

Transcript Prepared by Clerk of the Legislature Transcribers Office  
Health and Human Services Committee March 5, 2025

**HARDIN:** Let's get rolling, shall we? Welcome to the Health and Human Services Committee. I'm Senator Brian Hardin, representing Legislative District 48. And I serve as chair of the committee. The committee will take up the bills in the order posted. The public hearing today is your opportunity to be a part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifier sheets that are on the table at the back of the room. Be sure to print clearly, fill it out completely. Please move to the front row to be ready to testify. When it's your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets back on the table for each bill. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the mic. Tell us your name. Spell your first and last name to ensure we get an accurate record. We'll begin each bill hearing today with the introducer's opening statement, followed by proponents of the bill, then opponents, and finally anyone speaking in the neutral capacity. We'll give-- we will finish with a closing statement by the introducer if they wish to. We'll be using the three-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the yellow light comes on, you have one minute remaining. And the red light means you need to wrap up your final thoughts and stop. Questions from the committee may follow, which do not count against your time. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard. It's just part of the process, as senators are going out and doing the same thing in other places in the building. So a few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bringing-- bring up at least a dozen copies and give them to the page. Props, charts, and other visual aids cannot be used simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be cause for you to be asked to leave the hearing. And nobody wants to go through that shame and humiliation. Finally, committee procedures for all committees state that the written position comments on a bill to be included in the record must be submitted by 8 a.m. the day of the hearing. You know, that's the time when we usually do ice storms around here. The only acceptable method of submission is via the Legislature's website at [nebraskalegislature.gov](http://nebraskalegislature.gov). Written position letters will be included in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. I'll

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now have the committee members with us today introduce themselves, starting with Senator Riepe.

**RIEPE:** Thank you, Chairman. I'm Merv Riepe. I represent District 12, which is Omaha and the fine town of Ralston.

**FREDRICKSON:** John Fredrickson. I represent District 20, which is in central west Omaha.

**QUICK:** Dan Quick, District 35: Grand Island.

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

**HARDIN:** Also assisting today: to my left is our legal counsel, John Duggar; to my far left is our committee clerk, Barb Dorn. Our pages for the committee today are Sydney Cochran and Tate Smith. And are the two of you learning more about HHS than you ever dreamed you would? They are the stalwarts who are here most days, so we appreciate all of their help. Today's agenda is posted, posted outside the hearing room. And with that, we're going to begin today with LB319. And-- wait a minute. That's Senator Rountree. And he-- oh, he's hiding behind a chair over there. I couldn't see him anymore. I was afraid he had dematerialized.

**ROUNTREE:** Oh, no, sir. We are here.

**HARDIN:** Welcome.

**ROUNTREE:** Thank you so much. And good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Victor Rountree, V-i-c-t-o-r R-o-u-n-t-r-e-e. And I represent District 3, which is made up of Bellevue and Papillion. Today, I'm here to introduce LB319, which would end Nebraska's lifetime ban on SNAP benefits for those convicted of certain drug-related felonies. Currently in federal law, there is a lifetime SNAP ban for anyone convicted of a drug felony for possession, use, or distribution unless state law specifically modifies it. Nebraska currently has a modified ban that creates a small exception for those who have two or fewer felonies for use or possession and have completed a state-licensed or a nationally accredited substance abuse treatment program. A full ban remains for those with felonies for distribution. LB319 aims to have Nebraska join the 26 states that currently have opted out of the ban entirely. These states include neighbors like Iowa, South Dakota, and Wyoming, as well as others such as Mississippi and Louisiana. This bill would impact around 1,000 families in Nebraska. I've passed out a handout with facts and figures about the impact that LB319 would have

on our state. I would like to highlight one factor that may be easy to miss but makes a large difference for families trying to make ends meet. Families and children with a member who is banned are still eligible to receive SNAP. However, the banned individual is not counted in the household size, reducing benefits for the household. Additionally, the banned individual's income still counts towards the household income, resulting in even fewer benefits and less food to go around. We as a state acknowledge that there is a need for these families to receive benefits, and they would be receiving better support if it was not for this ban. This bill has been brought before in recent years, with the most recent iteration being LB88, which was brought forward by Senator Hunt in 2023. I appreciate Senator Hunt's work on this legislation and her efforts to ensure that every Nebraskan is able to provide for themselves and their families. As a new member of the Judiciary Committee, I have gained a deeper appreciation for the efforts to rehabilitate those that are coming out of our judicial system. The governor and the Department of Corrections have developed a program called Reentry 2030. The goal of this program is to improve how Nebraskans reenter society after they have served their time and successfully reintegrate into their community. I view LB319 as a piece of that puzzle. Everyone has to eat. It does not matter who you are or what your background is or what you have done. You need to be able to provide for yourself and your family. As someone reenters society, they have to find work and make a living for themselves, but that is often easier said than done. We are all aware of the fact that a convicted felon has a harder time finding employment due to their history. When you cannot gain employment, you cannot pay for your basic necessities, and you may find yourself back in the same old habits that caused you to enter into the judicial system in the first place. As I think about our role as legislators and how I personally consider legislation, I often think, what would I do in their circumstances? It is easy to say that an individual who has been convicted for selling drugs is aware of the severity of their actions and should be ready to accept their punishment. But I often think, if my life went differently, if I wasn't able to provide for my children and I saw no way out, what might I resort to? I ask that each of you listen to the stories of the testifiers behind me and think how you would act in their shoes and what you would do to feed your family. These are families in your communities. These are families out of Scottsbluff-- and I hope they are all ma-- able to make it today-- the weathers-- but Scottsbluff, Thurston, Blair, Omaha, Lincoln, Grand Island, and every community in between. These individuals have served their time, completed or are completing their programming, and they want to be productive members of society. I ask that you consider this bill and

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help these individuals put their best foot forward as they move along their journey. I appreciate your time and your attention. And with that, I would be willing to-- and happy to answer any questions that you might have. Thank you.

**HARDIN:** Thank you. Questions? I think we're going to wait and anticipate all of these amazing testimonies. Were you able to get everybody here today you wanted, or did the weather throw some curveballs?

**ROUNTREE:** I think the weather's throwing some curveballs, but we should have most of what we, what we anticipated.

**HARDIN:** Good. OK. Will you stick around?

**ROUNTREE:** Yes, sir. I'm sticking around.

**HARDIN:** Thank you. See you at the end.

**ROUNTREE:** Thank you so much.

**HARDIN:** The first proponent, LB319. Welcome.

**RYAN DALE:** Thank you. Good afternoon, Senator Hardin and members of the Health and Human Services Committee. My name is Ryan Dale, R-y-a-n D-a-l-e. I'm Assistant Chief with the Lincoln Police Department. I want to thank the committee as well as your staff for your service to this great state. On behalf of the Lincoln Police Department, I am here to testify in support of LB319, which would end the current lifetime ban for the Supplemental Nutrition Assistance Program. I would like to start by providing you context to my testimony. I fully do believe that accountability is necessary for felony drug crimes and is important for public safety. In fact, that believe is one of many reasons I spent four years as the commander of the Lincoln/Lancaster County Narcotics Task Force. That said, accountability partnered with things like counseling and job skills programs is part of a process of correcting behavior. The end goal should be for community members to learn from their mistakes, experience growth during that process, and ultimately become a better version of themselves for their family and the community in which they live. Individuals who are released from prison after serving their sentence face numer-- numerous obstacles, including reacclimating socially, searching for employment, and often financial crisis resulting in food insecurity for them and their family. Having a support system in place is vital for most people to have success. I have seen far too often that the lack of support system results in individuals reverting to drug, drug crime as a means to make ends meet.

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DHHS can be part of that support system when needed through the administration of the SNAP program. The mission of DHHS is helping people live better lives. One of their five core values is dedication to the success of others. Consequences for committing drug crimes are and should be determined by a judge. Once individuals serve their sentence, they should not be punished a second time for the same crime, which is the position that DHHS is currently put in through the SNAP ban. The Nebraska Legislature consistently places the well-being of Nebraskans first. Your efforts do not go unnoticed. Supporting this bill helps provide the framework that some need, which will result in more people living productive lives, a lower recidivism rate, and a safer Nebraska. The Lincoln Police Department supports LB319. We appreciate Senator Rountree introducing the bill and this committee's time learning about the issues and hopefully advancing it. I'd be happy to take any questions that the committee may have.

**HARDIN:** Thank you. Questions? Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you, Assistant-- Assistant Chief?

**RYAN DALE:** Yes.

**FREDRICKSON:** Thank you for, for taking the time to, to be here today and for sharing your experience. You mentioned you previously have worked in the narcotics division, and it kind of got me thinking a little bit about-- almost kind of thinking about this holistically. And I'm wondering if you might be able to speak at all to, to, you know, what barriers do folks who have maybe experienced incarceration face to kind of reintegrating back into-- in your experience, I guess, in the city of Lincoln.

**RYAN DALE:** Well, they face-- because of the stigma attached with being a felon, it becomes harder for them to get good jobs, especially jobs that are higher paying to help support their family. They face just reacclimating socially. It's a much different culture while they're in prison, where everything is very structured. They eat when they're told to eat. They do everything when they're told to. And now they're back to having more free will once they regain their freedom. And that can be a big adjustment for a lot of people. And of course, many of them are still dealing with addictions and different things like that. So that support system is just massively important so they don't slip back into their old ways. Because for some people, that's, that's what they know is being a way to provide for themselves or for their family. And I've seen, like I said, too many times where people do get sucked back

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into that just because they feel like they're striking out, striking out, striking out and that's what they know, so they go back to it.

**FREDRICKSON:** Sure. One of the first things you, you mentioned was potential barriers to employment and, and kind of stigmas that might be associated with that. Would it be fair to say that part of that, if you are having a hard time finding employment, that would be a barrier to feeding yourself and your family as well?

**RYAN DALE:** Absolutely.

**FREDRICKSON:** OK. Thank you.

**HARDIN:** Senator Meyer.

**MEYER:** Thank you, Chair Hardin. Thank you for coming in today, Assistant Chief. I noticed what we're striking out of the bill as part of this is, a person with one or two felony convictions for the possession or use of a controlled substance shall be only eligible to receive supplemental SNAP program benefits if they're following certain criteria, which is-- includes being in the process or completing a substance abuse program. You just mentioned that one of the challenges when someone is, is released is perhaps still being addicted. Is it wise to remove that portion out of this particular bill when they are receiving-- as a requirement? And, and I, I'm not trying to penalize anybody here, but if we remove that portion out to really-- receive SNAP benefits, wouldn't it be better to continuing those programs and, and not remove it from the bill if, if they have an addiction problem?

**RYAN DALE:** Mm-hmm. Well, to, to be honest, I'm not an expert in how their program currently functions. I am a strong believer in treatment programs. In fact, I'm going to a drug court graduation this afternoon to celebrate with some successful folks. But hopefully those people are also receiving treatment while they're in prison. And even after someone's received treatment, it's a lifelong process. You know, you hear that with alcoholics too, that for a lot of people that-- even if they haven't had a drink for 20 years, they still view themselves as alcoholic. So regardless of the framework or when that treatment takes place, I do think there's value in that.

**MEYER:** It seems like we focus a great deal on rehabilitation, and then once someone is released, we withhold food from them. That doesn't seem to make a lot of sense to me, quite frankly. Maybe I'm looking at it a little differently. But-- anyway, I, I appreciate, I appreciate that. Thank you.

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**RYAN DALE:** I would agree with that evaluation.

**HARDIN:** Thanks for what you do. You served four years in narcotics?

**RYAN DALE:** Yes.

**HARDIN:** Share with us a story. Strip out the names and give us a summary, the CliffsNotes of something that sticks in your craw from those years, and looking back and going, if only. Give us one of those stories.

**RYAN DALE:** OK. Of a certain individual that I have in mind. Was addicted to methamphetamine that turned into addiction to fentanyl. His roommate died of a fentanyl overdose. He served time in prison, went through treatment, got out. I don't know if food insecurity was part of this individual's life story or not, but ultimately he was facing a lot of struggles, had no support system, and slipped back into his addiction to the point that another one of-- he provided fentanyl to another one of his friends who then died. And now he's serving a, a federal sentence of 20 years in federal prison. And I think that's just one of many examples of-- not that I'm condoning his actions whatsoever. I believe in accountability. But I think if we have a better support system in place for a lot of those people, maybe they don't slip back into that.

**HARDIN:** And this could be part of that.

**RYAN DALE:** Correct.

**HARDIN:** OK. Thank you. Any other questions? Seeing none. Thank you for being here.

**RYAN DALE:** Thank you. Thanks for all your service to the state.

**HARDIN:** Proponents, LB319. Welcome.

**JASMINE HARRIS:** Hello. This is kind of low. Hello, Chair Hardin and members of the Health and Human Services Committee. My name is Jasmine Harris, J-a-s-m-i-n-e H-a-r-r-i-s. I am the Director of Public Policy and Advocacy for RISE. And I request that this testimony be included as part of the public hearing that shows we are in support of LB319. RISE is the largest nonprofit organization in Nebraska focused solely on rehabilitative programming in prisons and reentry support. Our inside/out model bridges incarceration to the community and considers all the critical steps in that journey. Our mission is to break generational cycles of incarceration. As part of our policy plan, we're working

towards successful policy and legislative changes at all levels of government that impact the daily lives of people impacted by the system and their families for economic and social outcomes that include employment, housing, transportation, education, living conditions, and civic participation. Securing SNAP benefits to help an individual sustain life while getting their lives on track is one of the things we believe is essential to the success of people as they return home. Removing any significant barriers to obtaining life's basic necessities is a priority for our organization and the people we serve. The sole purpose of SNAP is to provide nutrition assistance to low-income individuals and families. However, in 1996, the U.S. Congress enacted the Personal Responsibility and Work Opportunity Reconciliation Act, which put a lifetime ban on these benefits for people with specific felony drug convictions. Congress also gave states the ability to opt out of this, but Nebraska continues to operate in a modified version. Working with individuals as they are returning home after incarceration puts us in a position to witness firsthand the struggles that many encounter trying to adjust back to life outside. Coming out of incarceration to no employment is a barrier on its own. So with no source of income, we have individuals who now have a-- to address other barriers like food insecurity. Someone coming out of incarceration with no means to provide nutrition to themselves should qualify for this program without restrictions. Although there are food banks across Nebraska, many are concentrated in more populated ar-- populated areas of the state, and LB319 will remove this barrier. There's no connection between drug law violations and food and other forms of assistance provided by SNAP. Denying food and basic assistance because of a past drug conviction has no public safety or crime deterrent value. We also see that there is a large portion of individuals who are aging in our prisons who are releasing, and so a permanent lifetime ban therefore impacts those individuals. People who were maybe in their 20s in the '90s when this came out are now moving into their-- nearing their 60s, and this impacts them if they also need benefits later in life. So along with times changing, our policies should change when we have found that they do not support the original arguments that put them in place. And for these reasons, RISE supports LB319 and asks that committee members vote this bill out of committee to General File.

**HARDIN:** Thank you. Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you, Ms. Harris, for being here and for your, your testimony today. I know you work very closely in this, in this area, and I appreciate your service there.

**JASMINE HARRIS:** Thank you.



**FREDRICKSON:** I've-- I'm-- I've got a number of questions for you because of your expertise, so I hope-- bear with me here. But I, I'm wondering if you can talk a little about-- you know, Senator Meyer was kind of hinting at this a little bit earlier, but can, can you speak a little bit more to the requirements for seeking treatment and kind of how that might impact an individual who's seeking SNAP benefits for--

**JASMINE HARRIS:** Yeah. So how the proc-- you know, the process is laid out, individuals have to seek treatment from those places that are certified. And what we see also now's that folks who did go through these programs, the programs are no longer around. So you're finding people running to not being able to prove that they went through a program, things like that. So if you are at your second conviction of being caught with drugs on you or using the drugs, you have to prove that you're going through these programs. And as the assistant chief talked about, addiction is a lifetime disease that people have to maintain. And sometimes folks find themselves back in those positions. And I really think-- and I don't know if we have someone here from the mental health side who can talk about it-- having food is a part of treatment.

**FREDRICKSON:** Yeah. No, I-- thank you. I was-- because I, I was going to ask you as well if you can speak to nutrition and the role of nutrition with, with addiction. And it sounds like-- if there's someone from mental health, I'll, I'll ask that. The, the other question I had was-- I, I'm just thinking about folks who are impacted by this and, and how many of them have families. And, and many of them are, are parents. And--

**JASMINE HARRIS:** Yes.

**FREDRICKSON:** Can you speak to if someone has a lifetime ban, for example, how might that impact their kids? Are their kids also banned from receiving a SNAP benefit?

**JASMINE HARRIS:** So again, our mission is to break generational cycles of incarceration. And what most people don't realize is that if a person is incarcerated, their family does that time with them. So you have a parent who's incarcerated, they'll come home. And if they're a part of that home unit, they'll [INAUDIBLE]. Although they are banned from the benefits-- their children aren't banned. But what happens is that parent is then counted towards the household size, which determines how much of the benefits you're going to get. And then they're also counted-- their, their income is counted towards that. And so when you have a portion of your income being counted towards

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receiving benefits, that could put you over what that amount is going to be. And if you are a part of a familial unit, you're cooking, you're going to eat. You're not just going to sit there and starve and say, because I'm not counted in the benefits, I can't eat.

**FREDRICKSON:** Got it. Got it. Thank you. Other questions from the committee? Senator Ballard.

**BALLARD:** Thank you for being here. It's good to see you. It, it-- if I understand-- I should ask the introducer this. It's, it's just felony drug charges that bar you from SNAP benefits? Or is it any felony charge?

**JASMINE HARRIS:** No. Just felony drug charges.

**BALLARD:** Just felony drug charges.

**JASMINE HARRIS:** Yes.

**BALLARD:** OK. And then so-- I'll, I'll save that question for later. Thank you. Thank you, Vice Chair.

**FREDRICKSON:** Are there questions? Senator Meyer.

**MEYER:** Not a question, but I want to-- this is your signature on this letter?

**JASMINE HARRIS:** It is.

**MEYER:** I want to compliment you. That is a very [INAUDIBLE]--

**JASMINE HARRIS:** It no longer looks like that when I'm in a rush, but.

**MEYER:** From the-- from looking at cursive handwriting, you are an artist. And, and, and, quite frankly, most of the time when I see cursive, I can't read it. I, I just wanted to compliment you on that. That's very impressive.

