Health licensure unit would ensure the admission record contains this information. Inspectors would also need to interview and observe specific residents to ensure facility staff use the proper pronouns and preferred names when speaking with the identified residents. If passed, this bill would require the Division of Public Health licensure unit to develop new inspection processes for five different licensed facility types. This change would require additional staff time and resources to develop the new inspection process, to prepare for inspections, and to adequately inspect, investigate, document violations, and enforce the requirements outlined in the bill. There are 205 nursing facilities, 284 assisted living facilities, four long-term care hospitals, and one pay center that would be affected by this bill. The Division of Public Health licensure unit will need at least three new nursing services surveyor consultants or inspectors to meet this bill's requirements. We respectfully request that the committee not advance this legislation and thank you for the opportunity to testify today. I'd be happy to answer any questions.

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

M. CAVANAUGH: Thank you, Chairman Arch. Thank you for being here. What is the process currently for discrimination, the inspections and how does this change it to the degree that you would need to hire additional staff?

BECKY WISELL: The survey process for long-term care facilities is quite extensive, more so for nursing homes than for assisted living facilities, but it involves observations, record reviews, and interviews for the most part about various different aspects of the provision of care in those settings. So this would be adding an additional component to-- for our surveyors who go out and do those inspections to be adding to what they already do when they're surveying a facility.

M. CAVANAUGH: How many surveyors do you currently have?

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BECKY WISELL: We have a number of vacancies, but we currently have approximately 50 surveyors.

M. CAVANAUGH: OK and this would add four-- three?

BECKY WISELL: It would add three; one would be focused for the nursing homes, one for assisted living, and then the other could handle the rehabilitation hospitals and pay center.

M. CAVANAUGH: So the surveyors that you currently have-- let's pretend you're at full staff.

BECKY WISELL: OK.

M. CAVANAUGH: Would you still need additional surveyors on top of that?

BECKY WISELL: Yes.

M. CAVANAUGH: OK, so you need to hire for your vacant positions plus that.

BECKY WISELL: Right.

M. CAVANAUGH: So the people that are currently doing the job, when they go in, they do observations?

BECKY WISELL: Yes.

M. CAVANAUGH: And this would require them to observe additional things.

BECKY WISELL: That's correct.

M. CAVANAUGH: I guess I'm not seeing how that requires a different person to do it. It sounds like you need more staff just completely.

BECKY WISELL: It will take more time to, to include these new provisions in things that are being observed, records that are being reviewed and examined to make sure that upon the admission process, that the facility is collecting the required information that's in the bill.

M. CAVANAUGH: So they're not currently required to do any documentation of any form of discrimination?

BECKY WISELL: The requirements in our regulations do prohibit discrimination. It's not specific as it's addressed in the bill, but it does provide general discrimination provisions in the bill--

M. CAVANAUGH: What would those be?

BECKY WISELL: --excuse me, in the regulations.

M. CAVANAUGH: What would those discriminations be?

BECKY WISELL: It doesn't refer to them specifically, but the facility is responsible for ensuring the safety and well-being of all of their residents and to make sure that they feel safe and protected in-- because it really is their home, as, as prior testifiers have mentioned.

M. CAVANAUGH: OK. I-- regardless of the "specificity" of this particular bill, I guess I'm a little alarmed by the fact that there's no guidelines on what discrimination is for the surveyors. So how do they identify discrimination?

BECKY WISELL: I didn't mean to imply that there is no guideline for the surveyors.

M. CAVANAUGH: I'm stating this for-- then somebody maybe from HHS can follow up with what those guidelines are then.

BECKY WISELL: Of course.

M. CAVANAUGH: OK.

BECKY WISELL: We could get specifics because the surveyors do have interpretive guidance that they follow from, from CMS, as well as our, our protocols that we use at the state level.

M. CAVANAUGH: That would be very helpful. Thank you. Just one more question. You had the numbers of nursing facilities, assisted living facilities, and long-term care hospitals. Is that number as of today?

BECKY WISELL: It was as of the day that I prepared the testimony--

M. CAVANAUGH: OK.

BECKY WISELL: --which was within the last week or so.

M. CAVANAUGH: I just know that we are--

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BECKY WISELL: I don't anticipate a lot of changes in those numbers in the last--

M. CAVANAUGH: Oh, well--

BECKY WISELL: --in the last week, .

