

Transcript Prepared by Clerk of the Legislature Transcribers Office
Health and Human Services Committee January 21, 2026
Rough Draft

HARDIN: --and I serve as chair of the committee. The committee will take up the bills in the order posted. This public hearing today is your opportunity to be a part of the legislative process and to express your position [MALFUNCTION]-- for all committees state that written position comments on a bill to be included in the record must be submitted by 8 a.m. The day of the hearing. The only acceptable method of submission is via the legislature's website at legislature.nebraska.gov. Written position letters will be included on the official hearing record, but only those testifying in person before the committee will be on the committee statement. You may submit a position comment for the record or testify in person or both. I'd like to have the committee members introduce themselves, starting with Senator Riepe.

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

HANSEN: Senator Ben Hansen, District 16, which is Washington, Burt, Cuming, and parts of Stanton Counties.

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

G. MEYER: Glen Meyer, District 17, would be Dakota, Thurston, Wayne, the southern part of Dixon County.

QUICK: Dan Quick, District 35, Grand Island.

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

HARDIN: Also assisting the committee today is our committee research analyst, Bryson Bartels, to my left, as well as our committee clerk, Barb Dorn. Amber and Lexi are helping us out today as pages, and today's agenda is posted outside the hearing room. And with that, we're going to get rolling with Senator Quick and LB720. Welcome, Senator Quick.

QUICK: Good afternoon, Chair Hardin and members of the Health and Human Services Committee. I'm Senator Dan Quick, D-a-n Q-u-i-c-k, and I represent District 35, and I'm here today to introduce LB720. LB720 gives Nebraska a practical, low-cost way to strengthen our economy, support small businesses, and make our state more competitive in hosting regional and national events. The tattoo conventions, expos,

and specialty events are a growing industry across the country. These events draw thousands of attendees, generate hotel stays, fill restaurants, and bring new dollars into local economies. Yet Nebraska has struggled to attract these events because our current licensing structure makes it difficult for out-of-state artists to participate legally and safely. Event organizers look for states with clear, workable licensing pathways. Without one, they simply choose another state. When we lose these events, we lose the hotel bookings, vendor fees, tourism spending, and the tax revenue that comes with them. LB720 gives Nebraska a work-- a, a straightforward process, process that makes-- that the state-- makes the state more competitive with other states who have temporary licenses. The purpose of AM742, which I handed out or had handed out-- this is amendment that would-- that's--that would add mandatory, in-person inspection of a facility, make stronger verification of out-of-state artists, and limits the frequency of one to get a temporary license. All around the amendment, the-- adds-- the, the language adds-- makes the temporary license created by LB720 safer and stronger. Local studios benefit directly when out-of-state artists participate in events hosted in their facilities. These events bring new clients through their, through their doors, increase visibility, and create opportunities for collaboration and professional development. The bill requires that all temporary licensees work inside a Nebraska-licensed, inspected facility, ensuring safety for the client. LB720 authorizes a modest fee capped at \$50, which helps offset administrative costs. More importantly, the economic activity generated by even a single, multi-day event far exceeds the cost of administering these licenses. We are talking about a policy that pays for itself many times over. We are working on another amendment to set the fee and an exact number after suggestions made by DHHS. This bill also maintains Nebraska's commitment to public health. Temporary licensees must hold an active, unrestricted license in another state, and the facilities they work in must undergo an in-person inspection by a trained health specialist. By creating a temporary renewable event license capped at 7 consecutive days and limited to 2, 2, 2 per year, we strike the right balance between maintaining strong health and safety standards and allowing artists to work during short-term events. In short, LB720 is a smart, targeted economic development bill. It supports small businesses, encourages tourism, and positions Nebraska as a welcoming, well-regulated destination for body art events, all without compromising safety or increasing regulatory burden. Thank you and I appreciate the committee's vote to advance LB720 with AM7-- AM1742 to General File. There are testifiers, testifiers with personal

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experience after me who can answer how impactful adopting this policy would be. I'm happy to answer any questions you might have at this time.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, sir. Thank you, Senator--

QUICK: Yeah.

RIEPE: --for being here. My question, is your anticipation that this becomes the Sturgis, if, if you will, of Nebraska?

QUICK: Well, that'd be amazing if it would, because they get a lot of people up there. But yeah.

RIEPE: So it's your thought that this would be not just a one-time exception.

QUICK: Yeah. So, I think, in the bill and maybe it's in the, the amendment, the-- it's, it's nonrenewable license, but they can come back and apply for a new license like, every year. So if they, if they had a convention every year in the state of Nebraska-- it could move around. It could be in Grand Island one year, maybe it's in Omaha, maybe it's in Lincoln, or maybe Norfolk or North Platte. Then they could come back and there could be events-- maybe a, a convention maybe every year or maybe every couple years. Who knows? And then I think it also allows for, like if a, if a facility wants to have a renowned tattoo artist from another state come here just for a certain few days, it would actually draw people to that facility to maybe get a tattoo by that tattoo artist.

RIEPE: Is Grand Island prepared to handle this with enough of their own policies and regulations and-- about beer sales and, and police reinforcement and all that-- everything that goes along with crowd control?

QUICK: Yeah. I believe we are. I mean, we have the state fair there every year, and, and those are pretty big crowds. I mean, we-- we're able to manage that.

RIEPE: Well, would, would this be on the fair-- on the racetrack grounds? Is that the [INAUDIBLE]?

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QUICK: I think that that's what they're looking at, like the Heartland Event Center. So I think they've already done some work. And they can answer that question for you, that they've, they've done some, some work within the community, already talked to like, the public health district. I know they've met with maybe the Heartland Event Center and Fonner Park, so that's some of the other things that they can [INAUDIBLE].

RIEPE: One more question. Did you come to them or did they go to-- come, come to you?

QUICK: They came to me, actually. So I went out and visited their facility. We sat down and talked about the bill. We-- I met with the Department of Health and Human Services, I met with the Governor's Office to see what we could do to maybe help bring this along, you know, temporary licenses. Because I think if people were-- if some of the tat-- tattoo artists, what-- that was-- some of the problems that they had was to apply for the Nebraska license. It's, it's-- you know, and it should be cumbersome. But, I mean, it's a little bit cumbersome for maybe an out-of-state person to come here and go through that, that-- through that whole process, where this temporary license, they're already licensed in another state. This would allow them to, to come here-- you know other states have already done that background check, they've done some of the other things to make sure that, that there's safety.

RIEPE: Nebraska is a conservative state. Do you think the general population will be receptive to having a huge crowd, I would say, probably, of tattoo artists?

QUICK: Yeah. I think so. I think-- I mean, we see, like in Grand Island, I don't-- and they can talk about that, how many tattoo facilities we have in Grand Island, tattoo artists, I know Lincoln and Omaha have them. I'm sure there's-- even, even in rural Nebraska. You know, you go out to North Platte, probably Hastings and some of the bigger cities, they-- I'm sure they have some tattoos facilities.

RIEPE: It's apparent you've been studying your tattoos, so--

QUICK: Yeah.

RIEPE: --thank you very much. Thank you, Chairman.

QUICK: Yeah.

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HARDIN: Other questions? Will you be getting a tattoo as well, Senator Quick?

QUICK: I've been asked that several times.

HARDIN: I see.

QUICK: I, I do not have one right now.

HARDIN: You don't have one.

QUICK: So I would really have to think on that.

HARDIN: So you would line up-- I see. Maybe someone following you can answer this question. And that is, you mentioned that it's a cumbersome process--

QUICK: Yes.

HARDIN: --to apply right now. Can you kind of describe what that is at this point?

QUICK: Well, I know there's testing, the background check, and, and I know there's some, you know, issues, maybe, if you've had a-- within the, the requirements, if you have had-- maybe something happened in your background that-- you may not get the license. Say you've had a felony or something like that. So, you know, most of that comes out in the background check, and that takes time. And I think that's-- one of the things, when we visited with the Department of Health and Human Services, they talked about-- you know, if they're thinking about having this this November, which I think they've already talked about that's when they'd like to do it, this, this coming fall, there was no way we could do it with the regular license because it would just take too long and I think most-- probably-- tattoo artists probably wouldn't even try to do it, because they're-- they can already go to other states for other conventions. They can always-- already do it within their own state, so they wouldn't come here. So I think having that temporary license allows more of the tattoo artists to come here. We just got to make sure that they're doing it safe and, and that, you know, we want to make sure that it's a good thing for our community.

HARDIN: You'll stick around?

QUICK: I will.

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HARDIN: Great. Awesome. Proponents for LB720, to create a temporary event license for body artists under the Uniform Credentialing Act. Step right on up. Don't be shy. Welcome.

TATYANA ERINGTON: Hi. My name is Tatyana Erington. For spelling, it's T-a-t-y-a-n-a, last name is E-r-i-n-g-t-o-n. I am a professional tattoo artist and body piercer, as well as the owner of EnchantInk Tattoo Studio and one of the founders of the Ink the Island Tattoo Convention that will be happening in Grand Island, Nebraska. I'm here today to speak not just about-- not just as a business owner, but as a working artist in full support of LB720. For me, tattooing and piercing aren't just jobs, they're a calling. They're how I connect with people, how I help others heal, celebrate, and express who they are. But under Nebraska's current laws, it's been incredibly difficult to grow, collaborate, and share that art with others from across the country. Right now, if an artist or a piercer from another state wants to work here, even just for a few days during a licensed event, they have to go through the full Nebraska licensing process. That process is lengthy, tedious, and filled with requirements that don't reflect our industry today, like the need for a high school diploma or a GED. In the body art world, many of the most skilled and respected artists don't come from traditional educational paths. They've trained for years in studios, learned under mentors, studied sanitation and anatomy extensively, and built careers based on skill, dedication, and creativity. These are licensed professionals who follow strict safety standards and often own successful studios in their home states. Yet because of the outdated requirements, they're legally blocked from sharing their craft in Nebraska, even temporarily. LB720 changes that. It, it creates a temporary 7-day event license allowing already licensed professionals from other states or countries to legally tattoo or pierce at approved events like Ink the Island Tattoo Convention. With full documentation, safety checks, and oversight, it keeps health and sanitation standards intact while giving artists the chance to participate, collaborate, and, and elevate our industry here at home. And this is bigger than just artists. Nebraska has so much potential to grow through events like this. When we host Ink the Island Tattoo Convention on November 6-8 of 2026, we're expecting over 500 artists and piercers in between 10,000 and 30,000 attendees from across the country, maybe even the world. That's thousands of people staying in our hotels, eating at our restaurants, and discovering what Nebraska has to offer. LB720 was also reflected off of the change that Iowa made in 2023. Although we have a few more requirements, I was super happy that we were able to do this. For me, this isn't just

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about business, it's about community and opportunity. I've watched this industry change lives. I've tattooed people who are celebrating milestones, memorializing loved ones, and reclaiming their confidence after trauma. This bill helps make Nebraska a place where the-- that art and healing can be celebrated and shared. LB720 ensures safety, but it also promotes inclusion. It says that Nebraska values creativity and understands that success and professionalism don't always come from traditional paths.

HARDIN: Ms. Erington, if, if-- so let me ask you this. It says you already have some incredible sponsors like Monster Energy, United Airlines, Bosselman.

TATYANA ERINGTON: Yes.

HARDIN: So are-- have they already signed up and have they kind of created a contingency, where they're saying if this will pass, we're in, or what do you mean by that?

TATYANA ERINGTON: They have already agreed to sponsor the convention if the bill doesn't pass.

HARDIN: OK.

TATYANA ERINGTON: But they have created-- like Monster Energy and United Airlines has created a contingency that if this bill does pass and we can get closer to the 500 artists, then they would throw additional sponsorship dollars at us to help with like marketing and just making the event a, a bigger deal. So.

HARDIN: I have some more questions for you, but others who have questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here, and for your testimony. Just out of curiosity, you'd mentioned some of our sister states who, who might have different regulations around things like this. How, how do we compare to other states with this type of--

TATYANA ERINGTON: We're a lot stricter. We don't have even the temporary license. That doesn't exist in Nebraska. Whereas like Iowa, they have a temporary license. Even to get their regular artist license before they did put in the temporary license, it was still easier than in Nebraska. They didn't require a high school diploma or a GED, and their application is about 2 pages, where ours currently is about 20 pages-- 18-20 pages. So ours just is a lot, a lot longer.

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Theirs, you can also do like, online, whereas Nebraska's, it's all paper. So there-- there's quite a few differences, but I know that change comes slowly, so.

FREDRICKSON: Thank you.

TATYANA ERINGTON: Yes.

HARDIN: Yes, Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. Could you walk me through how long it takes to train to be an, an, an artist-- the education and training, apprenticeship, just, just what does it entails? I have no idea.

TATYANA ERINGTON: Yeah. So apprenticeships, it really varies on the shop that you go to and the mentor that you are learning from. Most apprenticeships are anywhere from 3 years to 5 years, and it always starts off at sanitation first. We kind of have-- we're very, very adamant on blood-borne pathogens and cross-contamination and eliminating that. So before you even start tattooing, it starts with the sanitation. And then you get into drawing. And then now, in our industry, we have fake skin, so you practice on fake skins. I mean, it-- it's a very in-depth process that takes a lot of hours, time, and commitment to ensure that not only are you being safe and sterile, but you're-- when you're putting a tattoo on a person, you can't just erase it, so it's doing your best to make sure every aspect is, is to the best of your capabilities.