**JASMINE HARRIS:** Thank you, Senator Meyer.

**FREDRICKSON:** Other questions from the committee? Seeing none. Thank you.

**JASMINE HARRIS:** Thank you.

**FREDRICKSON:** Next proponent for LB319.

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**JASON WITMER:** Thank you, Chair Fredrickson and committee. My name is Jason Witmer, J-a-s-o-n W-i-t-m-e-r. I'm a policy fellow with the ACLU of Nebraska. And we are in here of support of LB319, which takes Nebraska another step forward addressing-- towards addressing food insecurities among those already struggling with collateral consequences from felony charges carried beyond the punishment imposed by the court. These collateral consequences can range from finding housing to employment to food insecurities. All of these factors increase the risk of recidivism. LB319 aims to assist the population in addressing food insecurities, which has reduced recidivism in other states. The Alliance to End Hunger reports that 60% of formerly incarcerated individuals remain unemployed a year after release. Now, again, LB319 provides expanded access to SNAP benefits. However, it also allows the system-impacted individual to redirect their limited financial resources to proper clothing and other things to assist them in obtaining and maintaining employment. So again, we know employment helps stability and reduces recidivism as a result of that, and so it also addresses public concerns. Other testifiers as before me-- and I'm sure will come after me-- will give data. But because of my personal experience in different areas but a little different on this time, I would like to pivot to a personal experience. And-- so before I moved last year, my partner and I lived next door to a small duplex. Over those four years, we've gotten to know the two single mothers that lived in each of the units. And both had drug convictions, which made them ineligible for SNAP benefits. But I do want to be clear that for the time we knew them, they're, they're-- what their life was before and what their life was now is we became friends and they were great people. Our grandson was friends with their children and we trusted their eye on our grandson as much as they trusted our watch on their children. So I want to say that. However, we witnessed two hardworking mothers struggle to provide necessities to their children. Occasionally, through the wor-- through where I used to work, there was a food bank. I would provide-- I would go and get food boxes and feel like I was doing a little bit something for people who've done things-- you know, good friends, good neighbors, somebody I'm trying to contribute to. However, it was never enough. And so I would like to say, if you ever wondered what might be a breaking point, I would say consider working hard day in and day out and still struggling to provide necessities for your children. LB319 isn't about the people-- just about the people with felony convictions, but it's also about their children. And with that, I respectfully ask this committee to advance LB319 to General File.

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**FREDRICKSON:** Thank you for your testimony. Any questions from the committee? Seeing none.

**JASON WITMER:** Thank you for having me.

**FREDRICKSON:** Thank you for being here. Next proponent. Welcome.

**KAYLA TOBEY:** Hello. Chairperson Hardin and members of the Health and Human Services Committee. My name is Kayla Tobey, K-a-y-l-a T-o-b-e-y. I am a 40-year-old mother of two living here in Lincoln. I'm here today to share my strong support for LB319. This bill affects me personally because I am one of the many who are disqualified from receiving food stamps in Nebraska. I want to advocate for myself and others because I believe that no matter who you are or what you've done, nobody des-- nobody should go hungry. This is really not my first rodeo. I spoke in front of this committee two years ago and even met with Congressman Bacon to share my strong support for change. I understand today we're not riding horses here, but I, I am again here because this-- it really matters to me, you know? This change is long overdue. I can only hope that this year is the year that you, our state senators, can help finally get this done. With that said, I'm going to tell you a little bit about my story. In 2006, I was federally indicted for conspiracy to distribute a controlled substance, and I was sentenced to prison in the Federal Bureau of Prisons at age 21. The first time I applied for public assistance was when I returned home after being released in 2008. Food access was very difficult at this time. I wanted to make a better life for my daughter, but I was told that, because of my crime, I didn't qualify for SNAP benefits. That was just one of the many small things on the list of barriers that contributed-- contributed to me violating my supervised release of four years. My daughter was taken by the Department of Health and Human Services, and I was resentenced federally to another 36 months of imprisonment. When I was finally released in 2013, my daughter was about to turn seven years old. I was expected to get on my feet and be a mother, but I had no idea how to be a functional adult. When I regained custody of my daughter, the ban worked against her SNAP benefits because the two of us were treated like a one-person household, but they used my income. I didn't, I didn't understand. I worked as a waitress, and most days I would eat where I worked. I would sneak the food that they were going to throw away. I almost lost my job numerous times. I found out I was pregnant again in September of 2021. I once more had to start over. The doctor said I couldn't work. I was working an overnight shift. It was really straining on my pregnancy. This put my finances in a really tight spot. And I was also caring for my daughter. I was dealing with major pregnancy complications, and I ended up hospitalized at 29 weeks

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because my water broke early. Affording food was a constant stressor during that time because of my health complications and loss of employment. Access to SNAP would have really helped me. In spite of all these difficulties, I remain grateful for the birth of my healthy baby boy two and a half months early.

**FREDRICKSON:** And you're at the red zone, but if you have just a final thought to wrap up.

**KAYLA TOBEY:** Yup. Lifting the ban would alleviate a lot of the financial stresses of being able to provide for my family. This ban doesn't help people like me whose felonies are now 19 years old and keep getting punished for their crime after already serving their time. For these reasons, I urge you to support LB319 and pass this out of committee.

**FREDRICKSON:** Thank you for your testimony.

**KAYLA TOBEY:** Thank you.

**FREDRICKSON:** Any questions from the committee? Seeing none. Thank you for being here.

**KAYLA TOBEY:** Thank you. Thank you for having me.

**FREDRICKSON:** Next proponent. Welcome.

**SHARI KIMBLE:** Hi. Thank you. Good afternoon, Health and Human services Committee. My name is Shari Kimble, spelled S-h-a-r-i K-i-m-b-l-e. I'm a youth services professional with over 14 years of experience in the youth development nonprofit sector in Omaha. I'm also a graduate student at the University of Omaha-- University of Nebraska at Omaha, studying social work and public administration. I request that this testimony be included as part of the public hearing record to show my support for LB319. My 14 years in youth services have allowed me the great privilege of working with youth and families during school, summer school, non-school days, afterschool programs, in foster care placements, and in residential treatment centers. I have worked with children as young as three months old to 16 years of age. I've seen the impacts of hunger on children, and I'd like to share some of my experience with you today. First of all, children of incarcerated parents already experience food insecurity at a higher rate compared to their peers. The additional psychological, social, and developmental impacts of having an incarcerated parent are well-documented, and I've seen many of them firsthand. Youth may experience cognitive delays, emotional withdrawal, difficulty concentrating, and show signs of

depression. These impacts can lead to academic decline, truancy, drug use, and delinquency. Reentry from incarceration should be a time when families begin to heal and rebuild their lives. SNAP bans only make that transition more stressful and challenging, with long-lasting, negative impacts on children. SNAP benefits, on the other hand, improve the lives of, of the most vulnerable in our population. 90% of households who receive SNAP either have a child other-- under the age of 18, a person with a disability, or a senior over the age of 60. When all formerly incarcerated individuals are eli-- eligible for SNAP benefits, their ban-- their families benefit as well. Children whose families receive SNAP benefits are healthier, are more on track developmentally, and are at reduced risk for hardship. Access to nutrition in childhood helps growing minds and bodies develop appropriately, setting youth up for success as they age. Further, providing SNAP benefits to all formerly incarcerated Nebraskans is a good long-term investment that keeps families safe. Studies show that SNAP spending and availability is associated with the stabilization of households, resulting in fewer substantiated reports of abuse and neglect and decreased foster care placements. Food availabil-- availability keeps families together and decreases government spending on foster care services. For these reasons, I support LB319 and request that committee members vote this bill out of committee to General File.

**FREDRICKSON:** Thank you for your testimony. Any questions from the committee? Seeing none. I have one. So you, you, you have a pretty rich history, it sounds like, of working with children in, in your work. And I always love having a social worker here as well, so. Would-- can you maybe share a little bit more about-- you, you know, I'm thinking from the mental health perspective of this. And-- you know, we're talking about folks who could be in recovery themselves, could be, you know, navigating and ma-- and managing addiction. Can you, can you maybe speak a little bit more about the importance and value of, of nutrition in that process?

**SHARI KIMBLE:** Sure. So I-- from my experience-- and I'm not a nutritionist, right? But students who are hungry in our programs are unable to focus. I mean, it's-- we have to address that need before we can build on anything else. So if this is a pervasive issue, it does have long-term impacts because-- I'm so sorry. You have to-- you have to meet that need first.

**FREDRICKSON:** Sure. Thank you.

**SHARI KIMBLE:** Mm-hmm.

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**FREDRICKSON:** Any other questions? Senator Quick.

**QUICK:** Thank you, Vice Chairman. So-- and I know we're talking about SNAP benefits too, but one of the other barriers I could see too is maybe access to treatment. And you-- can you address any of that? Like, maybe medically assisted treatment or other forms of treatment?

**SHARI KIMBLE:** You know, I, I, I don't feel like I can-- like I have the expertise to answer that.

**QUICK:** All right. All right. Thank you.

**SHARI KIMBLE:** You're welcome.

**FREDRICKSON:** No question? Seeing none. Thank you for being here.

**SHARI KIMBLE:** Thank you so much.

**FREDRICKSON:** Next proponent. Welcome.

**LATASHIA RAMIREZ:** Thank you. Chairperson Hardin and members of the Health and Human Services Committee. My name is LaTashia Ramirez, L-a-T-a-s-h-i-a R-a-m-i-r-e-z. And I am a mother of two from Scottsbluff, Nebraska. I drove down here in the blizzard to share my story in high hopes to reach back and help others. I graduated from Western Nebraska Community College in May of last year, and I'm in the process of becoming a licensed alcohol and drug counselor. I am here today as someone who has experienced the, the SNAP ban personally and worked with other people impacted by this ban in a community support role at the Cirrus House. These experiences are why I am a strong supporter of LB319. When I was 11 years old, I was prescribed pain medication for endometriosis. This eventually led to a long-term nicar-- narcotics addiction for me. In 2017, this caught up with me and I was arrested. After I was released from jail, I was put on probation. I ended up with multiple felonies, including distribution and possession of controlled substances. When I was released, I stayed with my mom and my kids until I was able to find housing for myself. This time was one of the worst for my family's food access. I couldn't get SNAP, and there were many nights where I didn't have enough food for my family. I had to decide on those nights to give up my food and let my kids split it because we didn't have enough for the three of us and going back out on the streets was the last thing I wanted to do. I knew I had to get my life back together. I resolved to get my record set aside and had to represent myself in court to do so. It took two years for me to become eligible to apply for a set-aside and another three months to get a court date. I was-- I finally was able to get my entire

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record set aside in May of 2022. Even after my set-aside, I still struggled to find a job that would, that would meet my family's needs. That's when I tried again to apply for SNAP. I went through a whole lengthy process of trying to explain my set-aside to my caseworkers. I probably talked to about five different caseworkers and still didn't get it-- get through to them. It took me over a year after my set-aside to get my SNAP benefits restored. I had to go on to the DHHS website and saw comments on the website that they gave second chances, chances to felons and had to use these quotes with my caseworkers to push for what I needed. It's hard to overstate how exhausting this process was. I had to fight tooth and nail to get the help I needed, scraping to get by in the meantime without support. I fought for my right for my food access for-- all while staying sober, caring for my children, and going to school to get on a better career path. I tell you this because I think about all the moments where I could have given up along the way. This is not an easy system to navigate, and my success getting SNAP restored is an exception. I see so many people who in-- who feel discouraged and like there's no way for them to get access to the help they need because of this ban. There were so many moments when I was almost that person myself. LB319 would make it so that people can get their basic needs met. I stand with my community, and I want to make sure to reach back and help others achieve sobriety, to end the stigma of being a felon, and break the chains of addiction. Giving people access to the food they need is such a simple way to move in that direction. For all these reasons, I ask that you vote to pass LB319.

**FREDRICKSON:** Thank you for your testimony. How was the drive?

**LATASHIA RAMIREZ:** It was, it was OK until we got to, like, North Platte. And then it was, it was horrible.

**FREDRICKSON:** Bad news, yes.

**LATASHIA RAMIREZ:** But I was determined.

**FREDRICKSON:** Well, really appreciate you taking all the time to, to be here and to share your story. I'll see if there's questions from the committee. Any questions from the committee? Seeing none. Well, thank you again for taking the time to drive here.

**LATASHIA RAMIREZ:** Thank you.

**FREDRICKSON:** Next proponent. Welcome.

**KAITY REECE:** Thank you. Good afternoon, Vice Chairperson Fredrickson and members of the Health and Human Services Committee. My name is



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Kaity Reece, K-a-i-t-y R-e-e-c-e. And I am an Episcopal priest in the Diocese of Nebraska, serving in the Omaha area. I'm also chair of Balancing the Scales, a ministry of the Diocese of Nebraska, focused on developing faithful witnesses to criminal justice reform through prayer, formation opportunities, and workshops. I'm an oblate of the Benedictine Way, which is a community committed to a life of prayer, service to the poor and forgotten, and a life of fellowship in the community. The Benedictine Way is located in north Omaha, in a neighborhood with the highest poverty rate in Douglas County. The Benedictine Way operates three urban gardens in our north Omaha neighborhood. 90% of the produce harvested in these gardens is given away at our biweekly food pantry. Our food pantry began during the pandemic to meet the incredible need we witnessed as food insecurity began to rise. Unfortunately, demand for our food pantry has only increased since then. In 2024, we served 4,300 people. Our community supports LB319 because we see the face of hunger each week, and the families affected by this bill are the same families we serve in our food pantry. We also support LB319 because we believe in the Christian values of justice, forgiveness, and reconciliation. Matthew Martens is an attorney, author, and practicing Christian who spent decades serving as a federal prosecutor and criminal defense attorney. He also has a master's in biblical studies from Dallas Theological Seminary. In his book, *Reforming Criminal Justice: A Christian Proposal*, Martens articulates five biblical pillars for criminal justice. One of these pillars is proportionality, which is what I want to focus with my remaining time today. In the Bible, an eye for an eye was about proportionality within the justice system. This biblical principle ensured that the loss of an eye wouldn't be met with escalating violence as families feuded with families in an ancient version of Hatfields and McCoys. Nebraska's current SNAP ban is biblically unjust because it fails on the principle of proportionality in three ways. It's a double punishment for childrens in household with a banned person. You heard about that this morning. It only applies to certain drug crimes committed after 1996. That's inherently unfair, arbitrary, and unjust. And it's a disproportionate response to addiction, a punishment that follows people for the remainder of their life. The SNAP ban keeps people trapped in the worst thing they've ever done. It's as if they're wearing an invisible orange jumpsuit that they can never take off. Today is Ash Wednesday, which for many Christians marks the beginning of Lent, a time of preparation and reflection ahead of Easter. During Lent, and especially on Ash Wednesday, we recall our own shortcomings and our need for God's forgiveness and mercy. The people who are impacted by the SNAP ban are also deserving of mercy and forgiveness-- our forgiveness and mercy as a state. This committee can

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and should end this unjust policy and ensure that our laws reflect the biblical principles of justice, forgiveness, and reconciliation. I strongly encourage you to advance LB319 to General File. And I'm happy to answer any questions you may have.

**FREDRICKSON:** Thank you for your testimony. Questions from the committee? Seeing none. Thank you for being here.

**KAITY REECE:** Thank you. Thanks for your service.

**FREDRICKSON:** Next proponent. Welcome.

**SCOTT BARKER:** Good afternoon, Mr. Chair, members of the committee. My name is Scott Barker, S-c-o-t-t B-a-r-k-e-r. I am the bishop of the Episcopal Diocese of Nebraska. Our diocese is a diverse community of 53 churches that spans the geography of the whole state and almost all of the legislative districts represented on this committee. Across our diocese and churches big and small, we provide life-giving ministries of hospitality and welcome through feeding ministries, food pantries, and community partnerships to help ensure that nobody goes hungry. In Senator Hardin's district, the people of good Shepherd of the Plains in Harrisburg operate a vibrant feeding ministry in their small town and tiny church. In Senady-- in Senator Quick's district, St. Stephen's in Grand Island is beginning a Sunday night feeding ministry to fill existing gaps within the community there. In Senator Ballard's district, members of Holy Trinity volunteer at Matt Talbot, providing meals for the hungry in Lincoln. And in Omaha at All Saints, central west Omaha, the church runs The Pantry on Blondo, which serves people across the metropolitan area. Our feeding ministries serve the hungry without exception and without question. We are undoubtedly serving families impacted by the SNAP ban who turn to churches for food because of these punitive policies. I am so proud of the work of these churches that-- and not the least because Jesus promises himself that when we feed the hungry we encounter the Lord. But friends, however life-giving and Christ-filled this work is, churches cannot do the work of feeding the hungry by ourselves. Right now, there are state policies that prevent Nebraskans and their families from receiving the food assistance they need. Nebraskans with drug felony convictions are banned for life from receiving food assistance in the form of SNAP benefits. This ban also impacts families with a parent who's been incarcerated, as you've heard, because it reduces the amount of food for children and families in households with a banned person. These policies continue to punish our neighbors long after the completion of their sentence, and they serve as double punishment for the children of those formerly incarcerated. Food is a basic necessity for all human

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beings. Scripture is full of stories of Jesus feeding people and breaking bread with outcasts and sinners. Jesus tells us he's the bread of life, broken and shared for us. Food and meal fellowship are close to the heart of the Christian tradition. In a very real way, to deny food to our neighbors is to deny their inherent belovedness as children of God and to deny their basic human dignity. Here in the heartland of this country, Nebraska feeds the world, yet one in eight Nebraska families don't know where their next meal is coming from. Nebraska can do better. Please support LB319 and join us in restoring the dignity of our neighbors and their families, ensuring that families won't go hungry. I'm very grateful for your service to the state. And I'm happy to answer any questions that you might have.

**FREDRICKSON:** Thank you for your testimony. Questions from the committee? Seeing none. Thank you. Next proponent. Welcome.