M. CAVANAUGH: I know that we are in a crisis situation across the state and so I've heard that we might have a nursing facility closing in the Sandhills soon so I just wanted to know the latest. Thank you.

BECKY WISELL: These are the current numbers, yes.

M. CAVANAUGH: Thank you.

BECKY WISELL: You're welcome.

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

BECKY WISELL: Thank you.

ARCH: Next opponent for LB1136. Is there anyone who would like to testify in a neutral capacity to LB1136? Seeing none, Senator Hunt, you're welcome to close. As you're coming up, I would indicate that we received 13 letters as proponents and five opponents and one neutral.

HUNT: Thank you, Chairman Arch. I have a number of comments here that I wrote down as I was listening. First, I want to thank all the, all the people who came in to testify today. I appreciate folks coming in from agencies and from, you know, nonprofits and sharing their expertise. But I, I really appreciate Joey and Gary and the folks who came, you know, as LGBTQ seniors to share their experiences. And I also want to thank all of the workers and staff in our long-term care facilities because, you know, as Abbi Swatsworth said, we can't turn our backs on the elders who came before us and, you know, paved the way for us to be here now. And for me, you know, I feel that way, especially for LGBTQ elders who have already experienced a lot of discrimination and have given up a lot in their lives. On, on a pronoun issue, for example, as Senator Hansen brought up, the point isn't to, you know, police anybody's speech. You know, we know that mistakes happen and we're not trying to attack anybody who accidentally uses the wrong pronoun. You know, my friends tell me their pronouns and I get it wrong from time to time, but it's more about the intent behind that and it's really trying to get at cases where there's a pervasive pattern of bullying. And if that occurs, then, then that's something that could be investigated by the

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Department of Health and Human Services and that they may take discipline action-- disciplinary action against someone's license. So that's the type of recourse that's identified in LB1136. I'm totally open to Danielle Conrad's idea about maybe vesting the NEOC with some of the authority here and I would also question DHHS's claims that this type of oversight can't be absorbed into the work they're already doing, given that we don't collect data on this type of discrimination. So we can't, you know, for sure say how much there is, but that we have anecdotal stories about this type of discrimination. We know that it's definitely happening and I would note that the department didn't try to say that it's not happening or that it won't happen. I think this is something that we know does happen and will continue to happen and that goes for many kinds of discrimination. But if somebody wants to make a complaint, we want to make sure that there's a process in place for them to do that. And what this bill basically just does is it defines what discrimination is and it says what can happen if DHHS finds that a facility is engaging in this type of discrimination. It's not any kind of thought police. As Danielle Conrad with the ACLU said, they've already come to some solutions in, in terms of discrimination in other cases that they've already investigated, that didn't have to go to the courts or anything like that. And this is just another one of those policies that for people it doesn't affect, it doesn't affect them. It doesn't mean anything. It won't really impact their life at all. But for the people who it does affect, it matters a great deal. And I think that our seniors are often forgotten, especially our LGBTQ seniors and elders, and I just certainly want them to, to feel like they're going to be safe when they end up needing that long-term care. Thank you.

ARCH: Thank you. Are there any questions? Seeing none--

HUNT: Thank you.

ARCH: --thank you. This will close the hearing for LB1136 and we will now open the hearing for LB856. Let's just, let's just give it a second here while the room clears so we make sure we can hear you. OK. Senator Day, you may proceed.

DAY: OK. Good afternoon, Chairman Arch and members of the Health and Human Services Committee. My name is Jen Day. That's J-e-n D-a-y and I represent Legislative District 49 in north-central Sarpy County, including the areas of Chalco and portions of Gretna and western Papillion-La Vista. I'm here this afternoon to introduce LB856, which is a small change in how Nebraska's aging and disability resource centers, or ADRCs, are administered. This cleanup would allow the

