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

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

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

RIEPE: Merv Riepe, LD 12, which is metropolitan Omaha and the good city of Ralston.

HANSEN: Also assisting the committee is our legal counsel, Benson Wallace; our committee clerk, Christina Campbell; and our committee pages, Molly and Ella. A few notes about our policy and procedures: please turn off or silence your cell phones. And we will be hearing four bills and will be taking them in the order listed on the agenda outside the room. On each of the tables near the doors to the hearing room, you'll find green testifier sheets. If you are planning to testify today, please fill one out and hand it to Christina when you come up to testify. And this will help us keep an accurate record of the hearing. If you are not testifying at the microphone but want to go on record as having a position on a bill being heard today, there are yellow sign-in sheets at each entrance where you may leave your name and other pertinent information. Also I would note: if you are not testifying but have an online position comment-- online position comment to submit, the Legislature's policy is that all comments for the record must be received by the committee by 8 a.m. the day of the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask if you do have any handouts that you bring ten copies and give them to the page. We use a light system for testifying. Each testifier will have three to five minutes to testify, depending on the number of testifiers per bill. When you begin, the light will be green. When the light turns yellow, that means you have one minute left. And when the light turns red, it is time to end your testimony and we will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone, and then please spell both your

first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. On a side note: the reading of testimony that is not your own is not allowed unless previously approved. And we do have a strict no prop policy in this committee. So with that, we will begin today's hearing with LB882. And I'm assuming Senator Bostar is not here today.

NATHAN JANULEWICZ: Correct.

HANSEN: All right. So you are more than welcome to open whenever you're ready.

NATHAN JANULEWICZ: All right. Good afternoon, Chair Hansen and members of the Health and Human Services Committee. Senator Bostar's introducing a bill in another committee and asked me to introduce today. Today I'm here to introduce LB882, a bill aimed at improving healthy food access for low-income families, seniors, and individuals with disabilities by covering delivery fees for the purchase made through the Supplemental Assistance Program, commonly referred to as SNAP. SNAP assisted over 155,000 Nebraska residents in 2022. Approximately 73% of the aid was for families with children, 30% was with families with older adults or disabled members, and nearly half the families receiving the benefit are in the workforce. Households receiving SNAP benefits on elec-- receive SNAP benefits on electronic benefit transfer cards, which can be used only to purchase food at one of 254,400 authorized retail locations around the country, including 1,400 in Nebraska. The U.S. Department of Agriculture estimates that $1 in SNAP benefits generates $1.50 in economic activity. While SNAP allows online ordering, it does not cover the delivery fees. LB882 directs the Nebraska Department of Health and Human Services to fund delivery fees for SNAP recipients unless federal funding for this purpose becomes available. LB882 is particularly beneficial for those in areas lacking physical grocery stores and individuals with mobility issues. This legislation is also beneficial to seniors who receive an average of $78 monthly in SNAP assistance, with typical delivery fees ranging from $7 to $10 per delivery. Covering these costs can significantly improve seniors' access to nutritional meals. LB882 takes a crucial step toward enhancing food security for low-income Nebraskans, seniors, and individuals with disabilities. Thank you for

your time and attention this afternoon. And I urge the committee to advance LB882.

HANSEN: All right. Thank you. Are there any technical questions from the committee? I'm trying to think of extremely hard questions to ask you. No. Seeing none. Thank you very much.

NATHAN JANULEWICZ: Perfect.

HANSEN: Appreciate it. All right. So we will take our first testifier for LB882. Welcome back.

KATIE NUNGESSER: Good afternoon, Chairperson Hansen and members of the Health and Human Services Committee. My name is Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r. And I'm here representing Voices for Children in Nebraska in support of LB882. This bill is another step towards creating a more inclusive and equitable experience for Nebraskans utilizing SNAP, especially those who are homebound, families living in food deserts, and those with transportation barriers. The SNAP Online purchasing program was included in the farm bill starting in 2014. It rolled out in Nebraska in April 2020. This finally allowed SNAP users in Nebraska to order groceries online and provided SNAP participants with the same access to delivery as consumers using other forms of payment. However, the issue of delivery fees quickly emerged as a significant barrier for some SNAP participants. Unfortunately, the federal farm bill does not include provisions for covering those delivery fees at this time. LB882 addresses this gap. It aims to provide state funds to cover grocery delivery fees for Nebraskans using SNAP benefits. It ensures that all residents can have access to fresh, healthy foods regardless of their economic circumstances. I had the privilege of overseeing a food pantry home delivery program for a few years starting in 2021. Through this experience, I witnessed firsthand the challenges faced by individuals and families with children who rely on SNAP benefits and had barriers to actually getting to a grocery store. Our agency was moving over 1 million pounds of food per month, but our innovative team could still not figure out how to make home delivery sustainable for these homebound individuals. We collaborated and learned from pantries across Nebraska and the U.S. We even utilized a free DoorDash delivery program for a period of time to try to increase our capacity. The common theme was the immense effort required to deliver food to those with barriers. The process often involved an army of volunteers and logistical challenges and, additionally, due to our food safety regulations, fesh-- fresh foods were not delivered, leaving recipients

with canned and processed items high in salt and carbohydrates. At the height of COVID, we had educators calling us about families quarantined at home and unable to pick up the food that the school had available. Many of the students were on the free and reduced lunch program. The staff was hearing from those panicked families, and they did not have enough provisions at home to get through the quarantine. Many of them had SNAP dollars on their cards to feed their children, but they did not have the money to actually pay the delivery fee, and it wasn't safe for them to enter the store during quarantine. The food pantry network in Nebraska connects a lot of meals, but even those in the work know that homebound individuals and those with transportation issues are not getting the same benefits and not getting their food needs met in the same way. The most commonsense, efficient, and healthiest way for low-income families that cannot make it to a grocery store to connect with food is online grocery purchasing. This bill would make that possible for more families that cannot afford the fees. We would like to thank Senator Bostar for bringing this bill and urge you to advance LB882, recognizing its potential to create a positive impact on the lives of Nebraskans relying on SNAP benefits. Thank you.

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

RIEPE: Thank you, Chairman Hansen. I'm trying to put together some pieces because, as a committee, we've heard about SNAP for summer. We've heard about SNAP for restaurants. We've heard about SNAPs for this. We hear about [INAUDIBLE] we hea-- and it seems to me like there are lots of pieces. And I'm trying to-- I'm trying to figure out how we can-- maybe if I can use the pun-- snap all these things together to make it look more understandable because we keep financing and then [INAUDIBLE] keep adding staff for every SNAP-- every time we [INAUDIBLE] staff, we probably get a request for two FTEs in DHHS, so. I'm being a little cynical there. Could you guess that?

KATIE NUNGESSER: If you-- yeah. If you are not dealing with SNAP every day, I can understand after the hearings you've been through that it's a lot coming at you, so. The summer EBT is a separate-- like I had said in a previous hearing, most likely I am not the one that will be administering that program. But, like, during pandemic EBT, it was a separate card. Because some of those families weren't actually eligible for the traditional SNAP program, they're eligible through SNAP through free and reduced lunch. So that's kind of separate. All of these other things we've been talking about is traditional SNAP. So

I do not know. We could maybe get back with you, but DHS [SIC] or whoever will implement these bills would have the best answers. I don't know if those white cards that are separate would be eligible for any of these changes that we've talked about this session, but this specifically is, like, the traditional SNAP program. So it sounds like a lot of pieces, but it's still a one program. It's just different parts of it to help be more inclusive. Does that help at all? I feel like that was--

RIEPE: It helps but-- you know, being a bit paranoid I guess-- [INAUDIBLE]. Is there a level of confusion by design to, to, to keep us off balanced--

KATIE NUNGESSER: I mean, I'm--

RIEPE: --[INAUDIBLE] what we are or not approving?

KATIE NUNGESSER: I don't think there's meant to be any conmusion-- confusion for the committee. I think it's confusing for anyone trying to navigate the program, especially the participants. But I think DHS is doing better and better at, like, streamlining all of that. So hopefully they will be available, like, as you guys are considering this bill-- along with Senator Bostar's office to help clarify that. But there's really just kind of those two SNAPs going on. It's, like, the traditional one that we've had, that you have to be underneath that income limit that's under that sunset right now. And then when we talked about summer EBT, that's, like, a separate--

RIEPE: The new and improved SNAP?

KATIE NUNGESSER: Summer EBT is not new and improved. It's different because regular SNAP, they're going to be looking at your income, like, as you apply for SNAP, whereas, like, summer EBT will be for students that are on the free and reduced lunch program. So there's kind of a list of kids. So those kids might be-- could be a little bit over income for the traditional SNAP because that free and reduced lunch casts a wider net. Does that make sense? But this that we're talking about today is that traditional SNAP that this committee increased the gross eligibility recently.