**TOM VENZOR:** Good afternoon, Vice Chair Fredrickson and members of the HHS Committee. My name is Tom Venzor, T-o-m V-e-n-z-o-r. I'm the Executive Director of the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church through engaging, educating, and empowering public officials, Catholic laity, and the general public. Adequate and nutritious food is a basic need that is integral to protecting the life and dignity of the human person. The Catholic Church and our many members, parishes, schools, and charitable agencies across the state of Nebraska is a key leader in assisting those who need access to food in addition to other basic material needs. Between Catholic Social Services and Catholic Charities of Omaha-- two different charitable arms of two of the three dioceses in Nebraska-- they give out over 2.0-- 2.5 million pounds of food to hundreds of thousands of Nebraskans across the state. And we do this charitable work as a response to Jesus, who instructed his believers to feed the hungry. But as you've just heard from previous testifiers, the reality is that the need for food assistance goes well beyond what the church and the various churches across our state can provide. SNAP provides an important governmental program that does exactly as its name states. It supplements the food assistance needs that more local entities cannot totally fulfill with their own charitable resources. SNAP helps combat hunger across the nation by feeding millions. And in 2014, it helped 155,000 Nebraskan residents, 1 out of every 13 Nebraskans, with 68% of participants being families with children. LB319 is an important bill that ensures food access for those who have at some point in their lifetime committed certain crimes. This is a subset of the population who experiences food insecurity at much higher rates than the general population. And while justice must be served for crimes committed, there is a basic injustice in prohibiting those who

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have served their time from accessing basic needs like food when they are otherwise eligible for such assistance. Providing access to SNAP can help re-- reduce revidi-- recidivism and help increase successful reentry in reintegration into society. And granting broader access to SNAP benefits is also an important step to self-responsibility for those who are overcoming previous drug-related convictions or addictions. So the Nebraska Catholic Conference respectfully asks that you advance LB319 to General File. We thank Senator Rountree for bringing this bill forward. And appreciate your time. And I would take any questions.

**FREDRICKSON:** Thank you for your testimony. Questions from the committee? I have an important one.

**TOM VENZOR:** All right.

**FREDRICKSON:** Where are your ashes?

**TOM VENZOR:** I didn't got to go to church tonight. We were going to go this morning, but, you know, the, the snow.

**FREDRICKSON:** The snow, yes.

**TOM VENZOR:** So, yeah.

**FREDRICKSON:** Thank you for being here. Thank you for your testimony.

**TOM VENZOR:** Oh.

**FREDRICKSON:** Oh, sorry. Senator Meyer had a question.

**MEYER:** I, I've just-- and, and probably is not an appropriate question for you, Mr. Venzor. But this ban essentially was enacted in 1996. What, what do you think the basis for that was? Speculation.

**TOM VENZOR:** Yeah. I think-- yeah. I-- and there's probably other people who can answer this better than I can, but I think some of it's probably in this, this sort of tough-on-crime notion, that, that if we're going to, you know, be tough on crime, we've got to do all these other things, you know, to help create deterrent effects and things of that nature. Again, I think you've heard from other testifiers that programs like this aren't-- the-- they're not creating deterrent effects or-- et cetera. In fact, they're hurting things like the ability to reintegrate, to get back on your feet, as you've heard from other testifiers. So I think that that's probably where it came from.

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But there's probably other people who are more expert who could answer that better.

**MEYER:** Yeah. It's specifically for drug felonies. It would appear that-- war on drugs might've been the focus primarily on at that time.

**TOM VENZOR:** Yeah. Yep, yep. When I think-- again, I think with that you're looking at outdated notions of how to handle these types of situations. And certainly denying access to food, which is going to be integral to their just basic daily human life, is important to make sure that they can have.

**MEYER:** I appreciate that. My question was probably easier to answer than Senator Fredrickson's was, so.

**TOM VENZOR:** Yeah. Fair enough. So, yeah.

**FREDRICKSON:** Any other questions from the committee? Seeing none. Thank you for being here.

**TOM VENZOR:** Thank you.

**FREDRICKSON:** Next proponent for LB319.

**KATIE NUNGESSER:** Good afternoon, Vice Chair Fredrickson and members of the Health and Human Services Committee. My name is Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r. And I'm representing Voices for Children in Nebraska in support of LB319. Again, I-- we've had really great proponents today that have said a lot of what I was going to say, so I'm just going to touch on a couple points. I do want to say that I previously in my career spent over a decade helping a thousand-plus people a year navigate the direct SNAP application process and helped hundreds, if not more, people with this exact issue. So if you have questions on that-- I also have family members that are directly impacted. One thing I wanted to highlight was when we look at the data coming out of DHHS about this issue, you're just seeing a sliver of it. From the work that I did following clients-- or, following neighbors all the way through the process, finding out that their cases were not actually being marked as failure-- or, for the drug felony reason. They're more often being marked for application withdrawn because when they call in after applying to do their interview and they kind of get told about this, they will pretty much kind of end the process. Because why would you jump through all the hoops if you're being told? So they're not being tracked as drug felony cases. Another reason is failure to provide. So they'll be marked as that saying that they didn't turn something in. That could be a certificate they didn't have

or something else. One of the issues that we ran into was people that went to drug treatment in the late '90s, early 2000s. When I would try to help them get the certificates, the drug treatment centers were closed. And so we would have some workers that would, like, take their affidavit. And then we had other workers that were like, no, sorry about your luck. It was all over the place, but we would go to bat for these people. And the most concerning reason I saw, which we've talked about, is this absolutely impacts kids. They're being marked as over income. So you're having that one adult, that their income is being shown on the calculation, but then they're being removed from the household as a person. So the income limit comes down and then the whole household suffers. At worst, their SNAP benefits are taken away; but at minimum, they're reduced greatly. And so we absolutely know this is a problem when it comes to child hunger that we would love to see resolved. One of the things that Senator Quick mentioned was access to treatment. I had a really good friend that I helped through this. She had a marijuana felony in 1997. And it was her only felony ever. It was just a minor one. Come to Nebraska, raising their kids for ten years, finds out that she can't get SNAP because of this. Jim-- jumped through all the hoops. No one would give her drug treatment because she was not a drug addict. She didn't meet any of the criteria. So all's they could do was do a drug and alc eval-- drug and alcohol eval that said she didn't qualify for anything, and the state would not accept that. So from her 1997 marijuana felony, she raised grandkids without any food assistance. And I have so many more stories like that. But I think that we know this rule is outdated. But there's also so many things wrong with it on how it's even processed in the state. And even if people are trying to meet those requirements rightfully-- because there is kind of an exception in there-- it, it can feel impossible. So I really want to thank the senator for bringing this, Senator Rountree, and we really hope to see this move out of committee.

**FREDRICKSON:** Thanks for your testimony. Any questions from the committee? Seeing none. Thank you for being here. Next proponent. Welcome.

**ERIC SAVAIANO:** Thank you. Senators, my name is Eric Savaiano, E-r-i-c S-a-v-a-i-a-n-o. And I am the Economic Justice Program Manager for Food and Nutrition Access at Nebraska Appleseed. I'm here to testify in support of LB319. Surprised. All right. So I was just going to take my time to answer a few questions that came up over this hearing and start specifically with the, the blanket treatment requirement that is in place for folks with one or two felony convictions for possession or use. And I am sad that the, the weather happened last night because we had some folks from Norfolk, Nebraska at a, a treatment center on the

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mental health side called The Well, who did submit comments but would have been able to answer a lot of your questions. So feel free to please look those up if you have a chance to. They would also, I'm sure, be willing to answer any questions after, via email or call. But a couple more challenges with this blanket treatment removal-- I really appreciate the previous testifiers mentioning that some folks are required to complete treatment even if they don't have treatment-- they don't have addiction. That's one challenge. Another challenge is that treatment is only as helpful as it is accessible. Folks who are required to complete treatment often don't have insurance, and that might mean that they are not allowed to complete that treatment or pay for it out of pocket. Location of treatments can be very challenging. A lot of them are focused on the eastern side of Nebraska. And farther out west, it's much more difficult to receive treatment. And then waitlists for treatment, especially inpatient ones that last more than 30 days, can be extremely long. So I'd also mention that if a judge or-- and prosecutor decide that treatment is necessary, they do compel that through sentencing. I'd also just like to reiterate that it is the responsibility of courts and the Department of Corrections to provide fair and proper punishment for criminal offenses, not the Department of Health and Human Services. Judges and prosecutors are already reviewing case specifics and history and contexts related to convictions that are far better positioned-- and in a far better position to decide appropriate treatments and sentences, not DHHS. Finally, another testifier mentioned that they spoke with Representative Bacon about his-- about supporting this bill at the federal level. And in fact, Representative Bacon just last year did support and cosponsor the RESTORE Act of 2023, which would have ended the, the ban at the federal level in the farm bill. However, that farm bill, as you probably know, did not pass the finish line yet. So with that, I'm happy to answer any questions and encourage you to forward this on to the General File.

**FREDRICKSON:** Thank you for your testimony. Questions from the committee? Senator Ballard.

**BALLARD:** Thank you, Vice Chair. Can you unpack the recidivism rate cut a little bit? What is that-- can you-- just the study behind it? Can you kind of outline what the study looked at?

**ERIC SAVAIANO:** Sure. Yeah. So this is part of the testimony that I wrote about but didn't speak about, but. And a researcher studied recidiv-- recidivism rates in Florida, I believe, before and after this ban was repealed. And so they could understand people who are convicted of these drug felony convictions and if they returned to prison following a release. And that was with the ban. And then once it was

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repealed, they did the same with exiting people-- people exiting incarceration. The difference in recidivism rates was 9.5%. And I, I don't have numbers specifically on how many that was, but there are other studies that have shown in that range of recidivism rate changes when that happens. So it's nice that we have a, a real-life example like what was studied in Florida. And we can anticipate that hopefully happening in Nebraska if this ban was repealed.

**BALLARD:** OK. Thank you.

**ERIC SAVAIANO:** Happy to talk more about it if you want.

**FREDRICKSON:** Are there questions? Seeing none. Thank you for being here.

**ERIC SAVAIANO:** Thank you very much.

**FREDRICKSON:** Other proponents for LB319. Seeing none. We will move on. Is anyone here to testify in opposition to LB319? Welcome.

**SHANNON GROTRIAN:** Good afternoon, Vice Chairman Fredrickson and members of the Health and Human Services Committee. My name is Shannon Grotrian, S-h-a-n-n-o-n G-r-o-t-r-i-a-n. And I'm the Director of the Office of Economic Assistance for the Department of Health and Human Services. I am here today to testify in opposition to LB319. The federal law bans individuals with felonies related to possession and use of controlled substances from receiving SNAP benefits but allows states to enact legislation modifying the ban. Nebraska currently allows individuals to receive benefits from the Supplemental Nutrition Assistance Program, provided they have only one or two con-- such felony convictions and have completed treatment after their conviction date. Individuals with three or more such felony convictions, as well as those convicted of the sale or distribution of a controlled substance, are ineligible for SNAP. According to the 2024 USDA State Options Report for SNAP, 1 state has a lifetime ban; 23 states, including Nebraska, have a modified ban; and 26 states have no ban on individuals with controlled substance related felonies. It's important to note when a household member is ineligible due to a controlled substance related felony, other eligible members, including children, are still eligible to receive SNAP benefits. For example, if a household has two adults and three children with one ineligible adult due to a controlled substance related felony, benefits will be calculated for the other four household members. Over the last three years, DHHS has denied an average of 1,022 SNAP applicants per year related to controlled substance-- excuse me-- controlled substance



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related felonies. The department opposes changing Nebraska's modification to allow benefit eligibility for individuals with an unlimited number of felony convictions or for the sale or distribution of a controlled substance. Furthermore, the goal of the treatment requirement is to help individuals return to productive functioning within their family, workplace, and communities. DHHS applauds individuals striving to overcome substance addiction, believes completing treatment is imperative to this process, and opposes removing this requirement for SNAP eligibility. We respectfully request the committee not advance the bill to General File. Thank you for your time. I would be happy to answer any questions on this bill.

**FREDRICKSON:** Thank you for your testimony. Questions from the committee? Senator Meyer.

**MEYER:** Thank you, Vice Chair. I have the same question I asked Mr. Venzor. What do you think the basis, the reason for imposing the ban in 1996? What, what do you think the-- expected outcome?

**SHANNON GROTRIAN:** Well, the, the federal ban was during the time of the war on drugs. So I think it was a part of that.

**MEYER:** From your assessment, how well did that work?

**SHANNON GROTRIAN:** I don't know if I could give an accurate assessment of it on a federal level.

**MEYER:** How about on the state level?

**SHANNON GROTRIAN:** I don't think I could provide an accurate assessment on that either.

**MEYER:** OK. Just anecdotally, it doesn't appear that it's worked very well. Is there-- I didn't see a fiscal note. Is-- does this affect--

**SHANNON GROTRIAN:** There is not.

**MEYER:** The-- so there's-- this doesn't affect General Fund or anything along those lines. That's correct.

**SHANNON GROTRIAN:** Mm-mhm.

**MEYER:** I'm curious why you oppose this.

**SHANNON GROTRIAN:** The department would like to see the treatment component remain.

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**MEYER:** If that was not redacted in this, would you support it?

**SHANNON GROTRIAN:** We would be happy to take a look at any amendment.

**MEYER:** It seems like we talk a lot about-- and I, and I think I've mentioned this before-- about rehabilitation, and yet it seems like we only go partway on the rehabilitation part of it and hamper people when they're trying to turn their life around. Just an observation on my part. But I appreciate you coming in today. Thank you.

**SHANNON GROTRIAN:** Thank you.

**FREDRICKSON:** Thank you, Senator Meyer. Any quest-- other questions? Senator Quick.

**QUICK:** Yeah. Thank you, Vice Chairman. So-- and I'm sure you know there's, there's a lack of facilities that do treatment, and that's one of the areas of concern. So, you know, having, having that in the bill I think is an important part just because of that simple fact. And then you would have someone, I think we heard earlier, who would-- maybe had a marijuana conviction, who is not currently, but they were still being refused access to SNAP benefits even though they weren't addicted. And so it was like a lifetime sentence. So I don't know-- is there a way that we can address that then other than--

**SHANNON GROTRIAN:** Yeah, I would like to look into that a little bit further.

**QUICK:** OK. All right. Thank you.

**SHANNON GROTRIAN:** Mm-hmm.

**FREDRICKSON:** Other questions? Because-- so I, so I, I have one. So it sounds like if the treatment component was-- remain, the department would be willing to revisit their position. Is that-- did I understand--

**SHANNON GROTRIAN:** Well, I think we would look at whatever amendment came forward and make an evaluation based on what that is.

**FREDRICKSON:** OK. And does the department have a position on how long it is appropriate to ban someone from SNAP access after serving time?

**SHANNON GROTRIAN:** I don't think I can speak to that.

**FREDRICKSON:** OK. All right. Senator Meyer.

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**MEYER:** Just a follow-up. Thank, thank you, Vice Chair. Just a follow up with Senator Quick's question. And unfortunately, I've forgotten my hearing aids today. And I don't know if I heard everything, quite frankly. But we have people that, that have felonies, are not addicted. And, and so I believe you asked if-- words to the effect that, why should they be penalized if they're not addicted and be required to be in a treatment program in order to receive benefits? You know, I, I-- it seems-- why put someone that's not addicted-- has a felony, perhaps, from sale, but not, not addicted. And-- but has to go through a treatment program in order to receive benefits? Seems like a waste of resources to send someone through a program if they're not addicted. But-- and maybe that's an unfair question, and, and maybe there isn't an answer for that, quite frankly. I'm-- it just seems like we're requir-- requiring someone to jump through a hoop where the hoop doesn't need to be jumped through, through, quite frankly. And, and-- it's confusing to me. And my questions haven't really helped clarify anything, so. I'll leave it at that.

**FREDRICKSON:** All right. Thank you.

**SHANNON GROTRIAN:** Thank you.

**FREDRICKSON:** Other opponents to LB319. Seeing none. Anyone here to testify in the neutral capacity? Seeing none. Senator Rountree, you are welcome to come close. We did have online comments: we had 186 proponents, 13 opponents, and zero in the neutral capacity. Welcome back.

**ROUNTREE:** Good afternoon. And thank you, Vice Chairman Fredrickson. Wow. What a testimony. I just want to thank you all for coming to testifying on today, coming all the way from as far as Scottsbluff. Lived experience. As I listen to each one of the testimonies, some that I-- really had impacted me. And I just began to think about forgiveness. We're a Christian nation, and our Christianity's based on forgiveness. But we're here dealing with something that's unforgivable. And the Bible says there's only one unpardonable sin, one unforgivable sin. And for those of us who walk that walk know what that is. And it's not the SNAP drug conviction. So with that said-- back to you, sir. The answer to that question was the drug war, 1996, Bill Clinton's declaration of the war on drugs. And it stated then that our-- these would not be-- they would not be eligible for SNAP, but each one of the states will have their opportunity to make their exceptions. And I think our DHHS spoke about those who have accepted those. Several testimony I think was full of substance. As we come here, we, we're asking about the part of the treatment. Well, treatment is determined

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by the courts. So whether we put it in here or not, any time that you go into a court system, there's any type of judgment or a conviction, we handle this in the Judiciary. All the bills that we've listened to have talked about treatment. And sometimes parole may be even extended so that someone can complete a treatment program. So that's over in the judicial system. It's not in the DHHS system with that, so therefore by striking it out, it does not eliminate the requirement because it still stands in the judiciary system. So monetarily, it was spoken that a family of five. But I looked up a family of four. [INAUDIBLE] stated that even though you might have a convicted felon in there, that they wouldn't have their dollars, you'd have three people still in the household, or four people. Well, the average benefit for a family of four is about \$713 a month, with a maximum of \$973. So one individual's benefit could be from \$240 to \$290. So if it's the-- one of the members that's missing, that's going to be \$240 or \$290 in that range that could be missing from that particular household's income. So when you look at that, looking at the prices of groceries and everything today, you can see what kind of impact that might have. We have some very good programs in the state that deals with our rehabilitation. We have heard in the Judiciary Committee our Second Chance Act, or-- that's for those who have been on lifetime convictions without parole. But now that's being heard. So a person can serve their penance and be fully restored to society. Full restoration. And that's what this SNAP benefit bill attempts to do. We talked about hunger and food inequity. I'm a substitute teacher in the classroom. If my kids come to the classroom hungry, there's not going to be any learning that's going to go on that day. So. Even I have brought food to make sure that they have something to eat. As a pastor of my church, we've heard from our dioceses that the churches can't take care of all of the food needs that are out there. But my small church plays our role in our community and taking care of that. We are aware of families who may be impacted by this particular ban, but we're going to take care of the least of these. There's not a fiscal note that's attached to this particular bill. So I do implore you as our committee to vote to advance this one out. Let's get it out to the floor and just put it on through so that we can right this wrong that's been done and we can get our children taken care of, get our families taken care of, and provide really what we say. If this is Nebraska, the good life, we can bring everybody back to the table and partake in the good life and really live out our creed. If forgiveness is the basis of what we believe, let's forgive and restore. And let's have them go on their way. Thank you.