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disability partners that provide services through the ADRCs to be directly reimbursed for those services from DHHS. Currently under the original language passed, the disability organizations must partner with an area agency on aging to get this reimbursement. In Nebraska, ADRCs started as a pilot project in July 2016 and were made permanent in April 2018. The goal of ADRCs is to help seniors and individuals with disabilities and their family members access services, make sound decisions, find reliable service providers, meet complex needs, stay in their communities, and avoid higher, more costly levels of care. As part of this goal of reducing costs to the state and individuals, ADRCs serve as single points of entry into the long-term services and support system for older adults, people with disabilities, caregivers, veterans, and families. The ADRCs sites offer four tiers of service to those looking for assistance: basic information, information and referral, options counseling, and enhanced options counseling. By allowing access to multiple services and tiers of assistance, ADRCs help Nebraska's seniors and disabled populations more easily understand the options available to them. In fiscal year 2020, the ADRCs recorded 8,254 unique contacts regarding 4,948 different individuals. Additionally, the ADRCs have been successful in helping Nebraskans consider options which are cheaper and less burdensome than nursing home care. In the first year of the program, ADRCs created a projected \$4,552,926 in cost savings by helping individuals avoid higher-cost nursing home placements. Organizationally, ADRCs are a partnership between the state's area agencies on aging and organizations that serve the disability community. As currently laid out in statute, the payment stream is from DHHS to the individual area agency on aging, aging and then from the area agency on aging to the disability partner that works with the AAA. LB856 would adjust this process so the disability partners can be directly reimbursed by the Department of Health and Human Services. The disability partners involved in the ADRCs are Munroe-Meyer Institute at UNMC, Nebraska VR, Disability Rights Nebraska, League of Human Dignity, Easter Seals Nebraska, the Arc of Nebraska, and Brain Injury Alliance of Nebraska. Under LB856, the Division of Medicaid and Long-Term Care state unit on aging would still provide oversight, technical assistance, reimbursement, and grant management of these programs' involvement with ADRCs. LB856 would streamline ADRC procedures by creating a more straightforward reimbursement for the disability partners while reducing the workload of the state's areas, areas agencies on aging. Excuse me. This afternoon, you'll be hearing from Rod Horsley, who is the director of the South Central Area Agency on Aging and Kathy Kay from the League of Human Dignity, who is presenting-- who is representing the disability partners in the program. LB856 would be a minor

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improvement that will help strengthen this very successful project between these communities dedicated to helping Nebraskans. With that, I'm happy to answer any questions you may have.

ARCH: Thank you. Are there any questions? Seeing none, thank you for your opening. We'll now invite the first proponent for LB856.

ROD HORSLEY: Good afternoon, Chairman Arch and members of the committee. My name is Rod Horsley, R-o-d H-o-r-s-l-e-y, and I'm the director of South Central Nebraska Area Agency on Aging, located in Kearney. I'm testifying on behalf of the Nebraska Association of Area Agencies on Aging. The Aging and Disability Resource Center demonstration created a pilot project through LB20 in 2015. The project included seven of the area agencies on aging, as well as the following disability partners: Munroe-Meyer Institute, Easter Seals Nebraska, Brain Injury Alliance of Nebraska, and the League of Human Dignity. The ADRC became permanent through LB793 in 2018 and is cited as 68-1111 to 68-1120. Currently, section 68-1117 requires that area agencies on aging establish partnerships with lead organizations working with disability populations. Those partnering organizations are those that I've mentioned. Under this section, the Nebraska State Unit on Aging awards funds to the area agencies on aging. However, there is no provision in this section as to how the partnering organizations would be reimbursed. The Nebraska State Unit on aging worked through this by funneling funds through to area agencies on aging. My agency and the Midlands Area Agency on Aging in Hastings agreed to be the pass-through entities. My agency has contracts with MMI and Easter Seals Nebraska. The Midlands Area Agency on Aging contracts with Brain Injury Alliance of Nebraska and the League of Human Dignity. The partnering organizations bill our agencies each month and in turn, we pay them. LB856 would eliminate this payment structure and allow the Nebraska State Unit on Aging to reimburse the partnering organizations directly, essentially taking the agency, my agency, and the Midlands Area Agency on Aging out of the payment structure, which has been cumbersome and unnecessary. The Nebraska Association of Area Agencies on Aging fully support this bill and would appreciate your support as well. Do you have any questions?

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

WILLIAMS: Thank you, Chairman Arch, and thank you, Mr. Horsley, for being here.

ROD HORSLEY: Yes.

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WILLIAMS: My question is very simple. If-- would we lose anything if we do this in the form of oversight or auditing trails with the money?

ROD HORSLEY: No, we would not.