G. MEYER: If I may, Chairman, is, is there-- does anyone fail after the 3-5 years, and, and perhaps doesn't have any artistic talent or, or things of that nature? I mean, is there-- is this a pass/fail thing or, or just, just, just-- what, what does it entail?

TATYANA ERINGTON: No, you can, you can definitely still fail at this. Like I said, I think it really goes back to determination and putting in your time and effort into this. This industry really is one of those that you-- whatever you put into it is what you get out of it. So.

G. MEYER: OK. Thank you.

TATYANA ERINGTON: Yes.

HARDIN: Other questions? So let me ask a worst-case scenario. What if we have a temporary event and there is someone who comes to that event? They'll be getting tattoos at the event.

TATYANA ERINGTON: Yes.

HARDIN: Right. What if there's a-- well, this is a health-oriented committee. What if there's a health-oriented challenge that arises from that? What, what happens then? Let's say that there's an infection that happens. Let's say it's, it's serious-- that takes place. What happens?

TATYANA ERINGTON: So the only thing that I can say to attest to that is we're doing the best of our ability to make sure that that doesn't happen. We're providing all the sharps containers. We're going around checking, and when artists are submitting their applications for their booth, they have to submit their tattoo license. And then, I am actually handpicking a lot of those artists and making sure that we have some of the best of the best that are coming. Even locally, we still make sure that they're in compliance with our state laws, and that they-- their sanitation is up to standards. We're providing a lot of the materials that they need. We'll have our own little health and safety committee going around and making sure that everyone is staying in check with the health standards as well. Unfortunately, infections can happen, even when you take all of the precautions that you can. And that's why, when we give out our aftercare information, you know, it does give you instructions on if you do have an infection, go to the doctor, but here are some things to look out for in case you were to get a infection.

HARDIN: OK.

TATYANA ERINGTON: I mean, there's never a 100% guarantee.

HARDIN: OK. This is tempor-- or this is a temporary license for an event, right? In a situation right now, where if someone were to come to your studio, for example, not a temporary situation. And God forbid, there was some kind of an infection or something that happened, what kind of reperc-- repercussions could you face, and would they have to face similar repercussions?

TATYANA ERINGTON: Yeah. So right now, if someone came to my studio and they got a tattoo or a piercing and then the client ended up with an infection, from a legal standpoint, I'm not held reliable because they

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signed a waiver waiving all rights to sue me. However, if they took me to civil court, I would go. I do have insurance. The event has insurance as well, which also covers the artists. And most artists, they are professionals, so they carry their own insurance as well.

HARDIN: Gotcha.

TATYANA ERINGTON: And they will submit that as well, if they have those.

HARDIN: Other questions? Seeing none, thank you.

TATYANA ERINGTON: Thank you so much.

HARDIN: The next proponent to LB720. Welcome.

CASEY SAMPLE: Hello. Sorry. My name is Casey Sample, C-a-s-e-y S-a-m-p-l-e. Thank you for allowing me to come and speak today. I come from the event planning side of tattoo conventions. While I haven't planned one myself, my experience comes from how events operate, what makes them successful, and how they impact communities that host them. Tat-- tattoo convention are artist-driven events, and most people come to these events for the people-- the attend-- artists that are there. They travel to see the specific artists and-- many of whom that are ending up coming from outside of the state. When out-of-state artists are not allowed to participate, events struggle to attract attendees and in many cases, do not come to the state at all. Allowing out-of-state artists through a temporary event license makes these conventions viable. It allows Nebraska to compete with neighboring states that already support event-based licensing. Without that option, Nebraska communities lose out on these events entirely. From an economic standpoint, tattoo conventions are multi-day events that generate significant local spending. Artists and attendees book hotels, eat at local restaurants, and use rideshares and rental cars, and shop locally. These events also rely on local venues, security, staging, cleaning crews, and other vendors, creating short-term jobs and repeat business. I'm gonna skip down a little bit. In short, allowing to-- out-of-site artists at licensed event helps events succeed, brings tourism dollars to Nebraska communities, and keeps the state competitive. In addition to my role in event planning, I'd like to provide some context on the level of local investment involved in bringing this event to our community. My company, which is Bosselman Enterprises, is currently providing over \$15,400 in direct sponsorship support for this event. This sponsorship includes event space,

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after-party venue, hotel accommodations, and shuttle services. These contributions represent real, local dollars being reinvested into the community to make this event successful. Beyond financial sponsorship, I have personally invested significant time and effort into coordinating logistics, and working with local partners and ensuring that this event can be hosted responsibly and successfully in our community. Events like this do not happen without collaboration between organizers, local businesses, and host communities. When regulatory barriers prevent these events from taking place, those, those investments, both financial and personal, are lost and the economic benefits move to other states. Allowing this temporary event licensing for out-of-state artists will help ensure these investments made by local businesses, venues, and event professionals that-- to stay in Nebraska and to continue to support our local community. That's all I have.

HARDIN: Thank you. Questions? Senator Meyer.

G. MEYER: Thank you, Chairman. About how many people normally attend an event like this?

CASEY SAMPLE: From what I can tell, it's anywhere between 15,000 to 20,000 people, depending on where it's at and what kind of artists that they have at the event.

G. MEYER: Have you done a projection on economic impact on a community?

CASEY SAMPLE: Honestly, that is something that's going to be more the Visitor's Bureau that Brad-- coming up. As far as for me, Bosselman Enterprises owns multiple hotels within Grand Island area, and our hotel is set to be completely booked for this event. Not only that, but we're also utilizing our sports bar and my-- I have 2 venue spaces for this event that's gonna max that out for both-- or the whole entire weekend that we're having this event So for us, it's, it's potential to bring in, you know, thousands of dollars of revenue that we wouldn't of-- we wouldn't have had otherwise.

G. MEYER: Thank you.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. Just a curious question. Have you considered something like a street art exhibit at the same time? I mean, you have people with artistic abilities and talents. It-- as a

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combination partner to maybe draw even a bigger crowd? I'm getting greedy here.

CASEY SAMPLE: No. That's fine. I know that Tatyana has been working hard with bringing in lots of different vendors. So I know she's planning on not only just having tattoo artists at the convention, but she's also bringing in other local vendors that do different artistic abilities. I'm not exactly for sure on everything, but I do know that a handful of them are from local areas, like Cairo, Nebraska, and Grand Island.

RIEPE: OK. Thank you, Chairman.

HARDIN: Thank you. Seeing no other questions, appreciate you being here.

CASEY SAMPLE: Thank you.

HARDIN: Proponents, LB720. Welcome.

LUKAS DARLINGTON: Thank you for having me. Looks like there's quite a few proponents, so that's nice. My name is Lukas Darlington, L-u-k-a-s D-a-r-l-i-n-g-t-o-n. I've been a tattooer here in Lincoln, Nebraska since 2019, and I am speaking on behalf of the Nebraska Body Art Advocacy Network. I'm here in support of LB720. Not only does this bill, with amendments, protect clients and the state, it emphasizes the need to maintain the standards we already have in place. This bill simply streamlines the process of temporary licensing. This benefits tattooing in 2 ways: easier, easier licensing for guest artists and making conventions more accessible for the out of, out-of-state body art-- artists, which is an economic benefit, and making sure those conventions are properly inspected before and while the convention is taking place. We have guardrails in place that hold every Nebraska body artist to a standard. Anyone coming into this state to practice body art should be required to meet those standards. If we don't vote this bill into law, it makes it somewhat difficult for out-of-state tattooers to do business in the state of Nebraska, and this would damage the economic potential that can be attributed to tattoo and body art conventions. I feel in the, in the state's current economic situation, we must take advantage of any way that makes it easier to do business in Nebraska. Thank you.

HARDIN: Thank you. Questions? Do you basically go work as a vendor yourself at other conventions around the country or the world?

LUKAS DARLINGTON: I have, yes.

HARDIN: Describe that for me.

LUKAS DARLINGTON: You ran a booth. It's-- typically, I do it in a way--

HARDIN: What do they, what do they usually cost to rent a booth?

LUKAS DARLINGTON: The one I've rented was \$1,000.

HARDIN: OK.

LUKAS DARLINGTON: So for 3 days. And then I, I didn't, I didn't book any appointments for the con-- convention I worked. I just had people do-- come and walk up, check out the designs I have, and request specific designs, and then I tattoo them that day. So it's really no difference than doing walk-ins at the shop. It's just a, a larger--

HARDIN: Gives you exposure to--

LUKAS DARLINGTON: Yeah.

HARDIN: --other people in--

LUKAS DARLINGTON: Absolutely.

HARDIN: --another place.

LUKAS DARLINGTON: Yeah.

HARDIN: OK. Given the size of Grand Island--

LUKAS DARLINGTON: Sure.

HARDIN: It's in the middle of the country. You're guessing, I'm guessing, how many might come.

LUKAS DARLINGTON: I, I--

HARDIN: I mean, in, in terms of-- and I guess I mean vendors.

LUKAS DARLINGTON: Sure.

HARDIN: Not, not people, but just vendors who are going to be presenting.

LUKAS DARLINGTON: You know, I don't have a number for you there.

HARDIN: OK.

LUKAS DARLINGTON: I'm, I'm, I'm here from Lincoln.

HARDIN: OK.

LUKAS DARLINGTON: So I, I don't have a whole lot of connection to Grand Island. We could potentially get back to you with some numbers of what Omaha brought in last year, because we did hold a convention last year. So.

HARDIN: OK.

LUKAS DARLINGTON: Yeah.

HARDIN: Gotcha. Very good. Senator Meyer.

G. MEYER: Thank you. You said people come and look at your, your designs, your creations.

LUKAS DARLINGTON: Sure.

G. MEYER: Is there-- is that uh something that's very common-- you have your own style? I'm sure there's uniformity as far as tattoos--

LUKAS DARLINGTON: For sure.

G. MEYER: --you could probably provide, but--

LUKAS DARLINGTON: Yeah.

G. MEYER: Is that something that's unique to each individual tattoo artist?

LUKAS DARLINGTON: I would say yes. Everyone sees the world through a different lens. So therefore, the art they create is their own, you know. It, it changes, person to person. You, you can all draw the same elephant, but it will look different each time.

G. MEYER: What's your specialty?

LUKAS DARLINGTON: I, I prefer American traditional tattooing. Just straight up, bold lines, lots of black, bold colors. So.

G. MEYER: Thank you.

HARDIN: OK. Senator Riepe.

RIEPE: Thank you. I think I heard you say that-- did Omaha have a-- an event, a convention or anything-- what, last year?

LUKAS DARLINGTON: They, they had a convention-- a Villain Arts convention. Villain Arts does conventions around the country. They, they did have one this last-- I believe it was late summer, fall. I believe it was. Or was it spring? I mean, I'm--

RIEPE: Where did they hold that at? Can you tell me?

LUKAS DARLINGTON: I. I don't recall where they held it at.

RIEPE: Do you recall how big a turnout it was?

LUKAS DARLINGTON: It was quite large. Yeah.

RIEPE: It was considered a success.

LUKAS DARLINGTON: Yeah. Yeah. Yeah.

RIEPE: Ok. So--

LUKAS DARLINGTON: And typically, they are. The thing about it is it-- like they're expressing-- the people that went before me-- it, it makes it difficult-- and I was actually redoing my license as a bunch of people were-- like re-upping my license, as, as a bunch of people were applying for the state license, and they were overwhelmed at, at the State Office Building. So if we can streamline this process without sacrificing what we expect of the artists in our, in our state, I think that's a good thing.

RIEPE: OK. Thank you, Chairman.

HARDIN: Thank you.

LUKAS DARLINGTON: Thanks.

HARDIN: Oh, I'm sorry. Senator Ballard.

BALLARD: Oh, real quick. What's the difficulty in getting a local license? Is this, is this one of the main burdens from the state level, or is it pretty easy--

LUKAS DARLINGTON: Yeah.

BALLARD: --to work with local municipalities?

LUKAS DARLINGTON: Well, Lancaster County has the, the strictest rules regarding licensing. So I have a state license and a Lancaster county license, as well. And you have to take an in-person test for the Lancaster County--

BALLARD: OK.

LUKAS DARLINGTON: --one, but.

BALLARD: Thank you.

LUKAS DARLINGTON: Yep.

HARDIN: Thank you.

LUKAS DARLINGTON: Thank you.

HARDIN: Other proponents? LB720. Welcome.

TYSON SCHAFFERT: Hello. My name is Tyson Schaffert, T-y-s-o-n S-c-h-a-f-f-e-r-t. I've been tattooing for 30 years. I'm on the-- I'm the co-chair for the Body Art Board for the National Environmental Health Association. I'm a, I'm a body artist. I'm also the state representative for the Alliance of Professional Tattooists for Nebraska, and I'm also on the Board of Directors for the Alliance of Professional Tattooists. And I do-- this is part of what I do, is work with, I work with legislation so that laws are written with body artists rather than about body artists. And I like this bill the way that it is written right here. I think that the, the-- a few things to address what Senator Hardin was asking was the accountability, you know, is in the writ-- in, in the bill as it is. The amendments that they added include section 5 [SIC]. The department shall conduct an in-person inspection of the body art facility where the, the inspection shall be conducted by a health specialist with body art training, including but not limited to a registered environmental health specialist. I think that's of key importance. If you're going to have a convention or anything like that set up, it needs to be an in-person inspection by a, a registered environmental health specialist or some sort of health specialist. There's also a section here, where they talk about the individual who's going to have the out-of-state license, and they need to have the state that they got it

from and what their permit number is, so there is a follow-up and accountability there, so that I think that as the bill is written, it does speak to public health and safety if you're going to have conventions. And the other thing that no one's, no one's brought up yet is guest artists. So we have a lot of guest artists at our shop. I'm, I'm in Lincoln. And to get a guest artist is tricky. So people have to fill out their form and, you know, send stuff in, and it's not easy. We do have them come, but, but it is tricky because, like Lukas said, we got lu-- Lancaster County and then we got state of Nebraska. So the other thing this bill will do is make it easier for guest artists to come from out of state and then work in licensed facilities. But that's, that's the key, is they're gonna have their number on the wall, so there's gonna be accountability. And the, the facility that's putting on the event is gonna be inspected. So that's what I have to say about this bill, but I may be best served to you guys answering questions, because I've helped write a lot of different bills like this over the last years.