**FREDRICKSON:** Thank you, Senator Rountree. Questions from the committee? Seeing none. Thank you for being here.

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**ROUNTREE:** Thank you so much, sir.

**FREDRICKSON:** And that will close our hearing on LB319. All right. We will move on to LB268. Who is that? Oh, it's Senator Rountree again. OK.

**ROUNTREE:** [INAUDIBLE].

**FREDRICKSON:** Back to back. I love it.

**MEYER:** Deja vu all over again.

**FREDRICKSON:** Deja vu all over again. All right, Senator Rountree. You are welcome to open on LB268 if you're ready.

**ROUNTREE:** Good afternoon, Vice Chairman Fredrickson and members of the Health and Human Services Committee. My name is Victor Rountree, V-i-c-t-o-r R-o-u-n-t-r-e-e. And I represent District 3, which is made up of Bellevue and Papillion. Today, I am here to introduce LB268, which would increase hiring wages for direct service providers for developmental disability services. LB268 seeks to provide a competitive wage for direct service providers for developmental disability services. I have also passed out an amendment to the bill which just clarifies that this reimbursement increase is for hiring wages. If you take a look at the fiscal note, I think that this amendment would drastically lower the amount needed for the legislation, but would be open to further discussions to ensure that this legislation is accomplishing the intent of the bill. Over the last several years, this committee has heard a variety of different reimbursement rate increases. As we all know with inflation, the cost of living has increased rapidly over the last four years, and wages have not kept up. These DSPs do extremely important work and deserve to be able to pay their rent, buy their groceries, and afford their living expenses. Aside from rising prices nationwide, DSPs in Nebraska experience some of the highest turnover rates in the nation. According to the 2024 State of America Direct Support Workforce Crisis Report, 90% of the community providers who responded to the survey experienced moderate or severe staffing challenges in the past year. Attracting and retaining DSPs is not just an issue in Nebraska but something that every state is dealing with. In order to better support the developmental disability community in our state, we need to not only be competitive with hiring wages but also a leader in the nation. LB268 would tie hiring reimbursement rates for direct service providers to 150% of the minimum wage in Nebraska. The current average hiring wage for DSPs is \$15.56. If LB268 were to pass, the wage would go to \$20.25

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in 2025. And in 2026, when the minimum wage raises to \$15, the reimbursement rate would increase to \$22.50. The bill also ties the reimbursement rates to the change in Consumer Price Index to try and maintain the wages with inflation. Excuse me. I believe that it is vital that we invest in our developmental disability workforce in our state and retain the amazing workers who do some very difficult work. I understand that Nebraska is currently facing a budget shortfall and, and finding money to spare may be a challenge right now. But as the state removes the waitlists and the services provided by those in need are in flux, we must ensure that there is staff available to provide much needed help to those with developmental disabilities. Following me, there will be testifiers who can speak to the current landscape of DD services in Nebraska and around the country. I appreciate your attention to this issue. And I would be happy to answer any questions that you may have.

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

**MEYER:** Thank you, Chairman Hardin. I think you addressed this in your opening. The bill reads like it would be an increase of \$20.25 over current-- and, and you've amended that-- over current wages. That, that's how the bill actually reads. And, and so what you're saying is, if I understand correctly, that you would like to move up the initial hiring wage of \$15.56, I believe, to the \$20.25.

**ROUNTREE:** Yes, sir. That is what we want to do. Just the initial hiring.

**MEYER:** When I read through the bill initially and I, I looked at the fiscal note, it-- I thought, wow. That's, that's a nice-- that's a nice raise. Anyway, I, I think you addressed that, and I appreciate that very much. Thank you.

**ROUNTREE:** Yes, sir. And we're open to any other amendments that clarifies it to make it certain that it's-- won't be misinterpreted.

**MEYER:** I actually had a couple of emails to that effect, questioning my judgment and considering a \$20.25 raise for, for people and, and-- I did not reply to them. But anyway, I appreciate that very much. Thank you, Senator Rountree.

**ROUNTREE:** All right. Thank you so much, sir.

**HARDIN:** Other questions? Senator Quick.

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**QUICK:** Yeah. Thank you, Chairman. So is that \$15.56 currently-- is that-- do they-- does the state set that now? Is that or how that works or--

**ROUNTREE:** Yes, that's where we are currently at. We want to get it to 150-- 150% of that and then tie it to the cost of living adjustment. But they-- if the minimum wage goes up, tie it to that increase as well.

**QUICK:** Oh, OK. All right. All right. Thank you.

**HARDIN:** Other questions? Will you be with us at the end?

**ROUNTREE:** I do plan to do so, sir. Absolutely.

**HARDIN:** Thank you.

**ROUNTREE:** All right. Thank you so much.

**HARDIN:** Proponents, LB268. Welcome.

**ALANA SCHRIVER:** Hi. Thank you. Good afternoon, Chairman Hardin and members of the HHS Committee. My name is Alana Schriver, A-l-a-n-a S-c-h-r-i-v-e-r. And I'm the Executive Director of the Nebraska Association of Service Providers, which is the statewide membership association for home- and community-based providers supporting individuals with intellectual and developmental disabilities. Home- and community-based providers partner with the state to provide Medicaid waiver services at a fraction of the cost of state-run institutions while simultaneously enabling families to remain in the workforce and their hometowns. Thank you for the opportunity to speak on behalf of the people we support and employ. To address Senator Quick's question, we have a very complex rate methodology to determine DD provider rates. I would bring a copy, but the spreadsheet has a lot of tabs and a lot of columns, but I can email you a copy after this if it's helpful. Our current rate methodology was set in 2019 with data from 2017. The world has changed a little bit in those years. So this is not an appropriations bill. This bill simply seeks an adjustment to that rate methodology. So that lever that determines that hiring wage for our frontline workers, that's just the lever we're hoping to move in that methodology. Right now, the methodology supports a \$15 an hour hiring wage. The average is \$15.56 because providers know they've got to pay more than that to be able to attract and retain people. So what we're hoping to do is just move that methodology from 2019 into the present while also preparing for Nebraska's minimum wage to continue to rise. The national standard for direct care is 150% of minimum wage for any

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given state, but I think we can all recognize-- including leadership at DHHS-- that this is skilled labor and not a minimum wage job. The job duties require extensive and ongoing training. The hours are long: 24/7/365. Staff are missing out on holidays. They're dealing with challenging behaviors, intensive medical needs. They're ensuring health and safety. They are teaching life skills, helping individuals apply for and retain competitive and agreement-- en-- employment in their communities. They're filing reports, documentation, meeting the nation's strictest electronic visit verifications. They're highly skilled adults who deserve to be paid more than minimum wage, and they know it, which is why we lose them to other industries. Nebraska has the highest turnover rates, as Senator Rountree mentioned, in the country. We're already in the midst of a care crisis, and experts predict the need for caregivers to continue to grow exponentially as our population ages, as well as more children being born with disabilities. We actually can't afford not to address this issue as a state. This morning, I emailed you a study from Dr. Ernie Goss. He was planning to testify today, but his daughter is in services with one of our providers who was closed because of the weather. So he's home with his stepdaughter. So if you have any questions on Ernie Goss's study-- I'm out of time-- but I'll answer those for you. I've also, just so you know, in case you like visuals or bullet points better-- I'm a bullet point person-- so Nebraska MIT living wage calculator has a living wage for a single adult at \$20.99 for a single adult. Most of our staff are trying to support families. Beatrice State Development Center pays a living wage for similar work serving a similar population. We just want to be able to do the same thing for our home- and community-based providers. So happy to answer any questions.

**HARDIN:** Questions? Senator Meyer.

**MEYER:** Thank you, Chair Hardin. As I, as I look through this, we're, we're primarily providing care on an individual basis. Am I understanding that right? This is, this is one-on-one care in the home, or is, is, is this in a--

**ALANA SCHRIVER:** There's many, many, many different services and options. So anything from congregate day care-- day centers where you might be-- staff might be one staff for four or five individuals to people with higher needs who could even as have as much as three-to-one staffing depending on the behavior. So we have five different Medicaid waivers in Nebraska. Some are individualized based on the person's individual needs, and they get an individual budget. Some just have a set budget, and it's not individualized. So you may have someone-- for the new family support waiver, for example, which is for minor



children-- my son's on the family support waiver-- that's capped at \$10,000 a year, period. I have not been able to find a provider willing to take my kid on at that reimbursement rate because he can be challenging. So I'm paying babysitters more than minimum wage. So it just depends on the waiver and the individual.

**MEYER:** If I may, Chair Hardin. A few years ago, we had unfunded group homes and things of that nature that provided some of these same, these same care options. Would it be more efficient if we took another look at that and reinvested in our group homes who provide some of these services? And so, you know, we've essentially-- my word, perhaps not the, the state's word-- but we essentially abandoned some of these people to their family and siblings, parents and siblings. Wouldn't it be more efficient if we tried to take a look at this and, and, and tried to reinstate something along the lines of the group homes? Would that be something you would advocate and support?

**ALANA SCHRIVER:** So I think you'll hear a lot of testimony on that for LB239 later this afternoon, Senator Machaela Cavanaugh's bill. Part of the governor's plan to address the waitlist hinges very heavily on independent living and supported family living. It hinges a lot on natural supports, those friends and families of the individual with developmental disabilities, which is great if the bio family is financially able to pay for those. These are very expensive needs. Or if the bio is just equipped mentally, physically to care for that individual. I had a call from someone who was in their 90s who was taking care of a nephew who's in their 60s, and that aging caregiver needs help, you know. It-- so it just depends on the family's situation. Group homes are what's struggling the most because of the low wages, because we have to staff three shifts. We could potentially carve out savings. It's interesting because at the Beatrice State Development Center, the overnight shift gets paid more. But in the home- and community-based services, we do pay minimum wage for that overnight shift because there's a-- you might be able to catch some sleep if everything goes well. So most people with developmental disabilities still want the same thing that anyone else does. They want to grow up. They want to move out of their parents' house. They want to live their own life. I love my mom, but if I still had to live with her and she got to make my decisions for me, it probably wouldn't make either one of us very happy. So I think group homes are a wonderful thing, and a lot of people want that for themselves or for their family members. But in order to get that service, you have to qualify for the Comprehensive Developmental Disability Waiver, which, starting in July, will be based on a new assessment tool rather than what it's been in

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the past, where you get on a waitlist and then the average wait time is about eight years before that becomes an option.

**MEYER:** I apologize for jumping the gun, but as I went through the bills over noon, there was a note I left just dealing with efficiencies in a group home setting. So if I, if I jumped a couple bills ahead, I, I--

**ALANA SCHRIVER:** Oh, you're fine.

**MEYER:** --apologize for that. But it was a note I left for myself just, just to make a comparison on efficiencies. So thank you, thank you for your time

**HARDIN:** Senator Quick.

**QUICK:** Yeah. Thank you, Chairman. So can you talk more about-- so help me understand. Like, on the base rate for providers-- and then-- I'm sure you have different wage skills for different people. So is, so is that base rate just-- that's just something what you get? And then if you pay above that, then you--

**ALANA SCHRIVER:** Yes. So you may-- maybe the owner of the business just doesn't pay themselves as much or you don't buy a new van that year or you don't necessarily keep up with your facilities. It's, it's crazy that we're still using rate methodologies set in 2019 for a number of reasons. But insurance, for example, just this past year went up about 26% on average for most of our providers. They have to carry a lot of insurance. They can't legally operate without particular types of insurance. And so you'll hear from some providers who are actually-- our profit margins are extremely thin on average. Providers for developmental disability services are extremely transparent. They have to provide an audited cost report to the state every year that accounts for every dollar. So what we would like to see in theory-- and I think what the intent behind those cost reports were, they-- they've been going on about four years now-- was that those cost reports would then inform the rate methodology. But we haven't actually as a state rebased those rates for quite some time. CMS actually requires that they be rebased every five years. So we are out of compliance with CMS even on that regard.

**QUICK:** I had one other question. So do you know how we compare with other states?

**ALANA SCHRIVER:** Yeah. We-- for wages, we fall somewhere in the middle. But we're not competing with staff from Oklahoma. No one's going to move to another state for a direct support professional job. We're

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competing with businesses within Nebraska where we have crazy low unemployment rates and lots of jobs. So for example, some of our staff who may be job coaches could go out in the community with the individual they support and help them apply for a job. We had a coach who was helping someone apply for a job at Menards. That individual they supported was going to be paid \$3 more an hour at Menards than the job coach was, so the job coach filled out a job application themselves that same day and you lose them that quick.

**QUICK:** OK. Thank, thank you.

**HARDIN:** Are there questions? So you're saying we are superlative at something here in Nebraska. Unfortunately, the thing we are the best at is the category we don't want to be the best at. So we pass this bill and we go from being, unfortunately, the best at turnover, what happens then?

**ALANA SCHRIVER:** I think ideally we just respect people's professional capacity. We respect the work that they're doing for our state and the individuals they serve by allowing them to receive a living wage and the dignity of a living wage-- because either way, the state's propping them up. You're going to be paying for SNAP, you're going to be paying for Title XX. You're going to be paying for Medicaid for working adults who are probably working overtime, let alone 40 hours a week. Because \$15 an hour just-- according to MIT, you need \$20.99 in Nebraska for a single person, let alone someone with kids and a family, so.

**HARDIN:** So realistically, we pass this, how much of the problem-- and I'm asking you to take a wild guess-- how much of the problem kind of eases?

**ALANA SCHRIVER:** I only know anecdotally, but a number of people comm-- you know, I get messages on Facebook all the time because I am a parent and other parents will reach out and things like that. But people move to other states because they can get services, more reliable services, or higher pay or paid family caregiving, those types of things. But I, I get-- I hear a lot from staff who are like, I love my job, I love what I do, but I just can't pay the bills. They, they would rather do this than work at the gas station, but they get paid more at the gas station, so.

**HARDIN:** OK. Are there questions? Thanks for being here. Appreciate it.

**ALANA SCHRIVER:** All right. Thank you.

**HARDIN:** LB268. Proponents. Welcome.

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**MATT KASIK:** Thank you. Chairman Hardin and members of the Health and Human Services Committee. My name is Matt Kasik, M-a-t-t K-a-s-i-k. And I am the CEO of Apace, which is formerly Region V Services. We are the largest community-based intellectual and developmental disabilities, or IDD, provider, supporting 725 individuals in southeast Nebraska. As a nonprofit political subdivision, we are governed by 16 county commissioners and have been serving southeast Nebraska for over 50 years. At Apace, we employ 760 staff members, including 690 direct support professionals. DSPs, as we call them, provide hands-on care that is complex, physically demanding, and emotionally intensive. DSPs are truly the backbone of our work, as they ensure individuals with disabilities receive the support they need to live meaningful lives. I strongly support LB268 and thank Senator Rountree for introducing this bill. LB268 takes a commonsense approach to rate setting by ensuring DSP wages average at least 150% of the state minimum wage. This is a reasonable step to recognize the responsibility and skill required for these roles and to stabilize the IDD workforce. The current funding model is not sustainable. The funding increases received in previous years do not come close to matching the rising cost of employee benefits, operations, and inflation. Apace is currently operating at a deficit, and even a modest 2% wage increase for our employees next year would require expense reductions or program cuts. Also, with Nebraska's minimum wage increasing to \$15 per hour next year, DSP wages will be even closer to the minimum despite the critical nature of their work. Without competitive wages, we will continue to lose staff, making it harder to provide the services Nebraskans with disabilities depend on. LB268 also provides much needed predictability and funding. Currently, IDD providers face uncertain, inconsistent rate setting, which makes long-term planning difficult. By tying rates to a clear wage benchmark, this bill would create a stable funding model, reducing unnecessary administrative burdens. The benefit-- this benefits not only providers but the state of Nebraska by making resource allocation more efficient. Finally, I believe the fiscal note on this bill is significantly overstated. My estimate of the actual cost of this bill would be around \$26 million next year, or approximately a 13% increase, which is far lower than what's listed in here. I urge you to support LB268 to strengthen Nebraska's IDD service system, which would provide financial stability for providers and ensure DSPs are compensated fairly for their essential work. Thank you for your time. And I'm happy to answer questions.

**HARDIN:** Thanks. Can you unpack for us that notion on that fiscal note? How come it's so wildly different?

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**MATT KASIK:** The fiscal note, I believe it stated it was just a plain reading of just the current amount that we're doing. And then by my calculation, it was a 65% increase that was listed in there to get rates to \$20.25. The reality is we're, we're higher than that currently, so we don't need that much of an increase--

**HARDIN:** OK.

**MATT KASIK:** --as far as what's listed in there.

**HARDIN:** OK. Understood. Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you for being here and for your testimony. Can you-- I don't-- I, I, I-- and maybe this as a question for DHHS, I'm not sure, but can you speak a little bit to-- the reimbursement rates that you do get, how does that relate to, like, direct staffing, hours versus, like, administrative overhead versu-- I mean, can you unpack--

**MATT KASIK:** Yeah. Absolutely. So they're completely disconnected in, in, in day-to-day operations. An individual that we'll provide support for has an individual budget, an individual plan. They might need four hours of support in a day or it might be 24/7 support. Those rates are set, and essentially we bill the state and are then reimbursed based on a fee schedule. And the fee schedule is several pages. It's, it's, it's a different fee based on the tier, based on the needs of the individual. So the same service for one person might be at a lower rate than another person. Ultimately, you know, the, the two aren't connected. So we essentially bill and receive kind of a, a lump-- a total of that revenue that we're getting from billing. And then we have to ensure our operation is solid and, and, and can work within the means that-- the revenue that we are reimbursed for. So like-- yeah. If that makes sense.