WILLIAMS: Can you, can you explain that a little bit further?

ROD HORSLEY: So, so the way that the original legislation was written and it was at the 11th hour, the funding was directed to go through the agencies on aging, which then there wasn't a way to get those funds to the disability partners so the State Unit on Aging funneled those through us. This would essentially just remove us as the middleman. There would still have to be oversight by the State Unit on Aging and, and, of course, auditing and things like that, so.

WILLIAMS: And all of that would stay in place, that piece?

ROD HORSLEY: Absolutely.

WILLIAMS: Thank you.

ROD HORSLEY: Yeah.

ARCH: Any other questions? I, I have one.

ROD HORSLEY: Yes, sir.

ARCH: Is, is your agency strictly a pass-through? In other words, are you, are you keeping any for the cost of processing these funds or anything like that?

ROD HORSLEY: The State Unit on Aging did allow a small amount. I want to say \$2,000. And I think that the last I looked, our pass-through is like \$50,000, so--

ARCH: OK--

ROD HORSLEY: --so that--

ARCH: --but that's not, that's not an issue apparently.

ROD HORSLEY: No, no.

ARCH: OK.

ROD HORSLEY: It would just make things much easier.

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ARCH: OK.

ROD HORSLEY: Much, much more streamlined.

ARCH: All right, thank you.

ROD HORSLEY: All right, thank you.

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

ROD HORSLEY: Great, thank you.

ARCH: Next proponent for LB856. Welcome.

KATHY KAY: Welcome. Thank you so much, Chairperson Arch and members of the Committee of Health and Human Services. I'm Kathy Kay and I'm really glad to be here today to be able to be in support of LB856.

ARCH: Could you please spell your name for us?

KATHY KAY: Kathy, K-a-t-h-y and K-a-y. I'm here as a representative of the League of Human Dignity, which is a private nonprofit organization which for 50 years has assisted people with disabilities to live independently in their homes and communities. The services we provide include independent living skills training, information and referral, individual and systems advocacy, peer mentoring, financial benefits, counseling, services, coordination, recruitment and supervision of in-home providers, transition and diversion from institutions, youth transition, disability awareness, and grants to make accessibility modifications in consumers' homes. The League of Human Dignity is one of the disability partners in the ADRC, the Aging and Disability Resource Center of Nebraska. I'm speaking to you today as not only the representative from the League of Human Dignity, but as a representative for the disability partners of the ADRC. The disability partners are comprised of the League of Human Dignity, the University of Nebraska Medical Center Munroe-Meyer Institute, Easter Seals of Nebraska, and Brain Injury Alliance of Nebraska. I can tell you that I am here today representing all of the disability partners in saying that we are all very supportive of LB856 and we urge you to vote for this important piece of legislation. This legislative bill would amend the Aging and Disability Resource Center Act for one specific reason and one reason only: to permit the department to directly reimburse the disability partners. This legislation was introduced to help streamline the process of providing assistance to the aged and disabled Nebraskans and, more importantly, from the disability partner perspectives, this bill will improve the function of the ADRC and is

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supported by all of the partners. Please support LB856, as it is the right thing to do for aged and disabled individuals in Nebraska. Anybody have any questions?

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

KATHY KAY: Great. I think Rod said it all so he made it easy for me. Thank you.

ARCH: OK. Next proponent for LB856.

EDISON McDONALD: Hello. My name is Edison McDonald, 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 advocate for people with intellectual and developmental disabilities. We're here today in support of LB856. I think this is an easy, good-quality bill that will help to improve the system and functionality of the ADRCs. We were an original partner and, and I can tell you in terms of the billing, definitely created a lot of difficulty in terms of that pass-through. And I think that that will help to really improve the partners' ability to be able to work and to better report data. I've handed out some numbers from the 2021 report of the ADRCs that are a little bit concerning to me. Overall, one of the ongoing issues with the ADRCs is that they're supposed to be aging and disability resource centers. However, they've been based in the AAAs so they're mostly focused on aging. I think we've significantly missed out on making sure that this is really a good partnership and it really allows us to best serve people with disabilities. As you can see from the data, the 2021 data is the worst. But even looking at the preceding years, you can see that the number of folks that they're serving with IDD this year was one. Autism was one. ADHD was one. And I think that overall, the number of people with disabilities has significantly decreased. When I was involved in 2018-19, it was more around 156 so I'm concerned about that. I think some of that could be a little bit hidden and so I did also include figure 4a. Typically, the non-aged community would be those listed under 60, but as you go through those, you can see in that little orange strip there the percentage of people who are under the age of 60, which is probably going to be more your disability community, are pretty low. So on top of passing this, I'm asking the committee to think about and consider an LR to look into how to ensure that this is a better partnership for people with disabilities and how to make sure that there's a better state common resource for where people with disabilities can go because there are so many complexities and different issues and needs than just the aging community has alone. And with that, any questions?