HARDIN: If we get this wrong, in terms of-- and what I mean is from a health perspective.

TYSON SCHAFFERT: Yes.

HARDIN: What are the kinds of things-- you were saying in-person, and inspection, and so on and so forth. I'm assuming that's both before and during--

TYSON SCHAFFERT: Yes.

HARDIN: --as was mentioned before. But based on your experience, which sounds considerable, where have you seen events go wrong, I guess, in, in your years of doing this? What can we avoid?

TYSON SCHAFFERT: What a wonderful question. So the, the biggest things that are going to happen that you want to avoid is there's no accountability, right, what Tatyana was talking about. You want to have someone come over, you want to make sure that they're insured and then they're licensed, and that, that person, you're going to be able to follow up with that person. So that has to do with public health-- public safety. Right? As far as health goes, you know, I did a convention in Iowa a few years back and they had a health inspection before the event and they had people-- the inspectors walking around during the event. I think she talked about maybe 500 people showing up. At 50 bucks apiece, that's more than enough to pay for a

registered environmental health specialist to get there and to, you know, check the place out before they stop-- before they start the event, and to be at the event. Now, on the, on the NEHA, the National Environmental Health Association, we wrote something. It's called the, the Body Art Facility Inspector Training, the BAFIT. We've got all kinds of initials, right? It's called the, the BAFIT, and it's a 4-hour course, and I took it. And if you're just a registered environmental health specialist, you can take that course, and you can get the information you need to inspect a body art facility. It works, it works really well. So the things to avoid would be basically, accountability. And if you're going to have people walking in off the street who don't know anything about tattooing, they don't know anything about what's happening in the event and you've got that seal of Nebraska on the wall and the licenses on the wall, they're going to think the same thing they see when they go to, you know, a doctor or a nurse that has the stamp of Nebraska on the wall. So we got to protect that and make sure that it gets inspected, and make sure that they're up to the same standards as all of the other body artists are expected to meet at their facilities. And I think this, this calls for that, and I think it does a good job of that.

HARDIN: Forgive my ignorance, but when you say environmental health specialist, is that a DHHS employee? Is it a county employee?

TYSON SCHAFFERT: So that's a specialty, and they-- that, that's OK. I, I had to-- looked up. Yeah. So that's a specialty, and it could be an employee of the county. There's 13 of them in Grand Island, and I don't know how many there are in Lincoln.

HARDIN: OK.

TYSON SCHAFFERT: But in Lincoln, we have a registered environmental health specialist come in and do the inspections here, for Lancaster County. But they're very available.

HARDIN: OK.

TYSON SCHAFFERT: And they wouldn't have to be a registered environment health specialist. They could be a health specialist that has that body art training through NEHA, and that does work to their continuing education hours.

HARDIN: OK.

TYSON SCHAFFERT: So they could get paid to take the class, the class would work for continuing education, they'd be educated in body art, and they could go out and do the inspection.

HARDIN: OK.

TYSON SCHAFFERT: Yeah.

HARDIN: All right. What else have I missed?

TYSON SCHAFFERT: That's a big one. That was what I liked best about, about this. The-- in the state of Nebraska, we've asked about temporary licenses since we started code, and that was in 2005. And I helped the state of Nebraska write that as well. And that was the big thing, was what do we do with temporary licenses. And some of the big hurdles that people encounter are the-- just like she mentioned, was the high school diploma, and then criminal license, and then they had a-- I think they have a test now. I haven't taken that because I've just been renewing mine, but I think that there's a test. But those are some of the big things that are tricky for people to track down. And then, there's-- then you send it in to the state and there's a little bit of a wait, you know, to, to get it back. So people have been asking for some sort of temporary license for, you know, a very, a very long time. And if they have an avenue to do it above ground, that's wonderful. And if we know the inspectors are coming in and the facility is good to go, that's wonderful as well. So I like all parts about that.

HARDIN: Great. Thank you. Really appreciate it. Very good. All right.

TYSON SCHAFFERT: We're good?

HARDIN: Yes sir.

TYSON SCHAFFERT: OK.

HARDIN: Thank you so much.

TYSON SCHAFFERT: Thank you.

HARDIN: Proponents, LB720. Welcome.

BRAD MELLEMA: Thank you. I'm Brad Mellema, B-r-a-d M-e-l-l-e-m-a, director of tourism for Grand Island, Nebraska, Nebraska's favorite island. Good to be here today. We're working with this group and other

groups on bringing an event to town. We bring all kinds of events to our community. If you look at our calendar in the next 3 or 4 months, we've got things like pro rodeo, we've got demolition derby coming up, boxing-- maybe there's something in common here, where there's lots of events. But people love to gather around certain types of things, and tattoo and body art is its own world, and these folks have the desire to gather and to see what's going on across the country-- what's the latest, in terms of trends, and styles, and those types of things? And it's not a world that all of us are in, but it certainly is a world that catches a lot of attention, and the work that Tatyana and her team are doing are getting attention from all across the country. We're working closely with Heartland Events Center at Fonner Park in Nebraska, to get this event pulled together. And I appreciate Senator Quick and his team being responsive to this, this stumbling block, if you will, to create an event like this in Nebraska. Kyler Tarwater is the CEO of EventWorks [SIC], who administrates the Heartland Events Center. And the COO of their company-- and they're a Midwest-wide, with event centers in Kansas, Iowa, Missouri, and across the, the Midwest-- Mike Silva, COO, said an event that he encouraged us to pursue, and his quote is, If your venue doesn't have a tattoo convention, get one now. They are some of the strongest events in play right now. So that's a Midwest regional thing, saying, hey, we've got something here. Will this be the next 50 years? We're not sure. But right now, there is a desire for this type of, of, of content, this type of an event in our community. We're supportive of the event. We're stepping up with them, alongside with marketing and some financial help to make this event happen. We're excited. It's the first one, so we're not sure. The question-- can't remember if it was Senator Meyer, asked about economic impacts. It's hard to say. Very quickly, they can get into the millions of dollars of economic impacts. I don't know some of the parameters around this particular one to tell you that. But anytime you have multi-night events with numbers of people, and especially in what we call a shoulder season of, of tourism, the fall and the spring and the winter, those are really choice events to bring not only to our community, but across the state. So I wanted to come and speak in favor of this particular legislation, not only to help this event, but to help to bring these types of things to our state.

HARDIN: Thank you.

BRAD MELLEMA: Mm-hmm.

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HARDIN: Questions? Seeing none, thanks for being here. Proponents, LB720. Opponents, LB720. Those in the neutral, LB720. Senator Quick, have you thought about what tattoo you will be getting?

QUICK: No, I have not. I've had suggestions, though.

HARDIN: OK.

QUICK: So, maybe the Capitol or, you know--

HARDIN: You know, that's a fine choice.

QUICK: --Nebraska Seal, or something like that, you know. But anyway, thank you, Chairman Hardin and members of the committee. I think we've heard some really good testimony today on how we could make this-- so we could have an event like this in, in Nebraska, and you know, specifically for this year for Grand Island. I think it would be a huge event to have there, and, and I think that we're making sure that this is a safe event. This is something that, you know-- we want it to be a safe event. We want be-- we want it to be successful. Because if we don't do that, you know, it's-- it'll, it'll be probably bad for the industry. So, we're doing everything we can to make sure this is the safest event we can put on and, and, and make it successful. So.

HARDIN: I, I think the only thing I might suggest based on some of what was shared here, is in the online application, if that's what comes to fruition here, will there be a space to basically say, for that environmental person, will that be on that, that application, to make sure that that box is checked, if you will?

QUICK: Yeah. Now we can look at that, and yeah, make sure that--

HARDIN: Yeah.

QUICK: --some of that's on that, so.

HARDIN: All right. Any other questions?

QUICK: Yeah. Only thing I would add is--

HARDIN: OK.

QUICK: --you know, with that, with that am-- with the amendment coming yet, you know, with a-- to set the fee at a certain dollar amount--

HARDIN: OK.

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QUICK: You know, I would hope we could get that set at committee soon, because I--

HARDIN: OK.

QUICK: --either will make it a priority bill, or see what we can do to get it on the floor soon. Because for them to have this event this fall, it needs to come out soon so we could get it, get it rolling. So.

HARDIN: Great.

QUICK: Thank you.

HARDIN: Thank you. This concludes our hearing for LB720. We're going to move on to LB825, and Senator Ballard. Online-- let me just tell you real quick, with LB720, we had 0 proponents, 0 opponents, and 2 in the neutral. But now we're moving on, and they're even going to change the sign. Right, Pages? Have you noticed that every hearing room has its own protocols for what those signs are and how those work?

FREDRICKSON: Yeah. This is kind of new. Right?

HARDIN: That's, that's fascinating. That's very nice.

G. MEYER: That one's not very user-friendly, is it?

HARDIN: Ours is not as good as some others. It's hard for them. That's difficult. Well, are we ready, Barb? Senator Ballard, whenever you're ready.

BALLARD: Thank you, Chair Hardin, and members of the Health and Human Services Committee. My name is Beau Ballard. For the record, that is B-e-a-u B-a-l-l-a-r-d, and I represent District 21 in northwest Lincoln and northern Lancaster County. Today I'm here to introduce LB825, legislation that comes out of a very real and troubling issue we're seeing in Nebraska, an increase in domestic violence-related homicides, including murder-suicides involving an intimate partner. I'm sure many of us as lawmakers are asking, what are the steps we can do to re-- to reduce risk and prevent these tragedy-- tragedies across our state? One of those steps was identified by the Nebraska Domestic Abuse, Abuse Death Review Team, housed under the Nebraska Attorney General's Office. As part of this review-- the domestic violence homicide cases-- the team recommended targeted training for mental health practitioners. That recommendation is outlined in the team's

2025 annual report, which highlighted the critical role mental health professionals often play in the lives of survivors, and in some cases, perpetrators of domestic violence. The bill responds to a recommendation by requiring limited-focus domestic violence training for licensed mental health practitioners. And after the amendment, which I believe was passed out to you, I am suggesting the committee require that licensed independent mental health practitioners, both in which were intended to be covered under the bill. Section 2 requires 2 hours of domestic violence training-related continuing education, while Section 3 requires 3 hours of initial licensure. This distinction was intentional. For individuals entering practice for the first time, the bill reflects that foundational topic outlined in the bill was required at least 3 hours to be meaningfully addressed. At its core, this bill is about safety, competency, and prevention, and recognizes the complexity and risk inherent in domestic violence cases to ensure that practitioners have a baseline training and necessary-- respond appropriately. As mentioned, I do want to suggest the amendment to this committee-- that would be on page 2 of the bill-- stating that on line 6, after men-- license-- licensed mental health practitioners, would also add licensed independent men-- mental health practitioners. I appreciate your time, and I'd be happy to answer any questions that you might have.

HARDIN: Thank you. Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Ballard, for being here and for bringing this bill. So I just want to make sure I'm understanding correctly. So the initial license would require 3 hours, and then for renewals, it would be 2 hours. Is that correct?

BALLARD: Correct. Correct.

FREDRICKSON: OK. And was there a specific reason for, for that time frame, or was that something kind of based on other states or?

BALLARD: But-- yes. That was based on the recommendation from the Attorney General's Office and their-- I'm going to-- I gotta get this-- the, the Nebraska Domestic Abuse Death Review Team. That was kind of what they recommended.

FREDRICKSON: OK. Great. Thank you.

HARDIN: Senator Riepe.

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RIEPE: Thank you, Chairman. Do you know how they arrived at the magical 2 more hours as opposed to 2 hours and 15 minutes or something?

BALLARD: They, they are here to testify, so I'll, I'll, I'll divert that question--

RIEPE: OK. [INAUDIBLE].

BALLARD: --to them, but it was, it was part of the, the overall hours. They thought 2 hours would be-- and not requiring any additional hours, for that to be included in the already existing hours.

RIEPE: Did they all--

BALLARD: They want to be fairly reasonable.

RIEPE: OK. Did they also look at the-- one of the more predominant providers of mental health services would be bartenders and beauticians?

BALLARD: That I do not know. But.

RIEPE: OK. Thank you. Thank you for being here.

HARDIN: Other questions? Will you stick around?

RIEPE: My, my, my committee member doesn't, I don't think, agree or likes my comparison.

BALLARD: I will be here. Thank you, Chair.

HARDIN: Proponents, LB825. Welcome.