**FREDRICKSON:** It, it does. But so-- so there is also-- there-- you do also receive some reimbursement for administrative work as well or--

**MATT KASIK:** It's all built into the rates.

**FREDRICKSON:** OK.

**MATT KASIK:** Yeah.

**FREDRICKSON:** OK.

**MATT KASIK:** Yeah.

**FREDRICKSON:** Thank you.

**MATT KASIK:** Yeah.

**HARDIN:** Other questions? Senator Quick.

**QUICK:** Thank you, Chairman. And you talked about different rates for different needs of care. So can you talk a bit more about that, what that rate would look like compared to--

**MATT KASIK:** Sure. So all of the services are individualized. So you might have some individuals that have higher needs. Those could be medical needs. Those could be behavioral needs. Generally, if somebody has more needs, they have a higher budget. So as Ms. Schriver provided in her testimony, you know, some individuals that might have a three-to-one need, those would be on a much higher rate than somebody who, who doesn't need that level of support. Additionally, there's different services. There's day services, residential services, and those are, are dependent on the needs of that individual as well. Our day services tend to be more of a team environment, where it's one staff person to two to three to four to five individuals. Residential services-- I think the question came up about group homes. In Apace, we have about 70 group homes that we manage in southeast Nebraska. Generally, the general rule with a group home is about three individuals to one staff person with them around the clock nights and weekends.

**QUICK:** OK. I have one other question. So I know this bill's asking for, like, that cost of living to, to increase it each year. So currently, there's no cost of living built in. So it's been that same rate since 2019 then.

**MATT KASIK:** The rate methodology was set in 2019. We have had rate increases, but it's generally a percentage across the board. So that methodology as far as-- you know, what's built into there is not only that wage. I think it was mentioned \$15.56 that was in there. There's also time for employment-related expenses. There's a, there's a percentage factor for overhead costs. There's a factor for transportation. So that's, that's there. But what we've seen since 2019 as the-- kind of the market of employment has changed, we're having more turnover. We have more open positions, which is requiring o-- more overtime because to-- because we can't close, essentially. We still have to provide the support in a 24/7 [INAUDIBLE]. So our overtime has, has increased from what the methodology is set at.

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**QUICK:** OK. All right. Thank you.

**MATT KASIK:** Mm-hmm.

**HARDIN:** Senator Riepe.

**RIEPE:** Thank you, Chairman. Thank you for being here. I guess my question would be this, is-- within your organization and your strategic planning, do you look for-- in situations where you say the what-ifs? What if, what if we got this money? Hallelujah. What would we do? And if we, if we lost 10%, 15, 20%, how we would restructure or res-- or try to salvage what we have. Have you-- does your organization go through that process?

**MATT KASIK:** Absolutely. We tend to focus more on the what-if-we-get-cut scenario as opposed to the--

**RIEPE:** You're a wise man.

**MATT KASIK:** And we do spend a lot of time. We in this current fiscal year-- so as a political subdivision, we're kind of unique as a provider in the state because our books are open. We are, we are essentially a, a quasigovernmental entity. So we shoot this year-- our, our budget calls for a 1% operating margin. And so that is just as tight as it can be. So we, we've spent a lot more time focusing on contingencies of what, what programs we can do without, different ways to be more efficient in the work we do. And we're, we're always looking at the needs of the individual. So if that means an individual moving, say, out of a group home into their own apartment or into a shared living scenario, we will absolutely do that as well.

**RIEPE:** Yeah. That's comforting to know. Thank you very much. Thank you, Chairman.

**HARDIN:** Are there questions? Seeing none. Thank you.

**MATT KASIK:** Thank you.

**HARDIN:** Proponents, LB268. Welcome.

**EDISON McDONALD:** Hello. My name is Edison McDonald, E-d-i-s-o-n M-c-D-o-n-a-l-d. I'm the Executive Director for the Arc of Nebraska. Here today to support LB268. The arc represents people with intellectual and developmental disabilities and their families. And if we leverage this opportunity to pass this bill and partner it with LB239, you can have a truly transformative impact on our system. LB268

is a commonsense, fiscally responsible measure that recognizes the essential role of direct support professionals, or DSPs, in Nebraska's developmental disability system. By ensuring that reimbursement rates are tied to 150% of the minimum wage and indexed to CPI, this bill takes a necessary step towards addressing the caregiver crisis that threatens access to services for Nebraskans with disabilities. When we don't address this crisis, we see service interruptions, we see an increased reliance on institutional settings, and we see family caregiver burnout. I was here in 2017 and had just come into this position as they were working on the rate rebase, and it seemed like, OK. This is great. This is going to make sure that we steadily keep up with rates. However, you know, as Ms. Schriver said, we have not seen that followed. We haven't seen a rebase. And those rates have to always keep up with inflation. Well, now we've got a new challenge that not only do they have to keep up with the impact of inflation, but they have to keep up with the competition in wages across the rest of the market, and that has become tremendously difficult. I think-- especially around 2020, we saw a huge flip in terms of the ability of providers to hire adequate staff. And so while we're not a provider, we represent people with disabilities and their families. This has become a top issue for us because it means that our members aren't able to get services. If you look on the back of my handout, I just want to point out a, a chart we have that I think is always helpful when we talk about the average cost of services. The numbers are a little old, but it gives you a little bit of scope of services because we have to serve people with developmental disabilities. How we serve them, where we serve them is the real option. If we serve them in a setting like BSDC, that's an average of \$221,000 per person per year. If we serve them comparatively in a home-- and community-based setting, though, you can see the cost gets significantly decreased. For priority one individuals in those emergency settings, it goes down to \$134,000. For priority two individuals, getting those people out of those congregated institutions, it goes down to \$109,000. For the third priority getting kids out of foster care, it's \$97,000. For the fourth, it goes down to \$19,000, which I know that especially is significantly higher than it was in 2019 when we got this data. And then--

**HARDIN:** You're in the red, but keep going.

**EDISON McDONALD:** Oh. Thank you. And then the sixth priority is the-- is at \$33,000. And that's bringing folks off of the waitlist. I know that that number is higher now, but. Really, this is how we can fix our system, if we can bring together these pieces and ensure that we've got a steady pathway that provides regular updates to providers' fees so that they can provide the services for our loved ones.



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**HARDIN:** So you're saying this is expensive, but the way we're doing it right now is really expensive.

**EDISON McDONALD:** The way, the way that we're doing it right now is really expensive, yeah. And also just every year, you have to come back around to this issue. You have to keep on dealing with these settings and have to keep on dealing with rates. This takes the rate battles that we see every year off the table, because instead we can just make sure that we're keeping up with the bare bones of cost-of-living increases instead of seeing radically different rates between developmental disabilities and aged and disabled waivers, and ensures some continuity for providers and for families.

**HARDIN:** You're saying this is efficient, less costly, and set it and forget it?

**EDISON McDONALD:** Yep.

**HARDIN:** Other questions? Senator Hansen.

**HANSEN:** We've been having this debate with minimum wage and CPI right now.

**EDISON McDONALD:** Mm-hmm.

**HANSEN:** And according to the numbers, historical average, we're looking at a minimum wage in about ten years to be about \$21 an hour; in about 20 years, about \$31 an hour. So we're having this discussion of, OK. Do we continue with CPI or do we kind of set it at, like, a minimum base of, like, 1.5% or 1.25%? What's your thoughts on that? Is it-- it's, it's a matter of what we can afford too, do you know what I mean?

**EDISON McDONALD:** Yeah.

**HANSEN:** But also like, it's amazing how incremental every year it can build up high and fast-- you know what I mean-- it seems like.

**EDISON McDONALD:** So I would say first off, just-- again, DD is unique amongst the HHS settings because the Olmstead v L.C. decision does require us to provide care for individuals. So it's not an option of if we do it-- it's, again, how and where. If we don't provide those regular increases for those community-based services, then the individuals end up in nursing homes, hospitals, institutional settings like BSDC that are much more significant. So I get that that is a, a hard thing to address, but also it's just necessary. We have to make sure that we find ways to serve these individuals and to keep up with

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those rate increases that are just going to be necessary. They're talking about struggling to find staff. And, you know, I think that that is an ex-- absolutely desperate case for providers across the state. And for families who hire independent providers, even. They can't find people. Wages are the best way to attract new staff, and I think that we need to make sure that we support that increased funding.

**HANSEN:** So I'll take that as a no.

**EDISON McDONALD:** I-- if you set it-- if you were to set that at that cap-- I mean, what's going to happen? You're going to continue to make those DD providers fall further behind.

**HANSEN:** Sure. But it would still be better than what we have now. Right now, we don't have any--

**EDISON McDONALD:** It, it would be--

**HANSEN:** We don't have any--

**EDISON McDONALD:** Yeah, it would be--

**HANSEN:** --annual increase at all. It's just like, here we are.

**EDISON McDONALD:** Yeah.

**HANSEN:** Address it again next year and--

**EDISON McDONALD:** It would be-- at least some sort of increase, I think then you would have a lot more providers-- and I would say fairly-- and us coming back to the table and saying, look. We want to make sure that enough services are being provided. And if that funding doesn't allow for enough services to be provided and enough staff to be hired, then, you know, I think you're not actually setting it so you can forget about it.

**HANSEN:** Yup. Because I agree. Provider rates-- these-- especially with-- you know my history.

**EDISON McDONALD:** Yeah.

**HANSEN:** [INAUDIBLE] addressed specifically. But what can the taxpayer afford as well? So I'm trying to find a healthy balance.

**EDISON McDONALD:** Yeah. And I, I think this is the healthy balance. Instead of saying, OK. You know, let's, let's pick a number and say this is, this is what we need this year, this is what we need next

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year. So, you know, some years it may be too much, some years it may be too little. But if we keep it to CPI, then we have a formula. And per all the work you did in your interim study, you know, you kept trying to get to, how do we set this so that we can just move on? This is the answer.

**HANSEN:** OK. All right. Thanks.

**HARDIN:** Are there questions? Seeing none. Thank you. Proponents, LB268. Welcome.

**KRISTEN LARSEN:** Thank you. Well, good afternoon senators. My name is Kristen Larsen, and that's spelled K-r-i-s-t-e-n L-a-r-s-e-n. I'm here on behalf of the Nebraska Council on Developmental Disabilities to testify in support of LB268. Although the council's appointed by the governor and administrated by DHHS, we operate independently, so our comments do not necessarily reflect the views of the governor or the de-- the department. I want to make sure you understand that. We're a federally mandated independent council comprised-- 60% are individuals or family members with developmental disabilities, community providers, and agency reps. And we advocate for systems change and quality services. And we serve as the source of information for policymakers and senators. And we take a nonpartisan approach to provide education and information on legislation that could potentially impact people with DD, and LB268 would definitely do that. Just setting that hiring wage at 150% of the state minimum wage and the index to the CPI bottom line, it's just-- they need a living wage, and that is the commonsense approach. By providing financial stability, it aims to improve providers' ability to attract and keep qualified staff while maintaining high-quality services for individuals with IDD. Together with even LB54, this legislation addresses Nebraska's workforce crisis and severe staff shortages among the-- among DD waiver service providers. And Nebraska, like many other states, is really in a crisis with shortages with DSPs, leaving individuals with DD without essential habilitative residential employment, behavioral health, and even medical assistance services under the HCBS waiver program. So the infrastructure in Nebraska and across the nation still remains in crisis or freefall, and it demands urgent action. Currently, more than 5,300 Nebraskans receive services-- DD services through agency and independent providers both in rural and urban communities and in all areas of the state. Of these, 4,808 are in comprehensive services. 528 are in adult day services. And currently, there's 714 families that have accepted services in the new family support waiver. But if you're getting on board with the family support waiver and you can't find a provider because of the issue with costs, then, then you're still kind

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of out of luck. And then what happens is that caregivers and families end up taking over the burden. And that leads to-- you know, it's just not a sustainable model for guardians and parents to do that. We really need the nat-- they need the services to really stay involved in their community. And a well-trained, adequately compensated DSP criti-- workforce is critical to delivering that quality care. Most-- you know, Medicaid right now is-- you're hearing a lot of discussion on the national front that it is definitely at risk for potential cuts. HCBS services are an optional service that states ca-- they don't have to offer them. You can strictly say we're just gonna put everybody in institutions. But because we are doing the right thing and wanting to do HCBS services, we need to keep in mind and watch what's going on federally. We're not only dealing with potential threats to state funding, but if we have cuts that potentially could impact the way we fund our HCBS systems here, that, that's another importance. So I just share that, that-- this all ties to what's going on nationally.

**HARDIN:** You're in the red.

**KRISTEN LARSEN:** I'm in the red, so I will stop. I always have more than I can say. But I'm also a parent with lived experience, so I see it through the-- that lens as well.

**HARDIN:** Gotcha. Thank you. Questions? Senator Meyer.

**MEYER:** Thank you, Chair Hardin. Well, we're talking about wages here, but there's benefit-- there's a benefit factor here too also, as far as providing benefits, along with wages-- wage increase.

**KRISTEN LARSEN:** Well, you're--

**MEYER:** You know?

**KRISTEN LARSEN:** Absolute-- well, absolutely. I think the wage needs to cover benefits. Many of these DSPs don't have things like health insurance or those sorts of things.

**MEYER:** I-- that's what I was--

**KRISTEN LARSEN:** Yeah. Absolutely. That--

**MEYER:** --if there was another component to it along with the wages if there was a benefit component to it.

**KRISTEN LARSEN:** Correct.

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**MEYER:** Thank you.

**KRISTEN LARSEN:** Yeah. Thank you.

**HARDIN:** Other questions? Seeing none. Thank you.

**KRISTEN LARSEN:** Great. Thank you.

**HARDIN:** Proponents, LB268. Proponents. Going once, twice. Opponents, LB268. Those in the neutral, LB268. Seeing none of those. We had online 2-- we had 30 proponents, 1 opponent, 2 in the neutral. And with that, Senator Rountree, would you mind coming back here and allowing us to throw big, heavy rocks at you one more time?

**ROUNTREE:** Oh my goodness.

**HARDIN:** Well, thank you.

**ROUNTREE:** Thank you, Chair Hardin. Rocks.

**HARDIN:** Soft rocks.

**ROUNTREE:** OK. OK.

**HARDIN:** Soft rocks.

**ROUNTREE:** I was listening to a sermon on the way up this morning. It was throw-- throwing rocks and dust, so.

**HARDIN:** Soft rocks.

**ROUNTREE:** [INAUDIBLE].

**HARDIN:** Something like that.

**ROUNTREE:** Yes, sir. Well, thank you, on-- Chair Hardin, and to the committee. Some very good, great questions asked today, very explanatory questions. And thank you to all our testifiers that came and testified today. Like you, I also have lived experience in this area. I have a DD son who's 36 years old. He'll be 37 in May. So we have been involved in his process since he was four years old. So I really appreciate having good, dependable service providers. When my wife's heart is at ease, then I'm at ease as well, so. We want to just take care of all of our providers in that. I know we talked about the FMAP this morning and other things, but if you can see fit that we can bring this bill out of the committee and take care of our service

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providers-- they, they take care of our members that need that care. So thank you so much.

**HARDIN:** You may-- because as one of the gentlemen earlier from Apace pointed out-- might be a good thing to circle back to Fiscal and just have that conversation with them before this might reach the floor and just try and get some of that communication straightened out if we can.

**ROUNTREE:** Yes, sir.

**HARDIN:** Look at that.

**ROUNTREE:** I need to--

**HARDIN:** I'm assuming that's what the pink is right there.

**ROUNTREE:** Yes, sir. This is what we're talking about. We will go back and clarify that language. And once we clarify that in the amendment, it should produce a new fiscal note--

**HARDIN:** OK.

**ROUNTREE:** --that would drop that down.

**HARDIN:** Questions for Senator Rountree? Thank you.

**ROUNTREE:** All right. Thank you so much. I'm getting used to it.

**HARDIN:** That concludes our hearing for LB268. We're going to be going on to LB239. And Senator Cavanaugh. We'll do a little bit of room transitioning here. Welcome.

**M. CAVANAUGH:** Thank you. Good afternoon, Chairman Hardin and members of the HHS Committee. I slightly have a better voice than I did this morning, so I'll do my best. I am Machaela Cavanaugh, M-a-c-h-a-e-l-a C-a-v-a-n-a-u-g-h. I have the privilege of representing District 6 in west central Omaha in the Nebraska Legislature. Today, I'm introducing LB239, a bill designed to ensure protections for individuals with developmental disabilities during Nebraska's transition to eliminate the waiting list for home- and community-based services, H-- or HCBS. This bill is about accountability and ensuring that Nebraska keeps its promise to some of our most vulnerable citizens. Three years ago, the Legislature passed my priority legislation, which was LB379, and it was what I call a real labor of love in this, this committee. It was the family support waiver. It was meant to help families that have disabled children that are on the waitlist. And so essentially what it did was--

the big part of it, the expensive part of it was waiving income eligibility so that kids under the age of 19 could qualify for Medicaid even if their parents made too much money. And too much money could mean as little as \$50,000 for a family of four. So it's not that this was making it so that millionaires' kids could get on Medicaid. It was for really everyday citizens like our colleague, Senator Rountree. So that was the family support waiver. And it's now being used as a tool. And I'm grateful to DHHS and Director Green for, for their utilization of it to try and eliminate the daunting waitlist that we have with DHHS. That said, I'm well-known for being a stickler for oversight and transparency. So that's where LB239 comes in. So part of the eliminating of the waitlist has happened not necessarily in the way that I think the people impacted would like to see it. They'd like to see more accountability and they'd like to have more input. And that's kind of what LB239 tries to do, ensuring that in this transition that we are protecting the rights of those services and providing transparent process for the families. Some of the key parts of this bill is to assure that no one currently receiving services will be cut off from care, and this bill is just part of that promise that DHHS has made. It-- this bill protects access to residential services and requires that the objective assessment formula be used to determine service eligibility and funding is transparent and includes meaningful input from stakeholders. It creates a mediation process similar to what we see in the Nebraska Department of Education, allowing disputes to be resolved with expert outside input rather than through costly and time-consuming litigation. The bill reinforces Nebraska's commitment to patient-- person-centered services, ensuring that support is tailored to the individual's needs rather than a one-size-fits-all model. It also clarifies who is eligible for educational support and clarifies pathways to priority one status for those facing serious dangers in their household. In addition, this Legislature-- legislation ensures a timely transition for those eligible to return to community-based services from an institutional setting. And finally, it removes the termination date for day services, ensuring that these critical supports remain in place. Eliminating Nebraska's waitlist is a once-in-a-generation opportunity, but we do need to have safeguards to keep our families and our friends who receive these services-- making sure that they are getting what they need. I know that DHHS is here to testify in opposition, and I appreciate that, that they gave me a heads-up. That doesn't always happen, as you all know. And I know that there are going to be concerns shared from DHHS about this bill, and I do intend to work on them with DHHS to see if there's something that we can ultimately put forward that will be the best product for the families and the individuals being served by these essential services.