RIEPE: OK. Well, I appreciate you coming. Thank you, Mr. Chairman.

KATIE NUNGESSER: Yeah. Yeah. Yes?

HANSEN: Senator Ballard.

BALLARD: Thank you, Chairman. Thank you for being here, Katie.

KATIE NUNGESSER: Yeah.

BALLARD: Are any other states doing this, covering delivery fees?

KATIE NUNGESSER: Yes. And I totally was hoping that Eric [PHONETIC] would be here to be that guy. So we can get back to you with that list and some more information on what other states are doing.

BALLARD: Thank you. And I do have one more question. So is there a-- is there a cap on this? So can SNAP recipients, can they get one item of food, ask for a delivery fee to be-- it-- or, or is there's some-- a certain level of items you have to purchase?

KATIE NUNGESSER: I honestly do not know the answer to that. I know-- like, we have a SNAP coalition, so we were all just kind of talking about what does that even look like. I'm guessing that the state would put a cap on, like, how many deliveries because it's usually a per delivery charge. So if someone was ordering groceries three times a day. So I'm sure there is-- like, if this was rolled out, it would have some common sense put into it about that. There's also different things that we utilized helping seniors connect with when I was at the food bank when they would call in and struggle with this. Places like Hy-Vee had, like, an annual fee instead of per delivery. So I think it was, like, $90 a year. And that covered as many deliveries as they would want. So there might be ways for the state to lessen that cost of those deliveries. And then there's things like how Amazon for people that are on SNAP, they cut their prices in half. Like, it's, like, $4.99 to be a member of their, like, free delivery. So there might be some options there to work with some of our local vendors to make sure that the delivery fees make sense and that the state isn't just paying $10 every time someone wants to get a loaf of bread or something.

BALLARD: OK. Thank you.

KATIE NUNGESSER: So-- yeah.

HANSEN: It looks like, according to fiscal note, there are no other states paying for online EBT purchase-- delivery fees with general funds. Unless they're paying with some other kind of funds. But right now, according to the fiscal note, it just says no other state's [INAUDIBLE] general funds. And it, it seems like there's not a lot of specificity to this bill, right? So it's like-- and it's-- looks like,

according to the fiscal note, it seems like it's going to be hard to determine what kind of delivery people are using [INAUDIBLE]. So it sounds like they get reimbursed. So, so-- right-- does that sound correct?

KATIE NUNGESSER: Yeah. Yeah. I think there are some things-- like, if the committee is open to it-- that could be looked at a little bit closer with that. I think that it being so broad and delivery fees kind of being different no matter if you order Walmart or Hy-Vee or-- getting things delivered for people out in, like, the Panhandle that might want to do, like, deliveries through the mail-- like, you can get dry goods from Walmart and stuff delivered. So there might be some more conversation to be had of how to make that kind of be common sense and make sense on that fiscal level.

HANSEN: All right. Thank you.

KATIE NUNGESSER: Thanks.

HANSEN: Any other questions from the committee? Seeing none. Thank you for coming. We'll take our next testifier in support. Welcome.

ANSLEY FELLERS: Thank you, Chairman Hansen and members of the committee. My name is Ansley Fellers, A-n-s-l-e-y F-e-l-l-e-r-s. And I'm here on behalf of the Nebraska Grocery Industry Association testifying in support of LB882, Senator Bostar's bill to authorize the use of state funds to cover SNAP Online ordering fees. SNAP Online just expanded to all 50 states in June 2023. SNAP recipients shopping online has increased to nearly 4 million households, up from 35,000 households in March of 2020. So in Nebraska, just ten banners currently accept SNAP Online. Although rollout has taken several years and has been somewhat rocky, we're cautiously optimistic to have ubiquitous SNAP Online in coming years. Our newly established Nebraska Grocery Industry Foundation is-- has committed and made it a priority to helping our smaller and more rural stores and those in other underserved areas with technical assistance to establish an online presence. Grocery delivery could help address cost issues associated with having a physical presence in remote areas. I want to note for the committee that these fees would not be paid out of SNAP dollars. These would come from state general funds. So we don't have the same concerns as we'd have for, say, SNAP used in restaurants. I would also note that these families are the most likely to have less time and less flexibility to go shopping. They're generally, you know, working hourly. They're struggling with child care, those sorts of things. So

having the option of getting groceries delivered is a good one. I would also just note that the fees we're talking about, if you're on a limited budget and you're purchasing a small amount of goods, you're more likely to incur a delivery fee than if you're buying a larger order. So usually online fees are waived for deliveries of $35 or $50 or $75 or more. If you're ordering a small amount, you're on a fixed budget, you're more likely to incur fees. I'm not sure about making that-- you know, capping that, making them more efficient. I think those are all really good questions, but generally we support this idea. We are also committed-- to Senator Riepe's question, we've committed to the administration to helping implement summer EBT. Those are for kids that-- I think the last testifier mentioned-- that's for kids that qualify for free and reduced lunch, not necessary-- not necessarily families that qualify for SNAP. With that, I'm happy to answer questions. And appreciate your time.

HANSEN: Thank you. Are there any questions from the committee? There are none. Thank you.

ANSLEY FELLERS: Thank you.

HANSEN: We'll take our next testifier in support. OK. Seeing none. Is there anyone who wishes to testify in opposition to LB882? All right. Seeing none. Is there anyone who wishes to testify in a neutral capacity? All right. Seeing none. I'm assuming we're going to waive closing. Yes. And so-- for the record, there were-- let's see here-- 14 letters in support of LB882, 1 opposed, and 1 in the neutral capacity, so. So with that, that will close our hearing on LB882. And we will now open up the hearing on LB97-- LB927. And welcome Senator Fredrickson to open.

FREDRICKSON: I was trying to be all smooth with that. [INAUDIBLE] open that.

HANSEN: I was going to say.

FREDRICKSON: Clearly, it didn't work out [INAUDIBLE].

HANSEN: I was just making sure it was nonalcoholic.

FREDRICKSON: Well, it is Friday.

HANSEN: Yep.

FREDRICKSON: Good afternoon. Thank you, Chair Hansen and members of the Health and Human Services Committee. For the record, I am John Fredrickson. That's spelled J-o-h-n F-r-e-d-r-i-c-k-s-o-n. And I represent District 20, which is in central west Omaha. I'm happy to be here today to introduce LB927, which is a bill that requires suicide awareness and prevention training for certain employees of child-placement agencies, foster care providers, and employees of the Department of Health and Human Services. Training shall incorporate a baseline curriculum established by the department. Requirements established in LB927 follow recommendations made by the Nebraska Office of the Inspector General for Child Welfare in a report last year. This report examined death by suicide in the child welfare system and found opportunities for better preventative measures. The Inspector General's training recommendations specifically included gatekeeper training for DHHS employees, standardized training requirements for child-placing agencies, and gatekeeper training for foster care providers. DHHS has agreed to these recommendations as outlined in a letter they submitted to the Inspector General on June 27 of the last year. LB927 ensures the training recommendations are provided in first-- provided for in statute and will continue to be followed. As the Inspector General report pointed out, adolescents in general are at an increased risk of death by suicide, and youth involved with the child welfare system are impacted at an even higher level when compared to with their peers. System-involved youth report higher levels of suicidal ideation and self-harm behaviors. Youth who are wards of the state have been placed in foster care have-- often have unique adverse experiences, including transient home placements and disruptions in social support networks, making them three times more likely to attempt suicide than those youth involved in the child welfare system but not in state care. Simply put, this is an at-risk population that needs special attention. The more touchpoints we have in place with folks who might be at risk for suicide, the likelier it is to prevent someone from making an impulsive decision to self-harm or engage in suicidal behavior. LB927 allows those who work with these at-risk kids to receive the training they need to ensure additional touchpoints are, in fact, in place. This bill also follows the Nebraska Statewide Suicide Prevention Plan put out by the department, the Kim Foundation, and the Nebraska State Suicide Prevention Coalition last year to, quote, integrate evidence-informed, culturally and population-specific stu-- suicide prevention studies-- strategies in all systems that serve Nebraskans, end quote. I have filed in an amendment to the bill which replaces the original bill. AM2553 makes a few drafting clarifications. It specifies in Section 2 the DHHS

workers who shall be provided the training. The term "caseworker" isn't defined in statute, so the amendment provides some clarity on this. It likewise provides clar-- clarifying terminology on the training for placement agencies and foster homes and reorders sections. Finally, the amendment allows the department to approve existing curriculum of a child-placing agency if such curriculum meets the baseline curriculum pursuant to Section 1 of this act. Child-placing agencies like KVC already have training in place. We want to allow KVC and other agencies who are already doing this to continue the training they are already providing consistent with DHHS baseline curriculum. DHHS asked-- DHHS has asked for an implementation date of October 1, 2024 and has asked for further clarifying language on the DHHS employees who would fall under this, and I've committed to do that. In closing, I ask this committee to advance LB927 with a new amendment that I will be providing soon. With that, I am happy to answer any questions you may have.

