KELLY: Good morning, ladies and gentlemen. Welcome to the George W. Norris Legislative Chamber for the forty-seventh day of the One Hundred Ninth Legislature, Second Session. Our chaplain for today is Pastor Jesse Randolph, Indian Hills Community Church in Lincoln, a guest of Senator Lippincott. Please rise.

JESSE RANDOLPH: Good morning. Let's pray. Our God and our Father, we begin by acknowledging who you are and praising you for who you are as the giver of life, as the sustainer of all things, as the ruler of kings and nations and governors and senators. We praise you because all things are truly for you, they are by you, and they come through you. We acknowledge this morning your sovereign hand over all. God, we praise you for placing us in a land, a country, and a state, and a time where we are yet able to worship you freely. What a grace that is. We praise you for that. At the same time, O God, we grieve. We grieve that we live in a time which increasingly rejects you, an era in which individuals increasingly reject you. We grieve that we live among those who deny your existence, who reject your rule, who thumb their noses at your design for them and for all things. We grieve that we live in a world where down is seemingly up, where darkness is called light, where wrong is championed as right, where wickedness parades itself as virtue, and where sin is celebrated under the banner of so-called tolerance. O God, we ask that you would bring about revival in this broken land and in this broken world. Use these men and women whom you have sovereignly appointed to govern and to sit in these seats to bring about healing and revival in this broken land. Use these men and women who you have placed for this time, for this season, to stand for goodness and truth when folly and wickedness seem to be reigning. Guide these men and women in the truth, sanctify them in the truth. O God your word is truth. May Jesus Christ, the eternal Son of God, the dying lamb, the risen Savior, the returning King, may he flood this Chamber with his grace. It's in his mighty and matchless name we pray. Amen.

KELLY: I recognize Senator Andersen for the Pledge of Allegiance.

ANDERSEN: Thank you, Mr. President. Friends, colleagues, please join me. I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one Nation under God, indivisible, with liberty and justice for all.

KELLY: I call to order the forty-seventh day of the One Hundred Ninth Legislature, Second Session. Senators, please record your presence. Roll call. Mr. Clerk, please record.

ASSISTANT CLERK: There's a quorum present, Mr. President.

KELLY: Are there any corrections for the Journal?

ASSISTANT CLERK: I have no corrections for the Journal.

KELLY: Any messages, reports, or announcements?

ASSISTANT CLERK: Report of registered lobbyists for the week of March 19, 2026, will be placed in the Journal and all agency reports received will be found in the Legislative Journal [SIC]. That's all I have, Mr. President.

KELLY: Thank you, Mr. Clerk. Senator Bosn would like to recognize the doctor of the day, Dr. Joe Miller of Lincoln. Please stand and be recognized by the Nebraska Legislature. Senator Machaela Cavanaugh, you're recognized for an announcement.

M. CAVANAUGH: Thank you, Mr. President. Well, colleagues, happy first day of spring. I know this job can do a lot to us, and sometimes it doesn't feel like it, but some of us are still in our prime. Happy Birthday, Senator Loren Lippincott. It's a prime day.

KELLY: Mr. Clerk, please proceed to the agenda.

ASSISTANT CLERK: Thank you, Mr. President. General File, LB912A, introduced by Senator Hardin. A bill for an act relating to appropriations; to appropriate funds to aid in carrying out the provisions of LB912. The bill was first read on March 19 of this year, placed directly on General File.

KELLY: Thank you, Mr. Clerk. Senator Hardin, you're recognized to open.

HARDIN: Thank you, Mr. President. LB912A appropriates $187,151 from the General Fund and $40,000 from the Professional and Occupational Credentialing Fund for fiscal year '26-27, and $338,010 from the General Fund for fiscal year '27-28 to DHHS for Program 178, the Professional Licensure Program. Specifically, LB912 adopted changes to the Child Care Licensing Act proposed in LB891. These changes permit prospective childcare staff to begin working under supervision

following a qualifying background check. In order to implement these changes, DHHS would need additional staff and licensing system fees to implement a two-tier eligibility determination notification system. I'd ask for your green vote for LB912A. Thank you, Mr. President.

KELLY: Thank you, Senator Hardin. Senator Raybould, you're recognized to speak.

RAYBOULD: Thank you, Mr. President. I do want to point out to my colleagues and thank Senator Hardin for noting that on this first year, it will have a fiscal note of $187,151, but will be offset by $40,000. Oh, I'm sorry, cash is also required. The next year, the increase is $338,000, and the following year another $338,000. I know that we just went through somewhat of a grueling budget process the last few days and I know we have been very strategic in not accepting any additional changes to the budget at this point in time. I am very mindful of the need for getting our childcare workforce up and running and in all the daycare facilities as quickly as possible. This is something that I have been advocating for the four years that I have been there to ask the State Patrol to bump any daycare worker going through their background check to have those expedited because of the urgent need for our daycare centers. And so I'm hoping that Senator Hardin will yield to a few questions.

KELLY: Senator Hardin, would you yield?

HARDIN: Yes.

RAYBOULD: Senator Hardin, could you tell us how they came up with this fiscal analysis? And the other question is if, if we vote down this fiscal note, because I know some of the discussions we've had at the very beginning of the session, we were all very mindful of the, the fiscal deficit that we're facing and that anything that comes forward should have zero fiscal note. Could you tell us, if we vote this down, can this program go forward? Because I know the State Patrol does those background checks already.

HARDIN: Yes, State Patrol indicates that there's actually a, a minimal fiscal impact to the provisions of the bill. Just to read from the, the fiscal note that, that just came in a couple days ago. This one says: finally, the bill adopts changes to the Child Care Licensing Act proposed in LB891, permitting prospective childcare staff to begin working under supervision following a qualifying background check. This policy would necessitate additional DHHS staff, that's the

$187,000 in general funds in fiscal year '27 and 262 in '28 and beyond, and the licensing system fees of the $40,000 in cash you talked about. So in a nutshell, if we, we don't do it, obviously it doesn't take down LB912 as a whole, but it does harm this particular piece that First Five is very fond of.

RAYBOULD: Thank you, Senator Hardin. The next question is, isn't it commonplace to have any new hire be under supervision until that-- their background check, even the preliminary background check is completed?

HARDIN: Generally speaking, new hires, yes, but there are different provisions that pertain to what can that new hire do inside of a childcare center, whether it's a home-based center or a commercial center. And so they're not able to just be with children on their own. And so that's generally recognized as a temporary type status. And so-- but given the situation we find ourselves in where we're trying to help that industry in any-- in every way we can, this is something that just would provide greater flexibility.

RAYBOULD: Can I ask you if, if we fail to pass the fiscal note, is there any reason that would prohibit HHS from using existing funds to, to move this forward?

HARDIN: Yeah, I mean, it would keep going the way it's going, where there would be time. You're waiting for more time before those new hires, if you will, can get in and do all the full scope of what they can do in that place. The department is basically saying that, kind of given the late development of what happened here, this came up March 18. In terms of this fiscal note, the department is-- shared with me that they believe that they can absorb that $187,000 and they're trying to figure out how to do that right now.

RAYBOULD: So if we advance this on to Select--

HARDIN: Yes.

RAYBOULD: --will you have an updated fiscal note at that time?

HARDIN: That's my hope. I, I believe that we will have more information than I have this morning, unfortunately.

RAYBOULD: Thank you very much, Senator Hardin. Colleagues, I intend to vote no on this, but if you choose to advance it to Select, that's fine. But I think we need to be consistent in our approach to our

budget analysis and budget deficit. I understand that there is a benefit to this, but we have been advocating that the State Patrol expedite these clearances.

KELLY: That's your time, Senator.

RAYBOULD: Thank you, Mr. President.

KELLY: Thank you, Senator Raybould. Seeing no one else in the queue, Senator Hardin, you're recognized to close and waive closing. Senators, the question is the advancement of LB912A to E&R Initial. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 31 ayes, 1 nay on the advancement of the bill.

KELLY: LB912A is advanced to E&R. Mr. Clerk.

ASSISTANT CLERK: Mr. President, General File, LB933, introduced by Senator John Cavanaugh. A bill for an act relating to the Nebraska Medical Cannabis Patient Protection Act; to provide immunity for health care practitioners as prescribed; and to repeal the original sections.

KELLY: Senator Cavanaugh, you're recognized to open.

J. CAVANAUGH: Thank you, Mr. President. It's already been on the board, and the amendments were already read across. Should it be a refresh on the amendment?

KELLY: Yes, please, 2-minute refresh on the amendment.

J. CAVANAUGH: Thank you, Mr. President. Good morning, colleagues. So we are here on LB933 which is my priority bill and if you look at the board you can see there's LB933, AM2192, and then AM2602. So AM2602 is a white copy of a white copy of the bill and really what each one does is just adds a little bit more restriction. So LB933 was sort of the first effort, then after some conservations, we asked the committee to vote it out as AM2192 with more restrictive language. And then after some conversations once it was on the floor, we've added AM2602, which is even further restriction. What this bill does is provides a protection for medical professionals, doctors, nurse practitioners, and physicians' assistants to recommend cannabis if they follow the law, and they are only-- they're afforded that protection just for the act of recommending. They can still be held liable civilly,

criminally, or for malpractice or negligence if they violate the standard of care, if they don't follow the law, if they don't follow their training. And so it is just this protection for the act of recommending. I have handed out a handout which shows you the 17 states that are medical only states. So there are states that have recreational like Colorado, California, Missouri, they're not listed on here. These are the 17 medical only states and of those, the only one that doesn't have a similar act in its state statute is Georgia. So we modeled this off of the most restrictive language out of these states. So we took some language from Oklahoma, some language form Iowa, and then we added this malpractice language as well to make it the most restricted version of this in the country. So I'm going to run out of time here, but I'm up next in the queue anyway, so I can, I can continue my conversation there. But what we've seen is — I'll just go to my 5 minutes, Mr. President, if that's all right, and then I don't have to worry about it. Thank you, Mr President.

KELLY: Thank you, Senator Cavanaugh, and you are next in the queue.

J. CAVANAUGH: OK. Thank you, Mr. President. So I appreciate the conversation the other night, colleagues, and I think there were some folks who were either operating off of old information or some confusion about this when referring to it as a blanket immunity. This is not a blanket immunity. This is a very targeted, specific immunity just for the act of making the recommendation. And for understanding and context, the voters approved two ballot initiatives: one is the Patient Protection Act, which this addresses, and one is the Cannabis Regulation Act, which addresses the Commission. So the Medical Cannabis Commission was set up. It has the authority to regulate the dispensaries, the grow operations, and the manufacturing. And when it has-- those regulatory authorities do not touch patients or doctors. So the Legislature does need to take some action to address this issue as it pertains to patients and doctors. And so what this is, is a very targeted approach that will say doctors are not required, they're not forced to make a recommendation, we are not telling anybody anything to, to-- we're not expanding the types of delivery mechanisms, we are not expanding the ailments that are covered. We are just saying that doctors, when someone meets with their doctor and has a conversation with them, the doctor can say, listen, cannabis is something that could help with this particular ailment. And if in consultation with them, they can decide to recommend it and for that act of recommendation, can't lose their license. That's really all this does. This is a protection to make doctors not afraid that they will lose their license just for the act of recommending. They can still be

sanctioned if they are recommending and it's, it is not the standard of care. They can be sanctioned if they're recommending it if it's not to someone who would be appropriate. They can be sanctioned for any of those other inappropriate recommendations, just not for-- solely for the act. And what we are seeing in Nebraska, the ballot initiative passed a year and a half ago. This is the law in the state of Nebraska. We have heard not a single doctor has made a recommendation to date. And so the only folks who have medical cannabis recommendations in Nebraska have gone to out-of-state doctors. So this will allow patients to get a recommendation from their doctor in Nebraska, which is what we want to keep this program medical. You know, I think there's a lot of folks who have expressed concerns that this program is going to become recreational. And I, I think that there can be lots of discussion about whether you want recreational or not. What this bill does is it makes our medical program work, and therefore a working medical program will make it less likely that people decide to go to the ballot box and try to push a recreational program. So that's if you are in support of a functioning medical program, I would ask for your support of AM2602, AM2192, and LB933 as they are currently written. So that's the gist. If you have any more questions, I'm happy to answer and entertain them. If you have questions, I would suggest you look at the, the sheet I've handed out. The states are Alabama, Arkansas, Florida, Hawaii, Iowa, Kentucky, Louisiana, Mississippi, New Hampshire, North Dakota, Oklahoma, Pennsylvania, Texas, South Dakota, Utah, West Virginia. So these are all states, I think that if someone were to suggest any statutory change in Nebraska and you said what other states have done it, and if somebody said Utah, South Dakota North Dakota, Oklahoma, I think people around here would say, OK, well that's states that I think have a similar approach to a number of policies that Nebraska does. So this is, again, the most conservative version. Our version-- the version in AM2602 is more conservative than all of those states and the most restrictive. So, again, I ask for your green vote on AM2602. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Speaker Arch, you're recognized to speak.

ARCH: Thank you, Mr. President. Senator John Cavanaugh, would you yield to a question?

KELLY: Senator John Cavanaugh, will you yield?

J. CAVANAUGH: Yes, this is going to wreak havoc on the cameras.

ARCH: Thank you. I was presiding the other night and so I didn't get a chance to talk to you on the mic. I, I-- I've been thinking about this bill and I have some questions and they're really questions of clarification. So just bear with me here as I, as I, as I talk through this. There are two, there are two provisions in, in AM2602. One is that there is, I would say, no, no penalties for solely for providing a written recommendation or for stating that in the health care practitioner's professional judgment, so forth. So one is written and one is, one is verbal, right? And so will there be a requirement that a written recommendation be provided to dispense medical cannabis?

J. CAVANAUGH: That's a great question, Speaker Arch, and thank you for the clarification on that. That is actually a question-- the Commission has answered that and they will require-- what the Commission's requirement is that the dispensaries will require someone to have a recommendation that a doctor will have to register with that dispensary before and then will have to transmit that recommendation to the dispensary. And so this doesn't address those sorts of things,--

ARCH: Right.

J. CAVANAUGH: --but the, the Commission has made the requirements of the dispensaries. And so what my-- this bill does, and the ballot initiative, is pertains to the possession aspect of it, which is a patient can possess cannabis with a doctor's recommendation, but they can only acquire it from a dispensary if they follow the Commission's regs. They could, however, acquire cannabis from another place like Missouri or South Dakota, if they follow those laws. Does that clarify that for you?

ARCH: Yes.

J. CAVANAUGH: OK.

ARCH: I think so. I-- so I say written recommendation. Perhaps it could be digitally transmitted to a dispensary, I would assume.

J. CAVANAUGH: For the purposes of the dispensary, yes, but again for someone if you're walking around and, say, you have some cannabis on you and get stopped by law enforcement, you would need to have your written recommendation on you otherwise law enforcement is going to ticket you for possession of cannabis without a recommendation.

ARCH: OK, so, so somewhere there has to be a piece of paper or something that is in the possession of the individual that shows there was a recommendation from a physician.

J. CAVANAUGH: Right.

ARCH: OK. OK. Thank you, clarifies that. I think I understand-- I, I mean, there is this difference between medical malpractice and, and, and this particular issue here. So they can continue to be sued for overprescribing, for inappropriately prescribing, and that would be based upon standard of care, right? I mean, malpractice, the determination of, of a physician's malpractice is, is based upon standard of care. Am I correct?

J. CAVANAUGH: That's, that's correct. And, yeah, so AM2602 has a reference to the section of statute 44-2810, which is the already established definition of malpractice. And that-- yes, that's-- it's essentially what would a reasonable physician do under these circumstances.

ARCH: Right, and I've been involved in those types of cases, malpractice cases, not personally sued, I'm not a doctor, but, but I've, but I've seen the process and it's generally done with a, a group of peers, physicians that determine is this standard of care? And because, of course, you know, you could say, well, the patient died and so malpractice must have been performed, well, no, patients die. And so-- but was the standard of care followed? So that is, that's the malpractices issue. Now, in the case of recommending, there is no standard of care, right? So that's why the language here talks about in the practitioner's professional judgment. That's the only standard for recommendation, right?

J. CAVANAUGH: Well-- so, yeah, that-- and that's the language from the ballot initiative. And I think we're going to run out of time, but I see we both punched in again, so I can try and answer. So, yeah, the, the doctor's legal standard and the standard for getting a recommendation is that. But we're still saying-- what we're adding in here is that a doctor can still be held liable if they are doing it inappropriately. And you are correct, this is an evolving field so there's not a lot of information on the standard of care. But there is-- the, the standard is what a reasonable doctor would do under these circumstances. So-- oh, we're out of time

ARCH: Yep.

J. CAVANAUGH: We can finish the conversation.

KELLY: Thank you, Senators. Senator Juarez, you're recognized to speak.

JUAREZ: Good morning, everyone, and good morning to everyone online, and happy spring. I'm definitely ready for it to arrive. And happy Friday, of course. I just wanted to get on the mic today to express my support for AM2602, AM2192, and LB933. I appreciate the leadership of Senator Cavanaugh on the medical cannabis topic. I had joined him and other senators that participated on the town halls when we went to listen to our constituents to the patients who are in waiting for the need of medical cannabis. And I am really looking forward to the day when their needs are going to be met in our own state. It was very eye-opening for me to learn how much they desire to have assistance with their health issues by using medical cannabis, and I respect their desire to have medical cannabis to help them. And I'll go ahead and yield the rest of my time to Senator Cavanaugh. Thank you.

KELLY: Thank you, Senator Juarez. Senator John Cavanaugh, 3 minutes, 8 seconds.

J. CAVANAUGH: Oh, thank you, Mr. President. Thank you, Senator Juarez. I'll just try and continue and answer Senator or Speaker Arch's question about the standard of care. And so in malpractice, like a lot of other things when somebody is being sued civilly, there's this what a reasonable person standard and that's basically malpractice is similar. So it's-- and this is from 44-2810, which is: Malpractice or professional negligence shall mean that, in rendering professional services, a health care provider has failed to use the ordinary and reasonable care, skill, and knowledge ordinarily possessed and used under that circumstance by members of his profession-- it says his, I didn't write that so somebody can clarify that later-- engaged in a similar practice in his or in similar localities. In determining what constitutes reasonable and ordinary care, skill, and diligence or part of a health care provider in a particular community, the test shall be which health care providers, in that same community or in similar communities and engaged in the same or similar lines of work, would ordinarily exercise or devote to the benefit of their patients under this-- like circumstances. So as Speaker Arch correctly pointed out, obviously in medical situations, doctors can do everything right and there's still some adverse outcome. And, and so people will get sued and, and the patient or family will not recover against them because they did operate appropriately and under the, the circumstances. But--

and there are obviously situations where that is the opposite is true, where there was a bad outcome and doctors did not exercise that standard of care. And so what you would have here is you would determine what other doctors in that situation would have done. And in this instance, there is a growing body of that sort of evidence and doctors in that experience and I have talked to a number of doctors about their comfort level with recommending cannabis and I would tell you that some of them still would say they're uncomfortable even without this change in law. The point of the change in law is to say that they have-- they would be exercising their judgment as opposed to their fear of retribution of the law. So another-- I'm going to run out of time on Senator Juarez's time, but I'm going to be next here, so I'll just keep going. So a good example in this is, and we've talked about this a lot, is other off-label uses or black box recommendations. So in the course of a lot of the patients who are seeking relief from cannabis are on some really aggressive medications, black box medications, which are, again, medications that have a literal black box on them with the admonition that taking this medicine runs the risk of serious bodily injury, hospitalization, or death. And so when a doctor is recommending or prescribing in that instance-- I'll go on to my next time, Mr. President.

KELLY: That's-- yes, that's your time. You're next in the queue, and this is your last time before your close.

J. CAVANAUGH: Thank you, Mr. President. So in these black box recommendations, doctors have to have a conversation with the patient or in a lot of instances the parents about the risks associated with these medicines and, of course, explain to them the, the risk of serious bodily injury, hospitalization, death, and, and explain on balance that the risk associated with taking that medication is outweighed by the potential benefit to the patient. And they have to know what other medicines they're on, they have to know what their ailment is, they have to know what the other things that they may need to take into consideration before they make that recommendation. And, of course, if they don't do those sorts of things, then they could be held liable for malpractice for not following the standard of care of following all of-- checking through all those things. And so it's similar here. And then there's also what we call off-label recommendations or prescriptions, which a lot of medication is off-label prescriptions. And a, a good example might be the, what are they, that's on TV all the time now, is the GLP-1s and things like that, Ozempic or something, which, you know, started out as specifically, like, a diabetes or something like that medication and

has been prescribed to a lot of people for weight loss and other things like and so-- but there are many, many medications that the, the label for it is different than what most people take it for. And doctors, of course, can prescribe something off-label, but they have to make sure that they've had that conversation with the patient about the, the risks. They have to balance the risks against the potential benefits. And if they don't, then, of course, they could be liable. So in similar situations, the mere act of recommending or prescribing a black box medication is not something a doctor is going to lose their license for or be held civilly, criminally liable for, but the act of recommending or prescribing it inappropriately they can be. And for off-label, it's similar in that you're not going to lose your license for recommending off-label, but you will if you are doing it inappropriately and have not checked for conflicting medications and things like that. And so that's-- we're trying to get doctors in cannabis situations into that similar space, where they are not-- just for the act itself of recommending, they are losing the license or being held liable, but if they are doing it inappropriately and not following the standard of care, following procedures, that's the thing we're trying to get to here and make it so doctors can feel comfortable. And to Senator Arch's other question, I'll take a little time to kind of suss out the nuance there. As I've said before, there are two parts to the ballot initiative: one is the patient protection and one is the, the Cannabis Commission. And the Commission has created regulations for dispensaries and they have created regulations that say dispensaries can only sell or dispense up to, I think it's 5 grams, which is a lot less than the 5 ounces, in a 90-day period, and they can only do it to-- a patient can only get that the one time from just one dispensary and their doctor has to register with the dispensary and transmit that information to the dispensary. And so they have created this system that is more restrictive than the law and-- but this doesn't address any of that. This-- what this does is, they've created the system with the registry at these dispensaries, there is a real possibility that these dispensaries will have no doctors on the registry, meaning the Commission will issue four grow licenses and a bunch of dispensary licenses and some manufacturing licenses, and then no one will be able to go to the dispensary and get cannabis because there will be no doctors registered with the dispensaries, meaning there will be no doctors that can make a recommendation in the state of Nebraska because doctors are afraid that if they did that they would potentially lose their license. And so if we pass LB933, at least doctors won't have that fear and they will be able to then follow those other requirements of the Commission

that are more restrictive than the law, but are what the regulations of the Commission are for the dispensaries. So there is a real possibility if we don't pass LB933 that the whole system is being set up by the Commission is still going to result in no one getting access to cannabis. So I, again, appreciate the conversation. If anybody has questions, I'm happy to, to take them and answer any questions. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Clouse, you're recognized to speak.

CLOUSE: Thank you, Mr. President. I have a few comments and I think maybe some, some questions as I sit and listen to some of the dialogue, primarily from Speaker Arch to Senator Cavanaugh. And this really revolves around what is the standard of care. And, Speaker Arch, would, would you answer a question, please?

KELLY: Speaker Arch, would you yield to a question?

ARCH: Yes.

CLOUSE: Thank you, Speaker Arch. The question as far as standard of care, how would that apply to clinical trials?

ARCH: Clinical trials run through a-- what's called an Institutional Review Board, an IRB, and, and that is handled, that is handled separately. So the, the IRB of any organization that, that, that engages in clinical trials oversees all of that, risk to patient, permissions, all of the-- all the things involved in that. And, and so standard of care does-- I don't believe, I don't believe standard of care applies to clinical trials. Patients go in knowing that they're involved in a clinical trial, they can opt in, they can opt out, and so that Institutional Review Board, the IRB, is, is extremely important in those cases.

CLOUSE: OK, thank you. Where I'm coming from on this is I've talked to different doctors. I've talked to neurologists, doctors of the day here, asking them what their views were on medical marijuana and providing a recommendation or a prescription, which we can't do a prescription at this point. And almost a person, they would say, yeah, we would be interested in this, but for very, very limited cases and very limited situations. And when I talked to one specific medical professional, it, it-- we had a pretty good discussion on it. And when I talk to the doctors and the medical professionals, their, their job

or their interest is in taking care of their patients, patients are number one to them. And so if they have a range of options available to them, they're willing to try it. And so when you're talking about neurologists, in particular, when we're talking things about epileptic seizures and things like this. I think, in visiting with them, that they would like to have the opportunity to have this available because there are a limited amount of cases and if it's not in a clinical trial, I guess I'm trying to figure out how that would work in that type of situation. But I think there are physicians out there that would be willing to give this an opportunity to try and make it work. But, again, the, the question that they have is they're not going to risk malpractice, they don't want to risk losing their Nebraska license. But I think if the opportunity were there and they had the protection that I think we do have some medical professionals, they're very, very conscientious and they're wanting to do the right thing for their patients and I think that they would like to have the opportunity to at least try it. Now, I don't know how that would fit on a clinical trial, you know, that's not in my wheelhouse, but those are the thoughts that come to my mind. So thank you for your comments and thank you, Mr. Speaker.