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Because this is really the heart of why I became a legislator, is to ensure that we are taking care of our most vulnerable people, and I want to make sure that we are doing it in partnership with the departments. With that, I will take any questions.

**HARDIN:** Don't want to steal the thunder of anyone you know that's coming from behind you, but can you share a story? Strip the names out of it. But just kind of share it with us and-- a story that kind of captures this. Do you have an idea of that?

**M. CAVANAUGH:** So the family support waiver, in addition to waiving el-- Medicaid eligibility would also-- the Legislature appropriated \$10,000 a year per individual that is on that waiver. So instead of getting the more robust service array that you're provided under the aged and disabled waiver or the developmentally disabled waiver, this is-- you don't have that array of services. You have this \$10,000 to pay for the services that you need. And so it creates more flexibility. And for individuals that don't necessarily need that full array, this is actually a really great option to stay on. But for people that might need to go up and have greater services but have been waiting to get that A&D waiver or the DD waiver, this is a stopgap. And when I introduced the family support waiver, it was meant to be a stopgap. I'm glad that it can be used as something more than that for families. But I do have concerns about running out of money because \$10,000 is not very much money when you're talking about the services for a disabled, medically fragile child. And so-- and it's also-- health insurance side of it, the Medi-- the Medicaid eligibility. Most of these individuals will also be on their parent's insurance, but they will meet those maximums very early on. And so Medicaid is then-- goes into effect to cover the services for the remainder of the year after a lot-- a lot of kids will meet in January and February, so. So that's kind of what the family support waiver is. But what I'm concerned about happening is that people might get pushed off of a waiver that they're currently on and put onto this waiver and it won't be suitable for their needs for that-- for their child's needs. And so I want to make sure that when we're creating this flexibility in the waiver process that we are also putting in guardrails to ensure that families aren't moved inappropriately. And I'm looking actually-- Senator Hansen was on the committee with me in 2019 when there was a big shift and a lot of kids were kicked off of the A&D waiver and-- because they were deemed-- they were using a new measurement tool and they were deemed to no longer qualify. And we had to do a lot of-- kind of emergency meetings with DHHS at that time and figure out a path forward and get those kids onto the DD waiver so that they had the continuity of services. And it was-- I'm talking about when kids were kicked off the A&D waiver in 2019. And



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it was a, a, a, a bit of a mess and chaotic and created a lot of unrest. And so what I'm trying to do is just make sure that that doesn't happen again and put the guardrails in, essentially.

**HARDIN:** OK.

**M. CAVANAUGH:** I don't know if that helps.

**HARDIN:** Senator Riepe.

**RIEPE:** Senator Cavanaugh, I don't want you to waste your voice, but I will-- I certainly miss your full-throatedness and your, your sort of muted enthusiasm for every program or any program that you run. So save your voice. I'm just glad to see you again.

**M. CAVANAUGH:** Thank you. I thought you were going to ask, ask me about the fiscal note.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Thank you, Senator Cavanaugh, for being here and for bringing this bill. So I know you and I have talked about this. I, I know you and I both had, had constituents who have reached out who are parents of children who, you know, fall on, on this spectrum and, and concerns related to that. I, I guess-- and I'm sorry if I missed this at the beginning part of your opening, but to your knowledge-- I mean, since we've kind of transitioned to this-- well, let me start by saying I think it's an admirable goal to eliminate the waitlist for, for DD services. But since we've transitioned to what the governor has sort of expressed on that, are you aware of any families that there have been a-- either a decrease in services or a loss in services? Have you heard stories about that or--

**M. CAVANAUGH:** I have. Some people have reached out to my office and expressed concerns over their services changing. And I do think that we'll have some people testifying behind me about their personal experience with it, so. I don't want to steal their thunder.

**FREDRICKSON:** Sure, sure.

**M. CAVANAUGH:** But, but, yes, I have, and that's part of the reason that I want to make sure that we're doing this in the most straightforward, transparent way possible.

**FREDRICKSON:** OK. OK. Thank you.

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**HARDIN:** Are there questions? Will you stick around?

**M. CAVANAUGH:** I will.

**HARDIN:** Great.

**M. CAVANAUGH:** Yes. Thank you.

**HARDIN:** Very good. Proponents, LB239. Welcome back.

**EDISON McDONALD:** Hello. My name is Edison McDonald, E-d-i-s-o-n M-c-D-o-n-a-l-d. And I serve as the Executive Director for the Arc of Nebraska. Today, we are here in strong support of LB239. While we commend Governor Pillen's commitment to eliminating the waitlist, we must ensure that this process is executed with transparency, accountability, a strong person-centered focus, and ensure that no one is harmed. Between the governor's leadership, LB239, and LB268, we have a historic opportunity to fix the largest issues that the disability has been struggling with for decades. This bill addresses the problems by clarifying the objective assessment process, ensuring the department's promise that no one is kicked off, fixes a number of issues in the priority system, and ensures ongoing access to day supports so that we don't waste the progress that we've invested in through special education. For far too long, families have struggled under the weight of Nebraska's waitlist, desperately hoping for the support and services that allow individuals with disabilities to live with dignity in their homes and communities. I've appreciated the work the Legislature, and particularly the DHHS Committee, has done to help us get to this point. In my handout, you can see the waiver study from 2019 that has helped to create smart efficiencies, establish the family support waiver, and move forward funding in a targeted way. I hope you'll read this report for more background on the waitlist as a whole to understand the costs of not providing these services. And most importantly, if you look in the appendix, to read the stories of real-life Nebraskans struggling with this-- these situations. I know we had a couple of members who intended to be here today-- however, due to the snow, were not able to make it-- who did want to share their stories. I'd also encourage you to look in the submitted letters because I know that there are some letters that have been submitted. For those new senators, this has been a long journey, and we have here the opportunity to take enormous steps forward if we do this correctly. If we don't, we could create dangerous situations that could create significant damage. So first, in regards to the fiscal note, demonstrates that the problem DHHS is encouraging people to drop to a lower level of support, often with incorrect or misleading information.

So they aren't entirely eliminating the waitlist, instead shifting and offsetting these issues. While we want to ensure this issue is remedied, we are happy to work with DHHS or remove the requirement-- to, to remove or almost remove the stated fiscal impact if needed, as it has a less significant impact on the intended benefits than other sections. The other reason beyond confusion that families end up going along with DHHS's push to lower support services to programs like Katie Beckett, as this one mom said: it's more work for me to find respite care than it is to provide the care ourselves. This is what our staffing crede-- crisis looks like and why LB268 is so important. I've provided key provisions kind of walking through each of these sections, and happy to circle back. I'm already in the red.

**HARDIN:** You're in the red. Can I ask you specifically?

**EDISON McDONALD:** Mm-hmm.

**HARDIN:** You had, you had pointed this out to me earlier. So in, in, in full, full transparency here: on page 25 of this rather large packet you provided for us, there is this fascinating breakdown of priorities and costs. Would you speak to that? And, yeah, really small words so I can understand it.

**EDISON McDONALD:** Yep. And that, that chart is very helpful. I did provide it in my last testimony. It basically breaks down the costs. As I said earlier, we have to provide services for people with intellectual and developmental disabilities. It's how and where we provide them. Is it those ma-- more costly institutional settings, like the Beatrice State Developmental Center that costs \$230,000 per person per year? Or is it in a community-based setting? Sorry. Page 20, right?

**HARDIN:** 25.

**EDISON McDONALD:** 25. OK. And, yeah, that just walks down those emergency settings. So that's going to be somebody who is at risk of dying or homeless is \$134,000. Second is getting people out of institutions is at \$109,000. The third is transitioning kids from foster care, which is at \$97,000. Fourth, transitioning for high school graduates is \$19,000. With Director Green coming up behind me, I'm sure he's got more updated numbers. And then priority six is by the date of application or the waiting list. So we're trying to serve people in the most cost-efficient ways possible, and tools like the family support waiver allow us to provide those services and ensure that everybody has a pathway. The concern is just making sure that they don't get pushed off of that pathway because they can't access those higher services

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that they need. And the waitlist is not a, a waitlist for everything, although that's how it's been forced to be. The waitlist has been a waitlist for residential services. And this new plan really limits that access to residential services, which I think is one of the largest concerns we're hearing from families.

**HARDIN:** With someone like the \$230,000 scenario that you described, is that a one-off? Is that common? Is that more often than not? Can you kind of speak to that number and kind of how often that takes place?

**EDISON McDONALD:** Yeah. So now we only have approximately 70 people, plus or minus, at Beatrice State Developmental Center. But there are a number of other kind of segregated settings, like nursing homes, which y'all know are very costly, and hospital settings, which are very costly. And so those settings are going to be for individuals with very significant needs. That used to be the standard. That's where we had everybody 70 years ago. And then we moved them over time to these community-based settings because they are cheaper, they are more efficient, and they serve people in a way that provides them for a better quality of life. So that's really what we want to make sure that we're doing, is moving those folks to those cheaper community-based services because it provides so many benefits.

**HARDIN:** OK. Senator Riepe.

**RIEPE:** Thank you, Chairman. I had the opportunity to visit the Beatrice Center. And I totally agree with you. The challenge I think gets to be-- and the concept is right. I agree. There are-- in my opinion, maybe better even for those patients than the institutional base. The real challenge gets to be is, quite frankly, being very blunt with the parents who have relentry-- relented control still want to be in control, and trying to make that move is-- and we all know too. It's very tough. You start moving people, you lose people in that process.

**EDISON McDONALD:** Yeah. And that's--

**RIEPE:** --can't deal with it and they pass away.

**EDISON McDONALD:** Yeah. And that is a struggle, especially with the BSDC. We work a lot with families who have those concerns as well. And, you know, I think in particular one of the, the biggest advocates is my friend, Joe Valenti, and he has told me over and over again and he's come to this body and testified on a number of bills talking about how he had his kid in community-based providers, but they just couldn't provide the supports to keep him safe. And part of that is those

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staffing levels, being able to ensure you have adequate staff, being able to ensure you've got enough staff and adequately trained staff. And we kind of leave families in a gap by not providing those community-based supports. So it does leave them with, with those questions. And so-- especially as we look at those higher needs individuals, we want to make sure we protect those residential services, which, from what we can tell of the governor's plan, it seems to instead focus on pushing people towards independent living, which is great. We really want to encourage independent living, but it's not a fit for everyone.

**RIEPE:** How do we also address the issue? I know on my visit, I spoke with a gentleman who had moved his son, and he moved to become a Nebraska resident because-- and he told me this-- that the benefits were significantly better in Nebraska than they were in Kansas. That's why he-- that's why he moved to, to Nebraska. Now, he didn't-- he-- I was just a Joe Schmo on the street. He didn't know I was part of a committee, but.

**EDISON McDONALD:** I love Nebraska. My family published a book on Lincoln, but I really feel frustrated in this job because, for the most part, I tell families to go to a number of other states because our total benefits package is just not that much better. Maybe in our institutional setting it might be better.

**RIEPE:** This has been five years ago, I suppose.

**EDISON McDONALD:** Yeah. In terms of our community-based services, we don't at-- offer any sort of high level of funding, any sort of high level of individual pay for direct support staff. We have a lot fewer choices than most other states have. So it doesn't tend to make sense. And I know I've heard that from other folks, but that's just not true.

**RIEPE:** Well, I'm sure the-- the facility alone, given its age and massive buildings and everything else, is-- contributes to the \$280,000 per year per patient.

**EDISON McDONALD:** Yeah. No. That, that is a huge concern.

**RIEPE:** I mean, a private corporation would never do that.

**EDISON McDONALD:** Very true.

**RIEPE:** Thank you. Thank you, Chairman.

**HARDIN:** Senator Quick.

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**QUICK:** Yeah. Thank you, Chairman. So can you kind of talk me through how someone can get bumped down on services or maybe get more services, but how-- usually they get bumped down? Is that--

**EDISON McDONALD:** Yeah. So what we're seeing right now is not a full official bump down. It is instead kind of being encouraged down. So they will go from something like the developmental disability waiver or the aged and disabled waiver in particular, and they won't be able to find that direct care staffing that they're looking for. So then the DHHS staffer will say, well, why don't you just go ahead with the family support waiver or with the Katie Beckett program where there is a lower amount of paperwork that they have to fill out? And it goes back to that staffing issue. If you can't find staffing for those higher level services, then you're kind of left out of luck. And then, you know, kind of-- if you're trying to move to those lower level settings, then you may get stuck unless there is a clear process and timeline like LB239 creates to make sure you can get back up. The other tool that we're very concerned about is we're switching from an assessment tool called the ICAP that is state created that is not as good to the interRAI, which is a much better tool and one that we've encouraged DHHS to use in the past-- and glad they're taking that step. The concern, though, is not the overall tool but the back end formula, because that formula-- and if you look at the handout that I gave from the National Health Law Program, describes how sometimes these tools can be used in ways that can create adverse effects and push people down and may say, oh, you don't have enough of a budget to stay in your shared living provider. And a shared living provider is going to be more of that one-on-one setting. And it may say instead, you're going to have to go to another setting. Well, what I found a lot with shared living providers is that it is so much of that person-centeredness. And finding the right person with the right staffer can go and take somebody who is one of those emergency trouble cases and really decrease that cost and create stability. So that's what we want to make sure that folks aren't-- you know, right now, it's voluntarily encouraged in a marketplace where they can access the services that actually provide them the benefits they need. Or in the future, if it's that new tool, making sure that we have that transparency about the tool, about the process to ensure that they're not just kicked off. Does that make sense?

**QUICK:** Yeah. Yeah. Thank you.

**HARDIN:** Are there questions? Thank you.

**EDISON McDONALD:** Thank you.

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**HARDIN:** Proponent, LB239. Welcome.

**PHILIP GRAY:** Good afternoon. The issue-- oh. My name is Philip Gray, P-h-i-l-i-p G-r-a-y. The issue facing delivery of services and the complications of the services are complex, confusing, and sometimes not understandable. And this bill deals with almost all of those, and so it becomes complicated to read. I'm going to focus on one particular segment of this bill that I think is really important to this future process that we're talking about. I am currently on the executive committee of the Arc of Nebraska. I'm on the governing board of the Ollie Webb Center. I am president of a parents advisory committee to a service-- shared service-- shared living provider. And I'm also on Medicaid-- the state Medicaid advisory committee. The department's development of a new and innovative service array designed to end the registry waitlist is commendable, but parents are en-- are hoping that this objective assessment will provide adequate services for where there are needs are not watered down services. The waitlist has profound consequences for families and their children with IDD. It takes away a parent's ability to maintain steady employment, manage their lives, and harms individuals with IDD. To put the waitlist into perspective, imagine a family facing a medical emergency only to be told they must wait three to six years to receive care. This is the harsh reality of the current waitlist. LB239 addresses one gap in this service by removing the sunset provision in the current statute that requires the department to provide day service waivers to individuals completing their high school. It's called the day waiver. If the sunset provision is not removed, individuals in the future will likely face a long waitlist. The department's effort to end the waitlist by policy is to be appreciated but faces the same issues a state faced when attempting to end the waitlist in 1996. I was involved with that. My son was leaving high school that year, and we were looking at three to six years before he could access any services. He was 6-foot tall, extremely impulsive, and required the-- and needed the care and supervision normally required for a 7- to 10-year-old. This meant that we would be providing this, this care without any supports or help for the next three to six years. Fortunately, the state's effort to end the waitlist removed this threat. Unfortunately, that window only lasted a few short years. Over the following three to five years, the waitlist again expanded to approximately 2,200 individuals, with a three to six year wait for services. The 1996 effort failed because it was based on policy and not codified in statute. LB239 is a significant bill and should be passed in its own right, as it removes the sunset provision in current law for the day waiver and does not repeat the mistake made in 1996 of attempting to end the waitlist by policy. Dealing with the

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waitlist has been burdensome and troubling for families, the department, and the Legislature, and each administration ever since 1996. LB239 is significant, as it addresses that one segment of that problem. The department's current effort to end all home- and community-based service waitlists by policy is repeating the same mistakes made in 1996.

**HARDIN:** You are in a red, sir. So if I can encourage you to wrap thoughts up.

**PHILIP GRAY:** The last sentence is: at some point, we also need to address all the home- and community-based waivers by statute so the waitlist does not continue to be a burdensome focus for every legislative session. Thank you. I'd be glad to take any questions.