AMY CIRIAN: Thank you. Good afternoon, Chairperson Hardin and Health and Human Services Committee. My name is Amy Cirian, A-m-y C-i-r-i-a-n, and I'm here today on behalf of the Nebraska Domestic Abuse Death Review Team and the Nebraska Attorney General's Office in support of LB825. The Nebraska Legislature created the Domestic Abuse Death Review Team in July 2022, to conduct multidisciplinary reviews of domestic abuse-related homicides, to examine statewide trends, and make recommendations to prevent future domestic abuse deaths. In 2025, we issued our first recommendations to prevent future deaths. It is also a year in which Nebraska experienced 30 domestic abuse-related victim deaths, including 11 murder-suicides. Our team knows that these

are not isolated tragedies, which is why in each case we review information from impacted families, workplaces, schools, faith communities, and public systems, among others. Through this process, we have come to understand this as a community issue, and that every system that touches victims, witnesses, and perpetrators must be equipped to respond effectively. Mental health and social workers play a critical role in that response. They are often among the first and sometimes the only professionals to have sustained contact with individuals experiencing or causing domestic violence. For this reason, it is essential that licensed mental health professionals are properly trained in domestic violence. Through our case reviews, we have consistently seen that when domestic abuse is not fully understood, even well-intentioned clinicians may unintentionally place victims at risk, misinterpret it as just relationship conflict, or miss opportunities to connect survivors with lifesaving resources. We have also seen that inadequate understanding of domestic violence can hinder coordination among community agencies, complicate these investigations, and weaken system accountability. Importantly, this is not a reflection of therapist indifference or incompetence. On the contrary, many clinicians are deeply committed to helping their clients and have actively reached out to our team requesting training and resources. They want clearer guidance on how to navigate safety planning, mandatory reporting, documentation, lethality risk, and confidentiality when it comes to domestic violence. Based on feedback our team and office have received, LB825 would support these professionals by ensuring they have the tools and knowledge necessary for some of the most complex and high-stakes cases they may encounter. I would also like to note that I am a licensed independent mental health practitioner in Nebraska, and I would be directly impacted by this requirement. As such, with my experience, I know that these cases are difficult, emotionally demanding, and ethically complex. Requiring domestic violence training is a reasonable, responsible, and necessary step to strengthen our profession and better protect Nebraskans. Thank you for your time, your consideration, and your commitment to preventing domestic violence in Nebraska. I urge you to advance LB825, and I would welcome any questions you have for me.

HARDIN: Thanks. Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. Could you explain to me what a licensed independent mental health practitioner-- specifically training and, and responsibilities?

AMY CIRIAN: Sure. So there's different levels of mental health professionals in Nebraska. We have a licensed mental health practitioner, and then a licensed independent mental health practitioner. A licensed independent mental health practitioner, they can diagnose and work independently, whereas LMHPs cannot. To become an LMHP, you have to complete 1,500 direct client hours under the supervision of a supervisor who is licensed in that same license. To become an LI, which is the independent, you have to do the same hours, but those have to be directly working with patients that have major mental health disorders.

G. MEYER: Can, can you prescribe then?

AMY CIRIAN: No.

HARDIN: Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here and for your work. So one question I have is the-- so assuming this would pass, would there be a specific approval process for what would qualify as training that would qualify for this, in other words? Like, would the state have to approve that, or DHHS? How would that work?

AMY CIRIAN: So we've discussed that at length with multiple partners. I might defer it to our coalition representative. But we have discussed that, because we want to make sure that this is accurate, evidence-based training that our professionals are getting and making sure that it's helpful. And we also want to make sure that it's relevant to our state, as well, in the way our systems work here.

FREDRICKSON: Sure. Thank you.

HARDIN: Senator Quick.

QUICK: Thank you, Chairman Hardin. So like referrals from-- for patients, I'm sure you get referrals like them. Because I know we have-- like in Gretna, we have the crisis center for domestic abuse and things like that. So are most of the clients that you get, are they referred to you, or do you-- people just like, through maybe Google, or a search, or whatever, looking for, for a mental health practitioner?

AMY CIRIAN: Yeah. You can get referrals from hospitals, you know, domestic violence shelters, even, you know, schools, as well, because domestic violence impacts our children significantly. So children are

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experiencing this and witnessing this and seeing their therapists. That's why it's important all therapists receive this training, because domestic violence touches the entire lifespan, so those referrals will come from anywhere.

QUICK: OK. Yeah. And I know we have the Child Advocacy Center, as well.

AMY CIRIAN: Yes.

QUICK: You know, they do the forensic interviews, but then I'm sure they maybe seek out a provider to try--

AMY CIRIAN: Yes.

QUICK: -- to get the counseling.

AMY CIRIAN: Yes, yes.

QUICK: All right. Thank you.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. On this training, what would be the shelf life, if you will? Is that annually? Is it bi-annually?

AMY CIRIAN: So licensure-- reapplying for your licensure happens every 2 years, so we would expect that training to be a part of the CEUs of the every 2 years.

RIEPE: OK. Is there an added charge to the therapist for that training? Do they have to pay for these 2 hours of somebody?

AMY CIRIAN: So it depends how we designate that training and who is going to, you know, take on creating these trainings that our therapists can attend. Our goal is to make sure that they are low-cost and accessible, since this is something that will be mandated, that they have to do.

RIEPE: And there's no cutoff of-- say if it's a, a rural provider that's maybe 2 people, that doesn't-- it's, it's an individual basis?

AMY CIRIAN: Yes.

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RIEPE: OK. Let me-- the question still has me stumped is how the magic number of 2 hours came up, as opposed to something other-- more or less. I don't know.

AMY CIRIAN: So we--

RIEPE: [INAUDIBLE]-- I assumed it was on some bar-- there must be some statistic out there that drove it.

AMY CIRIAN: So we looked at other states and what they were doing and what was, you know, manageable. So in Nebraska, therapists and mental health practitioners have to complete 4 hours of ethics training, so we wanted to make sure it was something manageable that therapists would actually complete and be able to get enough information from. Most other states stayed between the 2 to 3. Some had up to 4, but we thought the 2 or 3 were, were kind of manageable for our therapists.

RIEPE: So I think that what other states do is important. Is there some numbers out of a national organization, professional counseling, professional-- there's a professional something for everything.

AMY CIRIAN: I, I haven't seen any professional standards on how much domestic violence training, because I do think this is kind of a newer area.

RIEPE: But there must be a professional organization on abuse.

AMY CIRIAN: Oh, yes, a lot.

RIEPE: So I would think that they would have, have, over time, done a lot of studies and maybe have some thing, as we, we think this is where the break happens, and the 2 hours would do it.

AMY CIRIAN: Yeah.

RIEPE: OK.

AMY CIRIAN: It would be interesting to look into that.

RIEPE: No. I just-- I'm curious. OK. Thank you. Thank you, Chairman.

HARDIN: Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. Licensed mental health practitioner, do you get any training prior to the additional 3 hours

and then 2 hours as part of your, your training, your education?
Shouldn't that time be part of what you're trained to do anyway?

AMY CIRIAN: Yes. Just speaking from my own personal experience and my degree, we do-- we learned about family dynamics violence-- you know, child abuse, domestic violence. I think, just like any other profession, I think it's different when you get in there and you're working the system and understanding the law enforcement in your area, the way cases are prosecuted. I would say we received training and education on what domestic violence is, what to look out for. But as far as prevention, how to handle that when you have that person sitting in front of you in those very unique and complex situations, those are things that are really hard to teach. It's kind of a learn-as-you-go kind of thing. So I think this would really help, because it gives you a little bit further than you might get in your college education.

G. MEYER: So your-- there is no time limit, no training after your licensure now. This is, this is initiating some new training?

AMY CIRIAN: Yes.

G. MEYER: And so, part of it maybe would be how to better interact with law enforcement and, and those types of things, with regard to responding to domestic violence, domestic abuse [INAUDIBLE]?

AMY CIRIAN: Currently, every 2 years, licensed mental health professionals have to complete 36 continuing education credits. So we have to do the ethics and then the major mental health. The rest is your therapist's choice, the freedom of what they would like to do their continuing education in. So some therapists may seek out and complete domestic violence education on their own, the same that they do, you know-- they work with a lot of children who have autism or anxiety, they might seek out those specific trainings. So there's some out there. It's just not required at this time.

G. MEYER: And, and just one last question. Do you have a specialty? Is this something you specialize in, or is there-- I mean, within the, within the mental health-- licensed mental health practitioner, is there something you specialize in? Is it children, domestic abuse, or anything along those lines? Is there a specialty?

AMY CIRIAN: So I don't really have a specialty. I mean, most of my experience has been working with victims of crime or abuse, both children and adults.

G. MEYER: OK. All right. Thank you.

HARDIN: It's interesting, looking at what you gave us, on page 9. And just to refer to it, it's basically the age at the time of a victim's death. And so, of course, the victims and the perpetrators are roughly the same age. And it's just interesting that the number cuts in half at age 46. From the age 25 to age 45, that seems to be the vast majority of those cases. This oversimplifies it, but what magically happens at age 46? I'm asking for commentary on what's going on during the cohort versus right after the cohort. What's that-- what's your sense of that?

AMY CIRIAN: I would just say, kind of what we've seen in our cases, the, you know, 19-35 age, this is when you're getting married, you're buying a house, you are having children. These are really stressful times of your life, really trying to create a new life, separating from your family. These are really stressful times of your life. They can be the best times of your life, but also very stressful. And a lot of those stressors, like financial stressors, being a new parent, mental health, all of those things kind of come to a head around that age. That's what we've seen. But like I said, as you can see, we still do have cases of-- I mean, we've had cases of 80-year-olds having a domestic violence murder-suicide. So it doesn't just touch certain ages, it touches the whole lifespan.

HARDIN: Do these things play into this? And I'm pointing to my phone for those transcribing on the audio.

AMY CIRIAN: I think they play a part in everything. You know? There's texting, there is social media, what you post, what you don't post, obviously, being-- the ability to track other people with certain apps. And so, I would say they do-- technology does play a part in a lot of these incidents.

HARDIN: OK. Other questions? Thank you.

AMY CIRIAN: Thank you.

HARDIN: Proponents, LB825. Welcome.

SUSAN REAY: Hi. Thank you for having me. My name is Dr. Susan Reay, it's S-u-s-a-n R-e-a-y. First, want to say that the views I am sharing today are my own and do not represent the official position of the University of Nebraska. I am employed by the University of Nebraska at Omaha. I'm the director of the Grace Abbott School of Social Work. We have about 450 social work students that are going to be out working in the field, and 95% of them are going to be working in Nebraska in your communities, and we're happy to have them. I also served on the Board of Mental Health Practice for over 10 years, and was a-- helped the state to write a lot of the regulation that's behind the statutes for mental health practice. My area of research is regulatory social work practice. Pretty boring at a dinner party-- but hey, I like it and it, it's an important area. I also study ethics and ethical complaints. I offer free, statewide training twice a year to all, all social work and mental health professionals in the state on regulation and licensure of mental health practice, and we're talking about master's level and bachelor's level mental health practice workforce. I also, under my purview and my job, I am the-- I am in charge of a training academy that provides continuing education, what we call CEUs, for this population. I'm going to speak directly from the bill, looking at the bill-- provide some highlights and some points that I think are important. First of all, I want to say thank you for introducing this, and thank you all for caring about mental health and about the, the workforce in this area. It is so critical and important, and I am a proponent of what we're doing and of providing this additional training. On page 2, Section 2, with the 2 hours of continuing education that is required-- to provide some context, every 2 years, mental health practitioners at the master's level are required to do 32 hours of mental health practice, just as Amy was indicating: 6 major mental disorder, 4 ethics, and then we'll have the 2 for domestic violence. So that's 12 of the 32. I would love for mental health practitioners to be overachievers and do more than 32. Unfortunately, that's not always the world we live in because of cost, access, and time issues. So I am a little worried about there being-- getting a little crowded in that space if we continue to prescribe that, but I think it is very important. This bill is also-- would be the first specific training that's required for our new graduates, or are at the mas-- at the, at the-- before they're fully licensed, so the provisional mental health practitioner license. And I'm a little concerned about if that's required for me to do in graduate school, or is that something that's going to be afterwards that's required? I just don't want to hold up people getting their licenses. Senator Fredrickson, your bill a couple years ago to try to get people

licensed faster-- very important. And I want to make sure that we aren't putting undue processes for, processes for approving things that we don't already have that's going to hold up people getting out there and working. Also, one thing I want to add is that we also provide certifications in the state for bachelor's and master's. At the bachelor's level, this would be a great opportunity to provide some continuing education for that population as well, if there would be a potential amendment. And I'm a little worried about implementation, that if this goes into effect 90 days from now, we're right at licensing renewal time. Everybody's going to need their continuing ed, and that, you know, we have a very prescriptive requirement for the trainer, and we have 2 great researchers at UNO that would love to help. However, we would need to figure out what that prescriptive training looks like. That would be the first of its kind for our state. So thank you for introducing this.

HARDIN: So I'm hearing you say yes, good thing--

SUSAN REAY: Yes.

HARDIN: Some clarifications on the language would be helpful.

SUSAN REAY: That would be great. Yes. Love to work on it together. Excited about it.

HARDIN: OK. Very good. Senator Fredrickson.

FREDRICKSON: Thank you, Chair. Thank you for being here and for--

SUSAN REAY: Yeah.