KELLY: Thank you, Senator Clouse and Speaker Arch. Speaker Arch, you're next in the queue.

ARCH: Thank you, Mr. President. Senator John Cavanaugh, just a couple more questions here.

KELLY: Senator John Cavanaugh, will you yield?

J. CAVANAUGH: Yes.

ARCH: So back to the recommendation, does, does-- have we specified what needs to be included in a recommendation? Is dosage, frequency, any of that required to be included? And maybe that's the Cannabis Commission, I don't know, but you've got quite a bit of knowledge of this.

J. CAVANAUGH: Yeah. So we have not because-- because the Legislature has taken no action on this, we, we have done nothing honestly, the Legislature, for good or for bad. We have Senator Holdcroft's bill, LB1265, which is moving, but we haven't passed yet, does not address this yet. This bill doesn't address this specifically, so all we have is what was passed by the ballot initiative. And the ballot initiative language does give a little bit on what should be the-- what the

recommendation is, but it really is fairly minimal, and I think it's partly because they had been burned before by violating single subject. And so the question-- so on, on the recommendation, it really is that the language we adopted in here is really the language that's in the ballot initiative, which is that the doctor has to say in their judgment that the benefits outweigh the risks. And that, that's what the ballot initiative says. That's what's in statute currently. I think that there is a totally reasonable suggestion about that we should make those changes. I didn't attempt to address that this year because we're trying to do the, the most minimum because we got kind of twisted up last year trying to a little bit more. So this is a very small step. I do think that if there was a, a conversation to be had about what could be included in those recommendations, we just didn't seek to address it. And, and I don't know off the top of my head what the Commission requires in the recommendation, but I can check and see. I, I do think they have some requirements on what is comprised in the Commission's requirement for the doctors who register with those dispensaries.

ARCH: OK. I-- you know, because I-- you know, again, we're dealing with malpractice versus this particular language. So if a, if a physician is overprescribing, as determined really by community standard, right, and opioids, this is where opioids got into trouble. We had physicians that were-- if you had back pain, you got an opioid. And we found people addicted to opioids with, quote, overprescribing. Now, that can only be determined by the medical community. What does that really mean? What is that standard of care? How-- you know-- and, and so there was some cases of malpractice that were filed. Have we seen cases of malpractice in other states as, as a result of overprescribing? Meaning, you know, take it as often as you want, and take as much as you want, and, you know, have we seen cases in other states of malpractice cases being filed for overprescribing?

J. CAVANAUGH: You know, that's a good question. I have not heard-- personally, I've not heard of any cases being filed in other states. One of the problems we have is that a lot of other states are recreational as well, and so, you know, a lot of folks just then go and self-administer, I guess is probably what you would say, once you become the recreational states. And so I, I think that you are correct and I think those are good points that a, a doctor should have that kind of guidance for their patient about what is the right dosage. Obviously, I think the dosage is going to depend on the delivery mechanism. And so that, of course, is going to be different based off of ailments and things like that. So I think that there's-- I think

that's a, a reasonable constraint to put on a recommendation. But, again, that's-- just this bill is not seeking to address what the nature of the recommendations are, it's just addressing that if they follow that standard. So I'm, I'm open to that conversation, for sure.

ARCH: And I think that this is the challenge of where we are. We, we call it medical marijuana, in some cases medicinal marijuana, and, and it is in a situation where it is really not a prescription. So we don't know dosage. We don't know even purity. Well, we're going to try to do that with the, with the Cannabis Commission, I think, is, is have some guardrails on that. But, yeah, we're, we're really in a, we're really in a very gray area with recommendation versus prescription. So thank you, Mr. President.

KELLY: Thank you, Speaker Arch and Senator Cavanaugh. Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. Would Speaker Arch yield to a couple of questions?

KELLY: Speaker Arch, would you yield?

ARCH: Yes.

ANDERSEN: Thank you, Speaker Arch. Just to make sure, I'm not a medical professional, but to make sure I understand, when you're dealing with accusations of malpractice and the investigations, I think you said that there is a panel of medical experts that look at the case in the context of the standard of care. Is that, is that accurate?

ARCH: That is correct. The physician will have malpractice insurance, and generally that company then when-- you know, will, will organize experts and so forth to testify as to whether or not that was a standard of care.

ANDERSEN: OK. So-- and the standard of care is subjective, right? As it's the opinion of the group on the board or whatever, I'm assuming.

ARCH: It, it is subjective, and in part it's subjective because science moves. And so what may have been a standard of care 10 years ago is no longer standard of care, and so, yes, and it was determined that really the only people that can, that can identify what a, quote, standard of care is are going to be peers of the physician.

ANDERSEN: Kind of like a peer review kind of thing.

ARCH: Very much.

ANDERSEN: OK, so in this bill, it seems like the malpractice to be prosecuted based on malpractice is the failsafe, right? They can still be prosecuted for malpractice [INAUDIBLE].

ARCH: As I, as I read this amendment, I, I believe that malpractice is-- can go forward and, and that-- however standard of care is going to be determined, because it'll probably take a little time, however standard of care is determined, that, that can be handled under malpractice.

ANDERSEN: OK. Thank you for that. In doing some research and trying to figure out, you know, what would be the standard of care and all that kind of stuff, I looked at the FDA and it said the FDA has not approved cannabis, marijuana as a safe and effective drug for any indication. So if that's the case, how could you have a standard of care of something that's not approved by the FDA?

ARCH: Is that a question for me?

ANDERSEN: Yes, sir, sorry.

ARCH: That's the gray area we're in.

ANDERSEN: So they've not approved it for use against anything, to treat anything. So if it's not allowed to be treatable at the national level, how do you have a standard of care for something that's not legal?

ARCH: Yeah, I don't, I don't know how to answer that question, you know, I'm, I'm not sure. And that really is a, a question for a malpractice carrier, how, how will they determine this? I, I don't, I don't know the answer to that question.

ANDERSEN: OK. Well, I appreciate you entertaining the questions. Mr. President, would Senator Cavanaugh yield to a question?

KELLY: Senator John Cavanaugh, would you yield to a question?

J. CAVANAUGH: Yes.

ANDERSEN: Thank you, Senator Cavanaugh. The last time when we started this, this conversation, we talked about Nebraska practitioners only. And you said no in the statute or in the bill, it is not a requirement that it is a Nebraska practitioner. Is that, is that accurate?

J. CAVANAUGH: The ballot initiative does not restrict it to Nebraska practitioners and my bill doesn't address that issue.

ANDERSEN: OK, but the statute, if it's approved, does not require that it's a Nebraska licensed practitioner, correct?

J. CAVANAUGH: This does not change which practitioners can prescribe. No.

ANDERSEN: OK, so there's no requirement. Because I think the example you used was if you have a person that's getting care at UCLA, I think it was the university you used, that they would get a, a recommendation from a doctor at UCLA, therefore, that should be considered valid. I think that's the example that you used. Correct?

J. CAVANAUGH: That was the example I used, and that is-- that's a-- so that's what the ballot initiative-- that was my example as to why the ballot initiative was written the way that it was written.

ANDERSEN: OK.

J. CAVANAUGH: So the ballot initiative was written specifically to allow patients to go to their specialists at places like the Mayo Clinic or UCLA or MD Anderson or the Cleveland Clinic, like these big national specializations, because there are not a lot of, or I don't know if there are any youth or juvenile or whatever you call it, pediatric neurologists that specialize in these complex types of seizures and so those kids have to go to specialists out of state.

ANDERSEN: Sure. OK. Well, that kind of leads me to the question, if there's no requirement that they are a Nebraska registered and licensed practitioner, maybe for the intent being for the reason that you stated with UCLA or, or Mayo or something like that, but it's always the unintended consequences that we have to be careful of, right? So the way things are written now in your interpretation, it would allow any fly-in doctor that could come in here and set up a clinic on a corner and then see patients and write prescriptions and recommendations. Right?

J. CAVANAUGH: That can already happen. My bill is attempting to make sure that the legitimate doctors are protected. The folks who are doing those fly-by-night sort of situations would not be protected because they would not be following a standard of care that people would-- well, we're out of time, but.

KELLY: That's time, Senators. Thank you, Senators Andersen and Cavanaugh. Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. President. I'm going to try to maybe answer some of these questions the best that I can. I'm looking through a lot of the rules and regs that the Commission has put forward. I think Senator Arch had maybe some questions about written recommendations. All the written recommendation information requirements in rules and regs are in the-- have already been proposed and put forward from the Commission about what has to be in a written recommendation. A caregiver, it also has-- from my understanding, I think maybe Senator Andersen had a question about this, had to do with-- I believe the, the Commission has made it that it can only be Nebraska only practitioners. I'm going to follow up on that just to make sure, but I'm pretty sure they've put that in the rules and regs already. But, again, I don't know if that conflicts with the ballot initiative. And in the written recommendation it must include the form, the dosage, the frequency, and if there's any limit on the dose, but it's still limited to 50 grams per 90 days. So that is in the written recommendations, that it must include the form, the dosage, and the frequency, so. A lot of this-- because the rules and regs, I believe, they're almost up to, like, 60 pages, I believe, so, so that's what the Commission has already kind of put forward. I'm hoping this kind of answers some of these questions. And, and from my understanding-- and I, I was going to ask Senator John Cavanaugh a question, if I could?

KELLY: Senator John Cavanaugh, would you yield to a question?

J. CAVANAUGH: Yes.

HANSEN: So my understanding, your bill primarily protects, or the goal maybe, is to protect the practitioner from writing a recommendation, not so much-- because they could-- it's not overly protecting them or protecting them more than for malpractice or being sued for, you know, doing something wrong as a practitioner, correct?

J. CAVANAUGH: Right, so they would still be exposed or liable for malpractice, which is specifically what we have in AM2602. And to answer-- you were reading the regs from the Commission. So the Commission's regs address what needs to be given to a dispensary for it to dispense. So that's what those requirements address. And so the doctors-- the protection here is to get a doctor to make that connection to those dispensaries. And without LB933, doctors are not going to register with a dispensary and not make any of those recommendations.

HANSEN: Yeah, because that's what the Commission cannot do.

J. CAVANAUGH: Right.

HANSEN: OK. OK. That's what-- because I think there's-- I don't know if we're conflating two different issues. It's more making sure that the practitioner can even write the recommendation and so they're not getting sued for just writing it because that's not clarified and that's something the Commission cannot do and that's what you're proposing here. And I think Senator Arch-- that might be all I have, Senator Cavanaugh. Thank you.

J. CAVANAUGH: All right.

HANSEN: I think Senator Arch has some questions about-- or Speaker Arch had some questions about standards of care. He is right, I think over time they will be established, just like any other health care profession would, would establish practices of care with their colleagues. Right now, according to the whitehouse.gov, there are already more than 30,000 providers in the U.S. for medical cannabis. And they're serving about six million patients. So standards of care nationally, and with a lot of these states have already been established, which I'm assuming Nebraska would probably model a lot of their standards of care after initially, and then formulate them with the Board of Health, etcetera, as things move along here, so. So standards of care, this isn't anything new, it's new for Nebraska, but nationally it's not new at all. It's been going on for many years already, millions of patients, thousands of providers, so there's already standards of care, other rules and regs. I think even a lot of legal standards that have been set forward already when it comes to malpractice or how providers are supposed to provide this for their patients, just like in any other health care profession, chiropractors, medical doctors, osteopaths. So, again, that, that might be getting in the weeds a little bit and not pertaining to

what's going on with this bill, but I know those are some of the questions that, that people had so hopefully that kind of put some of those at ease. But, again, I'm in favor of the amendment and the HHS Committee amendment and the underlying bill because I think this is something that is needed. And, again, colleagues, this is not expanding medical cannabis. This does not allow them to prescribe it more than what the Commission has already established or the ballot initiative. This does not expand medical cannabis in the state of Nebraska at all. And so, again, we're just making sure that those medical providers or those health care providers aren't going to get sued for just writing something. And this is something the Commission cannot do. And, again, from my understanding, and Senator Cavanaugh can maybe correct me at his closing, but the Commission did not even come out opposed to this. I don't think they came out in favor of it,--

KELLY: That's time, Senator.

HANSEN: --but they didn't come out opposed either. Thank you.

KELLY: Thank you, Senator Hansen. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Good morning, colleagues. Happy Friday. Happy first day of spring. Appreciate the good work my friend Senator John Cavanaugh has done in regards to this measure, which is his priority bill this year. I rise in support of LB933 and the related amendments thereto. Just wanted to take perhaps a step back and just kind of contextualize the issue because I know members are approaching this work this morning as always with an open mind and an open heart and there is just some I think perhaps confusion about what happened with the citizen initiatives, Initiative 437 and 438, what the intervening action of the Legislature has been thus far in response to that decisive vote in indicating the will of the people, I think, north of 70%, that said it's time for Nebraska to join our sister states and have a sensible medical cannabis program. And then kind of relatedly what's happening at the level of bureaucracy at the Cannabis Commission and with the related rules and regulation processes. So just to, to try and provide a, a little bit of context there. Due to an action by this Legislature for, I think, over a decade in trying to put forward, actually, many proposals were very, very restrictive medical cannabis programs. They were-- the people of Nebraska were unable to be successful in this venue, and so what they did was they turned to the ballot. They utilized the first right, the

first right in the Nebraska Constitution reserved for the people to, to organize and petition their government for change. And they went through a variety of successful ballot initiatives that were arduous, securing funding, grassroots support. I can tell you having worked on ballot initiatives, it's not as easy as it seems. It's actually a, a very, very arduous process and a very cool process as well, talking to your neighbors about important issues and letting them have a say with what goes on our ballot. But after a successful effort, they were tossed from the ballot because of single-subject concerns and related litigation. Then they lost funding. They were not, weren't able to qualify. Then they came back. Then they were able to get on the ballot, and then they passed two measures to address the single-subject response from the Supreme Court in previous drives, and they passed 437 and 438. So 437 essentially said that we're going to pass a statute, citizen-initiated statute, that makes existing penalties inapplicable under both state and local law for the use, possession, and acquisition of an allowable amount, up to 5 ounces of cannabis, for medical purposes by a qualified patient with a written recommendation from a health care practitioner and for a caregiver to assist a qualified patient with these activities. That was the ballot title language. And then it, then it asked Nebraskans to cast a vote for, against, and again, about 70% of Nebraskans said for, which is about as strong as indicator of public policy as you'll see in those kinds of contexts. So then you also had 438, which repealed penalties for the possession, manufacture, distribution, delivery, and dispensing of marijuana for medical purposes, and then establishing the Medical Cannabis Commission to regulate the medical marijuana industry in the state. So that-- those were the companion pieces that were set before voters. For a variety of different reasons, Senator Hansen and others worked to say, hey, we want to get a handle on this. We want to facilitate the will of the people. We're going to bring forward a robust regulatory and statutory scheme to facilitate the will of the people. Last year, Senator Hansen had that measure and it didn't receive support in this body. So now we have the rules and regulation processes, which are highly contentious, moving through the Nebraska Medical Cannabis Commission. As I understand it, the, the, the, the measure before us on the board today is very, very narrow and does not in any way disrupt what happened with the citizen initiative or what is happening at the Medical Cannabis Commission. This just helps to breathe life--

KELLY: That's your time, Senator.

CONRAD: Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Spivey, you're recognized to speak.

SPIVEY: Thank you, Mr. President, and good morning, colleagues and folks that are joining us, and, of course, good morning, Grandma. I wanted to take a minute to rise in support of AM2602 and the underlying bill, LB933, and just the work that my colleague Senator John Cavanaugh has done on this over a number of years. And so I wonder if he would yield to a quick question?

KELLY: Senator John Cavanaugh, would you yield to a question?

J. CAVANAUGH: Yes.

SPIVEY: Thank you, Senator Cavanaugh. I wanted to get a better understanding of some of the opposition or what some of the tension may be that we are hearing about on the floor today. So would you mind speaking to who came into opposition to the bill at the hearing?

J. CAVANAUGH: Well, thank you for the question, Senator Spivey, and good morning to your grandma as well. So at the hearing, no one came in opposition to this bill. And there was no submitted opposition testimony either. So I, I don't-- I guess, I'm, I'm familiar with the Attorney General is generally opposed to medical cannabis. And so I assume that some of the opposition on the floor is generated as a result of his opposition and continued threats against the people who pushed medical cannabis, but in the hearing no one came in opposition.

SPIVEY: Thank you. And one last question, because I think we talk a lot about how we curate and put forward policy and that we need to work with partners and, you know, folks that may have opposition. And I just want to maybe lift up, or if you could talk about some of the work that you have done around that. Because from my perspective, it seems like you've put into a lot of time and energy into talking to folks, making sure that issues are addressed, and so if you can maybe speak to that since no opposition came to the hearing or submitted online.

J. CAVANAUGH: Yeah, well that's, that's a good question. So in working towards this bill, so first off there was-- last year Senator Hansen brought, I think it was LB677, which was a big bill. We worked on it in committee. We actually had a first draft of that, that didn't get out of committee, didn't get to a consensus, and then a second draft that ultimately did get the consensus of the committee, enough votes

to get on the floor. And in that time I organized with other senators here, Senator Hansen, Senator Holdcroft, and some of the other senators, a series of town halls where we had town hall in Sarpy County, Douglas County, Lancaster County, sorry to the rest of Nebraska, but where folks came and told us what they thought about those bills and about what they'd like to see in terms of cannabis policy in the state after the voters passed this ballot initiative. And so we had those town halls. We took that bill to this floor here, it did not-- we did not get enough votes on cloture, and so then went back to the drawing board, had a few conversations with advocates who brought the ballot initiatives and families, in particular of young children, young people who have epilepsy. Those are the folks I've talked about a lot, those are the folks that I think about when I'm thinking about this issue, and what they really think would help them. And so that's why I ended up bringing LB933 as a very small targeted solution to say that these parents of kids with these serious epilepsy, neurological disorders will have ability to get access to what they voted for and what their parents voted for, what their friends and families voted for to get the medicine for these kids to help them with these issues. And so that's where the genesis of LB933 came, those families, a number of them and other patients came and testified in favor of LB933 and expressed what has happened with them. We had one parent testify that they are unable to get a recommendation for their adult child who they care for. And then we had a number of patients who have testified that they are unable to get a recommendation in Nebraska but have been able to get one in another state and, therefore, are able to access to cannabis. And so there are folks who are, very few folks, but mostly adults, who have-- are able or mobile to get access to medical cannabis. The people who are not able to get access to the medical cannabis in Nebraska are the patients who have mobility issues, the patients who are disabled and don't have-- can't travel. And that's really what this bill is trying to answer is the people with the sickest patients are the ones who can't get cannabis right now. And so that's what this bill is trying to help.

SPIVEY: Thank you, Senator Cavanaugh. I appreciate the explanation and grounding us in kind of where we are from the partners and other interested parties and the feedback that you received or didn't. Thank you, Mr. President.

KELLY: Thank you, Senators. Senator Kauth, you're recognized to speak.

KAUTH: Thank you, Mr. President. On your desk, you'll have a map that I passed out, and I want to explain my handwriting at the bottom. It says we are one of the loosest restrictions. Now, loosest, I didn't write it out clearly, and it looks like 100ses, so the word is loosest. But basically, this map is saying that Nebraska, Oklahoma, Virginia, New York, and Maine have the absolute loosest restrictions on medical cannabis programs. All of the states around us have tighter restrictions. So I think when we're talking about this, we need to look at how do we make it-- I mean, even Colorado has tighter restrictions than us, and they've had cannabis medical and recreational for years. Right now, there are 16 states in the country with only the medical cannabis programs, not including Nebraska. 13 of those states offer legal protections that are much more limited in comparison to 9-- than LB933. In those 13 states, at the very least, it limits immunity to only physicians or practitioners who are licensed in our state. Many of these states have more limits to their protections, but, but making sure that the restrictions that we have keep the practitioners who are Nebraska practitioners. And also I think we should talk about restricting it to they should only be prescribing, or not prescribing but recommending purchasing from Nebraska distributors so that we're keeping this in-house in Nebraska so that our-- the people who are providing these medical recommendations are Nebraska certified so people aren't going out of state and getting-- you know, Senator Cavanaugh wanted it to be the person you have the long-term medical relationship with that would be great, we can't exactly regulate that, so the hope is that they'll do that. We just don't want people going to fly by night, going out of the state saying, hey, we don't know who this doctor is, but they, they have a license somewhere else. So I, I would encourage more stronger restrictions and thank you very much.

KELLY: Thank you, Senator Kauth. Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. Would Senator Cavanaugh yield to a question?

KELLY: Senator Cavanaugh, would you yield to a question?

J. CAVANAUGH: Yes.

ANDERSEN: OK, so, so we established that from what Senator Hansen reported is that plenty of doctors will not be permitted based on the Commission's rules. Much-- but at the same token, your example of a

UCLA or Mayo doctor or whatever, their recommendation will not legally allowed here as well based on the Commission's rules, right?

J. CAVANAUGH: No, that's not true.

ANDERSEN: OK.

J. CAVANAUGH: Do you want me to explain?

ANDERSEN: So help me out. Sure.

J. CAVANAUGH: Yeah. So there's a distinction between the Commission regulates the sale of cannabis, so they can regulate it to just Nebraska doctors who have registered with them and followed the standards that Senator Hansen laid out, so that they can make that restriction for the dispensaries and so that's where somebody can buy. A legal effective recommendation is a-- there's a patient protection aspect, which is as to you or I say are possessing cannabis, which I'm sure is a, a likely scenario.

ANDERSEN: More likely you than I.

J. CAVANAUGH: But either way-- well, for the sake, the sake of argument, one of us was possessing cannabis and we had a doctor's recommendation. That doctor, as long as they are licensed, a, a licensed MD, OD, nurse practitioner or a physician's assistant, licensed in a compact state, so a state that uses the Uniform Credentialing Act, then you could possess cannabis. So if you get stopped by law enforcement and you have that doctor's recommendation, so that will afford you that protection in that situation. If you have one from an out-of-state doctor and the, the Commission keeps its regs the way they are, you would not be able to walk into a, a dispensary and buy, but you could still possess cannabis that you had maybe bought in Colorado, Missouri, South Dakota.

ANDERSEN: OK.

J. CAVANAUGH: Does that-- do you understand the distinction? Is that clear?

ANDERSEN: Yes.

J. CAVANAUGH: OK.

ANDERSEN: So you're a lawyer, you're a smart guy. So if I get-- well, if you get a card from a doctor and you go to Missouri and you buy marijuana and then you bring it back to Nebraska, is that legal?

J. CAVANAUGH: Currently, yes, if you have a, a, a valid recommendation and you follow Missouri's laws, which I don't know what they are, but if you go to Missouri and you follow their laws and you have a doctor's recommendation and you come back and you are eating edibles or smoking cannabis in Nebraska, you would be in compliance with the laws of the state of Nebraska.

ANDERSEN: So you're legal to possess it, but is it legal to transport it across state lines from Missouri or from Iowa to Nebraska?

J. CAVANAUGH: I'm not aware of what state law-- I did-- we-- I think you were at this hearing where I asked, I think it was the, the head of the State Patrol and sheriff from Sarpy County, what law somebody would be breaking. I, I have not heard what law that would be that somebody would break by legally purchasing in Missouri, legally possessing in Nebraska, I don't know what law they would break just by transiting the Missouri River.

ANDERSEN: OK. Yeah, and I think the sheriff was really there looking for guidance as opposed to trying to give guidance so I understand that.

J. CAVANAUGH: And I'm, and I'm just trying to give him guidance, too.

ANDERSEN: Well, yeah, you give me guidance all the time.

J. CAVANAUGH: I live to serve.

ANDERSEN: So one comment-- on basically one of the comments, one of things that Senator Hansen mentioned was that there are six million people being treated with marijuana in the United States. That sounds like a lot, right? Six million is a lot. But then you look at the population of the United States, it's 349 million. So, really, it's not a lot. It really comes down to it's only 1.7% of the population. So just to, to keep the, the context there. And last question, at least for now, with no Nebraska doctors prescribing or making a recommendation for medical marijuana, why is that? Is it fear?