**HARDIN:** Thank you. Questions? Seeing none. Thank you. LB239.

**ALANA SCHRIVER:** Sorry. My printer conked out trying to give you Ernie Goss's study this morning. It's having a snow day. Hello again. I'm Alana Schriver, A-l-a-n-a S-c-h-r-i-v-e-r. And I'm the Executive Director of the Nebraska Association of Service Providers. I can also-- to your request earlier, Chairman Hardin, give my personal story as a parent navigating the system since this announcement was made as well. So I don't have Jasmine Harris's artistic handwriting. Hopefully I can read my notes to myself here. But essentially, workforce and waitlists are inextricably linked. You can't address the waitlist without also addressing the workforce shortage issues. In one of the handouts I gave you earlier, on the back of the bullet points it talks about other states who've been trying to address their waitlist as well. Kansas's governor, in fact, just in December said, I think-- I want to say, like, \$23 million, but I'm not for sure-- to bring 500 more individuals off their waitlist. Pennsylvania announced about the same time we did. They are infusing almost \$700 million to address their first 1,500 individuals on the waitlist. So we're not alone in these efforts. Other states have waitlists. Lots of people are trying to address it as well. But the-- part of the governor's plan to eliminate the waitlist here in Nebraska that concerns me is we talked about earlier how much it hinges on natural supports and independent living, supported family living. We provide those services through what we call intermittent supports-- so someone going into the home. These are the hardest shifts to staff. Typically, families want the same hours evenings and weekends. So it's hard to find staff for evenings and weekends. And then it's not reliable hours because maybe the family goes out of town or decides they don't need you. And so we can't guarantee that that person's going to make enough money that week to pay their own bills through



intermittent services. Also, the new no manual corrections, no mistakes issue with electronic visit verification required for those in-home visits is also pushing providers away from providing those. Because if you make a mistake now in that app, you may not get paid for that visit. So the agency will still have to pay their staff person for performing the work, but the state may not pay the provider for that visit without going through an appeals process. It also-- when you eliminate residential services, as we've seen since November 2023, they have only made p--comprehensive DD waiver offers to priority one individuals. So we are not seeing people get new residential services offers. A lot of providers rely on residential services to prop up the other services they provide, such as supporting employment, helping that individual find a job in the community. With that loss of financial revenue through residential services-- and we're already seeing a dramatic decrease in referrals-- you're going to see down the road an elimination of choice, elimination of providers being available outside of the Lincoln and Omaha area across the state, as those providers are no longer financially solvent without residential services to prop them up. So with that being said-- I'm in the red, so I'll stop. But if you'd like me to tell my story as a parent, I'm happy to.

**HARDIN:** Can you do so briefly?

**ALANA SCHRIVER:** Sure. So my son had a catastrophic epilepsy that started when he was about one years old. Typically, 90% of people with that type of epilepsy become-- they regress to a permanent vegetative state. We're very fortunate that Canada had a medication that they offered to FedEx me every month for free, because Canada is awesome. And I was able to get his seizures stopped before he regressed permanently. He had lost his ability to walk and talk, but he's regained somewhat. But his dad was a little freaked out about the vegetable thing, so he left. So it was just me. We did not qualify for Medicaid at the time. I was incurring about \$100,000 a year in medical bills in his first couple of years that I'm still trying to pay off. So I'm extremely happy we got-- he went on the waitlist-- God, I think he was about seven. He's almost 13. We got our family support waiver approved in August. So he now has Medicaid, which is amazing. It would have helped tremendously back in the day. So there's good stuff in here. There's really good stuff in here. Having people get Medicaid who've been on the waitlist is a really good thing. There's, there's something to that-- everybody gets something, but maybe nobody gets the full array of services that they need under this plan that I think has some people a little bit suspicious, a little bit scared. And so there was a lot of people who were told they'd be offered the comprehensive

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DD waiver within the next year-- their child was turning 21 or they'd been on the waitlist long enough. And since this announcement was made and they've only been making those offers to P1, priority ones, those people don't really know where they're at, or they've been put on to a lesser waiver, like family support or aged and disabled or something like that. So there's good stuff in there, and I think there's good intentions behind it. There's just a, a number of issues that still need to be ironed out, and we hope to work in partnership with the state on those rather than in silos. Would be nice.

**HARDIN:** OK. Questions? Senator Quick.

**QUICK:** Yeah. Thank you, Chairman. So when families are-- when they're applying for services or figuring out what, what they need, is there support for them to try to help them figure out maybe what, what that child is going to need or what service is there? You know, oth-- outside of DHHS. I mean, is there other support?

**ALANA SCHRIVER:** So under this new plan: in theory, yes. In theory, this plan works really well. In reality, the people are people. So now you should be assigned a service coordinator. My service coordinator is new. She's a lovely person. She's been asking me more questions since I have a history in this system then maybe she's offered me resources. And so, for example, when my son was first diagnosed, the first thing I did was call the Medicaid line. Well, those Medicaid service coordinators know the income-based stuff, so they just told me, no, you don't get Medicaid. Well, then somebody at his school said, well, he's, he's got a disability. He should get Medicaid because he has a disability. So I called again and I called again and I called again. I said, no, I've been told he should get it because he has a disability. So there's, like, the Medicaid department that's, like, regular Medicaid. And then there's disability services. There's also-- some of the waivers are under DD. Some of the waivers are under Medicaid. So for example, aged and disabled is housed in Medicaid. The comprehensive and the day waiver for DD are housed in DD. If you accidentally get someone on this side or on this side, that service coordinator-- depending on their tenure or their training or their experience-- may not know all of the inner workings. So, for example, for me, I was never told-- when I got on the waitlist, I was never told, oh, there's the aged and disabled or there's other things for you. I, I called this number and got put on the comprehensive DD waitlist and was just told, you'll be here for a couple of years. So one of the good things that hopefully will happen under this plan is that you'll get a service coordinator who can then walk you through that. But typically what happens is if you're lucky or you have those resources, you find out

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about Munroe-Meyer Institute's parent coordinators or parent training institute, PTI. If you don't live in Omaha, I don't know what you do. My hometown, Albion, does not have even a service provider, let alone a DHHS or, or anything like that. So it just depends on who you know and where you are and how much of a momma bear you are. A lot of people are too polite to be as maybe aggressive as I was as a mom.

**QUICK:** Sounds kind of confusing, and so I can see where parents would-- if they answer a question wrong or maybe don't ask the right question, they could--

**ALANA SCHRIVER:** Right. I know a mom who was denied because one of the questions was, do you need help-- does your child need help enrolling in school or-- the, the question was trying to get at, can they just go to school no problem or do they need help going to school? And she thought-- she interpreted as, well, they're already in school, so I don't need help getting into school. So she said no. And then you're, you're bumped out. Or, like, for example, my son can't do buttons and zippers, so he just does elastic pants. If you ask him, can you dress yourself? He's going to say yes, but he can't do buttons or zippers. So if you answer that question wrong-- or he eats with his hands; he doesn't use silverware. Can you feed yourself? Yeah. You know, so it's, it's also how you answer those questions.

**QUICK:** OK. All right. Thank you.

**HARDIN:** Senator Riepe.

**RIEPE:** Thank, thank you, Chairman. I, I've been around health care a long time, but I'm, I'm trying to understand a little bit. I know not-- autism is a different thing. But developmentally disabled has such a growth over the last 15, 20 years, I think. I just-- is there research out there? I know they're trying to, trying to do on autism. So I had to find out some--

**ALANA SCHRIVER:** There's research on everything. And depending on who funds it, you might get a different answer. One thing is we're getting better at diagnosing it. Not to be too political in a political setting, but when, when abortion is restricted, you will see more people with developmental disabilities being born. I know a lot of parents personally who were advised by their doctor to abort and then decided to keep the child, and that's why they need developmental disability services. So you'll see an increase in the future in Nebraska now that that's further restricted. Also, you know, it's-- there's a, there's-- people believe a lot of different things are

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contributing to that. But I think it's-- we're just getting better at diagnosing it.

**RIEPE:** OK. Fair enough. Thank you. Thank you, Chairman.

**HARDIN:** Thank you.

**ALANA SCHRIVER:** All right. Thank you.

**HARDIN:** Proponents, LB239. Welcome back.

**KRISTEN LARSEN:** Thank you. It's nice to be back. OK. So my name is Kristen Larsen, spelled K-r-i-s-t-e-n L-a-r-s-e-n. I'm the Executive Director of the Nebraska Council on Developmental Disabilities. And as I mentioned before, we're an independent council, federally mandated, primarily made up of family members and people with developmental disabilities. And we can act independently. And we use this approach to inform and, and educate folks so that-- especially when it's going to impact a person with a developmental disability. And I didn't include this in my written testimony. I do-- or, I did send testimony last night because I wasn't sure about the blizzard, so you might have to back up that, that written stuff that I said. But I do want to acknowledge the collective impact of advocacy over the last few years, and many in this room are to be acknowledged for that. I want to thank Senator Cavanaugh for her efforts with getting the family support waiver, you know, Ed-- Edison McDonald and the role that the Arc of Nebraska has taken. I want to acknowledge NASP and-- particularly the Division of Developmental Disabilities. We are moving in the right direction. What has-- a person with lived experience ten years ago-- or even longer than that-- most people-- there were many families who had no access to either a pathway to Medicaid or any kind of supports. That is amazing now that we are serving those 1,500 families that were on a waitlist. So they're getting something. And I think it's better to allow everybody to get a little bit of something rather than nothing. Because for years in Nebraska, we operated as, you didn't get anything until you were perhaps getting the day services, which was because that's in statute, because leaders before us worked hard to get that. So we want to make sure that that statute, that sunset clause is, you know, elimina-- or, that it-- that the sunset stay-- would ensure that those vital services stay in place, that we need to keep those. But I, I want you to know that there's a little bit of angst because folks do still need a pathway to residential support. My son is one who needs residential support. And if you don't-- if you're nervous about the new assessment-- and we haven't seen the actual figures from the pilot study-- then that makes sense why there's angst out there. But when

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you're told historically that you're going to be on a waitlist and then you're eventually going to go into a comprehensive residential setting that-- and you're-- told them that you're-- that's not going to happen, that's concerning. However, I-- you know, we're based on the DD Act. The Developmental Disabilities Act is a federal act. And we're supposed to-- we're charged to do systemic changes by educating and capacity building and advocacy. And we want people to be as independent as possible. So it's-- there is this level of trying to, you know, encourage independency-- and independence, but recognizing that some of our folks are going to need those comprehensive residential services. And the pathway just isn't-- we're waiting for the new interRAI assessment tool to find out who will qualify for those services. So I want to just recognize the angst, but I'm grateful that this bill addresses the accountability and has-- you know, wants to have more transparency with stakeholders. But I do want to recognize that the division has done a very good job in these last few years, getting stakeholder feedback, and getting information from their governor's DD advisory committee.

**HARDIN:** OK. Thank you. Questions? Seeing none. Thank you.

**KRISTEN LARSEN:** Thank you.

**HARDIN:** Proponents, LB239. Welcome.

**LORI HARDER:** Good afternoon. I'm Lori Harder, L-o-r-i H-a-r-d-e-r. And I'm here to express my strong support of LB239 relating to developmental disability services and the establishment of a transparent and objective assessment process for funding and prioritizations for individuals with developmental disabilities. The current systems lacks clear public-- published criteria and timely decision-making processes, leaving many individuals and families without the support they urgently need. As a professional who worked within DHHS for more than 35 years, I am concerned at where we are as a state in supporting our vulnerable individuals. We are grateful that Senator Cavanaugh has been willing to step up and propose legislation that protects our most vulnerable. I urge the implementation of following critical measures to ensure fairness, efficiency, and accessibility in the developmental disability system: the-- a transparent and objective assessment process for funding developmental disabilities. Individuals with developmental disabilities and their families should not have to navigate an opaque and inconsistent system to access essential services. A clearly defined standard assessment process based on objective criteria and published guidelines will ensure that funding is distributed equitably and the decisions are made

with integrity and accountability. A process for a prior-- for determining priority one immediate crisis status with no-- in no more than five calendar days. Those in immediate crisis can not afford lengthy delays in receiving critical support. A mandatory timeline of no more than five calendar days for determining priority one status will ensure that individuals in urgent need will receive timely assistance-- assistance, preventing unnecessary hardships and potentially dangerous situations. But where will these individuals be served while waiting for those five days? Traditionally, they are not admitted into any inpatient hospitalizations and nor are there funding emergency response residential services waiting or identified for them. Third, a published process of prioritizing youth with developmental disabilities at risk for placement in detention. Too often, youth with developmental disabilities find themselves at risk of being placed in detention due to a lack of appropriate services and interventions. A publicly available prioritization system will help ensure these youth receive the supports necessary to prevent their entry into the juvenile justice system, align with the best practices for disability services, as well as juvenile justice reform. Fourth, a written process to apply for developmental disability services while in juvenile detention. Youth who are already detained should not be denied the opportunity to provide-- apply for the services they need. Establishing a formal written process to apply for developmental disability services while in juvenile detention will help children receive the appropriate support, improving their rehabilitation outcomes and reducing recidivism.

**HARDIN:** Thank you. Questions? Senator Quick.

**QUICK:** Yeah. So my question-- you talked about detention and kids ending up in the juvenile justice system. So are these-- these are kids who-- can, can you expand a little bit more on that?

**LORI HARDER:** Well, in my 35 years, I worked in child welfare, juvenile justice, Office of Juvenile Services, Medicaid, and developmental disabilities three separate times-- children who have a developmental disability who may have assaulted their parents. And law enforcement is called, and their parents would like them removed from the home because they're afraid. But there is nowhere for them to go. Or they put them in detention because either haven't been identified or applied for developmental disability services or they are on the waitlist. And so they have no services accessible to them. Many children with developmental disabilities are refused inpatient hospitalization by the managed care organizations because they believe there's no medical necessity due to their aggressive assault if they consider those behavioral issues and not mental health issues.

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**QUICK:** OK. And one more question. You know what-- like with the courts and-- do the judges-- do they recognize that? Have they been-- or, do they try to get them somewhere where they can get the help or--

**LORI HARDER:** Well, typic-- law enforcement does a removal of an individual because of the dangerousness of the situation in the family home, and then that case starts to proceed down the route of child welfare or juvenile justice, depending on how it's adjudicated by the county-- through the county attorney's office.

**QUICK:** OK. All right. Thank you.

**HARDIN:** Are there questions? Seeing none. Thank you.

**LORI HARDER:** Thank you.

**HARDIN:** Proponents, LB239. Opponents, LB239. Welcome.

**TONY GREEN:** Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Tony Green, T-o-n-y G-r-e-e-n. And I am the Director for the Division of Developmental Disabilities, the Department of Health and Human Services. I am here to testify in opposition to LB239. LB239 proposes the objective assessment formula used to determine funding for individuals with developmental disabilities be published on the department's website and subject to approval by the governor's Developmental Disability Advisory Board or the interested party's stakeholder group. We understand that transparency is essential. However, it is important to recognize a nationally validated assessment tool such as the interRAI are the result of rigorous research and testing to ensure reliability and validity. Publicly disclosing explicit algorithms could compromise the tool's integrity, akin to providing the answers to the test in advance. Additionally, LB239 stipulates that an individual's budget should not decrease to the extent that they are removed from their current setting and mandates residential settings be offered as options for individuals and funding priorities one through five, with consideration for priorities four and six. However, Nebraska Revised Statute 83-1216 requires funding amounts be determined using an objective assessment articulated within our 1915(c) waivers. Allowing individuals to select services without regard for that process undermines the standard-- standardized approach to establish-- that's established in state statute. It's important to note all decisions made under the current and future objective assessment processes are already subject to a fair hearing process. Implementing an additional mediation layer blurs that existing appeal right and would incur additional fiscal impacts, as

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external mediation services would not be cost-free. While we understand the desire to expand and legislate some of the changes to the existing funding priorities, this exercise may be premature. As you've heard, beginning in July 2025, everyone will have access to supports to meet their needs immediately upon eligibility or upon a change in their need. Further examination of these specific statutes and their need is required once the waitlist is fully eliminated, and we would not recommend changes at this time. I would offer a couple specific issues or clarifications to note. All of the DD eligible children, including those currently or formerly in the probation system, have access to the family support waiver to maintain them in their home. Moving to age 18 years for the school transition has a high likelihood of moving expenditures from the educational system over to the waiver system. Finally, the elimination of the June 30, 2025 sunset date for mandatory day waiver offers has been a reoccurring topic. Historically, DHHS has always ensured that graduates receive day offers through either pro--appropriations, through a budget request, or through our existing budgets. Therefore, removing the sunset date only reinforces current practice. We respectfully request that the committee not advance the bill to General File. And I'd be happy to answer any questions on this bill.

**HARDIN:** Questions? Senator Hansen.

**HANSEN:** Not this bill, but the previous one.

**TONY GREEN:** Well. I think it says on this bill.

**HARDIN:** I just-- I, I did look-- did you guys send an online comment on the, on the previous bill? Do you guys know? Online letter, online comment at all? I didn't look and see.

**TONY GREEN:** On the--

**HANSEN:** On LB268.

**TONY GREEN:** I, I don't remember.

**HANSEN:** OK.

**TONY GREEN:** I know we have a, a, a fiscal note.

**HANSEN:** Yep.

**TONY GREEN:** Right?



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**HANSEN:** OK. Just curious. Thanks.

**TONY GREEN:** Yeah.

**HARDIN:** Senator Fredrickson.

**FREDRICKSON:** Thank you, Chair Hardin. Director Green, how are you?

**TONY GREEN:** I'm good.

**FREDRICKSON:** Good to see you.

**TONY GREEN:** Good to see you.

**FREDRICKSON:** Couple questions for you. So some of the testifiers, as I'm sure you-- I know you were listening around-- it seem-- it seemed like there was some anxiety or concern about the possible removal of services or a decrease in services. Can you maybe speak a little bit to that and, and sort of--

**TONY GREEN:** Yeah.

**FREDRICKSON:** Just kind of curious what the department's thinking around that.

**TONY GREEN:** Yeah. I think, you know-- and, and one of the testifiers said it well, that there, there's kind of there's this angst about the unknown, right? Because the, the-- there, there are existing processes already today. And I think someone used the, the, the term of the ICAP, which is the current assessment tool. So when we talk about we're assessing folks' needs and people's needs are going up and down as a result of that assessment, that's happening today and has been happening for many years as we've used that ICAP. So today, if, if your support needs become less because you've gained skills or you, you've acquired the ability to do things more independently, that ICAP drives those, those tiers that you're at, right? You often hear folks who are in the basic, intermediate, high, advanced. Those are the levels of funding that increase, right? And so the current process with the ICAP is doing just exactly what the interRAI's going to do. It's just a-- it's a new tool. The inter-- the ICAP is, is way outdated. I think we're one of maybe six states left that are, that are on it. And we've had-- been working on this for a long time. I, I think you also heard the-- the interRAI is the assessment that we used when we had the issues back on the aged and disabled waiver, where children were being removed because there was a, a standardized tool being used for all populations. So basically an adult tool was being used on children. The

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interRAI came in and, and has fixed that for that population. So we're excited about the interRAI. But I, I do understand the angst that-- because it hasn't been implemented. It's been in a pilot phase specifically to the level of care functionality of that assessment that folks who are wondering if they're, they're going to have that residential offer is, is the-- is, is the unknown right now with that tool.