FREDRICKSON: --your testimony. Always good to see you. I, I appreciate you men-- you mentioned kind of, you know, with the possibility of it being a little crowded with what we can take for continuing education. And I do appreciate the, the prescribed things we should be taking and looking at. But I know, certainly, I've had that situation where I've known I had to have X amount on this type of training, and that can sort of influence things in a bit. But, but since you previously have worked on licensure requirements, I'm curious to hear from you. Do you, do you have thoughts-- and you kind of briefly mentioned this, but if you could elaborate a little bit on what it might look like on, like, the approval process for what would qualify as an "approved by the state of Nebraska" training in this area. Would that-- you know--

SUSAN REAY: Sure. Currently, we don't do any of that--

FREDRICKSON: OK.

SUSAN REAY: --for any of the 32. There is no pre-approval process. It is on the responsibility of the licensee to ensure that the training meets the requirements as outlined in statute and regulation. I think we got a lot of space to revise some regulation. I'm gonna be talking to y'all about that in upcoming legislative sessions. But it would be new, and I'm a little worried about undue burden on our state employees to process that, and what that would look like, and kind of delays and time frames.

FREDRICKSON: Sure. OK. Thank you.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here. As a-- are you a professor?

SUSAN REAY: I am a professor.

RIEPE: OK-- on addition to other titles. But I assume that your students, when they graduate or leave, are well-versed in this particular topic. Are they then required after 2 years to take another training?

SUSAN REAY: They-- I start training on regulation right when they start in school because it's pretty complicated for mental health practitioners. The regulations are pretty complicated. So they, they graduate. They-- and the day after, they're looking to the state to get their provisional license. At that time, they get supervision from someone for 3,000 hours, and they have to meet with them regularly, with their supervisor, take an exam, just like medicine and nursing. They don't have to do any prescribed training right now-- this would be the first for them-- until they finish all their requirements and they pass a licensing exam. Then, they get their full license and that-- when the 32 every 2 years kicks in. Right now when you're provisional, you're doing your supervision, you're not required to do any training.

RIEPE: So they're receiving a degree is not contingent upon them having gone through this extra training?

SUSAN REAY: Correct. That is right. I, I do provide this training in our master's degree program and, and bachelor's on domestic violence.

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I don't know what all universities and professors do, but it's not prescribed about how much or how long.

RIEPE: My guess would be in, in the academic environment, it's a subject of probably pretty high cos-- conversation.

SUSAN REAY: Absolutely, because--

RIEPE: Because of news.

SUSAN REAY: Yes. Domestic violence affects all ages and it affects all kinds of work that you will do as a social worker or mental health professional. It's a significant area and there's a lot to it. It's very complex.

RIEPE: If you have students that select to go in to be social workers because they have seen firsthand or personally experienced domestic abuse, do you sort of do a decompression with them, to-- I mean, they have some issues they need to work out before they can help others.

SUSAN REAY: Thank you for that comment. That's true.

RIEPE: And that comes from a business guy, you know? So.

SUSAN REAY: Yeah. Certainly. And I see that a lot in the discipline cases that I review. And also, I think sometimes people don't work through those issues, and then it comes out later and it ends up in some unethical practice. What the common standard for education and training is, is that we are also helping people to be resilient, to in-- to recognize their own issues as separate from the person that they're working with. We all come with stuff that we're dealing with, no matter what, but it's how you manage that and ensuring that you are not letting that influence that-- your work with this consumer population.

RIEPE: Do you require or provide counseling for all of your students, so that when they get into the clinical side, so that the problems of the client don't become the problem of the counselor?

SUSAN REAY: Encourage it significantly. I do not-- we are not allowed to require people to go to therapy. But I know a lot of people do, and I think it's very helpful.

RIEPE: OK. Thank you very much.

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Yes.

Thank you for your time. Thank you, Chairman.

HARDIN: Seeing no other questions, we appreciate you being here.

SUSAN REAY: Thank you very much.

HARDIN: Proponents, LB825. Welcome.

NATHAN ARENTSEN: While the page distributes that, Nathan Arentsen, first name N-a-t-h-a-n, last name A-r-e-n-t-s-e-n. And I'm actually a constituent of Senator Ballard and want to, to thank him for what I think is an incredibly important step that I hope will be adopted by the Legislature. And I'll just wait a moment for everyone to get a copy. What you have before you is an agreed settlement that was reached regarding a licensed independent mental health practitioner. And I think the committee is familiar with what those words mean now. An LIMHP, or an LI-- licensed mental health practitioner, has a lot of power over a person. That power dynamic can be exploited, and in my case it was. And what you see is the result of that. The state of Nebraska ended up suspending this therapist's license, imposing a fine and requiring ongoing monitoring of this person. I am a victim of domestic violence and during the course of therapy that the state paid for, the LIMHP told me that my domestic-- the domestic violence I suffered is something I should just get over, they questioned whether it happened at all, and then they held me down and forcibly assaulted me. It is-- as you can maybe tell from my difficulty talking about this, it is something that I will probably think about every day for the rest of my life. The testimony you've heard before you is true, that this is a good idea for practitioners to have these tools to help people. But I want to also emphasize to the committee, this is not just a good idea. This is a public health essential. This kind of training is necessary for LIMHPs to understand boundaries, to understand signs, and to understand that they cannot make assumptions about who is a victim, who is telling the truth, who is lying. I'll just draw your attention to, if you skip past the first 7 pages there, you can go to what is marked page 2. It's actually 9 pages in, and I'll just read that into the record. Defendant provided Couple A with IFP, Intensive Family Preservation Therapy, for domestic violence and communication issues. Couple A was referred to IFP to address allegations that Spouse A was physically and verbally aggressive to Spouse B. The defendant identified Couple A's goals for service as teaching communication and conflict resolution. The defendant, the

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therapist, did not address the domestic violence concerns in the treatment plan goal. And then you will see-- and I see my light is on, but if you'll indulge me for just a moment--

HARDIN: If--

NATHAN ARENTSEN: --Mr. Chairman

HARDIN: Yes, if you can give us a, give us a summary if you can.

NATHAN ARENTSEN: Absolutely. And then I, I don't want to read these horrible, traumatic events that happened. But in the ensuing pages, you will see what the, what the Department of Health and Human Services itself found, which was egregious behavior. Then I will simply summarize these final documents and then conclude. You will then see staff from the Department of Health and Human Services. These are the questions in this email that I was asked when I attempted to report this. I was repeatedly questioned as to whether any of this domestic violence took place. And then finally, you will see internal emails from the Nebraska Department of Health and Human Services in these 2 final pages, in which staff of the department talk about the inadequacy of the training of mental health providers that the department itself is contracting. And, in fact, the inadequacy of the training that the Department itself was providing to its own staff. So again, I will simply conclude by saying, this is not just a good idea. This is not good practice. This is a public health essential that this training be mandated for people who are given the public trust to place their patient in an unequal power dynamic. And I'd be glad to answer any questions you may have.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Yeah. Thank you, Chairman. Thank you for being here. You have a very compelling story. Was-- I'm out of Omaha and we have Project Harmony, which I don't know was in play at the time when you were abused, if you will. But Project Harmony, I think, has played a critical role in our community to try to get the story of young adults who have been abused or neglected and to, to try to-- so it takes it away from direct law enforcement, and it's more of a specialized thing that's tuned in to particularly youth and interpretation. Did you have Project Harmony, or I don't even know whether you were from the Omaha market.

NATHAN ARENTSEN: As I said, I am Senator Ballard's constituent, so--

RIEPE: OK, so you're Lincoln.

NATHAN ARENTSEN: --I'm from that district. So I am from the Lincoln area.

RIEPE: And I don't know whether Lincoln has a Project Harmony-type of-- or did at the time when you were--

NATHAN ARENTSEN: Well, as I understand it, every part of the state actually is assigned as a district for some kind of domestic abuse--

RIEPE: OK.

NATHAN ARENTSEN: --service. You know, they vary in sort of their intensity and the amount of funding and resources they, they have. And so there are domestic violence services here in Lincoln. And I don't want to stray too far from the bill because I really support this bill. But, but to answer your question, Senator, I believe that in the domestic violence services field, there is a great deal of research and professionalization and training that needs to be further developed. That is reflected in these emails, in fact, that I have here that are internal emails of staff within the Nebraska Department of Health and Human Services, saying that training is underdeveloped, trainers are not being sufficiently developed. And so, just to conclude in answering that question, I would say that the more that we can do to encourage a professionalization and a scientific public health approach to domestic violence, the better. I think in the past, there may have been a bit of the, the "burning bed" kind of stereotype of domestic violence, and that is very anecdotal, is very nonprofessionalized. It has very little kind of health science behind it. And I think the more we can professionalize this training, put real science, real data, real survivor stories at the heart of it, I think, the better for everyone. That's-- I hope I've answered your question, Senator.

RIEPE: I think you have. Thank you.

HARDIN: Other questions?

RIEPE: Thank you, Chairman.

HARDIN: Seeing none, thank you.

NATHAN ARENTSEN: Thank you, Senator. Thank you members of the committee.

HARDIN: Proponents, LB825. Welcome.

LINDSEY TURNER: Hi. All right. My name is Lindsey Turner, L-i-n-d-s-e-y T-u-r-n-e-r, and I am the executive director at Voices of Hope, which is a domestic violence victim services organization here in Lincoln, and a licensed mental health practitioner, here testifying in support of LB825. I have worked in the field of domestic violence for over a decade and have provided mental health services to children, youth, and adults in a variety of roles. This dual perspective allows me to speak firsthand to both the critical gaps in mental health education regarding domestic violence and the safety implications for survivors when those gaps exist. I personally experienced the limitations of traditional mental health training. I graduated from the University of Nebraska-Lincoln counseling psychology program in 2010 with a master's degree. My program included courses on substance use trauma, couples counseling, yet no education on domestic violence or working with survivors. Trauma-informed training alone does not equip a therapist to recognize or respond to domestic violence safely. Specialized domestic violence training addresses the unique safety risks survivors face, the accountability of the perpetrator, and the systemic factors that can unintentionally harm survivors. After graduation, I earned a provisional license as a mental health practitioner and began working with youth in their homes. Domestic violence education was not a part of the requirements. However, domestic violence was present in many of the cases I worked on. This resulted in misinformation in their assessments, inappropriate treatments, and inaccurate documentation. Since I have been at Voices of Hope, survivors have shared time and time again that they do not feel safe disclosing abuse to their therapists. Many domestic violence offenders threaten survivors with negative consequences if they tell anyone, or condition them to believe the abuse is their fault and that they deserve it. Recognizing these dynamics requires a well-educated therapist who can identify the signs of abuse, approach the subject with care, and intentionally build trust with the survivor. Without this training, survivors are often diagnosed with serious mental health conditions, such as bipolar disorder or depression, that can carry lasting consequences in court proceedings and other areas of their lives. Survivors with these labels are frequently perceived as lacking credibility or being unfit to parent their children. In reality, the symptoms they are experiencing are often direct results of the abusive environments they're enduring. As someone who has worked in both service areas and organizational leadership, I strongly urge this group to pass the

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bill, ensuring that all licensed mental health practitioners receive ongoing domestic violence education is an essential step in creating a safer, more informed system of care for survivors across Nebraska. Thank you.

HARDIN: Thank you. Questions? Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. Thank you for being here today. Why do you suppose that in your training, there is-- your training does not address how to deal with domes-- domestic abuse survivors or victims? Why do you, why do you suppose that is?

LINDSEY TURNER: I, I guess I think it was just really specific. I think maybe the, the training, the, the education that I experienced was more broad, so like trauma-focused, couples counselor, career counseling, I think was one of them, different things like that, that just were broad but not specific enough to address the exact, like, safety implications for survivors.

G. MEYER: When you're seeing patients or when you're seeing clients-- perhaps that's a better term-- as a percentage of people you're, you're working with, is domestic violence, domestic abuse, is that the larger part of your, your clinical experience?

LINDSEY TURNER: Well, currently, I am the executive director at a domestic violence survivor agency, so it's 100 per-- everybody.

G. MEYER: [INAUDIBLE]. I apologize for that. But--

LINDSEY TURNER: No, that's OK.

G. MEYER: But, but in general, do you think that is a, a large part of, of-- in, in your profession dealing with clients, is, is domestic violence/domestic--

LINDSEY TURNER: Absolutely.

G. MEYER: --abuse a large part of that?

LINDSEY TURNER: Yeah. So if I-- you know, if I think--

G. MEYER: So-- and, and so, why, why don't-- why isn't that part of your education?

LINDSEY TURNER: You know, I think back to when I was contracted to do therapy directly, I would say at least half, and that was with adults and youth, were experiencing some kind of, some kind of discord in the home, right, or some kind violence in the home. And what's, what's really difficult sometimes, is that it's, it's hard to know if this is, if this is domestic violence or is this, is this something else. And so, I think that if we provide that education to mental health therapists, they would be able to kind of identify that a lot better, and then work specifically to, to, to help to fix that.

G. MEYER: Thank you.

HARDIN: Generally speaking, in your experience, is there a long ramp before things hit a critical point, or is it a short period of time? Can you kind of describe that for us?

LINDSEY TURNER: For-- just for domestic violence?

HARDIN: Yeah.