J. CAVANAUGH: I can't tell you with certainty, but I can tell you anecdotally what they're telling is that they are afraid that they will get sanctioned or in trouble with their license. And so that's

what LB933 is seeking to solve is just to alleviate that fear. I have talked to doctors who are not interested in prescribing even if they weren't afraid. So that is also true, but I'm not a doctor and I'm not going to tell them what to do.

ANDERSEN: All right. Thank you, Senator Cavanaugh. Thank you, Mr. President.

KELLY: Thank you, Senators Andersen and Cavanaugh. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Mr. President. Well, you know, after I talked about mine warfare the other day, I got a lot of people came up and said they really enjoyed that kind of talk. And so I have decided to go ahead and say a few more things, kind of educate folks on the structure of today's Navy and kind of drill in on, on the Arleigh Burke-class destroyer, which is our workhorse out there in the fleet currently in the Persian Gulf, protecting our aircraft carriers and probably will be the platform that will escort tankers through the Strait of Hormuz. So when I came into the Navy, back in 1976, we had like five different classes of, of aircraft carrier, we had about four different classes of cruiser, including a nuclear powered cruiser. We had four or five different classes of destroyer, we had three different classes of frigates, and things have changed quite a bit since then. Now what do I mean by class? The Navy designates-- every once in a while, they, they see a, a new need in the fleet and a new need for a, a, a war fighting platform, and so they put up designs and they build a new class and the class is a series of ships. It varies in how many are built per class, but they're always named-- the class is named after the first ship that's built in that class. So today we have 11 Nimitz-class carrier, nuclear-powered carriers, and the first of that class is the USS Nimitz. We just built a new class, the Gerald R. Ford nuclear carrier, new design, different, different catapults, different ways of doing operations. And so that one-- subsequently we will build more of those and they'll be called the Gerald R. Ford class. We have really reduced the surface combatants down to one class, and that is the Arleigh Burke class. And we have 73 of those, and we're still building them at about three destroyers per year. So that's why I wanted to spend a little time on the Arleigh Burke class, and we have, as I say, 73 of them. We also have the new Littoral combat ships. I talked about those a little bit before. We have-- we also have 14 SSBNs, Ohio-class SSBNs, that carry our nuclear deterrent weapons. And then we have two classes of Fast Attack, or SSNs, who hunt other submarines and, and ships. One the other day blew up an

Iranian destroyer with a torpedo, and we have 16 Los Angeles class and 24 Virginia class. So those make up the majority of, of our Navy structure. Really, we've, we've necked it down to just one or two classes per, per type of, of vessel. We, we do have two cruisers left, the Ticonderoga-class cruiser, but they'll all be gone by 2029. So we'll have no cruisers. We will have no frigates. We'll just have destroyers primarily for protection of the carrier and escort duties. And so let me, then, now kind of talk about the Arleigh Burke-class destroyer. And the first Arleigh-Burke-class destroyer came out in about, let's see, it was in 1996. And it's still in operation. The USS Arleigh Burke DDG 51 is still out there operating. It's been upgraded a number of times. But they, they have long lives, and they do a great job. The key to that system is the Aegis, the Aegis Weapon System, and that's spelled A-e-g-i-s, Aegis. And you'd think that must be some military acronym. It stands for anti-something, but, but it's not. Aegis is actually the mythical shield of Zeus. So if you ever read Homer's Iliad, Zeus used his mythical shield, Aegis, to protect the Trojans in that epic saga. And the concept is the Aegis Weapon System protects, shields the, the, the carrier battle group, and that is really what it's designed to do. So with that, my time is almost up. We'll delve more into the two key pieces of the Aegis Weapon System, which is the SPY-1 radar and the MK 41 Vertical Launch System. And I've passed out handouts here, I'm sorry to the folks at home, maybe you can up on the, on the Internet. But we'll talk more about those two systems next time on the mic. Thank you, Mr. President.

KELLY: Thank you, Senator Holdcroft. Senator Lippincott would like to introduce some guests in the north balcony. They are fourth graders from Shoemaker Elementary in Grand Island. Please stand and be recognized by the Nebraska Legislature. Senator Sorrentino, you're recognized to speak.

SORRENTINO: Thank you, Mr. President. And, Senator Holdcroft, I do enjoy your 5 minutes of review of the Navy and I just finished reading Homer's Iliad, no I didn't, probably never will. I just wanted to give a little bit of testimony that is neither in opposition or in, in favor of Senator Cavanaugh's bill, but I have just a little bit of experience with medical malpractice and I think for what it's worth I can maybe put a little bit of clarity on those issues. Whether medical malpractice insurance covers the recommendation, not prescription, of medical marijuana is very complex, as traditional malpractices policies often do exclude treatment not approved by the FDA. Since cannabis is, at least at this moment, still a Schedule I substance under federal law, many standard contracts, with the emphasis on

standard contracts, do frequently exclude coverage, which is why I'm sure Senator Cavanaugh is addressing that, which potentially leaves the physician facing malpractice lawsuits without coverage unless they obtain some sort of a specialized insurance. Now, my experience in the insurance industry is that since medical malpractice is state-specific, and, honestly, there's only about two or three carriers that'll write medical malpractice in Nebraska. The insurance industry may, I might even say probably, will begin to offer that specialized coverage to physicians in the future, but there are no guarantees. That might be a question for somebody on the Banking and Insurance Committee as to where they're going to go with that. Also a possibility might be they keep their current contracts and they add riders or addendums that may be able to add to those contracts that would talk about the recommendation for marijuana that would offer physicians that coverage. It is true that MDs do not prescribe marijuana. They simply recommend it. But this distinction, while it may reduce liability, it probably does not remove the liability. Most importantly, physicians must strictly comply with state-specific regs because malpractice insurance is not national. It is state-specific. So maybe we consider or Senator Cavanaugh or someone considers things like other states have done mandatory courses or, or prior patient record reviews to lighten that level of liability. So specifically the, the risk for Senator Cavanagh's bill to address would be-- three steps would be physicians did not perform adequate tests or exams that could expose them to some liability. They failed to warn a patient about a certain risk. That would be the second thing. And, finally, they didn't adhere to whatever the state standard guidelines are, which was a discussion we had prior between Speaker Arch and Senator Andersen. So thank you, Mr. President.

KELLY: Thank you, Senator Sorrentino. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Good morning, colleagues. Again, I rise in support of my friend Senator John Cavanaugh's amendment and the underlying measure LB933, which seeks to provide important clarifications for effectuating the will of the people as evidenced through their votes on Initiative 437 and 438 a couple of years ago, back in the 2024 election cycle. And those decisive votes helped to bring Nebraska into a posture similar to many of our sister states well north of 40, I think maybe 45 other states in the country had already put into place medical cannabis programs with a variety of different nuances and contours about their operation, but, again, this isn't a revolutionary concept. We've had an opportunity to learn a lot

from our sister states that have moved more quickly in this regard on these issues. The people are way out in front of the Legislature in Nebraska on this. And despite these decisive votes 2 years ago, we're, we're still really limping along in ensuring access to medical cannabis in this state. And a couple of pieces: one, I had an opportunity to complete a lap around my district in north Lincoln this fall from September to December and I love knocking doors. It's always been one of my favorite parts of campaigning and I love in Nebraska because we're nonpartisan, we talk to everybody, Independents, Republicans, Democrats, Libertarians, what have you. And one of the most frequent topics of conversation was the Legislature's relationship to the people in regards to ballot initiatives, things that have been frequent topics here, minimum wage, sick leave, vouchers, and medical cannabis. And this medical cannabis piece was a piece that I heard a lot about, and from a lot of Republicans, and from a lot of retirees, and a lot of veterans who felt really passionate about this issue. And it's important we work through the legal nuances, but it's important that we also center who this impacts: little kids with epilepsy, veterans with PTSD, cancer patients who are suffering the ill effects of their chemotherapy and otherwise. And the people of Nebraska have put forward through two initiatives a clear framework for ensuring that we have a thoughtful, sensible approach to medical cannabis to assist with these medical issues as is available to most Americans. And I do just want to be clear about something. The people who were working to bring this forward brought forward really restrictive measures they couldn't get past this Legislature. That's why they went to a more robust framework when they went to the ballot. And then if you'll remember, my friend Senator Hansen had LB677 just last session that if you look at it, it's a 92-page bill at introduction with a 22-page committee statement which is very odd in our, in our process in Nebraska to have, to have a bill that big and a committee statement that big that carefully regulated things like qualifying conditions, delivery systems, taxation, dispensing, etcetera, etcetera, etcetera. And I just want to point out, if you go back and check the record on that debate, and you go back and you look at the votes in that regard, people who were concerned about the fact that today we have perhaps less restrictions in place than some of our sister states in regards to qualifying conditions also voted against the restrictions in Senator Hansen's bill that would have narrowed and specified qualifying medical conditions. So I do, I do just want to paint that, that broader framework in that regard because that's, that's important to note, too. And this measure before us isn't really about quibbling about

qualifying conditions or delivery systems. This is a very, very narrow aspect that touches upon the ballot initiative to facilitate the will of the people and ensure there's clarity and protection for medical providers who are already having these conversations with their patients. Thank you, Mr. President.

KELLY: Thank you, Senator Conrad. Senator Holdcroft, you're recognized to speak.

HOLDCROFT: Thank you, Mr. President. And to continue our discussion about the Arleigh Burke-class destroyer, which is the workhorse of our fleet. And, currently, I, I think there must be at least 10 that are deployed forward there in the Persian Gulf, protecting two carrier battle groups and also doing maritime intercept operations. But they, they have the Aegis Weapon System installed. And the Aegis Weapon System was developed in the 1980s, and it was really a, a generational leap in, in seaborne weapon systems. In fact, I really think it came to us from an alien source off of this world. There was an episode of Star Trek Enterprise where there were some Vulcans that were trapped here in the 1950s, and the only way they could get funding to, to escape was to sell some of their technology, and so they did that. They introduced in the 1950s, Velcro. So we got Velcro from the Vulcans here in the 1950s, and, of course, I mean, it was really generational. And, and so Aegis is a lot like that. I mean it just leaps and bounds above the capabilities of the day. And it has really two parts and I've, I've provided the, the sheet here that shows a picture of the SPY-1 radar in the upper left-hand corner. And it's a flat-- it's called a phased array radar. There's no operating parts. Your typical traditional radar, you know, has a rotating antenna with a, with a-- sends out a beam and gets returns, and does 360 degrees. The, the SPY-1 radar actually has-- let's see, I wrote that down somewhere, 4,000 radiating elements, and what it does is it causes pencil beams to shoot out at various degrees and altitudes, you know, thousands per minute, and, and detects incoming contacts. And then what it can do is if it gets a contact, it can start to focus on that with-- bring beams together. Normally, in its steady state, as it's going through the water every day, it's, it's shooting these beams out in a 360-degree fashion and just waiting for contact, and then it starts zoom in and track very accurate on that. The panel you see on your handout is-- there's four of those on the Arleigh Burke class, each of them covers 90 degrees and so it has 600-- 360 degree coverage. So that's one piece, is the detection and tracking, and it can track over 100 targets at one time. So if you're getting-- and this was really designed back in the, you know, 1980s to, to, to

counter the huge Soviet threat we had, which was blue water, open ocean, lots of missiles flying, and so this really had-- was built over and above what was required today. And it's been adapted over the years, and, and one of the adaptions was to incorporate it with the MK 41 vertical launch canister. And you can see a picture of that on your sheet, the lower left-hand corner. This is-- each one of those little cells there has a missile underneath it, and it can carry-- the vertical launch system can carry five different kinds of missiles, which I'll try to describe here. So the way-- probably what it was originally designed or what it was originally designed for was anti-air warfare, in other words, incoming missiles and aircraft that were trying to attack the aircraft carrier, and SPY-1 would detect that and start tracking that. And then it would launch a missile out of one of these cells initially, and, and this probably the most active one is the SM-2, Standard Missile 2, has pretty good range. I'm not going to talk about ranges here, but it's called a semi-active homing missile. So what happens is you shoot the missile out, comes out of the tube, cell, and the SPY-1 radar gives it mid-course guidance. It, it goes down the track towards the target, and when it gets within 4 seconds to the target, then an illuminating radar illuminates the target. And the, the missile actually homes in on the reflected radiation from the target. It's called semi-active homing. And so that is what most of the missiles we have do. So you have to have an illuminator from the launching ship to, to actually do the final 4 seconds of attack, but it's very accurate. So that's, that's one of the missiles that can come out of one of these tubes. And I see that my time is up, so I'll get up one more time.

KELLY: Thank you, Senator Holdcroft. Mr. Clerk, for items.

ASSISTANT CLERK: Thank you, Mr. President. Your Committee on Judiciary, chaired by Senator Bosn, reports LB132 with committee amendments, LB199 with committee amendments, LB344 [SIC--LB340] with committee amendments, LB962 with committee amendments. Your Committee on Government, Military and Veterans Affairs, chaired by Senator Sanders, reports LB997 to General File with committee amendments. Have a series of Legislative Resolutions: LR380 by Senator Fredrickson, LR381 by Senator Fredrickson, LR382 by Senator Fredrickson, LR383 by Senator Spivey-- LR383 by Senator Spivey, LR384 by Senator Spivey [SIC--Sanders], LR385 by Senator Sanders, LR386 by Senator Moser. Those will all be referred to the Executive Board. Senator Storm has LR387, LR388. Those will be laid over. Senator DeBoer has amendment to LB937. And Senator DeKay has a motion to withdraw LR329. That's all I have, Mr. President.

KELLY: Thank you, Mr. Clerk. Senator Bosn, you're recognized to speak.

BOSN: Thank you, Mr. President. Good morning, colleagues. I have a couple of questions for Senator Cavanaugh if he would be so kind as to yield.

KELLY: Senator John Cavanaugh, would you yield the questions?

J. CAVANAUGH: Yes.

BOSN: Thank you, Senator Cavanaugh. You and I've had a discussion off the mic trying to work through some of the concerns that have been pointed out, but am I correct, looking at your AM2602, line 12, that the operative language here is solely for providing a written recommendation or for stating that, that being that that's what the immunity in this Section 2 relates to?

J. CAVANAUGH: That's correct.

BOSN: And so there is nothing in Section 2 that would preclude someone from having prescribed medical marijuana for a purpose that is not based in their professional judgment and losing their medical license as a result.

J. CAVANAUGH: That's correct.

BOSN: Because if I look at subsection (2) starting on line 17: Nothing in this section shall prohibit a health care practitioner from being subject to civil penalty or disciplinary action, which would include losing their license if they are prescribing medical marijuana for purposes that are not in their professional judgment.

J. CAVANAUGH: That's correct.

BOSN: And so when I-- I mean, you and I haven't gone through torts and all the fun that goes with scientific evidence, professional judgment, at least as far as I know, is based on your education, training, and experience. That's how you lay that foundation.

J. CAVANAUGH: Right, yeah, there's a, a legal standard for that and, obviously, we are a little-- we're using the language that was passed by the voters on the ballot initiative for how we define professional judgment, and then have bolstered it a little bit with that subsection (2).

BOSN: That starts on line 17.

J. CAVANAUGH: Starts on line 17 that says that nothing shall prohibit a health care practitioner from being subject to civil penalty or disciplinary action for malpractice or professional negligence. So that-- that's additional language that was not in the ballot initiative that we are adding for the exposure of liability for those professionals if they don't exercise their judgment appropriately.

BOSN: So to use an example, and I understand we, we don't know for certain, but if we're using an example, if a medical professional is prescribing marijuana to an individual who's pregnant, and let's assume there's evidence that suggests that's a very poor choice, which in my opinion it would be a poor choice. If they are doing that, they could lose their license if they're-- if that's found to be against sound medical judgment.

J. CAVANAUGH: Right, and, and to just elaborate on that, obviously there are times in which people maybe don't know they're pregnant and things like that, and so if their doctors would, I think, ask-- go through those series of questions to ascertain whether someone may be pregnant, the same as they would, you know, before prescribing opioids or some other medicine that has adverse inferences or adverse implications for pregnant people. So they would-- not just somebody who is, we'll say, obviously pregnant. But, yeah, they'd be required to make sure to do their-- the same diagnostics that they would do for any patient.

BOSN: OK. Thank you. I appreciate that. Thank you, Mr. President.

KELLY: Thank you, Senator Bosn. Senator Holdcroft, you're recognized to speak. This is your third time on the amendment.

HOLDCROFT: Thank you, Mr. President, and I promise this is my last time to talk about the Arleigh Burke-class destroyer here. But back to my sheet that I passed out, upper right-hand corner, you can see them loading up one of the cells of a vertical launch system. So you don't actually see the missile when it comes to the ship and, and you're going to load it. It just comes in a box, and, and you hope that it's got the missile in it that it supposed to, kind of like Christmas, and then all you need is a, a 5-ton crane alongside the pier, and you can drop these, these canisters into the, into the various cells. As you can see in the lower left-hand corner, there are-- is an 8x8 waffle kind of setup, but there are-- you can see kind of towards the-- let's

see, it's in the upper left-hand corner, there's a flat spot up there. Three of the cells are taken up by a loader crane that allows you to move the missiles to various cells, and that takes up three cells. So 8x8 is 64, but each one only carries 61 missiles. But, again, various types of missiles. I talked about the SM-2. The next missile can carry is a, a Theater Ballistic Missile Defense, the SM-3, because the SPY-1 radar is so powerful, it can actually track satellites and it can track intercontinental ballistic missiles that are actually going to, you know, above atmosphere, and the SM-3 is designed to shoot down ballistic missiles that are intercontinental. So they're reaching up, you know, 100,000 feet and they are-- they have their own what's called the kinetic kill vehicle that they launch and it has its own capability of in space colliding with a, a ballistic missile warhead that's coming towards the United States. And we actually used the Ticonderoga-class cruiser to shoot down a, a satellite that had lost its propulsion and station keeping. It was becoming a threat to land mass. So we actually used a, a cruiser to shoot that down. And the final one is the, is the SM-6. It's an extended range. I mentioned about the semi-active holding where the ship, the launching platform, has to illuminate the target in the final four sections, and then the missile zooms in on the reflection. Well, if your target is over the horizon and you can't see it, that doesn't work very well. So if you had a third party targeting and you know where the, the target is, you can actually shoot the SM-6 over the horizon. It has its own active-seeking warhead sensor, and it can attack, then, targets that are over the horizon. So those are your standard missiles. And then there are two more missiles that come out of the vertical launch system. The first one you've heard a lot about is the Tomahawk Land Attack Missile, or TLAM, Tomahawk. It's a 1,000-mile missile. And it is very, very accurate. And this is what you've seen on Fox News and some of the other stations. You've seen these ships that are firing this missile. Big flames come out and off it goes. And those are Tomahawk missiles that are being launched. And they're, they're cruise missiles, they have their own liquid propulsion system, so they're powered throughout their flight. They fly very low, 50 to 100 feet, come in under radar. And then in the final phases of their attack phase, they have actual a digital scene map, a satellite map that's loaded into their warhead that then will match up with the, the scene, and knows exactly where it is, and then very accurately will attack the target. And those are Tomahawk Land Attack Missiles. And then the final missile that can be launched out of a, a, a MK 41 VLS is the anti-submarine rocket. And that is actually a torpedo, and what you can do is launch this torpedo, throw it about 5 miles where you know a

submarine is lurking and the torpedo comes off, it has a chute on the back, drags, drags it, hits the water, salt water activated, has its own sonar, circles down to a search depth, finds a submarine and then hunts a submarine. So very versatile system. The Aegis system and, and I think-- you know, it's, it's amazing that we have 73 of these, the Navy has come down and selected the Arleigh Burke-class destroyer and made-- certainly the most powerful destroyer in, in the world and, and we are very blessed to have them in our Navy. Thank you, Mr. President.

KELLY: Thank you, Senator Holdcroft. Mr. Clerk, for an announcement.

ASSISTANT CLERK: Thank you, Mr. President. Health and Human Services Committee will hold an executive session under the north balcony at 11:00. That's Health and Human Services Committee under the north balcony at 11 a.m. That's all I have, Mr. President.

KELLY: Thank you, Mr. Clerk. Senator Hansen, you're recognized for an announcement.

HANSEN: Thank you, Mr. President. All right, pursuant to Rule 4, Section 3(b), colleagues, interim study resolutions may be introduced up to and including the fiftieth legislative day. The fiftieth legislative day will be Wednesday, March 25. So interim study resolutions must be introduced by noon on that day in order to allow the Clerk's Office time to process and prior to adjournment. A standing committee may also introduce one additional interim study resolution prior to adjournment, sine die. Interim study requests submitted to the Bill Drafting staff by noon on Monday, March 23 will be guaranteed to be ready for introduction on the fiftieth legislative day. Requests received after that time will be drafted if time permits. Should you have any questions, please contact my office. Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Senator Ballard, you're recognized to speak.

BALLARD: Thank you, Mr. President. Good morning, colleagues. And I won't take up too much time, and I'll probably yield the rest of my time to Senator Cavanaugh, too, so he can answer some of my questions. I don't want to do the back and forth, he's been doing that all morning, so I will probably yield my time here in a couple minutes, but my concern with LB933 is the broad language. I know Senator Cavanaugh disagrees with the blanket immunity, and I understand that.

I'm not quite sure where I am on, on the Senator Cavanaugh amendment because it adds more restrictions to LB933, so. But I, I appreciate him willing to work with the committee, willing to work with members with concerns. But I want to bring it back to the recommendation versus prescription that we talked about a few nights ago. And I think the important part is that a recommendation-- I, I believe the only, the way I understand it through my research, the only required-- the only requirement to, to receive a recommendation is a condition. There's no-- so a patient goes to a doctor under the provisions of the, of the ballot initiative and said I have condition A, receives a recommendation. And so the standard of care is very high for, for that-- for an individual. So-- and it's hard to have for physicians to avoid a reasonable accountability with that recommendation because it's not the prescription as with normal opioids or with other prescriptions. And also, in addition, again, the back and forth Senter Cavanaugh had, had a few nights ago, the dose restriction, you automatically receive-- you could automatically receive whatever the dose required in the-- in statute through the liquor control and the medical marijuana board, what the dose, so you could go to a, to a, a-- go to a medical marijuana shop, a distributor, and get that dosage. And so there's very little follow up. And so that's my concern, is that very broad immunity and the very broad language in LB933. And I, I believe Senator Cavanaugh was listening to some of my concerns, so I would just like to yield the rest of my time to Senator Cavanaugh.

KELLY: Senator Cavanaugh, 2 minutes, 48 seconds.

J. CAVANAUGH: Thank you, Mr. President. Thank you, Senator Ballard. I appreciate the conversation on this. And I am the last person in the queue, so I suppose we could go to my close. But I'll just try and answer Senator Ballard's question. So what I'll read here is the ballot initiative was enshrined in state statute in a number of sections, but 71-24,106, or I'm sorry, 71-24,104 is the terms defined for the, the Nebraska Medical Cannabis Regulation Act-- no, I'm sorry, the Medical Cannabis Patient Protection Act. So 71-24,103 is the Medical Cannabis Patient Protection Act. 71-24,104 is terms defined under the Patient Protection Act, terms defined. So if you go down to paragraph (7): Written recommendation means a valid signed dated declaration from a health care practitioner stating that, in the health care practitioner's professional judgment, the potential benefits of cannabis outweigh the potential harms for the alleviation of a patient's medical condition, its symptoms, or side effects or the condition's treatment. A written recommendation is valid for 2 years

after the date of issuance or for a period of time specified by the health care practitioner on the written recommendation. So what it says is the doctor, has to say doctor, nurse practitioner or physician's assistant has to say that I consulted with the patient in my judgment for this ailment, the benefits outweigh the potential risks. And so that's, that's the standard, and then it's good for 2 years if they don't write the date, the, the period of time, but it could be good for less time than that or more time than based off of what the doctor writes in the recommendation. This is what's in the ballot initiative, not addressing any of that in this statute. Here's the language in LB933: So that a practitioner shall not be prosecuted or subject to penalties solely for-- this is line 12-- for providing a written recommendation or for stating that in the health care practitioner's professional judgment the potential benefits of cannabis outweigh the potential harms for the alleviation of a patient's medical condition, its symptoms, or side effects of the condition's treatment. That language is exactly the language that is in 20-- or I'm sorry, 71-24,104, subsection (7). So we are just saying, if they follow the letter of the law here, they will not be held liable solely for writing that recommendation. Again, they are still held liable for violating the standard of care, for being negligent, for malpractice, for, for recommending it outside of their scope or for people who are not appropriate, so.