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ARCH: Thank you. Are there any questions? Seeing none, thank you for your testimony. Next proponent for LB856. Seeing none, is there anyone that would like to speak in opposition to LB856 or in neutral capacity? Seeing none, Senator Day, you're welcome to come and close and as you are coming up, I will mention that we did receive four letters as proponents for LB856.

DAY: So obviously, this is just a simple cleanup. Sometimes I think we put language into statute that we don't quite see the whole picture until it's been in place for a while. And then we see that obviously this process has become a little bit clunky and cumbersome and this would clean that up and be more beneficial to the organizations and the individuals involved. So I'm happy to answer any questions.

ARCH: Thank you. Are there any questions? I see there's no fiscal note, so this--

DAY: Even better, right?

ARCH: Yes, OK. Even better.

DAY: The top of the list, yes.

ARCH: Even better.

DAY: Thank you.

ARCH: All right, thank you very much. This will close the hearing for LB856 and we will now open the hearing for LB1243.

MURMAN: Good afternoon, distinguished members of the Health and Human Services Committee.

ARCH: I like that.

MURMAN: For the name, my record-- my-- for the record, my name is Dave Murman spelled the D-a-v-e M-u-r-m-a-n and I represent the counties-- District 38, which includes Clay, Nuckolls, Webster, Franklin, Harlan, Furness, Red Willow, and part of Phelps County, and I'm here today to introduce LB1243. LB1243 amends the Developmental Disabilities Services Act by modifying one of the priorities for funding the Medicaid home and community-based services waivers. The fourth priority under section 83-1216 (4) (d) is amended to serve individuals 13 years of age or older to maintain skills and receive day services necessary to ensure opportunities for increased independence and ensure families can maintain employment. Furthermore, the language of

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section 83-1216.02 is amended to provide that if there are not enough funds available to provide services to all eligible individuals under subdivision (4)(d), that the Department shall provide day services to individuals who are no longer eligible for childcare programs under Title XX of the federal Social Security Act and about to begin transition services. The origin of this bill lies with an individual residing in central Nebraska who saw an unmet need and wants to offer after-school daycare services to developmentally disabled teenagers that are too old for traditional after-school childcare programs. While there is a real need for these types of services, this individual has had difficulty with funding such an operation. The language of LB1243 will help to rectify this situation. Chairman Arch and committee members, thank you for your consideration and I'd be happy to answer any question, but there's some behind me that could maybe answer some also.

ARCH: Thank you. Are there any questions? Seeing none, thank you. First proponent for LB1243.

ADELINE JOHNSON: Well, good afternoon, Senator Arch and Chairman of the-- board members, sorry, of the Health and Human Services Committee. My name is Adeline Johnson, A-d-e-l-i-n-e J-o-h-n-s-o-n. I'm the executive director of Our Place After School Program in Hastings, Nebraska. I am that south-central person. Our Place After School Care originated from a need to have supervised care for teens with special needs who can no longer attend daycare because they have reached the age of 13. Present daycare regulatory statutes dictate that state-supported daycare is not available for these teens until they reach the age of 21. This creates an eight-year gap in state-supported daycare for special needs teenagers who cannot safely be left unsupervised following their regular school day. Their school day often ends as early as 1:30 in the afternoon. So right now, if you have a special needs teen, run because they're out. It's not helpful. Their parents are left with the dilemma of finding care for their teen with special needs so they are able to finish their workday. I'm here to request that special licensing be created to cover this eight-year gap in state-supported daycare for special needs teenagers. Please let me explain. Our struggle is that the majority of families needing our present services live at or just above the poverty level and cannot afford private daycare for their teenagers. This creates a funding problem for our program. In the fall of 2017, I contacted Health and Human Services asking for information about the type of license necessary to create a program that would provide state-supported daycare for teens with special needs ages 13 to 20. First I was told, well, you would use an after-school license. However, the age limit