LINDSEY TURNER: It really just depends. I mean, I think-- there are some times where it's-- you know, you, you meet somebody and the-- it-- the violence occurs immediately. I would say that's less likely than it typically it's-- you know. Domestic violence is all around power and control. So a lot of times, it takes a perpetrator to implement some of these strategies over time. I would say that's probably more likely, that it's a-- more of a long-term-- and especially when we're working-- when, when the-- these survivors are, are going to therapy, a lot of times, that is that really deep-ingrained value, that system of saying like, I deserve this, this is my fault, I did something. Right? And so, it's-- that therapy really needs to get at some of those deep-ingrained-- the voices that we've heard, told to us by perpetrators time and time again. I hope I answered that question.

HARDIN: You did. Thank you. I appreciate that. Any other questions? Seeing none, thank you.

LINDSEY TURNER: Yes. Thank you.

HARDIN: Proponents, LB825. Welcome.

SARAH KIRKWOOD: Hi. Good afternoon, members of the committee. My name is Sarah Kirkwood, S-a-r-a-h K-i-r-k-w-o-o-d, and I'm a licensed independent mental health practitioner, a licensed drug and alcohol

counselor, and an endorsed as an infant mental health clinician. I work as a clinician in a private practice, I'm an adjunct professor at Doane College Masters of Counseling program, and I co-facilitate men's domestic violence intervention program groups. I am testifying in support of LB825. A therapist's primary ethical obligation is do no harm. Bills such as LB825 support this ethical obligation and enhance the efficacy of our role as mental health providers in the community. Therapists are required to complete 32 hours of continuing education every renewal period, which is essential to stay up to date on the ever-changing society and treatment related to the safety and well-being of community members. Domestic violence is a complicated and deeply harmful dynamic affecting families across, across all cultures. It is so complicated that significant training is needed to truly begin to understand implications and harm that is brought upon all members of the family. This is something that I didn't understand, even being an experienced fully licensed clinician for over 11 years. It wasn't until I began working more often with perpetrators and their families through the domestic violence intervention programming and through the domestic violence specific court involvements that I truly understood how little information I knew and how dangerous that really was. In consultation with my students and other clinicians in the community, I find myself often educating about the dynamics of domestic violence and how it plays a harmful role to the therapeutic process. A common misconception even amongst therapists is that domestic violence is limited to physical harm. When there is a limited knowledge and training in this area, therapists can be used as another weapon against victims, by unknowingly continuing emotional or mental abuse. Without proper training, therapists have an increased risk of failing to recognize coercive control, which can underestimate the severity of the situation. Without proper training, clinicians may be more likely to engage in unself compe-- unsafe confidentiality practices, such as leaving voicemails and sending messages that put survivors at risk. Without proper training, clinicians might unintentionally ask questions that imply responsibility of the victim which mirrors the abusive dynamic and deepens shame. Without proper training, clinicians may use therapeutic interventions such as conflict resolution skills, acceptance, or working on communication skills, which is contraindicated in abusive dynamics. Specialized trainings help clinicians know what not to do. Without proper training, we continue the cycle of mistrust of community providers by misjudging, blaming, and increasing the risk of harm of survivors. One poorly trained clinician can shut the door to the care, resources, and even community support entirely. It is also important to note that

therapists hold large influence in court systems, government agencies, and other aspects within the community. Within this influence, therapists make recommendations regarding future family connections and outcomes. Without proper training, the recurring pattern of control and violence can be unintentionally reinforced instead of stopped. This is why policies like LB825 that prioritize clinician training and workforce support are critical, not only to improve care, but to ensure the safety of those we serve. By investing in training, we can empower clinicians to provide trauma-informed, safe, and effective care for survivors of domestic violence. Thank you for your time, and I urge you to support LB25 [SIC]. I'm available for any questions.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Yeah, thank you, Chairman. Given your education and your background and experience, do you think that 2 hours can provide enough information to the parties being required to be trained under this can stick-- all happen in 2 hours?

SARAH KIRKWOOD: I think it's a start. If we were to have to put all of the, the information that would be required, we'd be here for weeks, I'm sure.

RIEPE: Yeah. It's almost a lifetime experience.

SARAH KIRKWOOD: Right.

RIEPE: The other question that I have, out of curiosity, is under your name and titles, you have infant mental health mentor. Do infants-- what, what, what would be a classification-- an infant?

SARAH KIRKWOOD: Yeah. So I'm trained in a, a special type of treatment called child-parent psychotherapy, which is actually a treatment for kids between the ages of zero and 6 months-- 6 years old. So I've worked with--

RIEPE: So it's up to 6 years old.

SARAH KIRKWOOD: Up to 6 years. Yep. I've worked with children as young as 6 months, even younger, before, for mental health. And a lot of times, domestic violence is what brings them into seeking treatment.

RIEPE: Is that based on the idea that an infant, too, would-- provides a new dynamic within the family, which can result in challenges?

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SARAH KIRKWOOD: I think that plays a part into-- yeah-- what would bring them into, into treatment or like, the stress of the situation.

RIEPE: OK. The dynamics in a family change with-- the minute a child arrives, so.

SARAH KIRKWOOD: Correct.

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

HARDIN: What types of curriculum are we missing?

SARAH KIRKWOOD: What types?

HARDIN: Yeah.

SARAH KIRKWOOD: Like, can you explain what you mean?

HARDIN: Well, I guess I look at examples of the training that, that were needed or that, that-- as, as you look at it and you say, wow, there's a big blank spot out there.

SARAH KIRKWOOD: Yeah.

HARDIN: Can you just talk about that?

SARAH KIRKWOOD: Yeah. I think big gaps would definitely surround around safety and understanding the patterns of domestic violence. Like, for example, it's, it's not just one incident, right, or it may not even involve violence, but the pattern of that course of control and how it impacts not only the survivor, but also the children and the family as a whole. I think also for therapists, documentation is huge. There's a lot of questions about how to document safely, and also in a way to continue to limit confidentiality for, for victims or survivors that we're working with, and, and so, making sure that the information stays confidential. Asking the right quest-- assessment is another huge one-- assessment for lethality, assessment for danger. I think those are all really huge.

HARDIN: Can-- unpack that for me a little bit. Because-- forgive me. I would assume that it's, it's PHI, and so on and so forth. So what kind of leakage is going on where it's-- it, it could be getting out, in terms of that documentation? I mean, what's your concern there?

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SARAH KIRKWOOD: One wi-- in my experience, I work a lot with, with the Department of Health and Human Services, with Child and Family Services. So let's say a survivor may come into my office and be required to complete, like, an evaluation. And so then I complete that evaluation and I send it to court, right, and then to that legal party. They send it to all legal parties, and then all of a sudden, their perpetrator or abuser has a copy of that evaluation as well. So very sensitive information is now placed into the hands of, of that perpetrator. So that can be very dangerous, or the same with-- working with children. When I do assessments with the children, they might share some information with me that I put into an evaluation, and is now released to every single person that is a, a party to that case.

HARDIN: Is that a fumbled ball with the department, or is that a fumbled ball with the judiciary world, or some of each, or how does that happen?

SARAH KIRKWOOD: I think it's a-- honestly, I think it's a, a misguidance on, on everybody. It's a lack of understanding, education, advo-- advocacy, an understanding of how powerful that information really is, and the impacts that it can have on all different layers. So I think it falls in everybody's courts, to be honest.

HARDIN: Other questions? Thanks for being here.

SARAH KIRKWOOD: Thank you.

HARDIN: Proponents, LB825. Welcome

TOM VENZOR: Good afternoon, Chairman, 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 at the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church through educating-- engaging, educating, and empowering public officials, Catholic laity, and the general public. And we're here to offer our support for LB825. In his address on the 50th World Day of Peace, Pope Francis said the following in his call for an end to domestic abuse and violence and for peace within the home. If violence has its source in the human heart, then it is fundamental that nonviolence be practiced before all else within families. The family is the indispensable crucible in which spouses, parents and children, brothers and sisters learn to communicate and to show generous concern for one another, and in which frictions and even conflicts have to be resolved not by force, but by dialogue, respect, and concern for the good of the other, mercy and

forgiveness. From within the family, the joy of love spills out into the world and radiates to the whole society. I plead with equal urgency for an end to domestic violence and to abuse of women and children, and that the politics of nonviolence have to begin in the home and then spread to the entire human family. This desire for peace among all people, particularly those who live together within the family, drives the Church's work to assist victims and survivors of domestic abuse and domestic violence. In Nebraska, the Catholic Church operates a shelter and a home for those fleeing domestic violence. In 2024, Catholic Charities of Omaha, which for the last 55 years has provided the only dedicated domestic violence shelter in Douglas County, provided nearly 5,000 nights of secure and confidential shelter for those facing domestic violence, sexual assault, and human trafficking. Since 2011, Catholic Social Services of Southern Nebraska has operated St. Gianna Women's Home, which provides year-long housing for those fleeing domestic violence, human trafficking, and abortion coercion. Since that time, CSS has assisted over 270 women. And when you include children, that's nearly 700 people. In 2024, they provided nearly 20,000 nights of shelter. These shelters and homes not only provide a secure place to sleep, but both agencies provide holistic wraparound care, which includes basic supplies, case management, access to market-- food market services, child advocacy programming, mental health therapists, pastoral counseling, and safe and loving community. It's the Church's intimate experience with those facing domestic abuse that also drives our support for LB825. This legislation provides clear benefits for licensed mental health practitioners and those seeking licensure, and it provides specialized training in domestic violence, and provides an important facet for addressing the prevalence of domestic abuse in communities across Nebraska. It's a prevalence also that makes the need for training across all mental health providers an important component of this legislation. The rest of that information is basically a lot of information you've already heard, from people who are much more expert in this than I am. So I won't, I won't burden you with that information. But we're-- urge you to advance this to General File, and we think this is an important piece of legislation. Thank you.

HARDIN: Thank you. Questions? Seeing none, we appreciate it.

TOM VENZOR: Thank you.

HARDIN: Proponents, LB825. Welcome.

MAUREEN BRASE: My name is Maureen Brase, M-a-u-r-e-e-n B-r-a-s-e. I was scared to give my personal testimony in favor of LB782 [SIC], but I think these are important, and I think making change at the legislative level is really where the work needs to be done. I want to thank Senator Ballard, who is-- I'm from his district, and also, Lindsey, from Voices of Hope. I benefited from their services many times, over the years. OK. I, I heard a lot of questions, so I kind of changed what I was going to say. I started dating someone when I was 19. I hadn't really dated. I didn't have any experience. I really liked books and studying. I was a nerd. So I didn't really understand, like, the first time he got so angry at me and threw me around and punched by my face. It was really scary, but I thought, I shouldn't have made him angry. The next day, he was so sorry and loving and kind and wonderful. And other incidents happened, but I always really loved the person who was kind and wonderful and interesting. You know, we were married. We went through marriage counseling. And I understand now, how the therapist didn't understand the dynamics, he didn't understand the patterns, he didn't understand many things, and I didn't understand myself, either. And I-- you hope that someone who is helping you can truly help you, and I feel like I was not helped by him. Later-- 30 years later, when I was getting divorced, this therapist wrote an affidavit for my, my soon-to-be-ex, just saying how great of a guy he is-- you know, he loves his kids. And I couldn't believe it, because I had spent the last 2 years protecting my daughters from their own dad. I had-- I was so scared for my life. I-- you know, having my neck squeezed, or being told that I could disappear and that he would tell people that I'd left, that I got angry, that I had done that before. If, if you don't understand these patterns and you're trying to help someone, you cannot help them. And I, I had another therapist, and I felt-- she, she couldn't help me either, so. I did find someone who was amazing. They understood DV. They understood the dynamics. They understood the patterns, and they helped me understand. Because even that first time I went to Voices of Hope, I said to myself, I'm not one of these women. I'm not, I'm not an abused person. I was a straight A student, top of my class. I, I just need some info. So I hope-- also, it's-- as I think it's hard-- really hard to understand, to have someone who's a-- almost a foot taller than you and 100 pounds more than you, you know, squeeze your neck and tell you that you could disappear-- someone who should love you and protect you. It's hard to understand that kind of fear.

HARDIN: Thank you for risking and sharing with us today. Are there any questions? Thank you for being here. Others, LB825? Welcome.

CHRISTON MacTAGGART: Good afternoon, members of the committee. My name is Christon MacTaggart, C-h-r-i-s-t-o-n, last name M-a-c-T-a-g-g-a-r-t. I am the executive director of the Nebraska Coalition to End Sexual and Domestic Violence. Our organization represents the network of domestic and sexual violence agencies across the state that provide free and confidential support to survivors in all 93 Nebraska counties. Voices of Hope, who you heard speak, is one of our programs in the Lincoln area. We worked with the Nebraska Legislature in 2022, during the creation of the Nebraska Domestic Abuse Death Review Team, and we've been a member of that team since inception, and we also worked closely with the Attorney General's Office and Senator Ballard on-- Ballard on this specific recommendation of that team. Prior to being the-- the bill being introduced and since then, we've re-- we've received a lot of positive responses from our colleagues across Nebraska, many of which you've heard today. I will-- all have supported the premise behind it. I would also say in recent communication with some universities and other folks, particularly those who would be amongst those providing the training for provisional license, as outlined in Section 3, a few additional considerations have come up. And so, I just wanted to share some discussions that we've had about those considerations, and our commitment to working with Senator Ballard on creating language that would provide support, particularly around some of the things that Dr. Reay mentioned, who we've talked to and will continue to work with. First, at the end of Section 3, subsection (d), we are suggesting that we potential-- that there potentially be new language that identifies the individual or organization providing the training submit the coursework and have it approved by the Nebraska Board of Mental Health ahead of time, and that would hopefully provide a process to ensure some consistency amongst that training. And then the second thing that we are hoping to discuss would be a delayed implementation timeline. And so, the-- this bill currently goes into effect January 1, and so this would provide, specifically for Section 3, a longer delayed implementation timeline. That would allow the time for those conducting the training to have that curriculum approved. Hopefully, it could be implemented into the fields of study through the-- through UNO and other colleges and universities that provide training to LMHPs and LMIH-- LM-- LIMHPs. Can you tell that I am the only person you're gonna hear from today, probably, that does not-- is not one of those 2 things? So again, we're committed to, to seeing this through and continuing to work on solutions that make everybody feel like this will give them what they need to provide this training, and also meets

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the needs of survivors. So I'm happy to answer any question. We urge you to support LB825 and vote out of committee.