**FREDRICKSON:** OK. And then my, my other question for you was-- you, you mentioned the sunset removal component of the bill as well. Just out of curiosity, would, would the department-- could the department handle the removal of the sunset?

**TONY GREEN:** Yes. I think we're just saying that it, it has been the practice for many years that either through a budget request of appropriations we, we cover those graduates every year or have room within the existing budget. And so in this new continuum of waiver services that folks would have access to-- because the family support waiver today is limited to the age of 21, you, you need to have that day waiver for them to move over to at 21. So it would be the intent that the department will continue through those processes of requesting appropriations or within the budget offering that day waiver of 21.

**FREDRICKSON:** OK. Thank you. Very helpful.

**HARDIN:** Senator Meyer.

**MEYER:** Thank you, Chairman Hardin. Very nice to meet you, Director Green. I've heard your name many times, and this is the first opportunity to visit with you and hopefully get to know you better. So I appreciate your coming here today. You guys have been dealing with a lot of process and-- with a great deal more background in this particular area than what I have currently. And hopefully I'll get up to speed. I just have probably a-- somewhat of a superficial question to ask. Beginning July 20-- July 2025, everyone will access supports to meet their needs immediately upon eligibility or upon change in need. Do you have any idea when the waitlist will be fully eliminated? And I know that's, that's a guesstimate, but it seems like that's been an ongoing problem for a long, long time. And I know the governor's been focused on getting rid of that. And certainly your, your department has. And I would imagine you've had some thoughts on this. What are they?

**TONY GREEN:** Of, of when it will be elimini-- so-- and we, we have this on our public dashboards on, on the website. Defined as everyone will have received an offer for specialized services. We will be at zero at

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the end of June this year. So July 1 is where we really move into, if you apply and you're eligible for services under the, the DD statutes, you will be able to move into services to meet your needs.

**MEYER:** So that would beg the question, how soon will services be provided once eligibility was determined?

**TONY GREEN:** Yeah.

**MEYER:** Given the fact that it appears we're quite short on the ability to deliver services.

**TONY GREEN:** Yeah. And, and that's-- that will be an individualized length of time, right? So sometimes families will come in, be determined eligible, and they already have a provider. Maybe it's a family member or a neighbor. And that then becomes a relatively quick process, right, from eligibility to delivery of services. Others who maybe don't know, haven't been really involved in the system, if you will, maybe need to go and do tours and visits of various provider agencies that they want to do. And so every family's kind of in a different stage of, of where they're at with that to how long that it takes to start services. But, yeah. It, it, it varies.

**MEYER:** Matching needs and providers. Seems like that'll be the process.

**TONY GREEN:** Yeah. Yeah.

**MEYER:** Thank you.

**HARDIN:** Senator Hansen.

**HANSEN:** I think you and the department have been doing a much better job, and I think you guys are on the right track and making good strides with-- not just the waitlists but with other things as well. So I, I thank you for that. Is there anything you think you need from us legislatively to help you take care of this vulnerable set of people in the state of Nebraska? Is there-- if there's, like, one thing you wish, like, we would do to help you. Is there something? I'm always kind of curious. Provider rates or--

**TONY GREEN:** Trying to take me to the other bills.

**HANSEN:** Or just something like, boy, I, I wish-- fundingwise or legislatively, we-- there's something we could help the department.

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**TONY GREEN:** Yeah. I-- you know, I, I don't know that I could say there's one thing I would say today. I mean, obviously, we, we have a budget that we submitted that we'll be discussing in Appropriations next week that has an investment into developmental disabilities. And so I would hope that the Appropriations Committee and the body will support that increase of funding so that we can continue down the path of, of eliminating the waitlist.

**HANSEN:** Well, if you need more money, just let me know.

**TONY GREEN:** OK.

**HANSEN:** I could find it usually in a hole somewhere. All right. Thank you.

**TONY GREEN:** You're welcome.

**HARDIN:** Senator Quick.

**QUICK:** Thank you, Chairman. So my question-- and I'm new to D-- to the Health and Human Services Committee. So-- like, when a family-- let's just say they are putting in for the services or trying to find the services for their-- for the-- for their family member and, and DHHS says this is what your services would, would-- have need be, but they feel like they need more. Is there an appeals process? Or how does that-- how does that work?

**TONY GREEN:** Yes. So current practice-- and it will continue even when the new assessment takes effect July 1-- is that every decision we make-- so the-- these waivers are all funded by Medicaid. Right? And so Medicaid has rules and regulations that govern fair hearing when you get a notice of decision or a notice of action from the department. So we today have an appeals process that where-- the families would go to a fair hearing if they believe that, that the decision made by the department is inaccurate.

**QUICK:** All right. Oh, sorry. Go ahead.

**TONY GREEN:** I was just going to also add that-- so the tool currently and, and in the new world also allows for you to request that to be updated. So it's going to be-- it, it's done on an annual basis. Every, every individual has an annual service plan. And that, that needs assessment is updated annually. It also has the ability that you can request an updated assessment at any time during that plan year if your needs change. So if somebody, you know, maybe didn't have support needs in a certain area but now they've had a surgery or an illness or

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something that's required it, you can come in and request a new ICAP and just-- you would be able to do the same thing in July. You'll request a new interRAI that would update and generally change those scores or funding tiers that you're in. We often get requests for, for assessments when, when needs are increasing. But I also-- and, and providers and folks hear me say this all the time. I should equally get a request to do assessments when people gain skills so that we can reduce some of those supports on folks. And so some of the, the conversations you've heard about independent living, while that's not being forced on anyone, that is a conversation we want to have with every individual and every team about what the greatest level of independence looks like for them. And for some people, that might be in a-- in their own home with intermittent supports. And for some people, that's going to be the traditional residential home, 24-hour staffing.

**QUICK:** Then I just have one other question. And you'd be willing to work with Senator Cavanaugh to try to address some of the issues that this bill is trying to address? I mean, would you be willing to work with her or--

**TONY GREEN:** We, we take a look at any amendment that-- and, and, and offer an opinion, sure.

**QUICK:** All right. Thank you.

**TONY GREEN:** Yeah.

**HARDIN:** Are there questions? Thank you for being here.

**TONY GREEN:** Yeah. Thank you.

**HARDIN:** Opposition to LB239. No other opposition. Neutral testifiers on LB239. Seeing none. Senator Cavanaugh. Welcome back.

**M. CAVANAUGH:** Thank you. Thank you to everyone who testified today and to Director Green for his comments as well. I just set down my notes. Sorry. It's that kind of day. So the, the waitli-- or, the sunset date, June 30, 2025. So that was put in when we enacted this bill back in 2022. Yeah? Looking to my colleague and friend, Senator Hansen. And that was-- at that moment in time, Speaker Arch and Senator Hansen and I had been talking a lot about all the various waivers and implementing more waivers and kind of creating this continual stopgap system. So that's why-- this was put in with the intention of DHHS coming and putting forth more of a comprehensive plan. I think it might be fair to categorize this current endeavor as, as part of that comprehensive plan. So I would like to remove that sunset date, as they are now using

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it as a tool outside of the initial scope and intention of the Legislature. I think it's important to have that part of statute cleaned up and remove that sunset date even though they do have the ability to seek these waivers without our authorization. I know that's something that Senator Riepe loves about DHHS's abilities and authorities. So they just seek waivers without our authority. So I, I-- that's one thing that I would definitely like to move forward in some form. There are other pieces of this bill that I think are worth entertaining and carrying forward, but I, I will reach out to DHHS and discuss some of the possibilities of that with them. The fiscal note talks about that, that population of people by changing the age from 21 to 18. I'm not entirely clear if it's the 199 or the 67 individuals awaiting day services, but I think that's something that we can discuss whether or not that's appropriate or if we could find a way to lower that amount somehow. But basically, I appreciate the conversation. I appreciate the families and individuals coming and sharing their stories with us yet again. It's really important to hear from them and for us to gain a better understanding of all of this process. It's not something that I have participated in with my own children, but I have lots of friends and my children's friends who go through this. And it is important to me to make sure that all of our kids and all of our citizens are set up to thrive in this state, so. With that, I'll take any questions.

**HARDIN:** Questions? Seeing none.

**M. CAVANAUGH:** I can't believe-- not a fiscal note question, Senator Riepe? I'm disappointed.

**RIEPE:** We like you.

**M. CAVANAUGH:** Oh. Thank you. Thank you, committee.

**HARDIN:** And online, we had 36 proponents, 1 opponent, 1 in the neutral. And this concludes LB239's hearing for the day. We will be moving on to LB202. We'll transition the room just a bit, Senator Kauth. And then we'll be all ready to go.

**KAUTH:** Is it really dim in here? Are these lights weird?

**FREDRICKSON:** It's like a spotlight there. It's, like--

**KAUTH:** Yeah. OK. I can-- back there, I could barely see it.

**MEYER:** It's like an interrogation.

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**HARDIN:** Yes, we--

**KAUTH:** Sweating under the lights.

**HARDIN:** We like people to be interrogated when they come in here.

**KAUTH:** HHS is hardcore.

**HARDIN:** Yes. We're, we're a pretty rigid group here. I think we're ready.

**KAUTH:** You ready? OK. Good afternoon, Chairman Hardin, members of the Health and Human Services Committee. My name is Kathleen Kauth, spelled K-a-t-h-l-e-e-n K-a-u-t-h. And I represent District 31 in Millard and southwest Omaha. Thank you for hearing LB202, medical freedom, as amended by AM57. This bill is very simply about protecting free speech. This legislative provision aims to protect the First Amendment rights of licensed medical professionals by allowing them to publicly express differing medical opinions without facing disciplinary actions. However, this protection applies only to opinions shared in public or professional forums and does not extend to opinions expressed during the provision of patient care. During the course of the last several years, I have become aware of many medical professionals here in Nebraska who feel silenced, as if they cannot publicly disagree with or make statements that are not in full agreement with the general medical consensus of the day. This is deeply concerning. No one should feel they're at risk-- that their license could be at risk for expressing their opinion. And it does not advance any sort of medical growth if we are silencing medical professionals. I spoke with a, a woman who is getting her nurse practitioners license, and she just talked about scrubbing her social media history before she went to apply for jobs or before she went to apply for school because she's pro-life and had pro-life statements. That's not OK. When doctors and people who want to be in the medical profession feel like they cannot express in a Facebook or online in some way-- not in the course of their business, of their treatment-- but they can't express their true opinions. So this bill is strictly saying they have the right to free speech. And we amended it. The amendment actually puts in a part that says the expression of an opinion by an applicant or a licensee in a public or professional forum does not include the expression of an opinion offered in the course of the applicant's or licensee's practice, including providing services to a patient. Again, this very clearly states: if, if their private life they want to say something or put something out or disagree with what is the general medical consensus, they have that right. I will say that the ACLU actually-- I'm not sure

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if Spike is here or not-- agrees with me on this, which-- that happens so seldom. I was very excited when Spike told me he was-- if-- not that-- be able to be here to testify. He was going to submit a letter. This is about protecting that free speech. So with that, I will take any questions.

**HARDIN:** Very good. Questions? Paint a picture for me of situations you're aware of. Strip the names out, but tell us a story.

**KAUTH:** Well, that, that nurse practitioner who did strip her social media because she was pro-life. I have had a psychiatrist pull me aside dealing with the, the Let Them Grow bill, saying, I agree with everything you're trying to do, but I can't say anything for fear of my job and-- because my license could be threatened. And she then went on to say, I'll deny telling you this. So the-- that really worries me. When we have people who are, are doing treatments or who at least need to be talking about this, we silence that kind of opinion and that professional discussion, we're not going to get good care.

**HARDIN:** OK. And is your sense that-- have you heard multiple stories like this-- kind of rural areas as well as the urban world?

**KAUTH:** Yes, and a lot of it during COVID when kind of the world went crazy with, we can only do exactly this. Any talk of ivermectin was, OK. You must be a kook. And if a doctor's talking about ivermectin, we need to, to make sure they lose their license. It was ratcheted up quite a bit during that, that phase, which-- everything was ratcheted up during COVID as far as the intensity of it.

**HARDIN:** Right.

**KAUTH:** Yeah.

**HARDIN:** OK. Understood. Senator Riepe.

**RIEPE:** Thank you, Chairman. Thank you for being here. How do we police this?

**KAUTH:** This is-- if someone's license is threatened. So, so if someone has a complaint against their license, they-- it would be, well, no, you cannot-- your license will not be in danger. So the licensing board would say, well, that's not a viable reason. Someone disagreeing with a medical consensus is not a viable reason to go after their license. So that's where it would stop. And that's, that's where-- you know, we can't do anything about peer pressure. We can't do anything about a private business saying that, I don't want you to have these thoughts



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and I'm-- this business, if you work for an abortion provider, you probably are not going to want someone who actually posts about pro-life stuff. This is strictly about the licensing, what the state can actually apply. But that's the part that really gets people concerned and thinking, because they're-- I put in so many years. And then if my license is threatened, that's my entire livelihood. That's-- they're probably still paying back student loans. So that's why we want to make sure that they understand that, in the state of Nebraska, their license cannot be threatened for having a different opinion.

**RIEPE:** I know we hear a lot about the thought police. And it's a national issue.

**KAUTH:** And it's, it's really hard to figure it out.

**RIEPE:** Other than the decency of human beings, I don't know how you approach it, but.

**KAUTH:** Yeah.

**HARDIN:** Senator Meyer.

**RIEPE:** Thank you, Chairman. Thank you.

**MEYER:** Thank you, Chair Hardin. You know, I can-- I fully empathize with the position here. And I could see where-- it's a free-- it's a freedom of speech issue. We can't-- based on, on comments and positions, medical positions or whatever, we probably can't affect whether they're hired by someone. But certainly freedom of speech should be, should be championed regardless. So this doesn't affect if, if someone is rejected from a job, not, not getting a job. This doesn't affect that in any way, shape, or form.

**KAUTH:** Correct. Especially because that's a-- you know, a private business is going to have whatever their criteria are for those job searches, and that's generally not made public. And we have the, the protected classes, and they certainly know not to ask questions. You can't ask someone how old they are, if they're pregnant, or any of those things. So those are already well-known within the, the hiring realm. But they also have ways of, of weeding people out that they know would not be good fits. And that-- so that would-- this wouldn't help with that. This is strictly about that license, the thing that the state can actually control and can say, hey, look, you-- your license can't be threatened because someone doesn't like it that you posted on your Facebook that masks don't work, or whatever it is.

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**MEYER:** Essentially, we're just protecting a person's license--

**KAUTH:** Yes.

**MEYER:** --becau-- it-- from being jeopardized because of their positions, medical or whatever.

**KAUTH:** Yeah.

**MEYER:** OK.

**KAUTH:** Yeah.

**HARDIN:** OK. Will you stay for close?

**KAUTH:** I will. I think [INAUDIBLE].

**HARDIN:** Oh, wait. We have one. OK. Senator Quick.

**QUICK:** I just had one question. Has anybody's license been pulled or revoked or--

**KAUTH:** Not that I know of, but, but that's part of the problem, is there's such fear. That fear has actually become reality to a lot of people. And that's why this just needs to be in place so we can say, no, look-- and I, I've had to tell, tell people the Attorney General's the person who would actually yank your license. And based on what you're telling me and your opinion, there's no way he would. But that's not-- I mean, the-- there's still-- that's what concerns me the most, that there is a fear in our medical professionals that is limiting their ability to think critically about how would that actually happen. There-- that, that's just not something we should have.

**QUICK:** Thank you.

**KAUTH:** Thank you.

**MEYER:** I think there's a fear in many professions, not only in the medical-- you know, education and everything else. And it shouldn't be like that, quite frankly, but--

**KAUTH:** I would agree.

**MEYER:** --it is. And I don't know if we can legislate that or not.

**KAUTH:** I don't think we can broaden the bill, but maybe next year.

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**MEYER:** Well, I, I'm not suggesting we do that, but, but, you know, how do we-- yeah. I, I don't, I don't know how we address that, you know, with legislation. I, I think it's really difficult to do that. But that's a good start.

**KAUTH:** OK.

**HARDIN:** Are there questions? Seeing none of those. So do you have proponents?

**KAUTH:** Well, Spike was gonna come, but he did submit a letter, so.

**HARDIN:** OK. Are there opponents? Is there anyone in the neutral? Will you stay for close?

**KAUTH:** I will.

**HARDIN:** OK. While you're coming back, let me point out: we had 50 proponents online, 14 opponents, 1 in the neutral. Curious. I don't know if you had a chance to peek at those opponents.

**KAUTH:** I have not yet.

**HARDIN:** OK.

**KAUTH:** No. But I will go look at those.

**HARDIN:** I was just wondering, what were they saying?

**KAUTH:** I, I don't know. Do-- did you print them out?

**HARDIN:** I, I did not.

**KAUTH:** I will look at them tonight.

**HARDIN:** OK. So I was looking for something for us to chat about here.

**KAUTH:** I think you guys should automatically put-- move this forward for consent calendar.

**HARDIN:** The weather did keep lots of folks away on lots of bills, and so we, we know that that threw a wrench in some things. But if there aren't any other further questions. Does it apply to everybody in the health world-- health-- medical provider world?

**KAUTH:** If they have a license, yeah.

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**HARDIN:** If they have a license.

**KAUTH:** Yeah.

**HARDIN:** OK. Very well. Well, seeing no other questions, this concludes LB202.

**KAUTH:** Thank you very much. I would encourage you to move it on out to consent calendar. Or put it on yours. Whatever.

**HARDIN:** Thanks so much. And that concludes our hearings for today. We are going to go into exec.