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for that license is 12. The next suggestion was to apply for an adult daycare license. This license serves eight-- people ages 21 and older. There is no license available for children ages 13 to 20. The gap still remains. Because of the critical need, we decided to go ahead and start without a license in order to serve the families who do not have access to funding from age and disabled waiver or a DD. Our teens benefit from this program. Their parents and guardians appreciate that there is a safe place with a positive learning environment for their special needs teens while they are at work. There are very few jobs that allow parents to complete their work day between the hours of 1:30 and 3:30 p.m. in order to care for their children at home. Also, very few parents have the entire summer off to be able to care for their children when school is not in session. This creates a critical need. Because the majority of the families that we serve live just at or just above the poverty level, we use a sliding fee scale. Our families are willing and able to pay an affordable rate depending upon their income levels. However, the affordable rate does not cover the cost of providing their day care. Our staff has experience working with people with special needs. We pay our teachers \$15 an hour in order to be able to attract and keep quality staff. We always have two staff members during the school year and three during the summer. If we have teens with more needs, we would need to hire more staff. We want our program to be able to meet the needs of our community without being held back because of staffing payroll. We do have a very supportive community that has provided critical donations to pay for our services, but it continues to be an overwhelming struggle to provide paid teaching staff and also afford the cost of fundraising. As executive director, I am not paid. I have another job which makes this a very interesting thing to operate. For a variety of reasons, we cannot grow as an organization. Funding is always an issue. In addition, a local facility in Hastings donates three classrooms for our use, but cannot allow us to expand beyond the present donated space. We do not have enough funding to move to another facility. Finally, Our Place After School Care is a nonprofit organization. However, because we do not have a state license, we are required to pay sales tax. It is disheartening to pay sales tax with critical donations that were given with the intent of serving teens and parents. I was recently contacted by a parent service coordinator who told me there are enough families in need of after-school and summer programs that under present circumstances, my program would be overwhelmed if we could open our doors to all of those families needing services. Again, I am here to specifically request that the state of Nebraska create state-supported daycare licensing for special

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needs teenagers from the ages of 13 to 20 to meet the needs I have emphasized. Thank you for your time.

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

DAY: Thank you, Chairman Arch. Thank you, Ms. Johnson, for being here today. I appreciate that. I was not aware that we did not have this already so I appreciate you being here to, to discuss your situation. And I just wanted to tell you thank you for the work that you do. It's extremely important and obviously it's a lot of work for, for you, no pay, so I just wanted to say thank you.

ADELINE JOHNSON: Thank you.

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

ADELINE JOHNSON: Thank you.

ARCH: Next proponent for LB1243.

EDISON McDONALD: I'm back. Hello, my name is Edison McDonald, 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 advocate for people with intellectual and developmental disabilities. We support LB1243 to add those between the ages of 13 and 21 to priority category four of the developmental disabilities priorities. The primary intent of this bill is to deal with the hole in services between Title XX and DD services. We're also glad it has several other benefits, including access to Medicaid and better alignment with the beginning of our mandatory transition age that last year the Education Committee dropped to 14. This will help to better align our services overall. So we've discussed in this committee our HCBS waiver structure has a number of gaps. The mentality that drove its design is that our education system and Title XX would cover the need until 21. However, this is a flawed thought process. The first issue is that school-based supports stemming from an IEP are intended to support their education. This means that many of the services needed for general quality of life may be missing. The second issue is this doesn't include vital access to medical services and the third issue is that the IEP is intended to last until 3:30 and sometimes earlier, as Ms. Johnson indicated. So what do working parents do who can't pick up their kids till after five? What do they do for the summer? They can try a typical, typical daycare. However, a typical daycare won't have the staffing, equipment, or technical knowledge to do this. This significantly stems from the fact that there aren't