KELLY: That's your time. Senator Cavanaugh, there's no one else in the queue, and you're recognized to close.

J. CAVANAUGH: Thank you, Mr. President. Thank you, colleagues, for the conversation this morning. I appreciate the robust conversation and legitimate suggestions. I appreciate Senator Sorrentino walking us through malpractice and the test. And so what-- what's going on here, there's been a number of issues people have raised about the medical cannabis system, in general. And the issues about there being, you know, no limit on ailments, no limit on delivery mechanisms, those are things that were decided by the voters. The voters passed the ballot initiative as it was. And no one here who has those complaints brought a bill to address that. And folks who have raised some of those complaints, in fact, voted against a bill that did address some of these things last year, which was the General Affairs Committee package that was a compromise that did limit a number of those things. So I-- those, those complaints are just not within the scope of this bill. This bill is about addressing specifically the problem that there are no medical practitioners in the state of Nebraska who are issuing recommendations or feel they can issue a recommendation

because they are afraid that their license will be affected by this. And so we have made three iterations of this bill, taken into consideration the questions that were raised at the hearing, taken into consideration the questions that have been raised by folks on this floor in conversations before this bill came up and attempted to address those and make this more restrictive. And, again, I handed out the flyer, 17 states are medical only states, 16 states have some version of this. We have taken and made this the most restrictive version possible to ensure that we're addressing the concerns that have been raised by people. We are trying to ensure that patients get access to cannabis for medical purposes. We are not trying to change anything else about the ballot initiative, we are just trying to ensure that those patients, specifically those kids that I know so many of you have met them, you've met their parents, you have expressed in this body many times that you're not opposed to medical cannabis, you're opposed to recreational cannabis, that you are-- you want it to stay medical, you want to ensure that these, these kids are the ones getting medicine. That's what LB933 does. LB933 keeps it medical. LB933 ensures that those kids with epilepsy will have an opportunity to get medicine that will give them some relief. That those parents who care for these kids have some hope that they will have an opportunity to get some relief and see their kids free from pain a little bit more. So that's what LB933 is for. If you support a functioning medical cannabis program, I would ask you to vote for AM2602. If you are opposed to what the voters did, but you still think we should make sure that it works, vote for AM2602. So I would ask for your green vote on AM2602, AM2192, LB933. Obviously, we'll have more time to talk because there's more rounds, things to be discussed here. But I appreciate the discussion. I encourage your, your green vote. And I think-- well, I'll ask for, I'll ask for a call of the house after-- if we get to the vote, so I'll wait on that. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Seeing no one else in the queue, and the closing completed, Senators, the question is the adoption of AM2602. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 35 ayes, 4 nays on the adoption of the amendment, Mr. President.

KELLY: AM2602 is adopted. Seeing no one else in the queue, Mr. Clerk, for another amendment.

ASSISTANT CLERK: Senator Storm, I have AM2677 with a note that you wish to withdraw.

KELLY: So ordered.

ASSISTANT CLERK: In that case, I have AM2738.

KELLY: Senator Storm, you're recognized to open on the amendment.

STORM: OK, good morning, colleagues. Thank you, Mr. President. AM2738 is an amendment to the committee amendment as amended by Senator Cavanaugh's AM2602, is that right, or AM2192. This is a very straightforward and commonsense addition to ensure that the true intent of, of LB933 is patient protection. And I'm going to talk about the patient side of all this and how we're, how we're going to protect patients when we're going to start recommending marijuana and ensure marijuana recommendations are for medical use only. And remember this is-- we're talking about medicine here, not recreational marijuana. The bedrock ethical principle of first do no harm for medical practice is the foundation upon which this language rests. This amendment adds the following into Section 2 of the bill. As amended, Section 2 would read: in the health practitioner's professional judgment and based upon a preponderance of current scientific evidence. As marijuana use becomes more prevalent, the long-term impacts of marijuana use become known. New peer-reviewed scientific literature is published on a monthly basis. This simple and straightforward edition of language ensures that practitioners writing a recommendation for medical marijuana or exercising their judgment are using the most current scientific evidence. And I need to make it clear, some people, and Senator Bosn was talking about prescribing marijuana, that no doctor is going to prescribe marijuana. It's all just a recommendation. And there's, there's a difference between prescribing and recommending something. The standard for scientific evidence is the preponderance of current scientific evidence. Preponderance of evidence is the standard of proof in most civil cases requiring that a claim is more likely not to be true, or in simple terms greater than 50% likelihood. It means the evidence, when weighted, tips the scales in favor of one side. So if it's good to recommend marijuana to someone, that needs to be proved that, that it is. If it hurts somebody, then that needs to be shown that this is actually going to hurt someone. It means the evidence, when weighted, tips the scales in favor of one side representing the greater weight of evidence rather than, rather than the amount. This is the standard of evidence used primarily in civil case trials, including personal injury cases, breach of contract laws,

and many administrative hearings. It is a foundational concept in common law representing a lower accessible standard of proof compared to a criminal law's higher thresholds. This is the lowest standard of evidence and should be the minimum standard that aligns with existing language in LB933, that the potential benefits outweigh the potential harms. And when we're going to recommend medicine to someone, I think that's really important that we weigh those two things out. What are the harms? What are the benefits? Patients need that right. Family members need that right. On the basis of the most current evidence, so we have to use scientific evidence to prove this. Remember, we're talking about medicine. We're not talking about recreational marijuana, we're talking about medicine. The evidence only needs to tip the scale slightly in their favor. You may ask why this language is so critical? First, it gives clear direction to practitioners and protects patient safety by ensuring the decision to provide a recommendation is based on current scientific evidence, not outdated concepts or vibes. Second, by clearly outlining in statute the need for current evidence as a standard for clinical decision-making, it makes clear the use is for medical not recreational use. That's very important. We have to make sure this is medicine. The people voted on the ballot for medical marijuana, OK? Very recent history demonstrates that health care providers are capable of activity well outside the scope of evidence-based medicine to the detriment of patients. We have history of this. There are a number of very specific examples where the Nebraska Legislature has had to intervene in the practice of medicine for the express reason that medical practice did not align with the best medical evidence to protect patients. The glaring example I'm going to talk about is the opioid crisis. Opioids are a Schedule II drug. Marijuana is Schedule I still. OK? Overprescribing the root of the, of the prescription opioid [INAUDIBLE] that has claimed thousands of Nebraskan lives and continues to be the root cause of the ongoing fentanyl crisis. Opioid overprescribing, the opioid crisis, and the 645,000 overdose deaths associated with, with it has at its root cause overprescription of opioids by health care providers. Even after evidence of addiction and overdose death mounted, prescription of opioids, a Schedule II controlled substance, was continued. Why would we risk repeating the same crisis with a Schedule I controlled substance? And I, I need to remind everybody, marijuana is still Schedule I. I know the President is trying to reschedule it to Schedule III, but it's not yet there. It's still Schedule I. We'll see if it, it gets through the process. But a Schedule I drug is a drug with no currently accepted medical use and has a high potential of abuse. OK? It's above an opioid, the way it's

scheduled. Senator Cavanaugh's amendment-- amendment's only guard well-- guardrail to protect patients and their family members is a malpractice clause. I have not been able to find one doctor in the country who has ever been sued or prosecuted for malpractice for recommending marijuana, which is a Schedule I drug. And I believe Senator Cavanaugh said that on the microphone. Find me one doctor that's ever been sued or held liable for recommending marijuana for malpractice. OK? I have not found it. Senator Cavanaugh's amendment won't protect patients. Where a doctor can now be held liable for improperly prescribing opioids, which we finally got that right, this won't happen with marijuana because the doctors don't prescribe. They don't prescribe marijuana. They recommend marijuana. Big difference. In a nutshell, writing a recommendation for marijuana is not the same as prescribing it. A recommendation is weak. It's a weak allegation to file for personal injury lawsuits. No one's going to get sued for malpractice for, for recommending marijuana. Pregnant women will get recommended marijuana in the state. Awful for pregnant women, awful for their children. That will happen in this state, and that doctor will not get sued for writing a recommendation. You know, a prescription-- and I, and I want to make this clear. So when, when you have a prescription from a doctor, that's a formal written or electronic order to a pharmacist with dosage and frequency. Marijuana doesn't have that. A doctor will write you a recommendation for basically anything. We don't have conditions. And that gives a patient free access to buy however much marijuana they want, how frequently they want to use it. That is what they're going to-- that's what's going to happen. So big, big, big differences there. Given all this history, AM2738 is a very simple, straightforward, and commonsense addition to LB933 to protect patients and ensure the standard of first do no harm applies. And I will ask for your green vote on this. But I, I want to make this clear, I'm going to advocate for patients and their families. That's what I'm going to do. You can have people advocate for doctors that don't want to get sued. I'm going to advocate for patients. That's what I've been about in this whole issue all along. I'm going to speak out for the patients' rights. And so with that, I yield my time.

KELLY: Thank you, Senator Storm. Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. Well, first, I'm opposed to Senator Storm's AM2738. I do appreciate as-- I've, I've learned this phrase from Senator Hunt-- game recognizes game. And so I appreciate a creative proposal and solution. And Senator Storm has, has certainly

brought his, you know, creativity to this. And I do respect Senator Storm has always been opposed to medical cannabis. And has-- did oppose LB677 last year and has opposed every step of the way. So he's consistent, at least. And-- but I'm opposed to, to this amendment because now AM2192, as adopted with, with our previous amendment that many of you voted for, and I appreciate that, thank you for your vote, it follows the letter of the law that was passed by the voters. And so Senator Storm was opposed to what the voters passed, and that's fine, he, he wears that on his sleeves, he's not hiding the fact that he opposes what the voters passed. But what AM2738 does is interjects additional language, additional requirements, more than what the voters voted for, for, for a doctor's recommendation to contain. And so that's a problem because we are attempting in LB933 to very closely follow the current law that the voters passed and just make sure that the law is being followed and that doctors check those boxes, follow those procedures. And did have the opportunity to have a conversation with the Nebraska Medical Association and heard from the medical malpractice provider for the Nebraska Medical Association, and they did express that if Senator Storm's amendment was adopted, it would be a problem because it would create more uncertainty. So, ultimately, what LB933 is seeking to do is create clarity and create a situation where doctors know if they do these things, which is follow the letter of the law passed by the ballot initiative, then they won't lose their license or be held criminal or civilly liable just for following the law. They can still, of course, be held liable, as we've talked about, for not following standard of care, for recommending outside of their scope, for recommending for inappropriate, inappropriate ways. And so the problem with AM2738 is that it creates uncertainty as to what actions the doctors have to take, and this preponderance standard is something that will create a-- confusion and-- as to what is the appropriate thing the doctor should be doing and at what point in time is that determination made? And so it just muddies the water. And so, ultimately, if you support-- if you supported the last amendment, you support the objective of making sure that patients are getting access to the medicine that they voted for, that making medical cannabis actually accessible and safe through a doctor-patient relationship, I ask you to vote against AM2738 because it undermines and erodes the intentions of LB933 and would essentially make LB933 create more uncertainty, not less uncertainty, and so would make LB933 meaningless at that point. So it's a hostile amendment. If you support-- supported the last amendment, I ask you to vote against AM2738. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Armendariz would like to recognize some guests in the north balcony, fourth graders from Omaha Christian Academy. Please stand and be recognized by the Nebraska Legislature. Senator Fredrickson, you're recognized to speak.

FREDRICKSON: Thank you, Mr. President, and good morning, colleagues. Good morning, Nebraskans. So I am just kind of listening to this debate. I haven't yet had a chance to speak on this bill quite yet. But I do sit on the Health and Human Services Committee, so I had the opportunity to sit in on the hearing on this, and I am appreciative of the conversation we've been having so far on this. And I do have-- so I, I think I appreciate the amendment Senator Storm has brought. I think that it's appropriate to look at, you know, we're considering medicine and the practice of medicine to consider what does the data show and what is, what is best practices along those lines. And I, I guess I did have a couple questions for Senator Storm if he might be willing to yield?

KELLY: Senator Storm, would you yield to questions?

STORM: Yes.

FREDRICKSON: All right, thank you, Senator Storm. So I, I think you maybe had mentioned this a little bit in your opening. We were, we were in exec session over in HHS, so I, I don't know if I caught this specifically, but when you mentioned preponderance of scientific evidence, can you maybe shed a little more light? Do you mean, like, you know, I'm curious, like, are you looking at, like, peer-reviewed studies, are you looking at, like, randomized controlled trials, sample sizes? I mean, can you help me just, like, understand a little bit more what you mean when you say that?

STORM: Yeah, I mean, preponderance of scientific evidence is-- would be peer-reviewed studies and journals that are written. And, you know, that's done on a monthly basis. And, and, and I feel as though marijuana is more accessible in states and it's coming out. We're learning more each month about that. And they would have to go back and use those peer-reviewed studies to show, you know, if they were ever sued or, or went to court of law they'd have to show that what they recommended was viable for that patient. And if it was, and they could say-- use that study to say that this was OK to use, then it could actually help them or if it would harm them it would show that that harmed them.

FREDRICKSON: Sure, sure.

STORM: So, yeah, scientific evidence.

FREDRICKSON: Yeah. And I haven't had the opportunity to look into the statute, but I haven't yet seen this. Do you, do you know, is there any other statute in Nebraska like this as it relates to medicine?

STORM: Well, for, like, civil lawsuits, like I talked about, if you're in a civil lawsuit or, or they use that type of preponderance of evidence, it's 50 percent, 51 percent, I believe, [INAUDIBLE].

FREDRICKSON: Right, but not in the state statute?

STORM: I don't know on the-- I'm not a lawyer, but for-- are you talking for medicine or are you talking for--

FREDRICKSON: Yeah, well, I guess, like, with your amendment, for example, we'd be putting into state statute, we'd codifying that into--

STORM: I would have to get back to you. I'm not sure on that.

FREDRICKSON: OK. And then my other question, I had a couple more for you. How, how, how does this compare to other ways that we legislate around medicine?

STORM: Well, I believe on the opioid crisis-- and I had this right here, actually. The state actually did-- and I can get this for you too-- but Nebraska did do protection for the-- on the-- during the opioid crisis to help patients on that. We passed legislation. I can get that for you later, too.

FREDRICKSON: Right. But-- so, so I'm thinking-- so for example, like, in the case-- we have another bill or we had a bill in HHS, for example related to, like, like, Mifepristone, for example, would you defer to the preponderance of evidence on how we navigate legislation around that as well?

STORM: I didn't-- what, what did you say for what?

FREDRICKSON: For Mifepristone.

STORM: Yeah, I don't, I don't know. I'd have to look into that as well.

FREDRICKSON: OK. OK. And did you have an opportunity to consult with NMA or physicians on this at all?

STORM: Yeah, the doctor of the day, talked to him. No, I have not on-- I have not consulted with them on that.

FREDRICKSON: OK. All right. Thank you, Senator Storm.

STORM: Yep.

FREDRICKSON: Appreciate it. So, you know, again, I think whenever we legislate as it relates to medical practice, you know, one of the questions I always have is, you know, what does it look like from a precedent perspective? What does it like in other statutes in the states? I also want to remind our colleagues in here that, you know, yes, we are talking about medical marijuana for the first time in the state of Nebraska, but there are, there are 40 other states in our country who, who allow for this and, and have, have been doing this for, for quite some time. So by no means are we necessarily out on an island here. We're not-- you know, we're not charging something for the first time in, in the country's history. And so, again, I-- what I agree with Senator Storm on certainly is that I do believe that we should, as lawmakers, defer to what does data show us, what does research show us? Science-- scientific evidence is incredibly important and, and really deferring to the, the physicians on what best practices are around this. So I'll continue to listen to the debate and I appreciate the conversation. Thank you.

KELLY: Thank you, Senator Fredrickson. Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. President. First off, I want to say I understand maybe where Senator Storm is coming from. I think, you know-- I kind of know his opinion about maybe the use of medical cannabis, and he's maybe trying to put some other protections in place for patients or doctors with his amendment. In my opinion, I just agree with maybe what Senator Cavanaugh, John Cavanaugh is saying, which doesn't happen very often, that this does muddy the waters more. And this is what the, from my understanding, what the Nebraska Medical Association and just the Medical Association, in general, in Nebraska has also mentioned that this actually doesn't help, but actually can kind of cause more problems. I understand where he's coming from. We may be conflating two different issues here because the whole point, purpose of the bill is to protect health care practitioners who can

prescribe in the state of Nebraska from not being sued for just writing something on a piece of paper. I know he's concerned about patient protection, but actually from my-- the way I understand the bill, it's not a-- we have rules and regulations put in place by the Commission that they can do for patient protection, that this is something that the Commission cannot do, which is why the bill is needed in the first place. I was hoping to ask Senator Storm maybe just a couple of questions, if I could please?

KELLY: Senator Storm, would you yield to questions?

STORM: Yes.

HANSEN: All right, thank you, Senator Storm. So you mentioned before-- and I think Senator Fredrickson was asking a, a couple of questions about this, about the, the, the term preponderance of scientific evidence, and you were saying, yeah, we, we use studies and, and other means to determine that, but who specifically determines maybe which studies are appropriate that you were referring to, or what actually constitutes preponderance of scientific evidence? Is it, like, the Commission, or is it the Nebraska Medical Association, is-- who determines that? You're saying they. I just want to know what they are.

STORM: I would say if you're in a, if you're in a court of law and this comes up, they're going to show what's the preponderance of that evidence. So-- and they're going to, they're going to refer back to scientific evidence and the standards that are used and that's--

HANSEN: OK, so eventually when somebody gets sued and it ends up going to a court of law.

STORM: Absolutely, yeah.

HANSEN: OK. All right.

STORM: A civil trial.

HANSEN: OK. And because of this, from my understanding, we don't, I think, have this in any other areas of statutes when it comes to, to the prescribing or maybe even recommending of whether it's medical procedures or prescription medications. So would you be willing to put this in other areas of statute when it comes to prescribing of other medications?

STORM: Well, I'm going to just-- OK, so it's not statute because medicine has its own basis for malpractice. We're talking about marijuana. There's no standard for marijuana yet. It's new. So we're trying-- it's a brand new standard in our state. So medicine already has that basis for malpractice. For medicine, this is, this is for marijuana. So this is a whole new standard and we're going to have to have a basis for that.

HANSEN: In other, in other areas of malpractice, do we have the term preponderance of scientific evidence in statute?

STORM: I'd have to look and see for that.

HANSEN: OK, and that's fine, that's just more of a question. Thank you very much. So the issue I think maybe I have with this is, and according to what I just looked up here, 11 to 21% of prescriptions in outpatient and primary care settings and some models have shown up to 38% of prescription medications in the United States are for off-label-- are used for off-label use. That would not be a preponderance of scientific evidence. This is not uncommon, and it's legal. Medical doctors have a prescription medication that is being used for off-label use. So they might have a prescription that is being used for Crohn's disease that they somehow find out helps with, you know, lupus. It's not recommended to be used for lupus. There's no preponderance of scientific evidence to be used for lupus, but they prescribe it for the patient because they know it's going to help them, or one for, you know, anxiety, but it helps kids with epilepsy. They can prescribe them medications for that. So if we are going to use preponderance of scientific evidence in the recommendation or prescribing of certain kind of prescriptions or medical procedures or medications, we would have to get rid of about 38% use of prescription medication in the state of Nebraska. So when I say, like-- that's kind of the issue I have with this, with this amendment by Senator Storm. I understand maybe where it's coming from. I just don't think it's the right use. And I think we're going to go down a very dangerous road in the future about micromanaging how the medical profession can prescribe medications in the future because this can maybe be used down the road. And, you know, there are times, I think, to maybe put some guardrails in place or put some things in a statute, but I think this can lead down the road to--

KELLY: That's time, Senator.

HANSEN: --to some problems, so. Thank you, Mr. President.

KELLY: Thank you, Senator Hansen. Mr. Clerk, for an announcement.

ASSISTANT CLERK: Thank you, Mr. President. The Education Committee will hold an executive session at 11:30 a.m. in Room 2022. That's Education Committee, 11:30, in Room 2022. Thank you, Mr.President.

KELLY: Senator Storm, you're recognized to speak.

STORM: OK, writing notes here. OK, I want to touch back on what Senator Fredrickson said about how this has been used in Nebraska for issues like this. And the Nebraska Legislature has combated the opioid epidemic by the Prescription Drug Monitoring Program in 2011. In 2015, the Legislature passed LB390 to ensure Narcan is more widely available to help reverse the effects of the opioid overdose. In 2017, LB487, which was passed, provided limited legal immunity for individuals who call authorities in helping during opioid overdoses. So-- and I, and I think we need, we need to talk about there's, there's not a standard of care with marijuana out there with other drugs. And if somebody is overprescribing medicine, that's true medicine, they're going to go to court and there's going to be evidence used to show whether or not the harm is worse than the good and how that, how that weighs out. Marijuana is different, and it's evolving, and we're trying to understand that. And like I said, there's studies coming out each month, and we need scientific evidence to see whether or not this truly is good or not good for a patient. And remember, we're not prescribing. You're going to prescribe other medicines. So when Senator Hansen talks about drugs that, other medical, that we're going to use, pharmaceuticals, those are prescriptions. This is recommending. Once again, this is a doctor just telling somebody you have some type of condition, you can use this however you want to use it. How much frequency, there's no dosage, there's no amount of time you're going to use the dosage. You just use it however you want. That's totally different than prescription and other medicines. And this-- marijuana is totally different, and it's a Schedule I drug. I got to keep reminding everybody that, that it's a totally different, Schedule I drug we're dealing with here, so. That's all I have. Thank you.

ARCH: Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. I'd like to thank Senator Storm for bringing the, the amendment. I see it as commonsense guardrails as we go travel this journey of the implementation of medical marijuana. Contrary to some of the commentary, I think it actually provides

clarity on the medical or medicine-based applications of marijuana. I think when we-- we talked earlier about malpractice, we talked about standards of care. When we discussed that, we talked about what is the opinion of a board of specialists, but a board of specialists should be looking at the preponderance of evidence, exactly what it says here in the, the amendment. Senator Cavanaugh talked about the AM creating uncertainty, and I think it does the exact opposite of that. It creates certainty and says that if you're going to provide this-- recommend this drug, that there has to be a real, medically proven application for it, a reason for it. So I think it actually provides clarity and doesn't muddy the waters. You know, same thing that Senator Hansen said about muddying the waters. I think you've got to follow the science. When you talk about [INAUDIBLE] applications, the science, I think, will, will hold true. I think you also need to keep it in the context of some of the side effects, significant side effects of medical marijuana, namely schizophrenia and psychosis. So I don't think it's a one-dimensional issue, and I think when you get to something that's multidimensional like this, I think really need to follow the science. And that's exactly what Senator Storm's amendment says, is follow it for the preponderance of current scientific evidence. Follow the science. Thank you, Mr. President.

ARCH: Senator Ballard, you're recognized to speak.

BALLARD: Thank you, Mr. President. Good morning, colleagues. I rise in support of the Senator Storm amendment for three basic reasons. As Senator Andersen was saying, LB933 rests upon the standard of care. And the standard of care and the Storm amendment should go hand in hand. There should be preponderance evidence if your-- if LB933 rests on the standard of care. Number two, like any medical, like any medical prescription, medical cannabis carries some risk. There should be a standard of care. There should a, a level of evidence, the preponderance of evidence that Senator Storm is bringing to rely on that, that, that care that doctors are recognizing the risk, that patients are recognizing the risk to the use of medical cannabis. And, finally, kind of the back and forth between Senator Fredrickson, Senator Hansen, and Senator Storm, what LB933 is trying to do, and Senator Cavanaugh can correct me if I'm wrong, is nowhere in statute in, in our law. And so I think there should be some additional burden, some additional clarification that Senator Storm is bringing. Senator Hansen said that this is above and beyond what we currently do. What LB933 is trying to do is above and beyond the protections, the blanket protections we give for medical practitioners to recommend or prescribe medicine. So I do, I do rise in favor of Senator Storm's

amendment and still with serious concerns about LB933. Thank you, Mr. President.

ARCH: Senator Hardin, you're recognized to speak.