HANSEN: All right. Thank you. Are there any questions from the committee? Seeing none. I'm assuming you're staying to close.

FREDRICKSON: I will.

HANSEN: All right. So we will invite our first testifier in support of LB927. Welcome.

JENNIFER CARTER: Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Jennifer Carter, J-e-n-n-i-f-e-r C-a-r-t-e-r. And I serve as your Inspector General of Nebraska Child Welfare. The OIG provides legislative oversight and accountability for the child welfare and juvenile justice systems through system monitoring, mandatory investigations of child deaths and serious injuries, and recommendations for improvement. As Senator Fredrickson mentioned, last July, our office released an investigative report on the death by suicide of three youth in the child welfare system between the ages of 11 and 16. It's important to note-- and we noted in our report-- that our investigation found that the Department of Health and Human Services and the people and agencies working with these youths did not contribute to and/or were not responsible for these deaths. However, the investigation did reveal that while DHHS-- particularly its Division of Behavioral Health-- is really committed to and is doing a lot of work towards suicide prevention, the Division of Children and Family Services did not have a similar plan. There were some gaps in training. There's expertise that could be shared across those divisions that we think would be very helpful. And having

a comprehensive and focused policy regarding suicide prevention, as Senator Frederickson mentioned, is particularly important with this population. Youth involved in the child welfare system report higher rates of suicidal ideation. Most have experienced significant trauma and abuse, which can increase their risk of suicide behavior. And research tells us that 27% of youth involved in the child welfare system are at imminent risk of suicide. They have current suicidal thoughts, planned suicidal preparations, and means. So it's particularly important that the folks working closely with them have the kind of training that would allow them to recognize when these risks are present. And one critical strategy is known as gatekeeper training, and that's used in schools already, health care settings, juvenile justice, and other community settings where the goal is to actually equip people to be able to recognize the risk and then the tools and skills to respond to the youth who may be at risk. And these are things that are like knowing what questions to ask and not being afraid to ask those questions. And it actually-- our understanding from our investigation is that it can actually really help and reduce the risk for-- I should say stress-- for caseworkers because they feel actually empowered and equipped to be able to deal with these situations, so. And child wers-- welfare staff and providers serve as an optimal point of intervention as gatekeepers due to their proximity to and engagement with this population. And it's also been recommended that it be-- the training be expanded to include out-of-home caregivers and foster parents so that other people also have these skills. We did find that the gatekeeper training could be enhanced for Nebraska's child welfare workers. They get a partial training in their new caseworker training, and they're expected to complete the training within the first year. Booster training, which is also very critical, is not-- is sort of provided at discretion. It's not required. And we would like to see foster parents get this training. So these were the things that we recommended. We had six recommendations, but three of them related to the gatekeeper training. And we appreciated that HHS actually accepted all six and planned to implement it by the end of 2025. LB2-- LB927 as amended by AM2553-- and I know there might be a new amendment coming-- would codify these recommendations and these training requirements and bring in a round of awareness of prevention. This baseline curriculum would be used by caseworkers, foster parents, child-placing agencies, creating a real foundation across the system to help prevent suicide in-- for the children in, in that system that are more particularly at risk. Our research indicated that the best practice for gatekeeper training would actually be four hours because then you get to roleplay and you, you have a moment to do what might

otherwise be uncomfortable and ask things like, are you planning to hurt yourself, are-- things like that, which can be hard. So-- but four hours can be a lot, so that's an ideal. So what we understood was that 90 minutes can really be-- give a solid foundation, particularly when you're doing booster training later, so. As noted in our report, we do believe the department is doing important work on suicide prevention and has expertise to share across its divisions. LB927 would codify critical and helpful training requirements to further enhance suicide prevention efforts within CFS, which serve children who are at increased risk of suicide. And I'm very happy to take any questions.

HANSEN: Thank you. Are there any questions from the committee? There are none.

JENNIFER CARTER: Great.

HANSEN: All right.

JENNIFER CARTER: Thank you.

HANSEN: Thank you. Take our next testifier in support. Welcome back.

KATIE NUNGESSER: Thank you again, Chairperson Hansen and members of the Health and Human Services Committee. I am Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r. And I am representing Voices for Children in Nebraska in support of LB927. LB927 addresses the pressing need for suicide awareness and prevention training within state agencies responsible for pla-- placing children in out-of-home placement. We believe that this bill is a vital step towards safeguarding the emotional health and physical well-being of our vulnerable youth. Children involved in the child welfare system face unique challenges, and many have had the adverse-- have had adverse life experiences and disruptions in their support systems and relationships. Children placed outside of their homes in Nebraska and into state care are three times more likely to attempt suicide. LB927 recognizes this heightened risk and aims to equip adults in their lives with the necessary tools to provide a safe and supportive environment. The, the statistics in Nebraska are concerning, with over 20% of youth in Nebraska diagnosed with a mental health condition, using 2021 data, and only 62% of those were receiving the treatment that they needed. Suicide is the second leading cause of death for youth ages 10 to 24 in Nebraska. And disparis-- disparities among ethnic groups, particularly Hispanic youth, are alarming. These figures demand urgent

and comprehensive action. One mother shared her story with Voices for Children about her six-year-old. He was tormented by thoughts of suicide as his family tumbled through the child welfare system and he was lacking access to the ones he loved the most. His mother shared that she felt the caseworker did not take his mental health issues seriously or did not understand them, and they were not addressed. She said the problems escalated the longer the child was placed out of home. He ended up being what his teacher called unmanageable. He acted out verbally and he kicked another student. The response was him being handcuffed, put into a police cruiser, driven to the hospital, and ended up having to be strapped to a bed. The mother said from her perspective the caseworker seemed to have no idea how to support this child during the situation un-- under-- throughout his time under her supervision. Another mother spoke to us about her teenage son. He was diagnosed with PTSD and severe depression. She actually voluntarily called DHHS and asked for support. The mother felt strongly that the case management may have made the situation worse. Her son was removed from her home and attempted suicide shortly after. She fought hard and her son was returned to her. She stated and gave me permission to share that she said, I am the exception to almost every case. Some families are not making it out, especially families of color like mine. My heart goes out to those families who do not make it out of the system with their children still alive. The impact of suicide reaches far beyond the individual, affecting families, friends, teachers, mental health professionals, and our community at large. To combat the dese-- devastating trends, we need to invest in targeted efforts for prevention, education, and clinical services while also working towards reducing the stigma surrounding mental health. By fostering open discussions, providing training like this, and promoting education on suicide awareness, we can help dismantle stereotypes and myths surrounding mental health. It is our firm belief that these efforts, as the training in this bill, will empower individuals to engage in tough conversations, offer meaningful support, and ultima-- ultimately contribute to the reduction of suicide rates among our youth. Su-- suicide prevention training for state agencies is not just a responsibility; it is a necessity to protect the lives of vulnerable youth. It is important to emphasize that suicide is a preventable public health problem. And until we make suicide prevention everyone's responsibility, we will continue to lose young people in Nebraska. We'd like to thank Senator Fredrickson for his-- for bringing this bill and respectfully urge the committee to advance this for the well-being of all of Nebraska's youth. Thank you.

HANSEN: Thank you. Any questions from the committee? There are none. Thank you. Take our next testifier in support.

JOSEPHINE LITWINOWICZ: Thanks. That's good.

HANSEN: Welcome.

JOSEPHINE LITWINOWICZ: Hello, Chairman Hansen and members of the committee. My name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And I wasn't going to speak at this one, but listening, I had such a visc-- visceral reaction. Surprising. It's only going to get worser.

HANSEN: All right. Thank you. We'll take our next testifier in support of LB927. Welcome.