HARDIN: Thank you. Questions? Seeing none.

CHRISTON MacTAGGART: OK.

HARDIN: Thank you. Any other proponents, LB825? Opponents, LB825? Any in the neutral? Seeing none, Senator Ballard. While you are coming back, with this one, we had online commentary, 15 proponents, 2 opponents, zero in the neutral.

BALLARD: Thank you, Mr. Chairman. Thank you to the committee. I'll be brief. I just want to say thank you to all those who testified today-- the, the advocates, the educators, folks from my, my district. Really appreciate them coming out. This was a great hearing that really showed how important this issue is to Nebraska. Reading-- looking back in-- last year, reading the newspaper articles about all the domestic violence cases across my community in Lincoln, I sat back and said, what can, what can I do? What can the Nebraska Legislature do to help address some of these issues? And it's, it's really impactful to me that I can be a, a small part of the solution. A lot of, a lot of my colleagues are working on similar bills in different committees. And I think this is a bill that the, the HHS committee can stand behind and say, this is important to us. This is going to be helpful to Nebraska. And so with that, I would be happy to answer any questions, but I look forward to, to moving this out of committee in this-- during this year. Thank you, Mr. Chairman.

HARDIN: Questions? There were a couple of suggestions, maybe, for some amendments from a couple of folks. Possible to circle back with them and see if there are some--

BALLARD: Absolutely. As the previous testifier said, I'm willing to work with any, any-- anyone that needs language modifications that makes sure this fits for, for Nebraskans and our, and our social workers.

HARDIN: Very good. Thank you.

BALLARD: Thank you. I appreciate it.

HARDIN: This concludes LB825. We're gonna be moving on to LB733 and Senator Riepe. We'll wait just a moment, Senator Riepe, until the shuffling comes to an end.

RIEPE: OK.

HARDIN: And I can tell the shuffling is almost over, so anytime you're ready.

RIEPE: OK. Thank you, Mr. Chairman and members of the Health and Human Services Committee. My name is Merv Riepe. It's spelled-- Merv is spelled M-e-r-v. Riepe is R-i-e p-e, and I represent Legislative District 12. I am here to introduce today, LB733. LB733 was brought at the request of the Department of Health and Human Services. Its primary purpose is to update statute by renaming the Division of Developmental Disabilities as the Division of Disability and Aging, and making the necessary conforming changes throughout state laws so that statutes accurately reflect the department's current structure and operations. The bill is largely technical and organizational in nature. LB733 does not create new programs, expand services, or change eligibility criteria. It also removes obsolete statutory provisions that are no longer applicable. Taken together, these changes are intended to improve clarity, consistency, and usability of statute for the department, providers, and the public. An amendment has also been drafted that would facilitate moving this division out from under the Division of Medicaid and Long-Term Care and establishing it as its own standalone division within the department. An official from the Department of Health and Human Services will be following my testimony to explain the department's rationale for LB733 and to walk the committee through the amendment in greater detail. LB733 is intended to ensure Nebraska statute accurately reflects how DHHS is organized and how services are delivered today. I appreciate the committee's time and consideration. Thank you, Mr. Chairman and committee members.

HARDIN: Thank you. Questions? We will wait to hear what this differentiation is. Will you stick around?

RIEPE: I wouldn't miss it. Thank you.

HARDIN: Nice. Thank you. Proponents for LB733. I sensed you might be a proponent.

TONY GREEN: Good instinct.

HARDIN: Welcome.

TONY GREEN: Thank you. Good afternoon, Chairman Hardin, 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 of the Division of Developmental

Disabilities in the Department of Health and Human Services, here to testify in support of LB733. Also would like to thank Senator Riepe for introducing this bill on behalf of the department. This change reflects work that's been underway since 2020, to better align programs, people, and resources that serve Nebraskans with disability and aging-related needs. The vision has consistently been to consolidate services where appropriate, minimize administrative redundancies, and maximize limited resources while preserving program integrity and accountability. Most importantly, this effort is grounded in ensuring continuity of care across the lifespan, supporting individuals with varying care needs to live in the homes and communities of their choice. Importantly, the department has taken an intentional approach to operationalizing the integration of, of these programs before requesting the formal name change. Significant structural changes have already occurred. They began in 2020, when we moved the Aged and Disabled Waiver, which was formerly in the Medicaid and Long-Term Care Division, to the Division of Developmental Disabilities. In January of '24, the special healthcare needs programs were transferred into the Division of Developmental Disabilities from the Office of Economic Assistance, further strengthening coordination for children and families with complex needs. Then most recently, in June of '24 the State Unit on Aging was merged with the division, further advancing a unified approach to all aging and disability services. Nebraska is not alone in this model. Several states have consolidated their disability functions with a single-- int-- with a single division or department to promote continuity and efficiency. Kansas, as an example, operates the Kansas Department of Aging and Disability Services. Kentucky has the Department of Aging and Independent Living. Maine administers similar programs under an Aging and Disability Services, and you see Louisiana operates Louisiana Aging and Adult Services. And then in 2024, Tennessee also combined their state departments into the Department of Disability and Aging. These states reflect a national trend toward integrated administration that reduces silos, improves coordination, and creates a clearer navigation system for individuals, families, and providers. As mentioned, LB733 does not create new programs or expand any statutory authority. Rather, it aligns the division's name with its current scope and responsibilities. The proposed title better communicates to the public, stakeholders, and partner agencies that the division serves individuals across the lifespan with dis-- disabilities and aging-related needs, and long-term, community-based supports. This clarity supports transparency, improves external understanding, and reinforces the department's commitment to a coordinated community-

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based service system that respects dignity, choice, and independence. It also provides a stable foundation for future policy development and cross-program collaboration. We would respectfully request that the committee advance this bill to General File, and I'd be happy to answer any questions on this bill.

HARDIN: Thank you.

TONY GREEN: You're welcome.

HARDIN: Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Director Green, for being here and your testimony. So reading over the bill and everything, so my understanding is basically just a name change, no change to provision of services in the department.

TONY GREEN: That's correct.

FREDRICKSON: Is that correct? OK. And can you share a little bit more about-- Senator Riepe mentioned having this be sort of a standalone department, as opposed to being under the-- did I hear that right-- under the Medicaid or what-- I, I don't remember exactly what he said, but.

TONY GREEN: Yeah. So the, the amendment addresses a, a, a, a piece that was not in the original draft that formally moves the Aging Services Administration from the Division of Medicaid and Long-Term Care. So as I mentioned in 2024, we, we moved that State Unit on Aging-- some of you are familiar with that term-- out of Medicaid and into Division of Developmental Disability. And so, it moves those aging services over into this new Division of Disability and Aging.

FREDRICKSON: OK. That was it. Thank you.

TONY GREEN: You're welcome.

HARDIN: Other questions? Seeing none, thank you.

TONY GREEN: You're welcome.

HARDIN: Proponents, LB733. Welcome.

ALANA SCHRIVER: Good afternoon, Chairman Hardin, and members of the committee. My name is Alana Schriver, A-l-a-n-a S-c-h-r-i-v-e-r, and

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I'm the executive director of the Nebraska Association of Service Providers, which is the statewide membership association representing organizations who support Nebraskans with intellectual and developmental disabilities. So thank you for the opportunity to speak in support of LB733 today. NASP believes the proposed change from the Division of Developmental Disabilities to the Division of Disability and Aging is a thoughtful and meaningful update that more accurately reflects the breadth of individuals and families served by this division of DHHS. Language matters, and the proposed name is more inclusive, respectful, and representative of people with disabilities across the lifespan. Importantly, LB733 does not alter services or eligibility. This change simply acknowledges that disability is not limited to a single diagnosis or stage of life and better aligns the division's identity with its mission to serve a diverse population with varying needs. NASP appreciates the Legislature's attention to inclusive and person-centered language and we respectfully urge the committee to advance LB733. We look forward to continued collaboration with DHHS and policymakers to ensure Nebraska's systems reflect dignity, accuracy, and respect for the people they serve. Happy to answer any questions you might have.

FREDRICKSON: Thank you for your testimony. Any questions from the committee? Seeing none, thank you for being here.

ALANA SCHRIVER: Thank you. Oh, sorry.

FREDRICKSON: Next proponent for LB733. Welcome.

KRISTEN LARSEN: Hi. Good afternoon, Senators. My name is Kristen Larsen, K-r-i-s-t-e-n L-a-r-s-e-n, and I'm here on behalf of the Nebraska Council on Developmental Disabilities to testify in support of LB733. Although NCDD is appointed by the Governor and administrated by DHHS, we operate independently and our comments do not necessarily reflect the views of the Governor's administration or the department. We're a federally mandated independent council and we're made up of individuals with developmental disabilities, their families, community providers, and agency representatives. We advocate for systems change and quality services, and serve as a source of information and advice for state policymakers. And when necessary, we take a nonpartisan approach to provide education and information on legislation that will impact individuals with development disabilities. As you heard, LB733 updates Nebraska's law by renaming the Division of Developmental Disabilities as a Division of Disability and Aging within DHHS and makes the necessary changes in state statute. Well, why is the change

needed? Well, since 2020, the Division of DD has taken on several programs beyond developmental disability waivers. Director Green alluded to some of those, being the-- 2020, the big one, the Aged and Disabled Waiver moved from Medicaid. Then we had programs for special health care needs, such as the Disabled Children's Program, Lifespan Respite, Medically Handicapped Children's Program. In 2024, the State Unit on Aging Programs were reassigned to the division. And then in 2025, they launched their updated TBI Waiver under the division. So for the past 5 years, advocates, including those with developmental disabilities, physical disabilities, and TBI, well, what-- they've urged a name change to reflect the broader range of services now provided. Many individuals using A&D or TBA-- TBI services do not have a developmental disability, and the current name creates confusion. This recommendation also appeared in the Optimus Division of DD System Evaluation for LB376, December 2023. And page 145 states, if this reorganization occurs, the division name should change to be more inclusive of the diverse population it serves. Page 144 also notes that the stakeholder-- stakeholders were reporting confusion that there was a need for the, the name change. In your handout, I provided a chart that comes from that report. If you've not read that report, I strongly urge you to do that. It provides a comprehensive picture of current challenges and opportunities. And in the table, you'll see that this is one of those items that they're addressing. I also-- we thank the division because they've also taken, or implemented some of the other recommendations, such as expanding the Katie Beckett eligibility, eliminating the DD waitlist, and this, LB733, will just, you know, address another key recommendation from that report. So we hope that you'll-- you know, we know it'll help reduce confusion and improve access for individuals and families. We hear time and time again that families have a hard time navigating the system, so this will be a good thing. And I just want to give a plug for that report, because there's other things we can do to improve services.

FREDRICKSON: Thank you for your testimony. Any questions from the committee? Seeing none, thank you for being here.

KRISTEN LARSEN: Great. Thank you.

FREDRICKSON: Other proponents for LB733? Seeing none, any opponents to LB733? Seeing none, anyone here to testify in the neutral capacity? Seeing none, were there online comments? Perfect. Senator Riepe, you're invited to close. While you come up here, we had online comments for LB733. We had 4 pro-- proponents, 2 opponents, and zero in the neutral capacity.

RIEPE: I'm going to waive a close.

FREDRICKSON: And Senator Riepe waives the close, so that will end our hearing today for LB733. LB892. Is that next? Senator Hansen?

G. MEYER: [INAUDIBLE].

FREDRICKSON: Yeah. That was a quick one. Next we have LB892 from Senator Hansen. You are welcome to open when you're ready.

HANSEN: Good afternoon, Vice Chair Fredrickson and members of the Health and Human Services Committee. My name is Ben Hansen. That's B-e-n H-a-n-s-e-n, and I represent Legislative District 16. Before I begin, you don't hear this from me very often, but this is a cleanup bill. It's a simple bill. I don't bring those very often, so it's kind of nice to have one paragraph on my opening. LB892 was brought to me because of a discovered discrepancy between the statutes and rules and regulations regarding massage therapy. The statute currently reads that massage therapists can only provide therapeutic services in licensed establishments unless specifically permitted by the act. Rules and regulations allow for massage therapists to perform therapy in all kinds of places such as homes, other businesses, or even outside the finish line of events like marathons. This simple change allows their board to regulate where massage therapy can be provided, as they are already doing. There will be people after me testifying, if you wish to ask them specific questions.

FREDRICKSON: Thank you, Senator Hansen. Any questions from the committee? Seeing none, will you be around to close?

HANSEN: Definitely.

FREDRICKSON: All right. Do we have any proponents for LB892? Welcome.