HARDIN: Thank you, Mr. President. I rise in favor of Senator Storm's AM2738, kind of neutral on AM2192. I think we need to pass LB933, and I think it's a little bit of a fixer-upper. And I think we're getting there. One thing I would point out, and certainly Dr. Hansen knows this, which is that one difference-- and I-- and I'm very thankful, Senator Hansen, for the fact that off-label treatment of drugs happens because doctors get out there, they're creative, and they find meaningful application of drugs that are off-label. And that can be as often as about one in five times. And so it's clearly proven overall to generally be a safe practice, and for that too. Here's the piece that I just want to bring out in that conversation, which is that when we're talking about off-label medications and the use of that creativity, all of those happen in the context of drugs that have been approved by the FDA. And that's the challenge. Medical marijuana has not. And so it's not that we don't know anything about it, I don't think that's an intellectually honest argument to say, we just don't know anything about marijuana. We've been studying marijuana since wagons were crossing within a mile of my house on the Oregon Trail. We've been studying it a long time, but I do think Congress needs to help out all the states. Folks, as of today, 40 states have now passed medical marijuana recreational or both. They have. And so the question is, how do you build around that to do it in the safest possible way? Because that's the guiding light here. I will say this, since Nebraska was one of the later states in that happening, I do think it was terribly disingenuous that the medical marijuana was run through the Liquor Control Commission. Think about that. And so of those 40 states, that kind of move was only done five times, including here. That's the part I find disingenuous. And so here we are having a Health and Human Services discussion about something that was run through the Liquor Control Commission. By the way, one of the things that was offered-- would you like me to "unding?" What have I done? Let's all pretend that moment didn't happen, shall we, unless I'm done. Am I done, Mr. President? OK.

ARCH: 2 minutes.

HARDIN: 2 minutes, OK. Thank you. I think what we have to look at is, OK, how did we get here? Well, now that we are dealing in the Health and Human Services realm for health and human services for medical

marijuana, we have to say, OK, how do we best help people in this space? And I know people who suffered from extreme pain, and I think we just have to do it in a safe way. My own experience with a bit of pain in life is that I am unfortunately someone who struggles with kidney stones. A few members of my family do. I hold the record. I passed 27 kidney stones in one day. And so I know a little bit about pain. What I will tell you about that extreme pain that comes with that is that, frankly, as bad as that is, it's over with in a day or two or in a couple weeks at most. There are people who struggle with pain and it's not over in a couple of weeks. It goes on and on. Sometimes things like morphine can help a bit. Some things like opioids can help a bit. There's new synthetics that are happening that can help. But for some people this has proven to be helpful, but I think we need to do that in a safe way. We need to do it in a way that the doctors are held accountable, that the amounts of the dosage are held accountable. Folks, what we can do right here in Nebraska is literally 30 times more potent than what our grandparents had at Woodstock. They had 2%. We can have 60% THC strength with our medical marijuana in Nebraska. So I just think that we, we need to work on this. I appreciate Senator Cavanaugh bringing it, and I appreciate Senator Storm's amendment that I think makes it better. Thank you, Mr. President.

ARCH: Senator Lonowski would like to recognize some very special guests. There are 15 students, grades 9-12, from Adams Central in Hastings, Nebraska. And this is the girls wrestling team and Coach Boyer, who are state champs. They are located under the north and south balcony. Returning to the queue, Senator Lonowski, you're recognized to speak.

LONOWSKI: Thank you, Mr. President. Just a, a few words about these ladies in the back. So ladies wrestling or women's wrestling has only been around Nebraska for about 5 years and I was on a committee that helped bring that to our state. And a few years ago these girls were my team so I'm very fortunate that Coach Boyer and his staff took over to bring them up to the next level. I'd just like to point out a couple of the seniors there: Piper Moll is a three-time state champ; Zeniah Baca, she's a state medalist; Quinlyn Statz is a state medalist; Khloe Wiseman is a state medalist. The other seniors, Nevaeha Sorenson is a two-time state champion, they have Brianna Kalvoda, Jennifer Lopez, and Kayden Sipp is a four-time state medalist and a two-time state champion that helped rein in their state championship team this year. So time to be proud. Thank you, Mr. President.

ARCH: Senator Storm, you're recognized to speak, and this is your last opportunity.

STORM: Thank you. I'll wait for my closing, so I'm checked out.

ARCH: Senator John Cavanaugh, you're recognized to speak.

J. CAVANAUGH: Thank you, Mr. President. I just wanted to reiterate to folks listening who support this bill, support making sure patients get access, that this is a hostile amendment. I'm opposed to AM2738. I am certainly willing to work between General and Select with folks to find ways that can help alleviate some of the legitimate concerns people raise. But, again, we have demonstrated that through three iterations of amending this bill already to make it more restrictive. And-- but the specific problem, again, with this language is it is inserting in between the ballot language. So there's the ballot language that was passed by the voters, goes up to that this health care practitioner states in their professional judgment the potential benefit of cannabis outweighs the potential harms, and then it goes on. This interjects in between there that the practitioner's professional judgment and then adds in this preponderance of evidence, based upon a preponderance of the current scientific evidence standard in between there. That is problematic because then it "disaligns" or makes this bill, LB933, not align with the ballot language, so it does add additional confusion. There are a number of other issues that I won't belabor at this point about delegation of our authority outside of this body in terms of determining what is appropriate and legal. But this is a simple, straightforward bill aligning Nebraska with 16 other medical only states as LB933 is drafted. So I would again ask for your red vote on AM2738 or at least present, not voting on AM2738. If you voted for the last amendment, I'd ask you to vote against this amendment. Thank you, Mr. President.

ARCH: Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. Speaker. I, I think I have to maybe-- and, again, someone maybe can correct me if I'm wrong, but I'm pretty sure-- some of the that Senator Hardin said about when it had to come to do with the FDA approval of medications, and he said that is the difference between what we're dealing with now and the example I gave about off-label use. From my understanding, the FDA approves a prescription medication for an intended use to be used on the market on patients. The medical doctor then has the ability to use that for off-label purposes that is not FDA approved, from my understanding, so

long as it doesn't harm the patient or, you know, they're, they're committing some other kind of, you know, problems with the patient intentionally. And so I think that might be the difference. I'm pretty sure off-label use, which is what I think makes it off-label use, is that it's not FDA approved for that specific purpose. So it might be, but I'm pretty sure some aren't. And so that-- so these two things are very similar. I kind of get where he's going at, but I think that's more for the intended use, and so that's kind of opposite of what I was talking about. And when I, when I talk about the term preponderance of scientific evidence, when we're talking about the prescription-- the prescribing a recommendation of medicine and how eventually this could come back and bite us in the butt. I would think Ivermectin might be a good example of that. I don't think there's a preponderance of scientific evidence that it should be used to help fight COVID. I think it helps with COVID. I used it. But if we're going to start going down this road, then it would make it illegal to use it for that. And medical doctors completely would not be able to prescribe it at all to patients for that intended use. Hydrochloroquine might be another example of that. So we need to be a little careful about the roads we go down here when we talk about micromanaging, prescribing physicians and health care practitioners about specifically what they cannot prescribe based on language. And so, you know, I mean, just with the terminology, I think, I think this can come back eventually and bite us in the butt. I understand maybe where Senator Storm is coming from. I get it. But this is not the right road, colleagues. And so even my colleagues here who are maybe not for the use of medical cannabis, we need to think about this, I think. And, and it's OK to vote no on this. Maybe we can look at this some more either in a separate bill or on Select File, like Senator John Cavanaugh said. But, again, I don't think this really pertains to the underlying intent of the bill, which is to protect the prescribing health care practitioner from, from being sued from writing a recommendation. I think the ballot initiative allows them to, to recommend the substance, but I don't think there's a lot of protections in place for the prescribing health care practitioner from writing it. Yeah, if they prescribe it to a pregnant patient knowingly, yeah, they can lose their license, they can get sued, malpractice. If they decide to prescribe a pound of pot to somebody for, you know, an ingrown toenail, yeah, they could probably lose their license. Just like any other prescription medication or any other kind of recommendation from a health care practitioner. So with the amendment by Senator Storm, I think we need to vote no on this. I would encourage everybody to vote no, because this, this may cause

some problems down the road. I don't think-- as much as the, the medical association and I disagree on a few things, I think they may be right on this one. And this really muddies the water and can cause some problems down the road. We need to be careful here, colleagues. Thank you, Mr. Speaker.

ARCH: Senator Ballard, you're recognized to speak.

BALLARD: Thank you, Mr. President. I will have some questions for Senator Cavanaugh here in a minute, but I, I do rise in support of the Storm amendment for exactly the reasons I articulated not too long ago. If your bill relies on the standard of care there should be a level of preponderance of evidence. I think they go hand in hand. And so if we want to pass this amendment and rely on the standard of evidence, I think is a good, a good thing. But I want, I want to flesh out a little bit about what Senator Cavanaugh was talking about with the, the ballot initiative language. It was always my understanding and I sit on the Health and Human Services Committee and Senator Cavanaugh brought this to the Health and Human Services Committee that this language she is trying to address is outside of the ballot initiative language, that's the whole purpose we're doing this. So if Senator Cavanaugh would yield to a question?

ARCH: Senator Cavanaugh, will you yield?

J. CAVANAUGH: Yes.

BALLARD: Thank you, Senator Cavanaugh. So, so can you-- you described, you described well about why this goes against the ballot initiative language. Can you talk a little more about in detail, and I can yield you my time if you need it, about how this is going against the ballot initiative language?

J. CAVANAUGH: Well, yeah, so the, the bill is addressing something that was not included in the ballot initiative, but it is adopting the ballot initiative language. So the ballot initiative language is, as I said earlier, enshrined in statute in a number of places, but including 71-24,104, and then has definitions, and then you go to subparagraph (7), which is written recommendations, and then written recommendations goes about two lines and you get to, OK, health care practitioner's professional judgment, the potential benefits, and it goes on, which that language is then in the amendment we just adopted, AM2602. If you look at line, let's see, line 13 through about line 16 has recommendations stating that in the health care practitioner's

professional judgment, the potential benefits of cannabis outweigh the potential. So that language is basically taken from there. So we could have, of course, said, you know, written recommendation in compliance with 71-24,104 and, and shorten the language here, which is what we did do in the subparagraph (2) where we said malpractice under 44-2810. So we just didn't rewrite it there. I think those are two questions of statutory construction of how you want to write it, if you want to do it by reference or if you want to do it whole-- wholly. So that's what we're saying in this, is that the, the liability limitation for following the ballot language. And then we put the specific ballot language that they can follow and be protected from liability there. So that's why it would-- and then this would be interjecting in between on line 14 about the fourth word. So it would be right smack in the middle of the ballot language that we are adopting in this statute.

BALLARD: OK, thank you for a little bit of that clarification. I, I guess the main crux of my point is, if we pass exactly what the voters voted for in the ballot initiative, what's the purpose for LB933? So it's currently in the rules and regs, rules and regs progress, so why, why, why do we need LB933 if we-- if this is inside within the ballot initiative language?

J. CAVANAUGH: Great question. Well, first off, the rules and regs can't address providers or patients. So this is addressing providers and patients. So the rules regs don't have authority over that. And we need LB933 for lines 8 through 12 and lines 17 through 19. So the part that's in the ballot language is really just lines 13 through 16. So that's why it's the language around it and it's just giving context to it, is what-- the, the ballot language that's put in there between lines 13 and 16 are giving context to lines 8 to 12 and 17 to 19.

BALLARD: OK. I think I'm under-- I think I'm-- I appreciate it. Thank you, Senator Cavanaugh. I think I'm going to have to disagree with Senator Cavanaugh on this point. I appreciate him answering my questions and our conversation off the mic. This is wholly outside of the ballot initiative language and what we're trying to do, which makes Senator Storm's amendment totally valid within the, the argument of protecting patients in LB933. And so if, if LB933 is looking at potential harms for the alleviation of patient medical conditions, I think a preponderance of evidence is necessary to do that. So I think they go hand in hand. I thank Senator Storm and would ask for your green vote on the Storm amendment. Thank you, Mr. President.

ARCH: Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. Would Senator Hansen yield to a question?

ARCH: Senator Hansen, will you yield?

HANSEN: Sorry, we were talking about girls wrestling and how awesome it's been, so. And, yes, I will yield.

ANDERSEN: Thank you, Senator Hansen. Just going back to your, your comments just a couple minutes ago, you, you drew the analogy over to Hydroxychloroquine, right? Can you tell me what the side effects are of Hydroxychloroquine?

HANSEN: Without having that in front of me, I can't tell you specifically. I know there's not a whole lot of them.

ANDERSEN: OK, I got it right here.

HANSEN: From my understanding, because it's widely used throughout the world for multiple uses.

ANDERSEN: Right. Anti-malarial is one of them, which is one of the reasons why you didn't have a huge outbreak in Africa for COVID, right? The side effects being nausea, diarrhea, abdominal cramps, vomiting, rash, and headaches. Now all of those are horrible, and nothing that I wouldn't wish upon you, but they are not to the level of severity of the two which you were talking with marijuana. So I think your analogy is kind of-- is one-off. When you look at some of the side effects of medical marijuana being schizophrenia and psychosis, those are significant and not like getting a rash or feeling nauseous. So your analogy I would say are probably apples and oranges and I wouldn't call them comparable. Thank you for answering the question. The [INAUDIBLE] been made about protecting the practitioner, but I think we really need to look at protecting the patient. And the way to protect the patient is making sure that when doctors are prescribing or recommending drugs, that there is a scientific background, scientific reason for prescribing it. And it has been tested and that they can rest assured that they're being prescribed appropriately. So I think when you look at protecting the patient and that's what this amendment does. I think we need to be careful. I think what Senator Storm has proposed in his amendment is spot on. I think it says that we need to follow the science. And where the science exists, that's where we need to put the guardrails up to

make sure that, that these drugs, this case medical marijuana, but any drug is prescribed or recommended appropriately. Thank you, Mr. President.

ARCH: Senator Hansen, you're recognized to speak.

HANSEN: OK, I got to push back a little on what Senator Andersen said. Technically, people can die from diarrhea. So it is dangerous if somebody, you know, especially a lot of times in Africa, where they do take a lot of Hydroxychloroquine for the use of malaria. Yeah, if you take it, and one of the side effects is diarrhea, a lot of times people can die from that. So in some instances, it can be [INAUDIBLE]. I get where he's coming from. I don't know if it's really so much apples to oranges because the, the-- what I was-- the purpose of what I was saying when it comes to Ivermectin or Hydroxychloroquine is the idea of the use of the term preponderance of scientific evidence being used in other instances that can actually cause a lot of problems when it come to the prescribing medications for off-label use, such as COVID, right? If we use the preponderance of scientific evidence, I would not believe, and I'm almost 99% sure, that then medical professionals could be sued or held liable or not be able to prescribe according to their medical association with the Board of Health, Ivermectin or Hydroxychloroquine for COVID. So when I, when I talk about when-- in, in that instance and when we're talking about with the underlying bill here is the idea that we have to be careful about using certain terminology and how it can backfire on us down the road and that, in my opinion, is what Senator Storm's amendment can do. This could be used against us in the future. And maybe even the same instance that Senator Fredrickson talked about. So I, I think we should be a little careful here when it comes to using terminology like this. Again, not, not faulting Senator Storm for what he's trying to do here. I get it. I just don't know if this is quite the right approach, so. Again, colleagues, I, I vote no on this. Let's look at this maybe a little bit more if we need to on Select File. But I would encourage everyone to vote no on this for now, because I think the risks of using this kind of terminology far outweigh any kind of reward because the underlying bill is more about protecting practitioners from writing a recommendation. And the Commission has over 60 pages of rules and regs for patient safety which we gave in their hands to do, so. Thank you, Mr. Speaker.

ARCH: Seeing no one in the queue, Senator Storm, you're recognized to close on your amendment.

STORM: Thank you, Mr. President. So you heard a lot of scare tactics used there by some of my colleagues. And I'm glad that Senator Hansen brought up the COVID incident we had. One place where doctors had immunity was recommended the COVID vaccine, and there were people damaged by that. So we have to be very careful not to give doctors blanket immunity, such as marijuana. So I want to make that clear. When he's talking about Ivermectin, there were doctors that, that recommended COVID vaccines, and there are people damaged with that. And I also want to say this amendment actually is providing additional protection for patients and doctors. It truly is. It's relying on current scientific evidence. Who can, who can be against that? Who can sit here and say, no, we're not going to go against current scientific evidence on something like this? So I think that's very important to understand, and my amendment is 10 words long. And it's-- all this says is: and based upon a preponderance of current scientific evidence when we're talking about recommending marijuana. And I would even go out and say, if you're against this amendment, you're for recreational marijuana. Truly would say that. OK? If you are for my amendment, you're looking at this as medicine. I want to make that very clear to everybody. And a lot was talked about other medicines. Well, medicines go through FDA approval. That provides guidelines for standard of care, for prescribing. Cannabis has not had that. Cannabis has not had any FDA-- any type of FDA approval process because it's a Schedule I drug. If it gets rescheduled, maybe that'll change. Maybe it'll go through a process. We'll have even more evidence, scientific evidence. But there has to be some protection for patients and their families and also for doctors. And this is how we're going to do it. And this is the true guard well-- guardrails we can put up on LB933. So I would ask for all your green vote for this. And with that, done. Thank you.

ARCH: There has been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

ASSISTANT CLERK: 22 ayes, 1 nay to place the house under call, Mr. President.

ARCH: The house is under call. Senators, please record your presence. Those unexcused senators outside the Chamber, please return to the Chamber and record your presence. All unauthorized personnel, please leave the floor. The house under call. Senators Bostar, von Gillern, please return to the Chamber. The house is under call. Senator Bostar, please return to the Chamber. The house is under call. Senator Bostar,

please return to the Chamber. The house is under call. All excused members are now present. Mr. Clerk, please call the roll.

ASSISTANT CLERK: Senator Andersen voting yes. Senator Arch voting yes. Senator Armendariz voting yes. Senator Ballard voting yes. Senator Bosn voting yes. Senator Bostar not voting. Senator Brandt voting no. Senator John Cavanaugh voting no. Senator Machaela Cavanaugh not voting. Senator Clements voting yes. Senator Clouse voting no. Senator Conrad voting no. Senator DeBoer voting no. Senator DeKay voting yes. Senator Dorn voting yes. Senator Dover. Senator Dungan voting no. Senator Fredrickson voting no. Senator Guereca voting no. Senator Hallstrom. Senator Hansen voting no. Senator Hardin voting yes. Senator Holdcroft voting yes. Senator Hughes voting no. Senator Hunt not voting. Senator Ibach voting yes. Senator Jacobson voting yes. Senator Juarez voting no. Senator Kauth voting yes. Senator Lippincott voting yes. Senator Lonowski. Senator McKinney voting no. Senator Fred Meyer voting yes. Senator Glen Meyer voting yes. Senator Moser voting yes. Senator Murman voting yes. Senator Prokop voting no. Senator Quick voting no. Senator Raybould voting no. Senator Riepe voting no. Senator Rountree voting no. Senator Sanders voting yes. Senator Sorrentino voting yes. Senator Spivey voting no. Senator Storer. Senator Storm voting yes. Senator Strommen. Senator von Gillern voting yes. Senator Wordekemper voting no. 22 ayes, 19 nays on the adoption of the amendment, Mr. President.

ARCH: The amendment is not successful. I raise the call. Seeing no one in the queue, Senator Hardin, you're recognized to close on AM2192.

HARDIN: I believe I'm going to waive away.

ARCH: Senator Hardin waives close. The question before the body is the adoption of AM2192. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

ASSISTANT CLERK: 38 ayes, 4 nays on the adoption of the committee amendment, Mr. President.

ARCH: The amendment is adopted. Seeing no one in the queue, Senator John Cavanaugh, you're recognized to close on LB933.

J. CAVANAUGH: Thank you, Mr. President. Thank you, colleagues, for that robust vote. I appreciate the good conversation and the questions and the ability to navigate this complicated situation. This is really just to make sure that patients and doctors can, in consultation

together, decide what is the right course for them. And it's to make sure that the medical cannabis program in Nebraska, the voters voted for, can actually work. And so I appreciate your, your votes, I appreciate your conversation. As I said on Senator Storm's amendment, I'm willing to have a conversation with folks and if there are other changes we can make to make sure that this serves the intention of this bill, serves the patients, serves the doctors, serves the people of Nebraska, we will certainly work on that between General and Select. And so I encourage your green vote on LB933 and thank you, colleagues.

ARCH: Members, the question before the body is the advancement to E&R Initial of LB933. All those in favor vote aye; all those opposed vote nay. Mr. Clerk, please record.

ASSISTANT CLERK: 30 ayes, 7 nays on the advancement of LB933, Mr. President.

ARCH: LB933 does advance. Mr. Clerk, for items.

ASSISTANT CLERK: Thank you, Mr. President. New resolutions: LR389 introduced by Senator Conrad, LR390 introduced by Senator Hardin, LR391 introduced by Senator Dungan, LR393 introduced by Senator Conrad. Those will all be referred to the Executive Board. Additionally, I have LR392 by Senator Dungan and LR394 introduced by Senator Arch. Those will be laid over. And Senator Conrad would print amendments to LB937.

ARCH: Mr. Clerk, please proceed to the next item on the agenda.

ASSISTANT CLERK: General File, LB1114. First of all, Senator McKinney, I have MO505, MO506, and MO507 with the note that you wish to withdraw.

ARCH: Without objection, so ordered.

ASSISTANT CLERK: LB1114, introduced by Committee on Urban Affairs. A bill for an act relating to Community Development Law; to amend Section 18-2155; to change provisions related to eligibility of redevelopment plans for expedited review; and to repeal the original section. The bill was first read on January 16 of this year. It was referred to the Committee on Urban Affairs chaired by Senator McKinney. That bill [SIC] has reported the bill to General File. There are committee amendments, Mr. President.

ARCH: Senator McKinney, you're recognized to open on your LB1114.

McKINNEY: Thank you, Mr. President, and thank you, colleagues. Today, we're discussing the last Urban Affairs Committee priority, LB1114. For the legislative record, we'll begin with LB1114 as introduced. LB1114 makes a targeted change to the Nebraska Community Development Law by updating eligibility requirements for expedited review of certain redevelopment plans. Under current law, a city may choose to allow expedited review for, for redevelopment plans that meet defined criteria, including that a structure may be within the corporate limits of a city for at least 60 years. LB1114 changes the how old requirement from 60 years to 25 years. This simple change will allow cities to productively use expedited TIF and not have to wait two generations to help. The bill also allows for redevelopment of platted lots or nonconforming lots of record for expedited TIF projects. Again, this change will carefully expand the projects eligible. LB1114 is a narrow, commonsense refinement. It expands the expedited redeveloping process while also keeping it in check. With that, I would like to move on to the committee amendment, Mr. President.

ARCH: As the Clerk indicated, there is a committee amendment. Senator McKinney, you're recognized to open.

McKINNEY: Thank you, Mr. President. The committee amendment AM2360 incorporates the provisions of five total urban affairs bills. First, as previously stated, LB1114 makes a targeted change to Nebraska's Community Development Law by updating eligibility requirements for expedited review of certain redevelopment plans. Second, the amendment incorporates Senator John Cavanaugh's LB850, which amends the Local Option Municipal Economic Development Act to allow cities of the metropolitan class and primary classes to use economic redevelopment plans for the purpose of the construction or rehabilitation of housing. Senator Cavanaugh, would you yield to explain your portion?

ARCH: Senator John Cavanaugh, will you yield to a question?

J. CAVANAUGH: Yes. Thank you, Senator McKinney, and thank you to the General Affairs Committee for-- or I'm sorry, Urban Affairs Committee for including my bill in this package. So AM2360 includes my bill, LB850, which is a simple change to the Local Option Municipal Economic Development Act, commonly referred to LB840, as LB840 which is from a previous Legislature, to allow cities of the metropolitan and primary class to use local revenue for building, construction, and rehabilitation of affordable workforce or low- to moderate-income

housing. This would allow Omaha and Lincoln to use local funds in the same way that every other city in the state is allowed to under LB840 programs. This bill does not carry any fiscal impact. It was reported out unanimously from the Urban Affairs Committee and I'd ask for your support on AM2360. Thank you.

McKINNEY: Thank you, Senator Cavanaugh. The third amendment incorporates Senator Lippincott's LB915, which changes the number of inland port districts that may be created under the Municipal Inland Port Authority Act from five to, to more. AM265 to LB215 adopted in committee changes county population eligibility in a number of loud inland ports from six to eight. Senator Lippingcott, would you yield to explain your portion of the bill?

ARCH: Senator Lippincott, will you yield to a question?