THERESA GOLEY: Hi. Good afternoon, Senator Hansen and members of the Health and Human Services Committee. My name is Theresa Goley, T-h-e-r-e-s-a G-o-l-e-y. Testifying today on behalf of KVC Nebraska in support of LB927 and the amendment. KVC Nebraska is a private, nonprofit organization providing services to help strengthen Nebraska families by providing in-home family support, behavioral health care, foster care, home-based support for people with disabilities, adoption, and stub-- substance use treatment. We are, we are grateful to Senator Fredrickson for his leadership on increasing access to mental health support and for his introduction of LB927. The World Health Organization reports that suicide is a leading cause of death worldwide and one of the three leading causes of death for young people under age 25. Studies show that people placed in foster care are 2.5 times more likely to contemplate suicide than youth not in foster care and 4 times more likely to attempt suicide. Building research indicates a strong connection between child abuse or trauma and increased risk of suicide attempts and completions. A recent report from the Nebraska Inspector General for Child Welfare highlighted the recent deaths by suicide of three youth involved in the child welfare system from 2018 to 2022. Recognizing the high risk of suicide and suicidal ideation among youth placed in foster care, KVC Nebraska selected a training program for our employees to better identify warning signs and offer timely interventions to hopefully identify and prevent this tragic outcome for far too many youth placed in foster care. Suicide is a serious and common issue in foster care, and we are working to enhance our suicide prevention efforts by training all KVC staff, licensed foster parents, and kin and relative caregivers in question, persuade, refer-- QPR. It is the mission of

QPR Institute to save lives and reduce suicidal behaviors by providing innovative, practical, and proven suicidal prevention training. This missen-- mission is achieved through high-quality education that is approachable to people from diverse backgrounds. It is important that professionals and caregivers know and do more. The role of caregivers in suicide prevention cannot be understated. When our workforce, licensed foster parents, and kin and relative caregivers are empowered to recognize the warning signs of suicidal ideation, ask lifesaving questions, and make an appropriate and timely referral for help, youth placed in foster care will have a reduced rate of suicide attempts and completion. LB927 as amended would allow organizations like KVC to continue their efforts to prevent suicide attempts and completion among youth placed in foster care while ensuring that all professionals who work with youth in foster care have access to high-quality training like KVC Nebraska currently prosi-- provides. We encourage the Health and Human Services Committee to advance LB927 as amended to enhance Nebraska's response to suicide and suicidal ideation among some of Nebraska's most vulnerable populations. Thank you. And I'm happy to answer any questions you may have.

HANSEN: Thank you. Are there any questions from the committee? We're quiet today, so. All right. Thank you. Anybody else wishing to testify in support of LB927? Welcome.

SHANNON HAINES: Hello. Thank you. Hi, Chair Hansen and members of the Health and Human Services Committee. My name is Dr. Shannon Haines, S-h-a-n-n-o-n H-a-i-n-e-s. I am a pediatrician who tr-- who takes care of children in the state of Nebraska. And I personally [INAUDIBLE]. I'm here to testify in support of LB927. And I am expressing my own views today. They're not necessarily that of my employer. Children in foster care are over four times more likely to commit suicide than their peers in the general population. These children have oftentimes been through traumatic situations and not had the opportunity or even guidance to develop coping skills necessary to handle these situations. These children are also at higher risk for depression, a major risk factor for suicide. The time of transition into foster care or into a new home placement presents a higher period of risk for these children as well. Universal screening by caseworkers, social workers, and other members of child-placing agencies is recommended to find children at high risk for suicide so they can get the help they need. Trainings like LB927 outlines have been shown to make staff in these agencies more comfortable talking to children about their mental health-- and you've heard from other testifiers about that as well. More importantly, this training increases the identification of

children at high risk of suicide and the number of children referred to psychiatric services. This bill would ultimately save the lives of our most vulnerable children. So please advance LB927. Thank you for your time and your service to our state.

HANSEN: Thank you. I didn't catch it. Did you spell your name? OK. I'm just making sure. I missed it on here, so. And you made copies.

SHANNON HAINES: I-- yeah. Thank you for that.

HANSEN: Yeah. No problem. Any questions from the committee? There are none.

SHANNON HAINES: Thank you so much.

HANSEN: Yeah. Thank you. All right. Anybody else wishing to testify in support? Seeing none. Is there anybody who wishes to testify in opposition to LB927? Seeing none. Is there anybody who wishes to testify in a neutral capacity? All right. Seeing none. We'll welcome back up Senator Fredrickson to close. And for the record, we did have 13 letters in support and 1 in the neutral capacity to LB927.

FREDRICKSON: Thank you, Chair Hansen. I'll keep this fairly brief. I just want to apprec-- send my gratitude to the committee for hearing this bill. I appreciate all those who came to testify in support. I appreciate the work of the OIG and-- in, in sort of highlighting some of the concerns that we have with this population in particular. Also, I am appreciative to the Department of Health and Human Her-- Services for their willingness to work with me on this bill. And happy to answer any last-minute questions, and would just ask the committee to advance the bill.

HANSEN: OK. Thank you. Any questions? We have no questions for you.

FREDRICKSON: Thank you.

HANSEN: All right. Thank you. And that will close the hearing for LB927. And we will now open it up, I believe-- is Senator Conrad here?

DAY: I don't see them.

HANSEN: Jen, did you want to go or do you want to wait?

DAY: I mean, I can. My staff's not here with my stuff yet.

HANSEN: OK. Let's do this. We're going to take a short five-minute break, stretch our legs. And then we'll, we'll-- see if we can get Senator Conrad up here and we'll kind of figure what the next bill's going to be here, so. So we will return at 2-- wait.

DAY: No, go ahead.

HANSEN: Is that fine? OK. We'll return at 2:15, so. Thank you.

[BREAK]

HANSEN: All right. So we will resume. And we will open up on LB1194. And welcome Senator Conrad to open.

CONRAD: Thank you so much, Chair. Thank you so much, members of the committee. My name is Danielle Conrad. It's D-a-n-i-e-l-l-e; Conrad, C-o-n-r-a-d. I'm here today proudly representing north Lincoln's Fightin' 46th Legislative District. And I'm pleased to introduce LB1194. LB1194 would require legislative approval of the Medicaid state plan amendments and any state plan amendments or waivers prior to implementation. The bill would also require legislative approval of any state plan amendment for the TANF program, Temporary Assistance to Needy Families program. So I introduced LB1194 in part because I-- of the existing difficulty that I was finding in getting basic information about the TANF state plan and what the administration was proposing to do with the rainy day funds. This is a remedy that I identified in looking at how some of our sister states have handled the interplay between the legislative branch and the executive branch when it comes to kind of the overall program design, budgetary implications, and other matters related to how we design our Medicaid program and how we design our TANF program. So one thing that I thought this might do is help to improve awareness and oversight, help to improve transparency, and help to ensure that we had an opportunity to provide our say and our perspective whenever the executive was moving forward to changes to the program. So I have heard some comments that this may slow down certain aspects of the program or prevent aid from moving swiftly out to Nebraskans in need. I think that completely misunderstands the bill and is definitely not part of the intent. I also don't think that has been the exi-- experience of our sister states that do have a more dynamic collaborative process when it comes to approving Medicaid and TANF state plans, waivers, and amendments. So let me give you just a couple of very recent, clear examples about why this is important. And first, let me start-- when it comes to the TANF rainy day fund and TANF in general, let me thank

this committee for advancing Senator John Cavanaugh's bill to make sure that we end the penalty in regards to how they interplay with child support and our TANF program. I think that is critically important. I'm also very excited that Speaker Arch has designated that as a Speaker priority so that we can get some movement on this issue this year. But you might remember-- and it's-- it happened before Governor Pillen's watch-- there was a lack of action with the previous administration to-- well, at least one, maybe previous two administrations-- to address the TANF rainy day funds. So you're well-aware how those funds had grown exponentially year over year over year and had been unallocated to the point where Nebraska really was an outlier in, in the regards to, to how that program was operating or not operating. So as part of the different legislative proposals that we're in on that, we've had interim studies on that, including I had one before the Appropriations Committee this year that I think was very illustrative. But because we allowed-- we, Nebraska, allowed those funds to balloon so quickly instead of pushing them out to families in need, in essence that has created a $40 billion-- a $40 million appropriation for the Governor to make, to say, I'm going to pick how we utilize $40 million of public funds to go out into the community. And it's not to say that the ideas that the administration has put forward don't have merit. There might be some very meritorious components therein. But you know as well as I do that the power of the purse remains solely with the Legislature. And so I think that a measure like this would help to strengthen and align well with separation of powers. It would also ensure that administrations are not committing to-- Nebraska to programs that may not fit our legislative policy or may not fit our budgetary-- our budget bottom line. So it, it, it, it ensures a, a better collab-- collaboration and cooperation amongst the executive and the Legislature on key issues like Medicaid and TANF. So I'll leave it there. And I'll be here to answer questions.

HANSEN: All right. Thank you. Are there any questions from the committee? All right.

CONRAD: Thank you.

HANSEN: Seeing none. See you in a bit. All right. So with that, we'll take our first testifier in support of LB1194. OK. Anybody wishing to testify in opposition to LB1194? Welcome.