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adequate rates to support kids with disabilities. Overall, the Title XX rates are going to be about \$5 an hour, whereas DD services rates are going to be significant, significantly higher. Then if they're over the age of 12, then they aren't eligible for Title XX. I've had families that have checked with over 30 daycares and been unable to find one that could take their child. Particularly shocking was a story I've heard recently of a girl in foster care whose biological mother has done everything needed for reunification. She has an apartment, a car. She's done everything right, but she got a nine-to-five job so she hasn't been able to take her daughter back with her because there is no daycare location that can take her between the hours of 3:30 and 5:00, 5:30 when she gets off. I've been working in particular with one provider, Ms. Johnson, on these issues. There are a couple of others that are just starting to pop up to find a solution. This provider has been serving those 13-to-21-year-olds in that 3:30 to 5:00 gap and in the summers. However, as she indicated, hasn't been able to get a license because DHHS only creates licenses for funded programs. This has several negative effects, including that they can't get reimbursed for services, they have to pay taxes, they aren't eligible for several programs. So then this year, the Developmental Disabilities Division has been working on their transition to more of a home and community-based services waiver division, offers a number of benefits. One of those benefits is the creation of a new service rate, the children's day habilitation rate. This rate, like the adult day habilitation rate, is designed to deal with a variety of levels of need with more adequately scaled rates. However, it does have a small pay-in portion for parents of junior children. By leveraging this rate, we can more adequately deal with these needs. Next, I want to address the massively inflated fiscal note. We're especially concerned by the constantly ballooning costs the department has been noting for service coordination. If these increases to service coordination are accurate, then we really need to reevaluate how service coordination is done. And the thought I want to leave you with is that the underlying issue at the intent of this bill is that we really need to either have the Developmental Disabilities Division or Children and Families Division begin to cover this area and allow for proper licensing. Either would be helpful. However, due to rates, federal requirements, and expertise, it makes far more sense for the DD Division to take this on. We are on track to solve many of these issues with LB376 that is on Final Reading, but as we look at our waiver structure with the study that is also included in LB376, we need to keep these issues in mind as we make adjustments that look at private market development, economic development dollars, and a thoughtful regulatory structure to encourage the growth of these new

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children-based services for kids with disabilities that is significant. As the service coordinator indicated, there are families all over the state that really need this. There are a couple of programs that are just starting to pop up, but we're going to need to support them as they continue to grow.

ARCH: Thank you. Are there questions? Seeing none, thank you for your testimony. Next proponent for LB1243. Seeing none, is there anyone that would like to speak in opposition to LB1243?

TONY GREEN: Good afternoon, Senator Arch and chairmans [SIC] of the Health and Human Services Committee. My name is Tony Green, T-o-n-y G-r-e-e-n, and I am the director for the Division of Developmental Disabilities within the Department of Health and Human Services. I'm here to testify in opposition of LB1243, which aims to change the age of the existing fourth funding priority for DD waivers from the age of 21 to 13 in Nebraska Revised Statute 83- 1216 Section (4) (d). The Division of Developmental, Developmental Disabilities provides funding and oversight for the four Medicaid home and community-based waivers, which includes the Developmental Disabilities Adult Day waiver. This waiver affords Nebraskans who experience developmental disabilities the ability to improve their quality of life through provision of services which promote independence and community integration. As of January 1, 2022, there were 931 individuals that would fall into the age group of 13 to 21 that are not currently receiving the Developmental Disabilities Adult Day waiver. As the bill is written, it's not clear how many of those 931 would be entitled to day services under Section 2. The bill refers to youth beginning transition services, but those services are not defined. Each year in Nebraska, we typically have 160 to 200 young adults that transition out of school and access the day services that they-- through the day waiver, the Developmental Disability Day waiver. Allowing children prior to 21 to access the day services could result in the students choosing to leave the systems early. For those children choosing to leave the school system, the cost would shift from the school to DHHS and the student could lose the opportunity to continue his or her education. Alternatives may be available if the Senator's goal is to provide additional service support to families. It should be noted that the Title 392, formerly known as Title XX, Child Care Subsidy can be approved for children over the age of 13 through 18 if they meet the definition of special needs and medical documentation is provided. Additionally, during the debate on LB376 this year, Senator Arch offered AM1707, which the Legislature adopted to require the department to conduct a thorough review of Nebraska's developmental disability system and report back on potential improvements that could

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be made to better serve the DD population. The department believes that the study should be completed before additional changes to our DD waiver services. Accordingly, we respect, respectfully request that the committee not advance LB1243 at this time. Thank you for the opportunity to testify and am happy to answer any questions.