LIPPINCOTT: Yes, sir. AM2360 allows for more inland port district designations to be granted by the Department of Economic Development. Inland port districts are a proven way to boost local and state economies by creating quality jobs, attracting new private capital, and expanding market access for value-added agriculture and manufacturing. They also function as free trade zones where businesses can manufacture, assemble, and ship products and materials directly into international commerce, using coordinated rail and highway infrastructure to reach customers around the world. Simply put, this bill updates our inland port statutory maximum from five districts to eight to continue to allow communities like Hall County to leverage our dual rail advantage and keep more of the value of global trade right here in the great state of Nebraska. It also lowers the population threshold from 20,000 to 15,000 allowing Seward and Otoe Counties to qualify for the application process. I do encourage you to vote for AM2360. Thank you, sir.

McKINNEY: Thank you, Senator Lippincott. The fourth amendment incorporates Senator Andersen's LB976. It extends the number of years after the first selection of SID trustees when three members of the SID Board of Trustees shall be elected by the legal property owners residing within such district and provides that two members shall be selected by all of the owners of real estate located in the district. This bill also requires that the contracts with value of $50,000 or more can be-- or more can let the SID go to the lowest bidder. And I would ask Senator Andersen to yield to explain his portion. Thank you.

ARCH: Senator Andersen, will you yield to a question?

ANDERSEN: Yes. LB976 is a cleanup bill to better aid in the SID function. The first of two components deals with the SID Board membership. For background, an SID, a Sanitary and Improvement District Board, is governed by five trustees. The board members are split between a developer and the homeowners. In the beginning, the majority of the board members are from the developer. Over time, the board membership shifts to solely homeowners. This bill modifies the timeline for transitioning to accommodate the extended timelines for SID development and build-out. It also updates the contact threshold that triggers public bidding requirements from $20,000 to $50,000. The threshold was last changed 20 years ago in 2006. So it's long overdue for an update. The $50,000 number matches the amount for the purchases made by the counties. Thank you, Chairman McKinney.

McKINNEY: Thank you, Senator Andersen. The amendment also incorporates Senator Jacobson's LB1130, which establishes the Community Improvement District Act, allowing property owners to voluntarily form community improvement districts to finance, construct, and maintain public infrastructure amenities within cities and villages. AM2139 to LB1130 harmonizes the language to add references to the new act or SIDs where applicable within our statutes in Chapter 10, 13, 32, and 77. And I'll ask Senator Jacobson to yield to explain his portion. Thank you.

ARCH: Senator Jacobson, will you yield?

JACOBSON: Yes, I will. Thank you. And thank you, Senator McKinney, for including this, this bill into your priority bill. LB1130, the Community Improvement District Act, creates a voluntary, locally controlled tool that allows cities and villages to support neighborhood infrastructure improvements by allowing improvements to be financed through bonds that are paid off, off over time. The bill helps lower the upfront costs of the development and reduce the risk associated with new investment. It can also help improve existing infrastructure without requiring large upfront expenses from either the municipality or individual property owners. The bill allows property owners with a defined area to come together to form a Community Investment [SIC] District, or CID, and generate district-specific revenue to fund public infrastructure projects such as streets, sidewalks, utilities, and other improvements that directly benefit the area. Importantly, no state funds, no general funds, no, no general city funds are used. This-- the people who benefit from the improvements are the same people who choose to fund them. Formation of a CID reforms a petition-- requires a petition from the majority of property owners within the proposed district, followed by notice, a

public hearing, and final approval by the city or village board. This ensures the process is locally driven while still providing appropriate municipal oversight. Once established, the district is governed by a board of property owners elected from within the district and must comply with open meetings laws as well as existing budget and audit requirements. LB1130 is designed as a simple opt-in framework that gives communities another tool to address local infrastructure needs while keeping decisions and responsibility at the local level. Similar models have been used successfully in other states to encourage investment and support infrastructure improvements without delaying the state funding. Thank you, Mr. President.

McKINNEY: Thank you, Senator Jacobson. Finally, the amendment incorporates LB981, which amends the Nebraska Housing Agency Act to provide prescribed responsibilities for a housing agency for a city within a metropolitan class in response to bed bugs and those type of things. The bill required-- it did require, because after we voted it out, we had some conversations with various stakeholders and the Governor's Office and we are amending that portion to do the following in, in, in the subsequent amendment which will allow cities to have the option to regulate any housing agency within the city of a metropolitan class and have some reporting requirements. We took out the portions pertaining to the, the, the stronger regulation around making sure the bed bugs thing gets addressed by the housing agency after conversations with the Governor to avoid another veto which happened last year with LB287. So-- and I still think it's good that the city would be in a position to have the option to address the housing agency because of the various issues that caused me to continue to bring legislation to address this issue. And with that, I'll try to move to AM-- and I'll finish with this and move to AM2633, which addresses that. Thank you.

ARCH: Mr. Clerk.

ASSISTANT CLERK: Thank you, Mr. President. First of all, Senator Jacobson, I have AM2542 with a note you wish to withdraw.

ARCH: So ordered.

ASSISTANT CLERK: Senator McKinney, I have AM2518 with a note that you wish to withdraw.

ARCH: So ordered.

ASSISTANT CLERK: Senator Jacobson would move to amend the committee amendment with AM2541.

ARCH: Senator Jacobson, you're recognized to open on your amendment.

JACOBSON: Thank you, Mr. President. The purpose of the amendment is really simple. It's simply to strike out, pull out the inland port addition. That bill would be removed, and we would do an up and down vote on it. We have five inland ports that have been approved. None of the inland ports are fully operational. We do not have a shortage of inland ports. North Platte was the first one, they have three contracts in place. There are four other inland ports that have been approved, but they have substantial work to be done. To my knowledge, have no contracts in place yet. This is nothing more than a special interest amendment to expand the number of inland ports to allow Grand Island to have one. I look at it this way, we have five racetracks and casinos. And we're limiting that expansion because it's going to-- we want to wait for those to come fully operational and make sure that we don't saturate the market beyond what can be supported. The same concept is true here with inland ports. We do not need another inland port. We absolutely do not. It's an experimental concept as to whether this is really going to be a good concept to work to where we're going to have international trade coming through these ports. I hope it will be successful. I trust that it will be successful. And if we get to the point where those five inland ports that are approved are busy and working and we have a need for another one, I will bring the bill to add additional ones. But right now, we do not need another inland port. We limited the number of inland ports. We limited the number of good life districts. And we should limit, continue to limit, the number of inland ports, just as we have and good life districts. So I would urge my colleagues to vote yes on AM2360, which would remove that inland port, and the bill to add any additional inland ports. Thank you, Mr. President.

ARCH: Senator Dungan would like to recognize some special guests. There are 86 fourth grade students from Meadow Lane Elementary here in Lincoln, and they are located in the north balcony. Students, please rise and be welcomed by your Nebraska Legislature. Turning to the queue, Senator Spivey, you're recognized to speak.

SPIVEY: Thank you, Mr. President, and good morning again, coll-- well, I guess we're in afternoon or lunch. I don't know where we are. Hello, we're here. And I'm so excited to see all these kids here, too. I love when they can see us in action. And so I was originally in the queue

to talk about the amendment before, and so do not know where I am on AM2541. I can understand some of the tension with the inland ports. I have one in my district that is really vital to economic success of an area, especially that has seen systemic disinvestment. So I can understand why folks would want to open that up and will really pay attention to the conversation and the votes up and down. But wanted to speak to a little bit of, of the AM2360 that was up and is why I was punched in just around some of the work with Omaha Housing Authority and kind of the package of the bill. I have a number of public housing towers in my district, and in the interim I went to go visit them and spend time to better understand the experiences of some of our most vulnerable and low-income neighbors were navigating. And I was very, I would probably say the word is upset, and really sad and disappointed about the state of their living conditions. It was worse than our prisons and I spent a lot of time inside of our prisons as well. We have folks that are navigating extreme mental health, are navigating different abilities, statuses, and the way in which that they can afford housing is through limited income and this isn't a viable option for them and we are not taking care of them. So from infestations to the actual built environment to what it looks like, we have to do better. And so I appreciate this attempt, again, by Senator McKinney and the Urban Affairs Committee to really allow for the city of Omaha to step into that, if they so choose, in a very intentional way. But, again, I think we have to think about public housing and our vulnerable populations and what does that look like as folks need to have quality, affordable, safe housing, just as a basic, right, like Mazel's hierarchy of needs, that is the basis of what they are needing. And so, again, I don't know where I stand on AM2541, I was punched in for the underlying AM2360 and some of those components of that committee amendment and wanted to speak to that portion because it directly impacts District 13 residents and what they're navigating in terms of housing. Thank you, Mr. President.

ARCH: Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. A couple of things. First off, Senator Jacobson and I have discussed this in a friendly manner, and I would like to take kind of a 30,000-foot overview as to what exactly an inland port is. It's a district in Nebraska's designated geographic area within or near city boundaries managed by Municipal Inland Port Authority, aimed at fostering economic development through enhanced transportation, logistics, industrial activities. These districts serve as regional hubs for multi-modal transportation such as rail, highway, and potentially air, and distribution of goods. And even

though Nebraska is landlocked, it can serve in all three of these transportation modes. They're enabled by the Municipal Inland Port Authority, which was passed in 2021. And as we all know, in businesses, oftentimes it takes several years for these things to mature. It authorizes up to five such districts statewide to stimulate the economy by developing industrial sites and infrastructure. Might be interesting to note that of the five inland port districts that we have currently, four of them are on the very east side of our state of Nebraska: Bellevue, Omaha, South Sioux City, and Fremont. They're all within approximately 100 miles of each other and two-thirds way out west in Nebraska, we've got one in North Platte in Lincoln County. And just because we have five inland port districts does not necessarily mean that having eight is going to take business away from the other five and that's a very important point to remember. Also, there's no fiscal impact on this bill whatsoever. Each district is overseen by an appointed board, nine members in Omaha or seven in Fremont that collaborates with local governments and private entities but does not levy taxes or exercise eminent domain. And as of 2025, just last year, certified districts included Omaha, Bellevue, Lincoln County, Fremont, South Sioux City, as I just mentioned a few moments ago, which do focus on access to major highways, rail lines, like the Union Pacific's Bailey Road [SIC], and airports. Bottom line is any of these inland port districts do these following things: They impact the economic growth and job creation of these areas. They also support infrastructure development of these areas. And it's very interesting to note over in Senator Wordekemper's district in Fremont, they've already received $3 million worth of federal funds. So our friends in New York and California can help us right here in the great state of Nebraska. It also is a springboard for financial tools. Authorities can issue bonds, accept grants from agencies like the Nebraska Rural Projects Act. Specialized funding not available to standard local governments. Also it helps in logistics efficiency. It bypasses congestion at coastal ports by allowing direct transloading to inland sites and lowering costs for businesses, expanding market access for exports and imports. Additionally, it helps with the competitive edge with these various communities. It levels the playing field on the national and global markets and also positions the state as a central transportation hub. Here we are in the middle of America. And, finally, it also helps boost the community revitalization in, in areas like Omaha's northeast district. It drives innovation, land development, and long-term process, potentially reviving underutilized regions. The inland ports are an important issue that can help promote Nebraska, especially considering we're right in the middle of the

U.S.A. And, again, we have five inland ports right now. And we all know that in businesses, it does take a few years for these businesses to ramp up so that they can show the fruits of their labor. I would say and encourage you to vote red on AM2541. Thank you, sir.

ARCH: Senator Andersen, you're recognized to speak.

ANDERSEN: Thank you, Mr. President. Would Senator Jacobson yield to a question?

ARCH: Senator Jacobson, will you yield?

JACOBSON: Yes, I will.

ANDERSEN: Thank you, Senator Jacobson. Just to keep all this in context, can you provide an explanation of why it would be a bad thing to go-- what the impact would be on the existing five Inland Port Authorities, and why it would be a bad thing to go to eight?

JACOBSON: Absolutely. When this was first passed, we could have said, this is unlimited. Build them wherever you want to build them, wherever DED will approve it, put one. But this Legislature specifically set the limit at five. Originally, we wanted to limit it at three, but we settled on five. And, and everyone had an opportunity to apply for one. North Platte was first. Omaha, I will tell you the locations of the ones that are out there today that have been approved is Lincoln County, Fremont, Dodge County has one, Bellevue, Omaha, and South Sioux City. Senator Lippincott is exactly right. Everything he said is true about inland ports. And he's also true that the bulk of them are in the eastern part of the state. That's also where the population is. That's also where all the racetracks are at. That's also where all the casinos are at. And that's also where the bulk of the-- of our-- I'm trying to think of the name-- our good life districts are at. OK? Because that's where the population base is. When you move out west and you thin down the population base and we're looking at import, export business, setting up the staffing to support an inland port, you need to have economies of scale. And when you allow someone to come in 150 miles away and put up another one, you're going to water down and potentially have a negative impact on the success of the ones that have been approved. So that's why I say, let the ones that've been approved get established, demonstrate that there's demand, demonstrate there's a need, and then I'll be all over-- I'll bring the bill to add more numbers. But that's why I believe, five, if, if I had the right number it'd be three, but I'll

live with five. So visiting with the lobbyist, what's your number? My answer is five. That's what I'd negotiate to.

ANDERSEN: All right. Thank you, Senator Jacobson. Mr. President, would Senator Lippincott yield to a question?

ARCH: Senator Lippincott, will you yield?

LIPPINCOTT: Yes, sir.

ANDERSEN: Thank you, Senator Lippincott. Can you kind of-- I know you touched on this to a certain extent already, but I just want to give you the opportunity to explain what the specific benefit is to adding three more of the Inland Port Authorities?

LIPPINCOTT: Oh, it was just brought to my attention that when this all started, Senator Jacobson-- that, that the five districts was just an arbitrary number. It was set by Senator Wayne, from what I've been told. Again, it's not a magic number. Again, this bill does not have a fiscal impact. It doesn't cost anything. And it can add great value to our state and also to these cities. And I might also just, regarding, you talked about Grand Island. Grand Island is unique in that it has both the Union Pacific and also the Burlington Railroads that serve that city. And it really is a great opportunity for Grand Island to be able to be a transportation hub for goods and services that are-- that we have here in the great state of Nebraska. So it's not a subtraction from, it would be an addition to. So I believe that Hall County and Grand Island along with these other proposed inland ports, it would be a big plus.

ANDERSEN: Can you tell me, is, is there any money involved? I mean, I understand originally when the Port Authorities, before my time, came up, there was $5 million in the fund that's been depleted. Is that, is that true, this is not a money issue?

LIPPINCOTT: This Inland Port Authority has no fiscal impact, doesn't cost us anything. It's-- it just-- it really has something to offer and no subtractions, truly.

ANDERSEN: All right, thank you, Senator Lippincott. Thank you, Mr. President.

ARCH: Senator Fred Meyer, you're recognized to speak.

F. MEYER: Thank you. I rise in opposition to AM2541, the likely location of that, of the-- another inland port is in my district, and I, and I, I second a lot of the notes that Senator Lippincott has already made. That intersection of those two, two national railroads is-- it, it can't be understated. There's already a business there, Central Nebraska Transload that will take intermodal loads from Union Pacific and put them on Burlington Northern if whatever the final destination is. In addition, Grand Island probably has more raw development land readily available in the former Cornhusker Army Ammunition Plant than any of the other sites. In addition, they have some-- quite a number of international businesses that would-- that, that could use the facilities on the west side of Grand Island. And I just think that to not include them would be a mistake. I think we also look at the area around Grand Island and if you look at the, the population and the employable people, you have to include Hastings, Grand Island, and Kearney all in one metroplex. And when you include those, and St. Paul, Wood River, Shelton, Kearney, Central City, you're talking about a pretty sizable population possibilities for the inland port type activities. So I guess I don't see a downside to adding another one. I don't think it takes anything away from the North Platte site. North Platte has done a great job, but I think we're far enough away. And with the facilities that are already in place in Grand Island, I think it would be kind of a mistake not, not to include them at this time in the inland port list. So I would ask for your red vote on AM2541. Thank you, Mr. President.

ARCH: Senator Hansen, you're recognized to speak.

HANSEN: Thank you, Mr. Speaker. All right, colleagues, I, I rise in opposition to AM2541, mainly because one of the major areas in my district would be Blair, which would benefit from something such as Inland Port Authority, which as I know is what Senator Jacobson's amendment is trying to limit, and then what the Urban Affairs Committee bill is trying expand to eight. And so I think Blair, again, is one of those unique areas in Nebraska that, that has access to rail, near-- you know, near a small airport, has access to-- near highways, trucking, interstate, and this would greatly benefit Washington County and Blair, in particular, who, who at one point were looking into making this work, but then since the bill originally came and they weren't able to do it, now with the new Urban Affairs Committee bill, it's my understanding that they want to kind of renew those, those interests. And kind of get back into looking at the portland-- Inland Port Authority and kind of open up those avenues of economic development. So I just, I just wanted to read, and this is

kind of a summary of a lot of the emails that I have gotten from members of my district. And it says: For communities like Blair, Washington County, this provision is important as we continue looking ahead to future economic development opportunities connected to river access, logistics, and industrial growth. Increasing the cap to eight would allow communities like ours the option to pursue a Port Authority down the road without limiting opportunities for other parts of the state. Maintaining this provision helps ensure communities across Nebraska have the tools they need to remain competitive and prepared for future investment. And some-- and, again, mirroring maybe what my colleagues Senator Lippincott and Senator Fred Meyer have said and others, this is, this is a good thing, not just, I think for my district, is why I'm getting up and, and opposing the amendment and speaking a little bit more about it, but also for the state as a whole. And so, colleagues, I'd appreciate a, a no vote on LB-- AM2541 and a yes for the underlying bill. Thank you, Mr. Speaker.

ARCH: Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. Well, let's be clear again that there's a difference between a rail park and an Inland Port Authority. OK? A rail park is where you have transloading capability, and you can take freight and move it inside the United States. OK? Anybody can build one of those, build them wherever you want to build them. Inland ports allow you to have import-export business, where you can bring freight in, and the first stop in the United States is at that inland port. And if you're going to have manufacturers located there on that site, who can ship overseas business from that site. So North Platte has the rail park and the Union Pacific Railroad and the Union Pacific can take freight anywhere in the United States. You don't need two railroads to get that done anywhere in the United States but also if we're going to load to go overseas you can do that as well. We also have the airport as part of it so we also have air opportunities. We have Highway 83 going north and south through North Platte. Now, we have it in place. We have three contracts currently that are transloading, but-- and we had a bill through earlier this year that allowed us to do another spur to connect from, from our site, our rail park site to UP Railroad Yard. This is something that with the UP making their changes due to coal restrictions at the, at the power plants, they've downsized their operations in North Platte at what was the largest, largest rail yard in, in the world. And so they had talked to us, too, originally on building the rail site, the rail park, and then now about tying in to an international port of the plains, which has been created. This is an economies of scale, people.

Not everybody is going to be able to get approved to set up an inland port and have the volume. You're in Fremont-- let's look at Blair. How far is it to Fremont? They have an inland port. How far is it to Omaha? They have an inland port. So-- and if Senator Hallstrom were here, he'd like to have one down in Nebraska City. The question comes back, why do we have a limit? We have a limit because of economies of scale. That's why. Same thing was true with the racetracks and the casinos. Same thing was true when we did the good life districts. And they're disproportionately in the eastern part of the state. So if you build-- have one in North Platte, which we have, and have a considerable amount of investment in that, and there is $30 million that the Legislature put into the rail park fund to help build out these sites. So we also have concerns about, is that money going to have to be further divided? Because I don't see anything in this bill that restricts them from applying for and trying to get that money redistributed as we continue to do, and it's matching dollars, as we continue the build out. I said before and I'll say it again, if we find we have a need to add another one, I would bring the bill. But we have five of them now and no one's doing any, any world trade out of their site today. And we've been doing this for 5 years. So I'm just saying, if you want to build a rail park and ship all over the United States, knock yourself out. There are no restrictions. But if you want to go overseas or bring product in, and must be the first stop, you have to have the inland port designation. So, again, I would urge you to vote for the amendment. Let's, let's slow down, let's walk before we run. We do it in everything else. I don't know why we would make a difference here. So thank you very much, Mr. President. Oh, and, also, I might mention, North Platte has 300 acres around their rail site. This is between Hershey and North Platte. So we've got more acres than Grand Island has. We can just keep optioning land and keep building out if we had to. So I will tell you, there's ample site to continue to expand significantly here. Thank you.

ARCH: Senator Quick, you're recognized to speak.

QUICK: Thank you, Mr. President, and good morning, colleagues. I rise in opposition to AM2541. And you know, Grand Island has been, been long-standing. We have had a lot of, you know, growth and industry in our community. I can-- you know, back in the day, before my time, they had the ammunition plant out at Grand Island. They also have one near Hastings for the-- I think that was Navy Ammunition. And so there was moving freight long before I was even around out of the central part of Nebraska. And, you know, Grand Island has long-- they've long wanted to be part of an Inland Port Authority. And it's more for-- you

know, they're looking at the economic growth for our community. And it's not just for Grand Island, I think it helps out-- when Grand Island, Hastings, and Kearney can all work together to be, to be, you know, you know, proactive in bringing economic development to our communities, it doesn't just help one community, it helps every community because we have-- I know there's workers that live in Grand Island-- well, [INAUDIBLE] shut down, but we had workers in, in Grand Island that would drive to Kearney to work. There's workers in Kearney that drive to Grand Island to work, the same way with Hastings. There's people that work in both communities at different jobs. So it's all about area economic development. And I think that's really one of the important pieces to all of this. Now, I think we're far enough from North Platte that I don't know that we would interfere with us having an Inland Port Authority and them, and them having one. And I guess I don't consider Grand Island to be on the east side of the state, but, you know, I know that Kearney has a good life district, we have a good life district, so I know that's been brought up. And I don't consider either community to be the eastside of the state. I think it's really been important for Grand Island, we had to finish that four-lane highway going to the west and then that would qualify us to be part of that Inland Port Authority. Right now we have that four lanes going in all four directions, we're only just a few miles from the interstate. And then we have-- of course, we have a, a fairly nice airport there, not only do we have air travel for, for people wanting to travel to other parts of the state or go-- leave-- or go outside the state, but we also-- they haul freight in and out of there too as well. And then, we also-- like I said, we had the railroads too, which we have UP and Burlington and there's a lot of freight that goes in and out of Grand Island, and a lot of our larger manufacturers also use that. We have Hornaday Manufacturing, we have Case New Holland, we have Chief Fabrication and manufacturing. All of those companies do a lot of, of freight, JBS, a lot of theirs is probably truck, but I'm sure some of it goes out by rail also. You know, a few years back, Grand Island also became an MSA, a Metropolitan Statistical Area, and that happened because of our population growth, and at some point, those bring in federal dollars, and it really helps your community with some of those federal dollars that comes in. So with the Inland Port Authority, that's just going to add more access to maybe some federal dollars. It will help us grow economically in the central part of the state. You know, recently Grand Island has, has, has, has had a lot of growth. Growing out towards the south part of town and that's not even part of the good life district. This is a whole separate area of development for Grand

Island, which has been really important for us to see. There's a new hospital out there. There's a lot of medical buildings, a nursing home. There's two hotels going up out there, as well as some restaurants going in, and some housing as well. And so that's really been important for a Grand Island to have that, that growth. And then along with that if we can become-- if we can get the Inland Port Authority to establish some more growth and have that access to maybe some federal funds along the way. I understand that there's-- the state dollars aren't there, but, but I don't think that each Inland Port Authority is going to have to fight over the federal dollars. I think that's going to be something that maybe-- I, I guess I don't know exactly how it works, but I would think that's something you're going to apply for. So I'm really supportive and I thank Senator Lippincott for bringing the Inland Port Authority and I like the fact that we're actually going from, instead of just adding one, adding three actually, so we'll go from five to eight. I think that's important for our state, for other parts of the state that also want to have an Inland Port Authority. So with that, I'll yield the rest of my time. And thank you, Mr. Speaker.

ARCH: Senator Clouse, you're recognized to speak.