TONY GREEN: Good afternoon, Senator Hansen and members of the HHS Committee. My name is Tony Green, T-o-n-y G-r-e-e-n. I am the director

for the Division of Developmental Disabilities with the Department of Health and Human Services. I'm here to testify in opposition of LB1194, which seeks to impose legislative approval requirements on Medicaid state plan amendments, Medicaid waivers, and state plan amendments for the Temporary Assistance for Needy Families, or TANF. As it relates to Medicaid, DHHS is bound by federal regulations governing the Medicaid program. Adhering to these regulations allow us-- allows us to access federal funding, which presently covers over half the cost of the Medicaid program. The Legislature has acknowledged and accepted those federal mandates, as articulated in Nebraska Revised Statute 68-906, and has delegated the authority to DHHS to administer those state's Medicaid programs under Nebraska Revised Statute 68-908. DHHS is obligated to adhere to specified timelines that are mandated by CMS, or the Centers for Medicare and Medicaid Services, and ensure transparency by keeping the public and tribal entities informed prior to submitting changes to CMS. Any deviation from these timelines or processes could jeopardize compliance with federal regulations and impede the department's ability to adopt programmatic changes to meet the evolving needs of Medicaid participants in the state. Moreover, because of CMS's stringent rules regarding retroactive application of SPA, state plan amendment, or waiver changes, any delay in seeking that CMS approval could disrupt service delivery, leading to uncertainty and instability for individuals reliant on Medicaid or waiver services to address their health care needs and stay in their homes. The current process for obtaining SPAs, or state plan amendments, establishing new waivers, and amending existing waiver facilities-- or, facilitates ample opportunities for input from tribal entities and public engagement, including legislative stakeholders. Through dedicated public comment websites, published notices, and regular public meetings, DHHS actively solicits feedback and addresses inquiries and fosters statewide engagement. TANF plans are submitted and accepted by the Administration on Children and Families, ACF. Again, delays in submission of amendments due to a wait time of several months prior to a legislative session delays benefits from being administered to needy families. Nebraska elects the combined state plan approach to our Workforce Investment and Opportunity Act, or WIOA, state plan, which aligns the state's workforce programs, connecting businesses with more qualified workers. The TANF state plan is a part of this and must be completed every four years, with required modifications every two years, and additional opportunities for amendment. Failure to, to secure timely approval from CMS or ACF due to delays created by waiting for the Legislature to be in session and grant its approval

could precipitate a loss of federal funding, significantly impacting the state budget, and potentially impeding access to critical services for vulnerable populations. We would respectfully request the committee not advance this bill to General File. And I'd be happy to try and answer any questions on this bill.

HANSEN: All right. Thank you.

TONY GREEN: Thank you.

HANSEN: Are there any questions from the committee? Senator Ballard.

BALLARD: Thank you, Chairman. Thank you, Director, for being here. How, how, how much TANF dollars has the department pushed out since-- I guess in the last couple years?

TONY GREEN: That I would have to get back to you on, Senator. I'm-- I, I can speak to-- I do know that our state plan has been submitted and amended recently that does fully expend all of the funds that are available. But I can get you the exact figures.

BALLARD: OK. Thank you. I'd appreciate that.

TONY GREEN: You're welcome.

HANSEN: All right. Any other questions? Seeing none. Thank you very much.

TONY GREEN: Thank you.

HANSEN: Anybody else wishing to testify in opposition to LB1194?

JOSEPHINE LITWINOWICZ: Is it OK if I-- I kind of lost my train of thought. I'm, I'm for the bill. Can I speak?

HANSEN: Yeah, that's fine, Josephine.

JOSEPHINE LITWINOWICZ: OK. Thank you. Hello, Chairman Hansen and members of the committee. My name is Josephine Litwinowicz, J-o-s-e-p-h-i-n-e L-i-t-w-i-n-o-w-i-c-z. And I just-- I, I really want to thank the appropriate members of the Legislature that are really going to quickly see to, you know, that there's other equipment available for people with disabilities. Anyway, it really makes me happy. I, I mean, all of us win. As far as the Medicaid sta-- plan amendments, I, I'm assuming then that this is-- adjustment-- this is

how-- a coverage adjustments, right? Like, how the money's going to be spent. So I mean, if they reduce something-- that's the only context [INAUDIBLE]-- if they reduce, like, your vision benefits from $500 to $400, let's say, that's what you call a state plan amendment, correct? Oh, I can't-- OK. Well, speaking of-- as-- of an event with glasses, before I got on the dual complete plan, when I had Nebraska Medicaid-- I forget which one-- I got just enough to get a pair of glasses, right? But it didn't have, like, hinges and, and they didn't have one with the stems coming that far enough. So like, about the first month and a half, they fell off my face-- you know, being disabled-- and boom. That happened, like, two years. Anyway, I guess I'm, I'm having some-- still having some-- I-- the mental cognitive thing where I, I, I have-- it's hard to pick out words or things that are on the tip of my tongue. It's, like, aphasia related. But I'm going to get going. Thanks a lot.

HANSEN: Thank you. All right. So we will go back to opposition. Is there anybody else-- just making sure-- anybody wishing to testify in opposition? All right. Is there anybody wishing to testify in neutral capacity to LB1194? All right. Seeing none. We'll welcome Senator Conrad back up to close. This is how our-- all our bills been going today.

CONRAD: Perfect. Perfect.

HANSEN: Not used to this.

CONRAD: Brevity will be rewarded, right?

HANSEN: Yep. And just for the record, we did have 3 letters in support of LB1194 and 1 in the neutral capacity.

CONRAD: Very good. Thank you so much, Chair. Thank you, committee members, for your attention and consideration and questions. Want to thank Director Green for providing some technical feedback, and also appreciate the heads-up from their office that they had some technical concerns with the measure. And of course, if the committee decides to move forward with it, we'll be happy to work with HHS and all stakeholders to address any technical issues to make sure that we have compliance, no delays and appropriate notice and participation, of course. But again, this is a $0 solution that improves cooperation, collaboration, oversight, and reaffirms our appropriations power in regards to key public benefits programs. This approach has worked in other states, which it is modeled after. And I think an approach like

this would perhaps be one solution to look at or an umbrella approach that previous HHS Committees have looked la-- looked at over the years instead of looking piecemeal at summer EBT program or Medicaid postpartum or Medicaid family planning. You know, the list goes on and on and on because there's a lot of options and flexibilities for states to decide how to interface with these key public benefits programs. You know, what we could think about is perhaps a direction to the executive branch that says, any time there's federal funds on the table that can help a bunch of people, you should go after them. That's actually an approach that previous Legislatures have considered, have looked at that would accomplish some similar goals and kind of keep the piecemeal approach away from things. And I know that it has been a commitment from Governor Pillen's administration to be more aggressive in bringing our tax dollars home, to help our bottom line, and get a be-- better value for taxpayers. So I really appreciate his commitment to that policy goal. I appreciate the courage and the leadership that he demonstrated thanks to Senator Day's leadership, Senator Aguilar's leadership, and many others in reconsideration of the summer EBT. But we should be more aggressive in figuring out how to bring our federal dollars home and do more good, not only for our taxpayers but our neighbors in need. This is kind of part of that conversation. And we need to make sure that we're not giving a blank check with millions and millions of dollars to the executive branch to decide how we're going to give out that money. That's a, that's an act of appropriation, and that needs to go through the appropriations process. Bills like this would help to facilitate such. So happy to answer questions.

HANSEN: Thank you.

CONRAD: OK.

HANSEN: Are there any questions from the committee?

CONRAD: Thank you.

HANSEN: Seeing none. Thank you very much.

CONRAD: Have a great afternoon. Happy weekend.

HANSEN: Thank you. All right. That will close our hearing for LB1194. And that will clear the room. All right. And last but not least, we have-- we will open up the hearing for LB1221. And welcome Senator Day to open.

DAY: Good afternoon, Chairman Hansen and fellow members of the Health and Human Services Committee. My name is Jen Day. That's J-e-n D-a-y. And I represent LD 49 in Sarpy County. I'm here this afternoon to introduce LB1221, which would help ensure that staff in Alzheimer special care units receive training in methods of care that have been proven and are effective. If you look at the bill text, we are not increasing the required training hours, but we are making the existing hours more effective and relevant to the needs of patients. Currently, there are more than 35,000 Nebraskans that are 65 and older living with Alzheimer's, and that number is expected to grow by at least 14% by 2025. As this number continues to increase, it's critically important that we have the training and supports in place to manage this growing public health problem. Among the most pressing needs are ensuring that staff at facilities which care for dementia patients are receiving the necessary training to understand the pacient-- patients they serve and how to best provide this care. State law currently requires special care units-- which are facilities designed to care for individuals living with Alzheimer's disease and other dementias-- to provide four hours of training pertaining to the form of care or treatment that they provide. The problem is that there are no specific training topics provided. Astonishingly, that is left completely wide open. LB1221 would increase dementia competency of direct care staff in special care units by ensuring that their annual training incorporates best practices as identified by the Alzheimer's Association's 2018 Dementia Care Practice Recommendations. The language is based upon a comprehensive review of current evidence, best practices, and expert opinion. Under LB1221, the new training requirements consist of an overview of Alzheimer's disease, dementia, and related disorders, the ways in which such diseases impact the lives of caregivers, the fundamentals of person-center-- person-centered care for individuals with dementia, person-centered assessment and care planning, progressive support for activities of daily living for persons with dementia and dementia-related behaviors in communication. Though small in scope in nature, this approach would help ensure that the staff doing this important work throughout Nebraska have been trained in methods that have been proven effective. LB1221 is a very targeted bill, and we owe it to both the patients in these special care units and to their families that, if we make this facility designation, we have the training necessary to ensure their loved ones are safe and getting the care they need. It's my hope that everyone can get behind this straightforward change, and I urge your support for LB20-- LB1221. And I have testifiers behind me, but I'm happy to try to answer any questions you may have.