ARCH: Thank you. I, I have a question. You, you mentioned Title 392. Could you educate us-- I'm always anxious to be educated when you-- when you appear before us. Could you tell us a little bit more about what it-- what is that and is that-- well, go ahead.

TONY GREEN: Unfortunately, that might be one where I will not be able to woo you.

ARCH: OK.

TONY GREEN: I will have to go back and get-- that is not a program administered within my division, so I would hate to speak in any specificity to the program, but certainly could get any information or questions you have.

ARCH: I'm assuming that's a Medicaid-- that is a Medicaid program?

TONY GREEN: The Child Care Subsidy Program is actually in the Division of Children and Family Services.

ARCH: OK. OK. All right, well, as we do our study, I'm sure we'll get more information on that option as well. Senator Cavanaugh.

M. CAVANAUGH: Thank you. Thanks for being here, Director Green.

TONY GREEN: You're welcome.

M. CAVANAUGH: The fiscal note, I was just doing some sloppy math. It looks like we could eliminate-- LB376 as passed, we could eliminate a sizable chunk of this \$22 million because we would already do the Medicaid waiver, correct?

TONY GREEN: Ask the question again, I'm sorry.

M. CAVANAUGH: So LB37-- the family support waiver would give up-- would make those individuals, the 296 here, Medicaid eligible. So we could-- if LB376 is passed, we can eliminate the Medicaid costs. You're getting, you're getting a nod behind you from--

TONY GREEN: Yes, I mean--

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M. CAVANAUGH: It's the same, it's the same--

TONY GREEN: --in theory, it sounds that you could. I mean, you can, you can only be on one waiver at a time.

M. CAVANAUGH: OK.

TONY GREEN: And so if the intent is to put these folks on the day waiver or in a different waiver that is yet to be created--

M. CAVANAUGH: So the same number of--

TONY GREEN: Medicaid would be required for all four.

M. CAVANAUGH: So that pot of money is allocated sort of is what I'm saying. There's not an additional \$5.7 million. It's the same \$5.7 million.

TONY GREEN: Regardless of what waiver--

M. CAVANAUGH: Which waiver, correct.

TONY GREEN: --they would go on, they need the Medicaid, correct.

M. CAVANAUGH: OK. And then why is the cost of Medicaid different on this fiscal note than it is on LB376?

TONY GREEN: So Medicaid is, is a very complex program as far as the different categories of eligibility and it really depends on, on what you look at. So when we were talking in previous conversations about a group of folks, there are different categories and so that's how I can best explain it, that--

M. CAVANAUGH: So the same exact 14-year-old, depending on which waiver they're on, is how much their Medicaid will cost the state? Because this fiscal note says the Medicaid cost per person is \$19,536.

TONY GREEN: Correct.

M. CAVANAUGH: But on LB376, it's \$14,136 so it's \$5,000 more expensive to be on Medicaid with this waiver than the other waiver for this exact same person?

TONY GREEN: And I don't know that I can answer all of the specifics on that.

M. CAVANAUGH: That's fine.

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TONY GREEN: I would have to reach my Medicaid colleagues to assist with that.

M. CAVANAUGH: Thank you.

TONY GREEN: You're welcome.

M. CAVANAUGH: I think we can probably get follow up on that.

TONY GREEN: You bet.

M. CAVANAUGH: Appreciate it.

ARCH: Other questions? Seeing none, thank you for coming today.

TONY GREEN: You bet.

ARCH: Next opponent for LB1243. Is there anybody that would like to testify in a neutral capacity? I see none. Senator Murman, you may come up. We did, we did not receive any online submissions for LB1243.

MURMAN: Thank you for your consideration of this bill and I thank Addy [PHONETIC] especially for driving in to testify and the department for being here too. LB1243 will enable teenage Nebraskans with special needs to receive day services that they otherwise are not receiving. It will also help their employed family members, who otherwise would likely need to quit their job to care for their teenage children. And I think it was pointed out very well the gap that's in there for caring for children that don't qualify for institutional care but still need that extra care, very similar to young children. So I think the study that we're doing coming up will be-- this will be helpful for, you know, possibly correcting that situation. So thank you for the consideration. Any questions?

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

MURMAN: Thank you.

ARCH: And this will close the hearing for LB1243 and we'll close the hearings for the committee for the day.