CLOUSE: Thank you, Mr. Speaker. I rise in support of AM2541. And, you know, the, the Senators, Quick and, and Jacobson, they put me in a tough spot, because Kearney, we didn't have a dog in his fight. But we're stuck right in the middle of it. But I would also say that I've heard from my colleagues in Kearney that Gibbon might be interested. You know, we got the rail spur. There's a lot of things. So when you expand this, I think that what this does is opens the door for a future when we talk about the, the money. One of the things that we've talked about at, at length and sidebar conversations is don't create new programs in here. When we say, well, we don't have the money now, but when we get the money, we'll fund it. We hear that a lot in this body. And I voted no in committee, and I voted-- and I'll support the amendment. And the reason I did is because this seems to me to be one of those situations where we're setting it up for the future that when we do have money, we'll, we'll, we'll rise, we'll get back to good standings here in the future. It's not always going to be doom and despair, but eventually we will have funding. And so if we increase this and we start approving more, well then that's less of the pie and less of the, of the funds to spread around. And I-- my reason for the no vote was not against Grand Island, it wasn't for Kearney-- or for North Platte, it was just simply that I think that we have this number, it's been set. We've gone through this, as Senator Jacobson

mentioned, with other things that I think we need to sit tight and just see how this plays out. So that was the reason of my no vote in committee and I will be supporting amendment AM2541 for that reason. And I think this is also a problem when we look at numbers and we just pull arbitrary numbers and get a bill passed and did we give enough thought on what those numbers should look like? So I will be supporting this amendment and I will continue to support the five. And at this point, AM2541 has my green vote. Thank you.

ARCH: Senator McKinney, you're recognized to speak.

McKINNEY: Thank you, Mr. President. As the Chair of the committee and the individual who also voted to put this in a committee package, I rise because this is a discussion that we had in committee whether to just vote LB915 straight out on the floor or put it in a committee package. And we had a conversation within our committee and the consensus within the committee was to put it into the package because, for many, it made sense to do so. And, and some of the arguments in the committee was that, you know, one, there's a lot of ports on the eastern side, and, two, the bigger macro issue of how are we going to grow our state and how are we giving municipalities tools to grow and ensure that we can increase revenue so we don't end up in these situations? Ways so communities can be more independent of state resources and those type of things and that's why it was put into the package. I did speak with Senator Jacobson and I've been aware of his opposition to this and also, you know, encouraged him to have conversations with Senator Lippincott in a way that could possibly, you know, allow them to come to a compromise in some type of way. Clearly, they weren't able to because of the expansion. And I'm not a senator from those portions of the state, whether it's North Platte, Grand Island, or anywhere else, but I always try to support anything that can grow communities, because I'll be the same person up here arguing, we need this tool or that tool to try to help grow my district. And that's why I supported this. And I just wanted to provide that clarity that this was a discussion in committee, and a consensus within the committee was that we should put it into the package, we should move it onto the floor because of the macroeconomic issues that center around Inland Port Authorities and how are we giving municipalities tools to grow so in the future we're not ending up in these deficits and we're-- and, and those type of things so we have the revenues. So we're not mad at each other from what happened yesterday and, and, and I just wanted to provide that clarity. So thank you.

ARCH: Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. Again, I'd like to take kind of a high-level look at the value of these inland port districts and look at some of the other states that already have this and how it's been very productive for them and then I'd like to look specifically about Nebraska. The number one rated inland port by tonnage would be the great state of Indiana to our east. They handle steel, fertilizers, ag products. Missouri follows at second with St. Louis being the most efficient inland port district moving over 31 million tons a year. Illinois with the Mississippi, Ohio, and Illinois rivers all joining there in Illinois. Chicago alone handles over 1,600 acres for cargo alone. The state of Ohio with the Mid-Ohio Valley is number one by total tonnage, over 36 million tons it handles on the Ohio River traffic. Kentucky with Cincinnati, Huntington, tri-state area, and northern Kentucky, they have districts there on the Ohio River, shipping coal and steel out of that area of the country. Pennsylvania with the Ohio River. Oklahoma with the Arkansas River. Idaho, Georgia, Texas, West Virginia, all of these states benefit from an inland port. Also like to add along, Senator Hallstrom did send me a text message a few moments ago and just wanted to ensure that we all know that he strongly supports this. Nebraska City and Otoe County would be very interested in trying to put their name in the hat, becoming an inland port. Hall County, of course, they support this bill as does Saunders County, Dakota County, Washington County, and Otoe County, as I just mentioned a few moments ago. It's interesting to note just-- we talked about Grand Island a few moments ago, and Dan Quick also mentioned it. To the west and north of Grand Island, of course, we know that they have the Ammunition Depot. Many of the bombs that were dropped in Vietnam were made in Grand Island. And Grand Island Airport is a long runway, and it can handle big aircraft that can fly in and out of Grand Island. The Omaha Chamber also supports this bill, and, of course, Senator McKinney just talked about being from Omaha and, and whether or not that city supports this. And interesting to note also that Grand Island and Kearney both have good life districts in those towns, along with a, a casino in Grand Island. Ogallala also has a casino. And Grand Island also is host to Case Manufacturing, which is a very, very large manufacturer that builds equipment that is shipped worldwide. The Borer Wholesale Company is in Grand Island, and, of course, we all know about the Hornaday Manufacturing Corporation located in Grand island. And all of these companies can benefit greatly from having an inland port district. And, again, the idea, very simple, is to get your goods so that it can be, in an easy

manner, shipped outside of your local area into destinations, not only throughout the United States, but also worldwide. I strongly would hope that you would vote against AM2541, which would strike out the inland port districts, and vote for AM2360. Thank you, sir.

KELLY: Thank you, Senator Lippincott. Senator Hunt, you're recognized to speak.

HUNT: Thank you, Mr. President. I, I will be brief. I rise in total support of the Inland Port Authority. I enjoyed working on that during my time on the Urban Affairs Committee with Senator Wayne and Senator Terrell McKinney. And, you know, I think it's, I think it's a great thing for Nebraska with a lot of potential. I did not want to let it go unsaid today, a lot is going on. Today is, of course, the vernal equinox, the first day of spring, and we definitely feel that outside as I think we're all eager to get out of here today. But before we do adjourn, I did want to, to mention a few things happening in our world today that should not go unsaid. It's the first day of spring. It's also the start of Aries season, which is an important day to our colleague Senator John Fredrickson, who, who observes that very diligently. But today is also Nowruz, which is the Persian New Year. It's a day celebrated by people of Persian descent and people in the Iranian diaspora throughout the world. So that's a very special day for a lot of our neighbors here in Nebraska. And today is also Eid, which is marking the end of the month of Ramadan, which is a month of fasting that's very important in the Muslim community. So I wanted to say Eid Mubarak to our Muslim friends in Nebraska and around the world. And, you know, I wish you light and best wishes with your family and, and clarity for the rest of the year going forward. And I hope you have a really, really great feast today, so. Thank you, Mr. President.

KELLY: Thank you, Senator Hunt. Senator Wordekemper, you're recognized to speak.

WORDEKEMPER: Thank you, Mr. President. I'm going to rise to support AM2541. And I've, and I've heard from Fremont in the past on the Port Authority. It's true we do have one there. And to shed a little light on that, they, they had a meeting and in their meeting they, they submitted for 37 projects to come to our Port Authority in the last 3 years, potentially bringing in $24 billion and 29,000 jobs. At this point in time, none of them have committed to come to Fremont, and I can't say if they chose another Port Authority over our state instead of Fremont. Some reports were that they went to other states. They

located in Iowa or Kansas for one reason or another, they didn't find our site as a fit. And as Senator Lippincott pointed out, Fremont did receive $3 billion from the federal government to help with road construction around our Port Authority. Fremont's Port Authority is 1,700 acres. We were fortunate to, to get that expanded to that size, not knowing what businesses would be looking. We're partnered as a-- we were a focus site by Union Pacific because the rail line is right next to our Port Authority. So there was plans on where we located our Port Authority and with Senator Jacobson's bill earlier that we voted on this year, it helped with funds to get utilities to these Port Authority sites. And so some of that money will be used that's in there now to help grow the Port Authority sites we have in our state. So I, I think the number we have now as, as five is good. I, I don't see that we should dilute the money we have in our Port Authority funds to more Port Authorities. It takes a lot of money to develop these sites and last year when we were talking about our budget there was talk of potentially sweeping some of that money out of those funds. I'm glad we did not do that. I think that would hurt the, the Port Authorities that we have now. And so I guess, realistically, if we open up more, we're competing against ourselves and we should be looking at bringing outside companies into the ones we have. I think we have plenty of them here in the state, so I, I, at this point, do not support expanding it, but I would agree with Senator Jacobson that if these start filling up, we need to look at expanding the program and opening them up because we want to bring more businesses into our state. Thank you, Mr. President.

KELLY: Thank you, Senator Wordekemper. Senator Jacobson, you're recognized to speak. This is your last time before your close.

JACOBSON: Thank you, Mr. President. Well, I, I would agree with many of the comments that have been made. Port Authorities are good. They will help your communities. And that's, and, and that's why we limited it to five, so that we could get five up and running. I would tell you that when I look at Grand Island, Grand Island has had exponential growth. I would also say Kearney has had exponential growth and is continuing, and pretty soon Kearney will be an MSA as well. North Platte with Sustainable Beef and the growth there, we will be next probably in line to become an MSA. That will happen as we continue to be able to expand, and that was part of the thought in terms of the Port Authority. If every time we start building something and then someone else looks at it and says, gee, that looks like a good deal, we're going to jump in too, they're close by and they water down what our growth is going to be. I think it's a good thing that we're

continuing to grow the communities further west of Lincoln and Omaha. I also found it unique that we had a bill that came through, I believe, Revenue Committee for the Pinnacle Bank Arena to be able to expand their seating capacity. And the question was, why did you not have more seating capacity out of the gate? And the reason is because they had an agreement with Omaha because at the time Pinnacle Bank Arena was built, Omaha did not want the additional competition of an arena that was as big as their biggest arena. So that's why Lincoln was limited. OK? Now that restriction is being lifted. So these things have been done in the past. We are a little sensitive to over-building in one area. OK? Grand Island continues to grow. Congratulations. I think that's a good thing. But it's important that Kearney continues to grow, North Platte continues to go, Kimball, Scottsbluff. We need the entire state to grow. So we can diversify how we do that. Not everybody has to have an inland port. If that's what we're going to do, none of them will be successful, except maybe Omaha. This is really a matter of where do we need to be on economies of scale? What about bleeding off from a competition standpoint so that we can't make them successful? And I would also say having a rail park is one thing. If you want a rail park, build one. If you want the inland port designation to be able to do international trade there you're going to need to have a Port Authority designation. And that's currently limited to five. I believe it should continue that way. So with that, thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Senator Lippincott, you're recognized to speak.

LIPPINCOTT: Thank you, sir. I've got just one question to ask rhetorically of, of Senator Jacobson and Senator Quick. One day I'm flying at Delta Airlines, and this is years after Ronald Reagan was President of the United States, and his Secretary of Defense was Caspar Weinberger, had him on the flight, he and his wife, and they were sitting up in first class, so always been kind of a fan of his. And he said this one thing that I think is apropos at this moment, and that one thing that Caspar Weinberger said, competition is a good thing. And just because we've got five inland ports right now in Nebraska, having eight inland ports would not subtract from the current five. It doesn't cost anything, there's no financial expenditure, has no fiscal point, no fiscal note to it, doesn't cost anything, it can really only help things. So I believe that we should give the opportunity for up to eight different towns to have an inland port. No fiscal note, competition's a good thing, and it helps put Nebraska on the map in terms of global commerce. I would hope and ask

and I would consider a nice birthday gift if you would vote red on AM2541 and vote green on AM2360. Thank you, sir.

KELLY: Thank you, Senator Lippincott. Seeing no one else in the queue, Senator Jacobson, you're recognized to close on the amendment.

JACOBSON: Thank you, Mr. President. I'd ask for a call of the house, and I think we've lost a few people here today, but I'll ask for a call of the house and I'll proceed with my close. I'll be very brief. I think everything's been said that needs to be said. Let it be said, I welcome competition, but I will tell you, if you have three customers and you need three customers to hit the economies of scale, I don't know how four people vying for those three customers that need three to be successful is a good thing. OK, there's only so much business to be had. This isn't about competition as much as it is saturation and lack of it. We, we have, we, we have not enough customers to go around for the people that are here. That's why we limited the casinos. That's why we limited the racetracks. That's why we limited the good life districts. This is no different. This is no different. With that, again, call of the house. Thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. There's been a request to place the house under call. The question is, shall the house go under call? All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 27 ayes, 1 nay to place house under call, Mr. President.

KELLY: The house is under call. Senators, please record your presence. All unexcused senators outside the Chamber, please return and record your presence. All unauthorized personnel, please leave the floor. The house is under call. Senators Machaela Cavanaugh, Guereca, Kauth, and Hansen, please return to the Chamber and record your presence. The house is under call. All unexcused members are present. Senators, the question is the adoption of AM2541. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 15 ayes, 15 nays on the adoption of the amendment, Mr. President.

KELLY: The amendment is not adopted. I raise the call. Mr. Clerk.

ASSISTANT CLERK: Mr. President, Senator McKinney would move [MALFUNCTION] amendment with AM2633.

KELLY: Senator McKinney, you're recognized to open.

McKINNEY: Thank you, Mr. President. So I know I said this a lot earlier, probably like 2 hours ago or hour and a half ago, but AM2633 amends LB981 to take out a lot of the provisions pertaining to bedbugs and those type of things. After conversations with the Governor's Office, we came to a compromise on what should be in the bill and we concluded with AM2633, which would allow the option to the city of Omaha to regulate a housing agency in a city of metropolitan class. It also has reporting requirements and those type of things. And I think it's a good compromise. I definitely would like to further, you know, hold OHA accountable. But you fight your battles and sometimes you, you have to know when to say, OK, we could get this much and maybe next year we could come back and try to get something more. But I do think this is a good compromise and a good amendment that, you know, goes along with doing as much as we can from our perspective to make some improvements with the housing authority. So I would ask for your green vote on AM2633. Thank you.

KELLY: Thank you, Senator McKinney. Senator Spivey, you're recognized to speak.

SPIVEY: Thank you, Mr. President. I know we're kind of getting close to the end of our day, and so just wanted to take a, a moment as we wrap up conversations and specifically on this bill to just go a little bit off of topic, so taking a little of a, a point of privilege, to tell my son congratulations on his first homerun last night. So some of you all must have missed me last night because I made the executive decision to go to his-- the opener of his select baseball season, because I am a baseball mom. I have a cute bag and all the things. And I'm really glad that I went. He started as pitcher for 12U for Hosey Heroes. And then his first time at bat for this season, he got his first homerun. I think it was like 225 feet, I think, when I read the little feet sign on the baseball field and I have a video if anyone wants to see it of me screaming in the background. I showed Senator Juarez this morning and some of the red coats of me cheering him on and him super excited and then his team. And so a lot of you all, my colleagues have met Naasir on the floor when he's come to the Legislature with me. I am so blessed to be his mom. He is the best part of me, super smart, just active, challenges me. He's also an Aries, Senator Fredrickson. So I think that's why he

tries to run my life. And I'm getting into the depths of that with Aries season upon us. And so-- but, again, I was really excited. We, as state senators, we sacrifice family time and a lot of the, the people allow for us to participate and, and serve our communities. And my son has done that. He recognizes when I'm not home. He really has allowed me and given me permission to really serve in this role. And so I wanted to show up for him yesterday. I was really glad I did and he hit his first homerun of the season. And so I'm hoping there are many more, but I'm going to make sure I cut this film for him and give it to him. And just to say, I am so proud of you, Naasir, and I'm excited for the rest of the season. Thank you, Mr. President.

KELLY: Thank you, Senator Spivey, Senator Jacobson, you're recognized to speak.

JACOBSON: Thank you, Mr. President. I know-- I did spend a lot of time with Senator McKinney working through dissecting his bill, and I appreciate the fact that he allowed me to bring in LB1134 and-- yeah, excuse me, LB1130. I know he's worked hard on making adjustments with this bedbug bill that came from last year and so I am going to support him on that effort, even though I didn't promise to vote for his bill I will. And, and for all those of you who voted no on, on my amendment, it's OK to be wrong once, but just don't make a habit of it. So thank you, Mr. President.

KELLY: Thank you, Senator Jacobson. Seeing no one else in the queue, Senator McKinney, you're recognized to close.

McKINNEY: Thank you, Mr. President. And I would definitely ask for your green vote on AM2633. And I will also say I have, I have spoke with the city of Omaha and housing agency people, and we're going to clean up a little of this language on Select File. We just didn't have a lot of time to address it right now, but it's-- it will be a friendly amendment. We've had some good conversations. It's just about cleaning up the language going forward. And with that, I ask for your green vote. Thank you.

KELLY: Thank you, Senator McKinney. Senators, the question is the adoption of AM2633. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 38 ayes, 0 nays on the adoption of the amendment, Mr. President.

KELLY: AM2633 is adopted. Mr. Clerk.

ASSISTANT CLERK: Mr. President, Senator Dover would move to amend the committee amendment with AM2493.

KELLY: Senator Dover, you're recognized to open.

DOVER: Thank you, Mr. President and good afternoon, colleagues. I'm bringing AM2493 before you today to incorporate language of LB1129 and has two primary updates to Nebraska's Community Development Law relating to the tax increment financing. LB1129 was heard in Urban Affairs Committee and advanced with a 7-0 vote reflecting strong support for the committee and from communities across the state. One of the people that spoke in support was the League of Nebraska Municipalities. First, the amendment clarifies that communities may utilize tax increment financing within the areas that fall under extraterritorial zoning jurisdiction. These are areas where cities already have planning and zoning authority and are responsible for guiding future growth. This clarification allows municipalities to plan for development more effectively and ensure that communities can use TIF in areas where they are already responsible for coordinating infrastructure and land use. Second, the amendment provides clarification for determining extreme blight. Current law relies heavily on federal census data, which is smaller communities can have significant margins of error and may not accurately reflect local conditions. LB1129 allows governing bodies to rely on other credible information when federal data is unreliable, ensuring that blight determinations are based on accurate and transparent information. Colleagues, this policy update was developed after conversations with local leaders, planners, and community members from Omaha to communities throughout greater Nebraska. One thing we heard consistently is that many municipalities, particularly rural and smaller communities, tax increment financing is often their primary economic development tool. One of the most important things to remember about TIF is that it does not capture existing tax revenue. It captures only the increment created by new development. Development that occurs because a project would not move forward but for the use of TIF. Without the development, there is no increment. There is no new tax base. So the question becomes fairly simple, do we want to develop and no new revenue or do we want new projects that eventually go into tax rolls and strengthen the tax base for our communities? This amendment ensures that Nebraska communities can continue to responsibly use TIF to encourage development that otherwise would not

occur and invest in their future. I would ask for your support of the amendment. Thank you, Mr. Speaker.

KELLY: Thank you, Senator Dover. Seeing no one else in the queue, you're recognized to close on the amendment and waive. Senators, the question is the adoption of AM2493. All those in favor vote aye; all those opposed vote nay. There's been a request to place-- record, Mr. Clerk.

ASSISTANT CLERK: 27 ayes, 0 nays on the adoption of the amendment, Mr. President.

KELLY: AM2493 is adopted. No one in the queue, Senator McKinney to close on AM2360.

McKINNEY: Thank you, Mr. President. Again, this is the Urban Affairs Committee package, our second package that's been on the floor, and we've heard the discussion today about, you know, making changes to Port Authorities, Community Development Law, and those type of things, and Senator Dover's bill addressing ETJs. And with that, I'll ask for your green vote. Thank you.

KELLY: Thank you, Senator McKinney. Senators, the question is the adoption of AM2360. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 35 ayes, 0 nays on the adoption of the Urban Affairs Committee amendment.

KELLY: AM2360 is adopted. Senator McKinney, you're recognized to close on the bill and waive. Senators, the question is the advancement of LB1114 to E&R Initial. All those in favor vote aye; all those opposed vote nay. Record, Mr. Clerk.

ASSISTANT CLERK: 32 ayes, 0 nays on the advancement of the bill, Mr. President.

KELLY: LB1114 is advanced to E&R Initial. Mr. Clerk.

ASSISTANT CLERK: Mr. President, General File, LB921, introduced by Senator Ibach. A bill for an act relating to labor; to amend-- or to adopt the Nebraska Worker Adjustment and Retraining Notification Act; to change certain employer duties under Non-English-Speaking Workers Protection Act; and repeal the original section. The bill was first read on January 9 of this year, and it was referred to the Committee

on Business and Labor. That committee has advanced the bill to General File. There are committee amendments, Mr. President.

KELLY: Senator Ibach, you're recognized to open.

IBACH: Thank you, Mr. President, and thank you, Chairwoman Kauth and members of the Business and Labor Committee for your support of LB921. Good afternoon, colleagues. Today I ask for your support on LB921, which adopts the Nebraska Worker Adjustment and Retraining Notification Act, better known as the WARN Act, and it will make minor changes to the Non-English-Speaking Workers Protection Act. Following the announcement of the closure of the Tyson plant in Lexington, hundreds of former employees and others contacted me asking for Nebraska to adopt a state version of the federal WARN Act, as other states have also done. Pursuant to the federal law, businesses with 100 or more employees must submit a WARN notice when the business experiences a shutdown affecting 50 or more employees during a 30-day period or when 500 or more employees or 33% of the workforce will permanently lose employment. There are various exemptions to the notice such as if the closure is in response to a strike or a lockout. But, generally, if a mass layoff is to occur, notice must be given. LB921 was drafted based on Iowa's WARN Act. Under LB921, if an employer has a mass layoff event, or a closure affecting 25 or more full-time employees, notice must be given to the employees and the Department of Labor. There are some exemptions provided, but generally you must provide notice. As drafted, it requires a 60-day notice, but the committee amendment requires a 90-day notice. The committee amendment to LB921 also requires that the notice given to employees include copies of all employee handbooks, personnel policies, and employee-related policies, or where they are located online. LB921 also makes minor changes to the Non-English-Speaking Workers Protection Act. If 10% of the staff at any given company speaks the same non-Engish language, they are currently required to provide an individual to translate and to serve as a referral agent to community services. LB921 adds some responsibilities to the individual who serves as the referral agent, for instance, developing and maintaining a list of contact persons and agencies of the services in the community and to assist the employee in working with and through those services. Under the committee amendment, we are changing the 10% threshold to 5%. At its core, LB921 promotes transparency. Being laid off can be one of the most stressful things that happens to an employee and their family, and LB921 can help mitigate that stress by providing advanced notice of the mass layoff, regardless if the federal threshold has been met. In addition, mass layoffs also affect

local communities. By providing additional notice of such layoffs, state and local officials can also respond more proactively. And resources can be diverted to a community to assist with the situation expeditiously should there be a need like we have experienced in Lexington. I'd like to note that there is a fiscal note attached, but I've worked with the department to identify a cash fund under their purview to fund the program without a General Fund appropriation. Therefore, no fiscal note will be needed. This will be represented in a Select File amendment to LB1173. I would also like to note that based on analysis provided, as proposed, LB921 would be one of the most heavy-handed approaches from a regulatory standpoint on businesses. As such, we have introduced AM2786, which is an amendment that would mirror the federal requirements when it comes to the number of employees affected. But it would further require that additional 30-day notice on top of the federally required 60 days, providing additional time to the Department of Labor and to the community for response. This will allow time for affected employees to plan for their what's next. LB921 advanced from the Business and Labor Committee on a vote of 7-0. With that, I thank you for your time. I thank Chairwoman Kauth for selecting LB921 as a priority for the Business and Labor package this year. Thank you, Mr. President.

KELLY: Thank you, Senator Ibach. As the Clerk stated, there was a committee amendment. Senator Kauth, you're recognized to open.

KAUTH: Thank you, Mr. President. All right, so the committee put together quite a few bills on this. We have Senator Ibach's LB921, as well as her LB308. And, Senator Ibach, have you introduced that yet? No. So what I'm going to do, we have LB308 as well, and then LB544 from Senator Dover, as well as LB1170. And so what I'd like to do is have everyone go through their bills. So, Senator Ibach, if you will continue with LB308.

KELLY: Senator Ibach, would you yield to a question?