HANSEN: All right. Are there any questions? Seeing none. We'll see you at the close. So we'll take our first testifier in support of LB1221.

NICK FAUSTMAN: Good afternoon.

HANSEN: Welcome.

NICK FAUSTMAN: I'm Nick Faustman, N-i-c-k F-a-u-s-t-m-a-n. I'm the director of public policy and advocacy for the Alzheimer's Association, Nebraska Chapter. The Alzheimer's Association is the leading voluntary health organization on Alzheimer's care, support, and research. Our vision is a world without Alzheimer's and all other dementia. We asked Senator Day to sponsor LB1221 because we as a state are coming to a crossroad when it comes to preparedness for this, this, this deadly disease. In 2020, there were about 35,000 Nebraskans aged 65 or older living with the disease, and that number is expected to increase by 14%, as Senator Day said. This is primarily due to the aging of the baby boom generation, a large portion of the state's population. And so that said, we must do all that is, that is possible for building-- to prepare for this building crisis. LB1221 is one such thing. It is simple, effective, and would require no additional funding for this-- for, for the state. The bill works within existing training guidelines and regulations for staff in Alzheimer's special care units, which currently require these facilities to provide the four hours of dementia training. This bill does not change that at all. Instead, it simply specifies that the training be based on best practices and expert opinion. As Senator Day covered, this language was-- is pro-- by-- proposed by the bill is based upon Alzheimer's Association's 2018 Dementia Care Practice Recommendations. The recommendations were developed to better define quality care across all care settings and throughout the disease-- the disease's course, and they're intended for professional care providers who work with individuals living with dementia and their families in long-term and community-based settings. All of the topics listed in the bill represent the very basics of dementia care, and are therefore relevant to all stages of the disease. In fact, they are more relevant as the disease progresses. I would like to provide some historical background. In 2010, stakeholders came together to pass legislation that established the four-hour requirement as a first step in improving care available to Nebraskans living with the disease. Because there were no established practice recommendations at that time, the legislation initially charged to the Department of Health and Human Services with devising a curriculum. However, that would have created a fiscal impact, and some stakeholders involved with the

process did not feel comfortable with DHHS prescribing a curriculum, administering that, and enforcing it upon the facilities. So it was decided to enable facilities to base the required training upon the facility's unique, quote, overall philosophy and mission, unquote. This, in effect, created a patchwork of different trainings and philosophies in caring for some of the state's most vulnerable citizens. What would actually be most beneficial is uniformity across the state. So fast forward 14 years to today. We now know much more about the disease. We know how best to serve people living with the disease in care settings. We now have best practices, expert opinion. The time is now to apply that knowledge so that staff in these facilities are fully equipped to care for our loved ones because caring for dementia per-- patients is considerably different from, from caring for an aging population without dementia. And while the bill is small in scope, the benefit would be tremendous. We urge the committee to advance LB1221 to General File.

HANSEN: All right. Thank you. Are there any questions from the committee? I don't see any. Thank you very much.

NICK FAUSTMAN: Thank you.

HANSEN: Take our next testifier in support. Welcome.

KIERSTIN REED: Thank you. Good afternoon, Chairperson Hansen, members of the committee. My name is Kierstin Read, spelled K-i-e-r-s-t-i-n R-e-e-d. I serve as the president and CEO for LeadingAge Nebraska. LeadingAge Nebraska is a membership association of long-term care providers, and we provide education and support to providers of long-term care services. In Nebraska, we have over 80 members across the state. I did submit my testimony online-- unclear if I would be able to be here in person today-- so I'm just going to hit the highlights for you. This bill, as Nick said, is amending existing state statute. And according to the facilities roster for DHHS, there are 18 Alzheimer's special care units in the state. However, if you read through the entirety of the document, it does indicate 26 on there that have that listed as a designation. So it's slightly un-- unclear. This is not changing the amount of hours. I just want to reiterate that. To be clear, we're looking at increasing-- or, not increasing that overall requirement, but simply clarifying those topics. And to Nick's point, just making sure that we're keeping up with the best practices that are going on. The training topics that are being proposed are based on the Alzheimer's Association 2018 Dementia Care Practice Recommendation. However, the bill does not

"perscribe" how or what source is used for that training. So every location is able to determine for themselves how they are going to meet that requirement, and they can do that however they want as long as they're doing it within four hours or more. LeadingAge Nebraska believes that this is an important topic to make sure that we have best practices and that they're communicated with direct care staff consistently across organizations that provide specialized support to those experiencing Alzheimer's and other dementias. In discussion with our membership, we do believe that the large majority are already covering these important topics in their training. But the state statute does not clarify what is happening. So we want to make sure that we're able to clarify for consistency and quality care across Nebraska for anyone that is providing those services. Thank you for the opportunity to testify today. And I'm happy to answer any questions.

HANSEN: Thank you. Are there any questions? I might have a couple.

KIERSTIN REED: Sure.

HANSEN: Do you think passing this legislation-- you, you mentioned a couple things. You said most facilities right now are already kind of following a lot of these best practices.

KIERSTIN REED: Mm-hmm.

HANSEN: And then if we do implement these in statute, would it make it more difficult or cumbersome or overburdensome for other, like, facilities to now shift to this when they're maybe comfortable with what they're doing currently that may not specifically fit this? Will it leave them open to more penalties kind of, you know, if the-- it-- you know, the-- I think-- this seems like we're cutting down some of the flexibility some facilities might have to be able to do what they think is best for their facility. Just kind of curious for your thoughts about that.

KIERSTIN REED: So as an organization, LeadingAge Nebraska is always looking to get people the best quality education, and I believe that that needs to come all the way down to those direct support staff. Like I said, there-- this is not dictating whatsoever what they have to use for that training. It's simply putting in, here's the topic areas that we feel, at-- on a national basis, that have been concluded by experts to believe the most important topics to cover for staff training. So as an example, there is a certified dementia practitioner

curriculum that is available. It's a national curriculum. That's eight hours of training. We're not saying that they have to have all of their staff to be certified dementia practitioners. We're simply saying, here's the highlights that we want to make sure that you're covering. And I do believe that most of our, our members across the state are already doing this because they're concerned with best practices. I'm concerned about the people who may not be concerned with the best practices.

HANSEN: Are there some out there currently that are not doing that?

KIERSTIN REED: Not to my recollection--

HANSEN: OK. Just curious.

KIERSTIN REED: --or, my knowledge, but.

HANSEN: So from, from what you just said-- so somebody maybe using the 2015 Dementia Care Practice Recommendations, if this goes through, they're-- they wouldn't chan-- they wouldn't have to change anything if they didn't want to?

KIERSTIN REED: No.

HANSEN: OK. That's what I was curious about. Great. All right. Thank you.

KIERSTIN REED: Yep.

HANSEN: Any other questions? Seeing none. Thank you very much. All right. Take our next testifier in support. Welcome.

JINA RAGLAND: Good afternoon, Chair Hansen and members of the Health and Human Services Committee. My name is Jina Ragland, J-i-n-a R-a-g-l-a-n-d. Here today testifying in support of LB1221 on behalf of AARP Nebraska. AARP supports reforms that strengthen person-centered care, and we support reforms that strengthen the direct care workforce through training and investing in workforce development initiatives. Memory care is the fastest-growing sector of the senior housing market, with the number of units doubling over the past decade, according to the National Investment Center for Senior Housing and Care, a nonprofit that tracks trends in the industry. A-- AARP supports states providing direct-care workers across all LTSS settings competency-based training, including but not limited to specialized training and providing services for people with dementia. Required

training should include behavioral management, handling of medications, cultural sensitivity, promotion of residents' independence, dignity, autonomy and privacy, and recognition and reporting of abuse and neglect. Training and continuing education should also focus on maximizing quality of care while supporting the independence, autonomy, dignity, and privacy of consumers. Care for people with dementia requires highly accomplished care staff with specialized knowledge and skills within dementia care. The care needs of people with dementia varies over time, from day to day, and even during the day. Consequently, constant adjustments are needed to provide optimal care. People with dementia can have difficulties expressing needs, and, as cognition deteriorates, their verbal ability to communicate decreases drastically or even vanishes. So communicative skills and emotional receptivity, including the ability to read subtle nonverbal cues and clues, are essential in dementia care. By being aware of the specific needs of individuals with dementia, we can create environments that promote comfort, safety, and dignity. Misunderstandings and misconceptions regarding dementia can result in social isolation, discrimination, and even neglect. When accurate information is disseminated and understanding is encouraged, the barriers isolating individuals with dementia are broken down. This subsequently improves their quality of life by enabling them to remain engaged in social activities, sustain relationships, and continue participating in activities they enjoy. Dementia-related training and facilities offer several important benefits: enhanced care quality, behavior management, communication skills, safety measures, person-centered approaches, reduced staff stress, and family engagement. Continuous education and ongoing training are essential to keep staff updated on the latest research and best practices in dementia care. These efforts contribute to a more supportive and enriching environment for residents living with dementia. Person-centered care practices, when integrated properly, can lead to a transformational change in the quality of care. Improving state training requirements is incredibly important work as we prepare for the fast-growing numbers of people who will be entering assisted living or long-term care in these types of memory settings. Residents deserve high-quality care. LB1221 provides necessary steps and assurances to meet this goal. Thank you to Senator Day for introducing the legislation and for the opportunity to comment. And I would ask for your support and advance the bill to the floor.