IBACH: I will. Thank you. Good afternoon again. I would like to speak to my other bill that is included in AM2420. Nebraska continues to face a substantial shortage of health care workers. As a result, we have seen nursing home and assisted living facility closures across the state, all in rural areas, and backlogs in our health care system. To ensure the proper delivery of health care, nursing homes and assisted living facilities may engage staffing agencies to temporarily fill vacancies, including those caused by extended medical leave and even those never filled when employees left due to the effects of the

pandemic. Unfortunately, there are reports of temporary staff lacking legally required credentials, background checks, and necessary certification, putting residents, staff and facilities at risk. Temporary staffing agencies play a role in delivering health care to Nebraskans. In order to ensure transparency and accountability, I introduced LB308. That bill, number one, requires health care staffing agencies with a physical and digital presence operating in Nebraska to annually register with the Department of Labor, provide specific information, and remit a $1,500 fee. It-- number two, prohibits the use of a noncompete clause and prohibits fees charged to the facility in the event the staff member being placed with the facility is offered a permanent full-time position. Currently, the facility must buy out that contract from the staffing agency. Number three, it requires the agency to fully guarantee the staff being placed in the facility has the appropriate education, licensure, and it meets the requirements to work in a health care facility. Number four, it provides proof of the agency's workers' compensation insurance. Number five, it provides oversight for health care staffing agencies that fail to comply with the requirements. And number six, it requires the Department of Labor to create a database accessible to the public on its website. Many health care providers rely on Medicaid and Medicare to cover staff wages. Due to staffing shortages, they are forced to bear the high costs of temporary staffing to ensure their patients and residents receive the care they need. To maximize the effectiveness of public funds and prioritize the care of Nebraskans, it is vital that these measures be implemented. The passage of the Nebraska Healthy Families and Workplaces Act underscores the urgency of LB308. Starting October 1 of this year, health care providers in Nebraska will no longer be able to require sick employees to find their own shift replacements, which may further increase employers' dependence on these temporary staffing agencies. The Health Care Staffing Agency Registration Act is structured to function similar to the Contractor Registration Act under the Department of Labor. It establishes a public database where consumers can check the standing of a business. This is also an avenue for consumers to seek reconciliation when a staffing agent-- agency has not upheld their obligations. 16 other states, including Iowa, have passed similar legislation to provide oversight of health care staffing agencies. Several Nebraska-based staffing agencies are registered in these other states. While staffing agencies play a role in the health care system, it is crucial that we establish a process of transparency and accountability to protect Nebraskans. We work with stakeholders-- we worked with stakeholders over the interim to come to an agreement, and that is what is

contained within the committee amendment. The committee amendment makes significant changes. Any reference to staff worker has been changed to worker, and most references to staff have been struck. Additional clarification that each separate location has to be a physical location has been added. Language requiring that contracts ensure all workers comply with [MALFUNCTION], certification, registration, and other requirements have been met. Applicable documents are required to ensure those requirements are met. A health care staffing agency can also provide to the department proof of a certificate evidencing occupational accident coverage for all workers in the state. Additional language is added regarding payments available to be recovered if a hospital hires an employee of a staffing agency. While there is a fiscal note attached to LB308, Senator Clements has asked us to delay implementation of this act to July 1 of 2027. By doing this, the department will be able to absorb the cost to build the registry and I ask for your support for-- oh, let me back up just a second. As I indicated earlier, AM2761 delays the implementation of the Health Care Staffing Agency Registration to July 1 of 2027. And as I also indicated earlier, AM2786 mirrors the federal requirements. So with that, I will ask for your support of LB308 as amended into AM2420. Thank you, Mr. President.

KELLY: 3 minutes, 39 seconds, Senator Kauth.

KAUTH: OK, so Senator Dover, would you please explain LB544?

KELLY: Senator Dover, would you yield to a question?

DOVER: Yes. Thank you, Senator Kauth. Colleagues, LB544 was brought to address a real issue I've experienced firsthand. I've owned and managed a number of businesses in Nebraska since 1988. Depending on the current job market, filling vacancies can be a challenge. Taking-- talking to my fellow business owners at lunch at Norfolk events and governmental affairs at the local chamber, I've heard the same frustration, interviewing people, setting up the interview, only to have no one show up. Businesses across the state also reported that individuals were applying for jobs, scheduling interviews and then simply not showing up or responding. What many have referred to as ghosting, this language makes clear that when an individual fails to respond to a job offer or interview request with a-- within a reasonable time frame, or fails to appear for a scheduled interview without notice, they are not meeting the work search requirement tied to unemployment benefits as outlined and underlying. Statute includes failing to respond to an interview or job offer within 1 week or

failing to appear for a scheduled interview about noti-- without notifying the employer. This is about accountability. I ask that you support LB544 and AM2420.

KAUTH: And then finally, Senator Wordekemper, would you please explain LB1170?

KELLY: Senator Wordekemper, would you yield to a question?

WORDEKEMPER: Yes.

KELLY: 2 minutes, 10 seconds.

WORDEKEMPER: Thank you, Mr. President. I'd like to thank Senator Kauth for her inclusion of what was originally my bill LB1170 in AM2420. LB1170 is a cleanup bill developed in consultation with DAS, the Attorney General's Office, and Senator Hallstrom. It addresses two areas of statute and while it is technical in nature both changes matter. The first deals with the State Tort Claims Act. In 2018, LB861 allowed counties to recover prosecution costs for crimes committed and state correctional facilities when those costs exceeded two and one-half cents per a hundred dollars of taxable valuation. That framework worked, but the Tecumseh riots produced multi-dependent cases that stretched across multiple claim cycles. LB1170 clarifies that a county may file additional claims for a single incident so long as the initial claim exceeds the threshold with additional claims limited to once per calendar year unless prosecution has resolved. It also makes clear that claims from the same incident need not be aggregated unless directed by the State Claims Board. It closes a gap without changing the original intent. The second part addresses our line-of-duty death compensation act, Nebraska statute already recognizes cardiac events, cancer, and mental illness tied to traumatic exposure as line-of-duty deaths. However, Congress updated the federal Public Safety Officers' Benefits Act on a bipartisan basis this last December, providing clear federal direction on these same presumptions. LB1170 pulls in that federal language to ensure our statute is consistent and apparent now with federal guidance exists. This bill does not expand government or create new cost. It makes our-- it makes sure that protections Nebraska has already committed to actually work. Thank you again, Business and Labor Committee. I yield back to Senator Kauth.

KELLY: And that's time, Senators. Mr. Clerk.

ASSISTANT CLERK: Mr. President, Senator Ibach would move to amend the committee amendment with AM2761.

KELLY: Senator Ibach, you're recognized to open on the amendment.

IBACH: Thank you very much, Mr. President. As I indicated earlier, AM2761 just delays the implementation of that Health Care Staffing Agency Registration Act to July 1 of 2027. And it allows the Contractor and Professional Employer Organization Registration Cash Fund to be utilized in creating the registry. This will eliminate all General Fund's obligations. Thank you, Mr. President.

KELLY: Thank you, Senator Ibach. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Good afternoon, colleagues. I-- I'm trying to work through the different component parts of this legislation and I think some of the various bills that have been folded into LB921 seem to make good sense or kind common sense. I'm trying to respond to serious important issues in regards to workforce development and, of course, Business and Labor matters. There's a few items that I do want to get a better understanding of before I decide whether or not I can support this legislation. Number one, I want to start with the components of the WARN Act that my friend Senator Ibach brought forward on behalf of her community that was impacted so hard in trying to figure out a thoughtful way to prevent future shockwaves in our communities and in regards to workforce when it comes to the sudden departure or loss of a major employer. I know she worked tirelessly when the news broke about the Tyson plant closing and trying to bring awareness to issues, trying to promote community relief efforts, trying to figure out ways to have partnerships between local and state, public and private, step forward to figure how to address workforce needs and challenges, immediate needs for impacted workers, and then trying to think creatively about ways to address those issues in the short term and then moving forward. So I know Senator Ibach worked carefully with a variety of different representatives to look at how some of our sister states handle this issue. They identified a state-level model in Iowa that complements federal requirements in this regard and I know that is the transparency and the notice that allows for notification in planning when we see a potential loss of a major employer like this can help all parties prepare the state, the local community, the workers themselves, etcetera. So I understand what's at the heart of this legislation and I do think it is brought forward for very important

and very noble reasons. The one thing I do want to lift up, though, as a companion piece to that general notification or transparency issue, which I think can be helpful, is that the way I understand looking at the headlines that I'm reading in this regard emanating out of Nebraska, thus far, is that many of the impacted workers in Lexington have yet to receive significant transitional support. I know I've received anecdotal information that people were told they were going to be treated fairly with severance and transition plans. And then many people were fired before those were put into place, and they didn't-- perhaps, they weren't able to receive that kind of transitional support so that there's some anecdotal information happening there. They-- some of the initial relief funds that were put together I think had such a significant amount of demand for them. I know that I saw news reports which demonstrated that impacted families I think were receiving maybe less than $100 or around $100, which doesn't go far on short notice to meet immediate needs. To complement that high need and lack of direct support available, I know two additional things have happened: the Sherwood Foundation has stepped in to provide private philanthropic support to complement initial relief efforts to a pretty significant tune. And then there was recently announced, I think, perhaps a partnership between the state and federal government to provide some additional transitional support, resume building, employment-related services, maybe around $1 million or $2 million for a labor grant that came in, in that regard. So I do want to note this piece that Senator Ibach has is important, what's happened in public and--

KELLY: That's your time, Senator.

CONRAD: Thank you, Madam-- Mr. President.

KELLY: Thank you, Senator Conrad. Senator Guereca, you're recognized to speak.

GUERECA: Thank you, Mr. President. Will Senator Dover respond to a question?

KELLY: Senator Dover, would you yield to a question?

GUERECA: Is Senator Kauth available? Huh? Trying to ask a question. Well, I, you know, I just had some questions regarding the Senator-- Senator Dover's LB544 and just some of the practical implementations of-- oh, there he is, wait, there he is. Sorry, Rob, I-- Mr. Senator Dover, I forgot to--

KELLY: Senator Dover, would you yield to questions?

DOVER: Yes, I would. I was taking a wee break. Sorry.

GUERECA: Thank you, Senator. So I just had some questions around your LB544 and the language that got inserted into the committee amendment. So it's-- if, if, if an individual fails to respond to a offer for a job interview within, I think 1 week was-- what was the amendment, failed to respond to a job offer, and a failure to appear for a scheduled job interview. So what was the impetus to come up with these regulations or guardrails?

DOVER: Excuse me?

GUERECA: Yeah, where, where did, where did the idea come from for the bill for LB544?

DOVER: I, I didn't hear the one--

GUERECA: Well, where, where did the motivation, the inspiration for--

DOVER: Oh, OK. Thank you. OK, got, got it.

GUERECA: --for LB544 come from?

DOVER: I got it. So as far as some of the verbiage, this was negotiated in committee. This was committee work done into the bill. And then, basically, where this came from-- basically, I think I started management of a company in 1988 and have ran a number of, of businesses since then. And it's very frustrating because you're trying to, obviously, fill a position. And we're, we're a small company, so, I mean, you're talking anywhere from 5 to 18 employees. And when you're missing someone, and, and maybe you have a company that's, say, 5 employees and also you're also missing someone it's very strenuous on everyone else. And so it's very, very frustrating when you have people come out and fill, fill out applications and then you set up an interview and there's just no show. And, and I guess maybe it's matter, I've been doing this for decades now that it becomes repetitive and very, and very frustrating. And, and so this-- I've talked to friends and I, I think I-- in my opening or whatever where the Norfolk-- I've been on the governmental affairs, Norfolk area chamber for probably 37, 40, 37 years, 40 years and so we talked a lot about business and people running business, we're all there, you know, trying to watch what's happening down here over the years. And it was-- it became a common discussion that over the years that this is

so frustrating, we, we have people come in and app-- they do an application, they fill out, set up a job interview and then we're waiting and no one shows. And so really I think the reason they did the application stuff is because that was required for unemployment. And so we just tried to simply have accountability built into it. I think the purpose of, of, of statute like this is simply to have accountability. So if someone's receiving benefits and they're offered a job, they need to show up for the interview. And I guess that's putting it in a nutshell.

GUERECA: Do we know if any of other states, any of our neighbor states, have similar policies in place and with statutes?

DOVER: I believe that-- hold on-- Arkansas, Kansas, Montana, and Tennessee have similar policies.

GUERECA: Thank you, Senator Dover. I appreciate the answers.

DOVER: Thank you.

GUERECA: Well, I appreciate that context and I know short on time so I'll plug back in and I'll, I'll go prompt Senator Kauth for a couple questions I have for her and the committee amendment. But, yeah, I just want to make sure that, you know, generally when someone loses their job, they're-- things are up in the air so we want to make sure that these timetables and not necessarily just the timetables but also how it's being communicated and what the flexibility is. You know, I would hate for an email getting sent to spam causing a family to lose their unemployment benefit for a week. Thank you, Mr. President.

KELLY: Thank you, Senator Guereca. Senator Storer would like to recognize some guests in the north balcony, high schoolers from Burwell High School. Please stand and be recognized by the Nebraska Legislature. Senator Machaela Cavanaugh, you're recognized to speak.

M. CAVANAUGH: Thank you, Mr. President. Welcome, students from Burwell. I wonder how long of a drive that is to here. Hope you had a safe one, and you're enjoying the Capitol on a beautiful day. So I, I have similar questions and concerns to Senator Guereca on, on the LB545-- LB544 portion of the 2 days. And I know it's been expanded to a week. But the, the failing to show up to an interview without notifying the possible employer of the need to cancel or reschedule, you lose out on unemployment benefits for the week. I think people's lives that are on unemployment are much more complex than maybe people

in the body understand. There's a variety of reasons why they might not have shown up and a variety of reasons why they might not be able to call and reschedule. One being they don't have money to pay their phone bill. They don't have money to pay for the bus to get to the job interview, they are having some sort of medical emergency, they have a family member that's having a medical emergency, and they don't have money to pay for a phone bill, again, or a phone call. People who are on unemployment are on unemployment oftentimes for-- because they are struggling to have work. And punishing them for not being able to show up feels like we are perpetuating making poverty a full-time job. And I understand, like, it is inconvenient to employers to have somebody not show up for a job interview. And it is inconvenient to not hear back about a job offer. But I don't think that that's enough of a reason to continue to increase systemic poverty. So I would like to see this portion of the bill taken out. I think that it's well-intentioned and well-meaning, but, ultimately, we are continuing to punish people who are in poverty. And, meanwhile, we're passing a, a state budget that does nothing to improve the lives of these exact same population of people, but instead we are cutting programs to help the same population of people and cutting resources so that wealthy people can maintain their level of wealth and actually grow their wealth by paying less in taxes than they currently do. So it feels like not great. I would go to so far as to say it feels icky to penalize people who are in a difficult situation because they have inconvenienced somebody and penalize their family, their kids, just doesn't, doesn't sit well with me. So I think that I would like to have some conversation with the introducer about taking this part of the bill out, and I'm not sure that it needs to happen today. But I do think that we should be having a conversation about striking the section that is LB545 [SIC]. Thank you, Mr. President.

KELLY: Thank you, Senator Cavanaugh. Senator Quick, you're recognized to speak.

QUICK: Thank you, Mr. President. I'm going to talk a little bit about-- I used to work for a sand and gravel ready mix operation when I was-- well back in the early '80s, mid '80s, in there, and every winter there's a lot of seasonal workers and so we were considered seasonal workers. We would work anywhere from the time that in the spring when, when it started to thaw out so we could start pumping gravel again. And then you would work until the ponds freeze-- were frozen over. Sometimes you might work a little bit longer than that, just depends, but we were usually laid off for, for probably 2 to 3 months every year. A lot of time-- and they would send us down, we'd

go down to the Department of Labor in Grand Island-- I worked, I worked in Central City at the time, and then they would send us down to the unemployment-- Department of Labor to fill out our unemployment and to get-- to claim that unemployment insurance. And so I can remember at the time, I think it was, that's been a long time ago, but I want to say it was somewhere around maybe $120 a week, which wasn't very much at the time, but that's been, you know, back in the '80s, too, so. But then you, you would-- you had to fill out a, like a, a-- I think they had you fill out an aptitude test or whatever to figure out maybe what line of work that they could find for you to do in the meantime. A lot of the employers-- you know, I went for some interviews, but they didn't want to hire me for 2 or 3 months because I told them I'm planning to go back to my, my employer. And so I would go for my interview, they would tell me, yeah, we're not interested. We would like to-- if you're going to work here we want you to work for us-- you know, continue to work. So I think that happens a lot with seasonal workers. I think this could be-- affect them as well. So you would have them going to continue to put in applications, continue to go in for-- of course, I guess at that point the employer can refuse to, to hire you. But one of the things that, that my employer would do for me then, they would hire me or let me come back and work one day a week, you could make up half of your-- up to half your unemployment. Some of the guys didn't, they chose not to do that. I know they-- a lot of them struggled anyway, just on that small amount of money that, that we made per week. And I think I was making probably $5 an hour at the time. So I could make, you know, one day was only $40. So I can make $40 plus my $120. And that's not a lot of money. So-- but that was my experience, and I, I can tell you there are still a lot of seasonal workers. A lot of the construction workers, that's the way it works for them. I'm not sure that this, this part of the bill is, is necessary. I understand maybe some of the frustration from some employers where if someone doesn't show up, you know, you're looking at, at that portion and you're trying to hire someone for that, for that position. You know, whether they're qualified or not is the other part. You know, I'm sure there are many times you have someone come in who's been on unemployment that doesn't even qualify for the job that you're-- that you have posted. So there's, there's lots of, of sides to the story, you know, for employers and employees. I do have some, some, some objections to this part of the bill myself. I know Senator Cavanaugh also talked about people who, who are already making a lower wage job and maybe get laid off for a certain period of time, probably don't have a, a good mode of transportation. Like she said, if you're only making minimum-- I

don't know what unemployment is now, what, what, what you receive in unemployment benefits, but I'm sure it's not-- it's, it's-- I know it's less than your paycheck would be. So if you're only making that amount of money, you may have to, to apply for SNAP benefits. You may have to apply for other type of benefits just to make ends meet. And so you may not even-- like she said, I, I would agree with her, you may not be able to pay for your cell phone bill or you'd have to go to some type of a plan where you just have limited hours of, of service. So, yeah, I'm, I'm-- my opinion is, you know, if there's some, some way to work on it, but at this point, I'm, I'm against this part of that bill, so. Thank you, Mr. President.

KELLY: Thank you, Senator Quick. Senator Conrad, you're recognized to speak.

CONRAD: Thank you, Mr. President. Good afternoon, colleagues. So, again, I, I want to note a couple of threads on some parts of this legislation. The first part is, and I really appreciate what my friend Senator Ibach is trying to do in this regard to provide some notice in advance of massive layoffs that impact workforce and communities based upon similar models in our sister states and trying to fill in or plug some holes maybe from the federal requirements in that regard. So that's good. The private fundraising that's happened locally on the state level and with philanthropic support from the Sherwood Foundation, I believe, as reported in recent news reports, has been very helpful. There have been some efforts at the state and federal level as well to assist displaced workers and the community of Lexington. But I, I do just want to note, in my assessment, arm's length from the community, just based upon some anecdotal information I've heard from displaced workers and kind of watching to see what happens, it seems like the federal and state response, thus far, has literally been the very least that we could do. The very least. It, it is seen woefully under-resourced in my opinion from a collected governmental response wherein, really, local, state, and federal should be working harder in concert to support this community. We've learned some painful lessons when Tyson plants have closed in other communities. I know my friend, now Congressman Mike Flood, has spoken really passionately about what happened in Norfolk when the rug was pulled out underneath that community. And, again, I, I know people are trying their best. I know that something's better than nothing, but a little advance notice and a federal government grant that basically is the same level of support that private philanthropy is stepping up to the table with, again, seems to be the very least that we can do, rather than the sort of robust collective effort that should be

happening in this instance to protect Lexington, the displaced workers, and our economy writ large. So that's one piece of it. I will be supportive of that effort because I do think it is important and responsive in that regard, but I would like to see more done in that regard. From the component of the legislation from my friend Senator Dover, I understand why he's bringing it forward and he talked about that in his opening. I haven't had a chance to fully review the committee hearing on this proposal, but I will tell you at first blush, it seems unnecessary and mean-spirited. One thing that I think-- and I know that my friend Senator Dover is not mean-spirited, so I'm sure that is not his intent, but I do just want to remind folks that when when it comes to unemployment programs and unemployment insurance, it's a, it's a joint program that provides temporary financial assistance, and keep this part in mind, friends, to workers who lose their job through no fault of their own. Not folks who don't want to work, not folks who quit on their own volition. Unemployment goes to help out folks who got laid off and who got-- who lose their job through no fault of their own. And it helps to provide really time limited, really financially limited support for immediate needs so that those workers don't turn to other public assistance programs. They have to go through administrative processes. They have to complete work activities. And there are already delays and penalties in place in the current system. You don't get paid the first week. If you don't complete your employment activities, there can be repercussions, etcetera. And you can only be eligible for, I think, maybe, like, 26 weeks maybe in Nebraska. I'll have to go back and brush up on that. And the maximum weekly benefit is like 500 bucks, like 582 bucks, I think, in 2026. So this is a really, really time-limited program that has a very low level of financial support to help folks who got laid off, like the ones in Lexington, through no fault of their own. Thank you, Mr. President. And I, I just think this component of the legislation is unnecessary.

KELLY: Thank you, Senator Conrad. Senator Guereca, you're recognized to speak.

GUERECA: Thank you, Mr. President. I have to agree with my colleagues, Senator Quick and Senator Conrad. I certainly could appreciate the, the frustration of a small business not-- you know, having folks miss their job interviews. You know, as the executive director of a, of a small nonprofit, I've had that same situation. But I think the points that my colleagues highlighted is incredibly important. Unemployment insurance isn't meant to replace your full salary. It is a lot of times a fraction of what you were making. It is just enough so you

don't lose your apartment, so you don't lose your car, so your kids can eat. That's what we're talking about here. So I-- well, again, I can appreciate having lived that frustration, having folks not show up to an interview. I'm not quite convinced that the solution to that's going to be cutting off this unemployment. And to be clear, folks, this is unemployment insurance and you pay a little bit out of your pocket for this basic minimum coverage to make sure you don't lose your home. You know, that's, that's, that's what this is. We're talking about the very bare minimum so people's kids don't go hungry and that, that seemed a little bit-- the response is a little, you know, disproportionate. I, I don't know if I would go quite to that extreme. You know, there's an inconvenience or a mix-up in communication to go straight to, well, you're going to lose that benefit for a week. And I think it's a couple hundred bucks, I don't believe it's more than $450 a week, and that's if you were earning a pretty good salary. You know, we're talking about a fraction of what people earn. This is not supposed to be a replacement for your salary. So I think from that, from that perspective, I-- I'm really going to have to push back on that part. You know, having, having spoken to people on unemployment insurance, having lived it with my family, having personally been on it, again, this has, this has to be through no fault of your own. If you get fired for a disciplinary issue, you don't get unemployment insurance. This has to be through no fault of your own. So, again, I-- it seems a little heavy-handed. When you're on unemployment, that your, your life's usually up, up in shambles, you're trying to figure things out, trying to make things work, you're scrambling to find an actual salary that replaced the one you just lost, not going for something that's fractions of, of what you were making before. So because of those reasons, I-- at this point, going to have to disagree with that portion of legislation. I hope we can have further conversation and come to an agreement because, again, talk to somebody on unemployment. Talk to someone who's been there. It really is nowhere near enough, and I'll, I'll-- I think we're going to go home, hopefully, soon after this, but we'll come back and when we continue to debate, I'll pull up the numbers. Because it's a chart, so it's based on your salary, you get a certain amount per week. So we could talk about that, talk through that. You know, at a time when we're seeing a rise in the cost of food, when we're seeing a rise in the costs of fuel, certainly with the conflicts going on right now in the Middle East, we're definitely going to see an increase in fuel. I know every single person in this Chamber is feeling that right now. We're in a pinch. And we're feeling it right now in the gas pumps. We're going to, we're going to be feeling it really soon at the

grocery store. So while I can appreciate this, I hope we can come to an agreement. We can get this out of it because going after folks when they're at the lowest, right now, when things are about to get a lot more expensive, just does not seem reasonable to me. Nebraskans are hardworking people. They just want a little bit of help. Thank you, Mr. President.

KELLY: Thank you, Senator Guereca. Mr. Clerk, for items.

ASSISTANT CLERK: Thank you, Mr. President. Committee on Enrollment and Review report-- examined and reviewed LB1005 [SIC--LB1055], LB788, LB913, LB784, LB977, LB1087, some having amendments. Committee on Education, chaired by Senator Murman, reports LB1029 to General File. Senator Jacobson has amendments to LB967. Senator Riepe, amendments to LB912. Senator Machaela Cavanaugh has a floor amendment to LB1008, or excuse me, to LB1100, and a second motion from Senator Cavanaugh. Senator von Gillern has a series of amendments to LB1165, as well as Senator Storm has an amendment to LB933. Senator Machaela Cavanaugh, amendment to LB921. And then, finally, Mr. President, priority motion, Speaker Arch would move to adjourn the body until Monday, March 23 at 9 a.m.

KELLY: The question is the motion to adjourn. All those in favor say aye. Those opposed say nay. The Legislature is adjourned.