HANSEN: All right. Thank you. Are there any questions from the committee? Seeing none.

JINA RAGLAND: Thanks.

HANSEN: Thank you. Take our next testifier in support, please.

EMILY GOSSARD: Good afternoon.

HANSEN: Welcome.

EMILY GOSSARD: I am Emily Gossard, E-m-i-l-y G-o-s-s-a-r-d. And I'm here to share my experience with my father who passed away from Alzheimer's. He was 62 when he was diagnosed and passed away at the age of 66. As his Alzheimer's advanced, I entrusted his care to a memory care facility. I quickly learned that the staff lacked in training and the knowledge of Alzheimer's or other demen-- dementia-related diseases. They appeared not to understand what Alzheimer's was or the behaviors that someone could display. One day I was talking to a staff member about how I thought my dad was progressing through the stages of Alzheimer's very quickly. She looked confused and said, I don't know much about the stages of Alzheimer's. There was another occasion I was called to the facility in the middle of the night as my dad was wandering the halls and wan-- they wanted him to go to bed. When I arrived, they were being very verbally aggressive with him to get him to go to bed. All this did was agitate and confuse him more. I looked at my dad and I said, I bet your feet are tired. You have been walking for a very long time. Maybe we should try to go to your room and lay down to give your feet a rest. He said, OK, calmed down, and we went to his room. I explained to the staff after the fact that he had sundowners and did not understand that it was nighttime and he needed to be sleeping. I told them that their arguing with him was only making it worse. All my dad needed was somebody to redirect him and to be kind to him. On another occasion when I went to visit, he was agitated about an upcoming high school football game he had and didn't want to play, as his shoulder was hurting. He asked if I would go tell his coaches-- which was the staff-- at the facility that he could not play in today's game. I told him that I would. Pretty soon a staff member came over to say hi, so my dad said, please tell them. I looked at her and told her he would not be able to play, and she laughed and said, don't be ridiculous. You are a grown man. I highly doubt you are playing high school football. Her lack of knowledge of understanding what Alzheimer's was led to my dad being confused, agitated, and embarrassed. After my visit, I had a conversation with the staff member and explained that he has Alzheimer's and believes he is in high school. I asked why she had to make fun of him and laugh at him. I told her that if my dad

said he was an animal or a airplane that they needed to go with it and not agitate him and just go with whatever he said. My list of examples of the lack of training could go on and on. My dad's journey with this horrible disease could have been much different if there would have been guidelines in place to guide facilities on what they should be training, such as an overview of Alzheimer's and what really happens to someone living with it, as well as behaviors that come with the disease and the effective ways to handle them. I also worked at a memory care facility for several years as an activity director. I know there is a lack of training on Alzheimer's. A facility can log four hours of training, but that doesn't prove that they're training on the proper things. What is it hurting to set some guidelines and structure on what they are training? These individuals living with Alzheimer's and other dementias are someone's loved one, and they deserve to have the best care possible. They deserve to be treated with respect and as human beings. They should not be treated badly because there is lack of training. We are only hurting one of the most vulnerable populations by not offering sufficient training. I thank the committee for their time.

HANSEN: All right. Thank you. Any questions from the committee? Don't see any. Thank you. Anybody else wishing to testify in support? Welcome.

RACHEL GIBSON: Good afternoon. My name is Rachel Gibson, R-a-c-h-e-l G-i-b-s-o-n. And you usually see me as a representative of the League of Women Voters of Nebraska, but today I am not here on that behalf. I'm here as the granddaughter of someone who died of Alzheimer's and the daughter of someone who cared for her. I am struck by this particular clarification of what would be included in training, particularly the piece that says in the impact of the lives of caregivers because that really does make a difference. And the-- working with my own grandmother, the difference of my mom just being able to learn some easy pieces to adjust how, as was discussed earlier, in what's called therapeutic lying about, yes, I'll get your mom on the phone if that's what they need at that time. And a lot of that came from the staff. So there were a handful of staff members you could tell that knew the process of the disease, that knew the ways you could work with individuals. And then there was clearly some who, who needed a little more guidance. So I-- my mom, actually, after my grandmother passed, started volunteering with the Alzheimer's Association. And she would teach different organizations and groups the ten signs of Alzheimer's-- you know, what it is and how to work with folks. Very simple stuff, but that guideline of what is useful

and what is being learned about as we learn more about the disease is incredibly important. It's simple things like-- it was one of the staff members who suggested to my mom that my grandmother do puzzles, but she needed bigger puzzle pieces. So my mom would show up with, like, a ten-piece cat puzzle. And my grandmother was so, so excited. But it's little things like that that the Alzheimer's Association, the folks who are studying this area know those things. So having the structure of what exactly that entails I think is very important, particularly related to the impact that it has on, on families' lives because it really-- it really can change a lot of things. I'm sure you've-- some folks have experience with that as well. So just wanted to share that perspective.

HANSEN: All right. Thank you. Are there any questions from the committee? There are none. Thank you very much. Anybody else wishing to testify in support of LB1221? All right. Is there anyone wishing to testify in opposition to LB1221? Welcome.

JALENE CARPENTER: Afternoon. My name is Jalene Carpenter, J-a-l-e-n-e C-a-r-p-e-n-t-e-r. I'm the president and CEO of Nebraska Health Care Association. I am here today on behalf of our 401 nonprofit and proprietary skilled nursing facility and assisted living community members. And I am here to testify in opposition to LB1221. We, I feel, are closely aligned in the overall mission of wanting to care for those in our specialty care units. The current Nebraska statute allow-- requires facilities that are designated as specialty care units to complete four hours of annual education for direct care staff. This current statute allows for facilities to provide education that is tailored to their individual resident, staff, and family needs. It allows for education to evolve as treatments and best practices change over time. You will hear from providers behind me who are dedicated to providing high-quality care and have unique and tailored dementia care programs specific to their population. Our members-- I want to be clear-- support education and support providing high-quality dementia care. Unfortunately, this bill creates some unnecessary red tape and does not appear to be addressing a need in the state of Nebraska. We are open and willing to continue to work with the introducer. However, at this time we are currently are not in support of LB1221. And I'm happy to answer any questions.

HANSEN: All right. Thank you. Are there any questions? There are none. Thank you very much. Take our next testifier in opposition.

GREG ERNST: Good afternoon. I'm Greg Ernst, G-r-e-g E-r-n-s-t. I'm the vice president of operations for Dail Senior Living and also the vice chair of the Nebraska Assisted Living Association. Dial S-- or, Dial Senior Living is headquartered out of Omaha, Nebraska. We have 26 communi-- communities across the Midwest specializing in independent living, assisted living, and memory care, four communities that are in Nebraska, soon to be five. We currently serve over 500 Nebraskans. I'm here to testify in opposition of this bill. I feel this proposed regulation is well-intended but is written to address a problem that I don't feel exists in, in Nebraska. It will create some additional red tape and an undue burden on operators. We would need to retool our training and documentation process to satisfy regulation or face a fine that, again, is addressing a problem that I don't feel exists. I fear it will also have some unintended consequences. At Dial Senior Living, we have taken a unique approach to caring for our residents with cognitive im-- impairments, which includes Alzheimer's and dementia. Our program aims to address the needs and overall well-being of our memory care residents. Our philosophy is not just an activity program but an overall philosophy that impacts all aspects of our residents' lives. It encourages residents and staff to engage in everyday living together as residents-- or, not as residents and staff but as friends living together and helping each other. And incorporates care and activities throughout the day, just as would happen in daily life at home. Our training program is a six-month program-- or, six-month process. It starts with some classroom training and moves on to various on-the-job training checkpoints throughout that six-month time frame. And we have seen some remarkable results. We've-- it's, it's very common for us to see nonverbal residents that are, you know, that, through our, through our process, end up speaking again. Or residents that we are told that can't read end up-- partake-- or, end up partaking in our activity of our book club. We've seen a reduction in medication use, residents dancing and enjoying lives that families never thought would happen with their loved ones again. All of this is able to be accomplished with-- within the current regulation. If the proposed legislation is passed, I fear it would be-- we would not be able to continue this program. The regulation would be taking a blanket approach to how Alzheimer's care and dementia care training is completed, not the individual approach that we currently take. There are also developments in dementia care and best practices happening-- or, changes in those best practices is happening fairly regularly. If we put into statute what needs to be trained, as those different developments and best practices change, we won't be able to quickly adapt to those changes. We will need to wait

for the regulations to change out of fear of being fined. I ask that you consider these in-- impacts and leave the regulation as it is-- or, as is to maintain the high level of care the elderly have come to expect from Nebraska providers. Thank you.

HANSEN: Thank you. Are there any questions from the committee? There are none. Thank you.

GREG ERNST: All right. Thank you.

HANSEN: Take our next testifier in opposition.

STEPHANIE GRADE: Good afternoon, Chairman and committee.

HANSEN: Welcome.

STEPHANIE GRADE: I am Stephanie Grade, S-t-e-p-h-a-n-i-e G-r-a-d-e. And I am the regional vice president of operations for Ovation by Avamere. We operate Ovation Heartwood Preserve in Omaha, Nebraska. I'm a member of the Nebraska Assisted Living Association. I serve on the PAC committee. I'm on the government affairs committee. And I chair the bylaws committee. Ovation Heart Preserve is a community that specializes in caring for residents with dementia and has two separate units, including a specialty all-female neighborhood. We pride ourselves on partnerships with the Alzheimer's Association and not only being an advocate for our residents but also our industry. I'm testifying today in opposition of LB1221. During my time on the governmental affairs committee, I have had numerous occasions to review and reflect on proposed leg-- legislation. To arrive at a conclusion of support or opposition, I challenge each piece of legislation to three core questions. First, does our current legislation no longer function appropriately or serve the best needs of the intended? Two, will there be undue stress placed on members of the industry by the proposed? And three, is it equitable from rural to urban settings for implementation? As I reviewed LB1221 and tested it against my core questions, I arrived at a stance of opposition. LB1221 does not allow the flexibility to meet the changing needs of our residents. Today's Alzheimer's and dementia research funding at the National Institutes of Health is more than $3.7 billion annually, and the Alzheizer-- Alzheimer's Association's asking for another $321 million this year alone, to take it to $4 billion. With that, the changes in the last 24 months of treatments is exciting and astonishing. It's just amazing work. And our ability as an industry to adapt to those changes in a timely manner is paramount. LB1221's

specific language would not only impede our ability to evolve our education as we learn more about this range of diseases, the use of this specific language, language means any changes would require additional legislation or clarification of regulations. It's highly concerning that legislation will not be able to keep pace with the growth in our knowledge of these diseases. As it currently stands with LB1221, the detailed requirements in the statute mean facilities would be subject to penalties if specific topics are not covered every year, even if they are deemed no longer beneficial or appropriate. As we all know, legislation takes time and-- to push through. And it's an unrealistic expectation that legislation could keep up with the ever-evolving research and findings for dementia. Nebraska's current flexible training requirements are in the best interest of our residents, and we should be very proud of the results that our residents are receiving right now with-- under these current requirements. And we really should be proud of the work that we see everyone doing at all levels. In summary, overall, I stand in opposition, along with the Nebraska Assisted Living Association, as LB1221 I don't provide-- don't believe provides any added true value to the residents that-- with dementia that we currently serve. It was not developed to solve a problem. And Nebraska facilities are doing well in customizing their dementia care and training to meet the needs of our residents. Thank you for your time. I'm happy to answer any questions.

HANSEN: All right. Thank you. Are there any questions from the committee? Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here and test-- and your testimony. What does your current training look like? Because you're required to have four hours of training.

STEPHANIE GRADE: Yeah. So we have online and then also in person. And we do a very in-depth-- it actually goes beyond the six hours. But we customize it. There's two different sets. So like, I have an all-female neighborhood. And that goes into even talking about their relationships with females and how those-- intersocial ones. So it's a mix of online, in person, and we do everything from some of the scope that they talk about within this bill, but there's also other things that we, we would lean on.

BALLARD: OK. And that's Alzheimer specific, that four, or is it just--

STEPHANIE GRADE: It's dementia specific. So let's, let's talk-- dementia-- Alzheimer's is the number one form of dementia. There's 100 different forms. There's 200 subtypes. So when we're talk about this and we get very specific, it makes me nervous as a provider to get exceptionally specific in what I'm going to outline because it doesn't-- you know, there's so many variables, and every resident is impacted differently. And so it's how about-- especially when we talk about special units like our all-female-- and how Greg has other special ones. We each have kind of different uniqueness to us in what we provide. It's not always all just one-stop shop. We will even refer to other ones. For example, Immanuel is a competitor of mine. I will refer to them for someone that has psychotic needs or has greater needs that we can't control from a behavioral perspective. And within the state, we have little specialty areas to where it is-- it's even different and more specialized. And so, you know, as I look at today's, I am concerned that we don't have that flexibility to kind of do that and to, to penalize someone who is doing something unique and different.

BALLARD: OK. So that training curriculum is--

STEPHANIE GRADE: Yes.

BALLARD: --facility pa-- specific or is that--

STEPHANIE GRADE: Yes.

BALLARD: OK.

STEPHANIE GRADE: Mm-hmm.

BALLARD: OK. Thank you. Thank you for your testimony.

HANSEN: All right. Any other questions from the committee? Seeing none. Thank you.

STEPHANIE GRADE: Thank you.

HANSEN: Anyone else wishing to testify in opposition to LB1221? All right. Seeing none. Is there anyone who wishes to testify in a neutral capacity? Seeing none. We'll welcome Senator Day back up to close. And for the record, we did have 7 letters in support of LB1221 and 1 in opposition.

DAY: OK. I was hoping that this would be a quick last bill on Friday afternoon, but, alas, here we are. So I would have you look at the bill itself. On page 2, lines 24 through 30, you can see what we're changing here and what we're adding. It's also listed on your fact sheet in bullet point form. Essentially, the only thing that's changing from the four hours is specifying that the training has to be related to the disease of the people that they're giving care to. I mean, there's nothing specific here about-- it, it essentially just says, if you're caring for people with Alzheimer's, you should understand what Alzheimer's is, how it functions, what the behaviors are, how it affects the families of the patients. We're-- there is nothing here. It just says an overview of Alzheimer's disease, dementia, and related disorders. Understanding the impact of these conditions on caregivers, implementation of person-centered care approaches, training on person-centered assessment and care planning, techniques for providing progressive support for activities, sep-- strategies for managing dementia-related behaviors, and improving communication. So when we talk about it being onerous or it-- I'm confused because it, it-- we're just basically saying that if we're going to have this four hours of training mandated, it should at the very least be related to the disease that, that the care is being provided for. That's all we're saying. Again, it was put into statute about 14 years ago, the four hours. Now we have the data and, and, and statistics related to what that care should look like, what the training should look like for the people that are being cared for. Additionally, there are no penalties here. There are no additional penalties in the bill. So that's, that's-- I don't see that even as an, as an issue here. The other thing is-- that I wanted to mention is, if facilities are already providing this care, you, you can't say both, well, we're already doing this, so it's not necessary, and then say, well, we'll have to redo all of our training. So one of those two can't be true, right? You're either doing it and it's not necessary or you're going to have to redo your training. Tho-- those two cannot-- they are mutually exclusive. They can't both be true at the same time. We're not asking for a lot here. I thought this was going to be a little bit more simple than it has turned out to be. And I'm a little frustrated. And I would also add that, in introducing this bill, I tried-- I didn't really want to get into the weeds on this because I feel like it's a pretty straightforward and simple change in statute. We're not asking for a whole lot. But in introducing this bill, we got pulled into a larger conversation with some national-level journalists that are doing a larger piece on the drastic increase in elopements from these type of facilities. Patients are, are leaving. They're

getting out, even in places where there's alarm systems set up. And the number of fatal elopements that are happening, people are wandering out of facilities and drowning in a river. And families are left with no answers. And often, it, it-- we know that the training of the staff or the lack of dementia- and Alzheimer's-specific training is related to the care that they are provided and related to people wandering out of a facility. I mean, it's, it's a huge issue. In addition to that, we are going to see an increase in that with the increase in population in these facilities as our population ages. If we don't start making sure that the training that staff is getting is dementia and Alzheimer's specific related and evidence based, then I think we're going to be in a lot of trouble. We're not asking for a lot here, so. I'm happy to answer any questions.

HANSEN: OK. Are there any questions from the committee? No questions.

DAY: Thank you.

HANSEN: All right. Thank you. All right. And that'll close our hearing for LB1221. And that will close our hearings for today. Thank you.