BRIANA CUDLY: Hello. My name's Briana Cudly, B-r-i-a-n-a C-u-d-l-y. I am a massage therapist here in Nebraska and I'm also the government relations chair for the American Massage Therapy Association Nebraska Chapter. We appreciate Senator Hansen bringing this very simple bill forward for us. What happened, we think, in 2019, when the statute was updated to include mobile establishments, that 38-1716 was also added and nobody realized that the last 3 words of that actually voided our regulations. The way that it was caught was in this last fall-- we have been moved around and shuffled around from different departments within DHS. And our new attorneys in the department found the discrepancy, brought it to the board. We were all like, whoa, this is

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really bad, and has caused a lot of confusion to people trying to get their establishment licenses since we figured this out. The intent of the law and the impact of the law are very different. So DHHS and the board asked AMTA to put something together to try to fix this and get it fixed as quickly as possible so that over 1,500 of us can be practicing lawfully, which is everybody's intent. The, the main thing is, is that we want to be able to not have to spend \$127 to go to a client's house. Say, for instance, I had a client who broke her femur in multiple places, so I would go to her house and massage her in her recliner while she was recovering. And now, I would have to pay \$127 for a 2-year license to go to her house for a short period of time. Same thing with-- if you're doing massages for a wedding party at a wedding, you'd have to get it for the church or the, the event venue that they're in, which just really isn't the intent, and the, the time and the money put into that is not what the state put this together for. So we're just asking that you push this forward really quickly so we can all be legal. We would really appreciate that. I also do want to say that our board president was going to come-- the massage state board president was going to come and give testimony and he was not able to so he put his for the board in online so we know that we have the board's support, as well.

FREDRICKSON: Excellent.

BRIANA CUDLY: So I'm happy to answer any questions you might have.

FREDRICKSON: Great. Thank you for your testimony. Questions from the committee? Seeing none, so truly a cleanup bill.

BRIANA CUDLY: 100%.

FREDRICKSON: All right.

BRIANA CUDLY: 3 words.

FREDRICKSON: Thank you for being here.

BRIANA CUDLY: Thank you so much.

FREDRICKSON: Other proponents for LB892. Seeing none, is there anyone here to testify in opposition to LB892? Seeing none, how about the neutral capacity? Seeing none, Senator Hansen, looks like he's gonna waive the close. Before we end the hearing, though, we've got online comments for LB892, include 9 proponents, 1 opponent, and 1 in the

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neutral capacity. That will end our hearing for LB892. And next up, we have Senator Raybould with LB-- I should know this.

RAYBOULD: LB792.

FREDRICKSON: LB792. Thank you Senator Raybould. OK. So you are welcome to open whenever you're ready.

RAYBOULD: Thank you. Good afternoon, Vice Chair Fredrickson and members of the Health and Human Services Committee. My name is Jane Raybould, spelled J-a-n-e R-a-y-b-o-u-l-d, and I represent Legislative District 28. Today, I bring you LB792. It has no fiscal note-- a bill to remove a sentence from the definition of evidence-based home visiting in the state of Nebraska to ensure that the Family Connects nurse home visiting model is able to bill the Medicaid program as intended with LB22 that we passed last year. And I want to give you the count of the passage from last year, it was 47 in favor, 0 present not voting, and 0 voting against it. Last year, the Legislature passed Senator Dungan's LB22 to allow for Medicaid billing for nurse home visiting for mothers postpartum. LB22 was specifically intended to allow for the Family Connects program to bill Medicaid. The Family Connects program offers mothers at discharge from labor and delivery with a new baby the opportunity for 3-4 visits from a nurse in their home. These visits are exclusively during the brief postpartum period and are at the preference of the mother and family. The visits can offer support, information, connection to resources, breastfeeding education, and more. Medicaid is an appropriate and sustainable funding source for this resource for new moms. My bill, LB104, that defined home visiting in statute and called for a report on the services statewide, was amended into LB22 on the floor last year. As part of that definition, we included the phrase, "the Family Home Visitation Act does not apply to a program that provides a single home visit or infrequent home visits." DHHS interpreted that sentence to not include the Family Connects program in the Medicaid billing opportunity presented by LB22. For that reason, I'm asking to remove that sentence from the Family Home Visitation Act. I do not feel that this in any way compromises the integrity of the Family Home Visitation Act, and removes an unexpected barrier to a significant funding source for home visiting in Nebraska. I have asked Kerry Kernan from the Lincoln-Lancaster County Health Department to come speak with you about their preparation to bill for the services of their Family Connects program, and Kelly Macklin from The VNA is here to talk about their efforts to begin the Family Connects program in Omaha. Sara Howard from First Five Nebraska is here to answer any

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technical questions you may have. I'm happy to try to answer any questions and would urge the committee to move LB792 forward. And again, it is a language cleanup on this very important issue.

HARDIN: Thank you.

RAYBOULD: Wonderful--oh. Hi.

HARDIN: Hi.

RAYBOULD: Chair Hardin, you, you snuck in there.

HARDIN: I'm sneaky that way.

RAYBOULD: Great.

HARDIN: Questions? Thank you.

RAYBOULD: OK. Thank you.

HARDIN: Proponents? Welcome.

KERRY KERNEN: Thank you. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Kerry Kernén, K-e-r-r-y K-e-r-n-e-n, and I am the Health Director with the Lincoln-Lancaster County Health Department. I'm here to speak with you today about our Family Connects universal home visitation program in the city of Lincoln and Lancaster County. And I'm sitting in support of LB792 to allow for a language change to LB22 from last year's session to support Medicaid billing for nurse home visiting. We recognize that bringing home a newborn can be a challenging time for any parent. The Family Connects universal home visitation program services are provided regardless of geography, economic or educational status, demographic, or previous number of children. The program is open to all parents of a newborn and is 100% voluntary. This evidence-based model currently being implemented by our health department has been developed out of Durham, North Carolina. Home visits are provided by a registered nurse within the first 3 weeks of birth, and 1-3 visits are made, based on the needs of the parents. Several assessments are completed for both mother and infant in addition to referrals provided to the family, based on identified needs. Since the launch of our Family Connects program in September of 2023, we've completed almost 2,000 postpartum home visits. As we continue to build our program, we are currently scheduling about 55% of eligible births. And of these, we complete approximately 65% of

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visits. Of the completed home visits, less than 6% of the caregivers are uninsured, while 36% of mothers and 54% of children are on Medicaid, and 58% of mothers and 46% of children have private or employer-covered insurance. As a current Medicaid provider, the Lincoln Lancaster County Health Department is prepared to begin billing Medicaid once we receive approval from the Nebraska Department of Health and Human Services. Thank you for your time and attention, as you consider nurse-based home visitation an important role in the health outcomes of mothers and the youngest of our community members. And I'm happy to answer any questions.

HARDIN: Thank you.

KERRY KERNEN: You're welcome.

HARDIN: Questions? Seeing none--

KERRY KERNEN: Thank you.

HARDIN: --thank you. Other proponents, LB792. Welcome.

KELLY MACKLING: Thank you. Good afternoon. My name is Kelly Mackling, K-e-l-l-y M-a-c-k-l-i-n-g. I'm a senior nurse manager at the Visiting Nurse Association in Omaha, where nurse home visitation has been in practice for 130 years, and I have been conducting nurse home visitation myself for over 25 years. I am present today to speak on record in support of LB792, which would eliminate a requirement relating to applicability and to repeal the wording of excluding single or infrequent evidence-based nurse home visitation such as the Family Connects model. I am the program administrator for the Family Connects program in Douglas County. We just launched this fall at the request of and with funding from Nebraska DHHS. In just these few months, we have provided home visits to 74 families throughout our community. We have 3 full-time nurse home visitors on staff, as well as a nurse supervisor and other program staff who are RNs or have an MSW engaged in our program. Our program follows the national evidence-based model that provides 1-3 home nurse visits to any family that lives in Douglas County and has delivered a baby at CHI Bergen Mercy Medical Center, or CHI Health Immanuel. It's a universal program, so there are no other restrictions such as age, income, or number of children. Families we have seen have expressed-- ex-- have expressed immense gratitude for the program. We see people from all walks of life, and through these 1-3 visits are able to support families through reducing ER visits, improving postpartum anxiety and

depression, and enhancing engagement with community resources. We've had a very positive response rate to families scheduling a home visit. Approximately 65% of the families we have met within the hospital have accepted the service. We were told by other Family Connects sites to expect around a 30-40% acceptance rate, so this has been a very exciting finding for us in our first few months. Because of the higher than expected acceptance rate, we identified the need to hire another full-time nurse home visitor. Since, since launch, we have identified many families that need connection with resources. These resources have included referrals to lactation consultants, diaper-food-clothing pantries, WIC, mental health therapy, and support groups. We also identified a sibling who required a referral to Early Development Network for evaluation of poor speaking and communication. The family trusted their nurse home visitor to confide that they felt their older child was not talking well. And before this visit, they had felt uncomfortable bringing that up with anyone else. While the nurse was in the home, she was able to call EDN via, via Omaha Public Schools and schedule an evaluation in the home for the family. VNA is in process of applying for a Medicare provider number, which is a prerequisite to apply for the Medicaid provider number. This would allow us to bill for Medicaid-eligible clients once approval is received from the Department of Health and Human Services. As I mentioned, this program is currently funded by DHHS. As we seek to sustain and expand the program, the ability to bill for visits will be essential. Programs such as Family Connects align with the intentions of the Family Home Visitation Act. The fewer number of visits mean we can see more families and offer expanded impact across our communities. Longer-term home visitation programs, which VNA also offers, are great complements to the lighter-touch universal models like Family Connects. As Nebraska works to improve perinatal health through the Rural Health Transformation Act, removing exclusions for programs such as Family Connects from the Family Home Visitation Act will provide Nebraska one more tool to achieve its goals in rural and urban Nebraska alike. I urge you to advance LB792. Thank you for your time.

HARDIN: Thank you.

KELLY MACKLING: Thank you.

HARDIN: Questions? Thanks for pointing that out. I saw the Medicare, and I thought, how come these guys are applying for Medicare? So, makes sense.

KELLY MACKLING: OK.

HARDIN: All right.

KELLY MACKLING: Thank you.

HARDIN: Thank you! Proponents, LB792.

SARA HOWARD: I'm your last one.

HARDIN: Oh, geez. How ya doing?

SARA HOWARD: I'm hanging in there. Thank you for asking.

HARDIN: Well, good. Motherhood's good?

SARA HOWARD: The baby is teething, so I am not sleeping very much.

HARDIN: OK.

SARA HOWARD: He's waking hourly, once an hour.

HARDIN: We're, we're all putting money on the baby, so just so you know, you've already lost the bet.

SARA HOWARD: Also, I'm a little sad right now that we don't do props, because every time somebody asks me about the baby, I'm like, you want to see a picture?

HARDIN: Yeah.

SARA HOWARD: Because he is, like, really crushing it in the cute category right now. Like, cheeks for days.

HARDIN: For those of you who aren't familiar, we, we now have 1, 2, 3, 4 chairs of Health and Human Services sitting here. So, welcome.

SARA HOWARD: Thank you for having me. OK. You ready? Hit it. OK. Thank you for allowing me to testify today. My name is Sara Howard, spelled S-a-r-a H-o-w-a-r-d. I'm a policy advisor at First Five Nebraska. First Five is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five Nebraska is focused on the area of maternal and child health policy because we know healthy moms and babies are critical to ensuring the long-term success of children in our state. I'm here to testify in support of LB792, and I

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want to thank Senator Raybold for her commitment to home visitation services in the state of Nebraska. OK. Here's what happened. Last year, you passed LB22, which allowed for Medicaid billing for nurse home visiting, which is the Family Connects program. That's the only nurse home visiting that's available in the state of Nebraska. It is-- it can be 1 visit, it can be 4 visits for a mother, postpartum. We-- I mean, people love the program. Moms feel very supported by the program, it's going very well, and Medicaid was meant to allow the program to bill so that it could go sort of statewide. Right? You would be able to start it in Scottsbluff, you would be able to have it in Lincoln, you would be able to have it in Omaha. It could go everywhere. When-- I'm sure you guys are constantly monitoring the State Plan Amendment submissions for the state of Nebraska. But as I was refreshing the State Plan Amendment page, I noticed that instead of submitting a State Plan Amendment for the Family Connects evidence-based home visiting program, DHHS submitted a State Plan Amendment for a postpartum home program. And when I started digging, they said they couldn't do it for Family Connects because it was too-- not frequent enough, because of the language that was in the Family Home Visitation Act that said infrequent or one visit. So the, the language says home visiting is not one visit or infrequent visits. That's the sentence. It's boilerplate from other states, but if we don't need it, let's get rid of it. And so, my hope is that by getting rid of this sentence, we will see a clear passage for fam-- the Family Connects program to be able to bill Medicaid. Any questions?

HARDIN: So--

SARA HOWARD: It's very silly. I see your face, Senator Meyer. It's silly pants.

G. MEYER: No, I know it's serious.

SARA HOWARD: We're here to get rid of this sentence, one sentence, you know.

G. MEYER: It was your, any questions? Like, don't you dare ask any questions.

SARA HOWARD: Oh, no, you can, you can ask me so many questions. I, I love questions. Hit me.

G. MEYER: I'm gonna pass.

SARA HOWARD: You're gonna pass?

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G. MEYER: I'm gonna pass.

SARA HOWARD: Save them for later.

HARDIN: We're having to look at this deeply. OK. Senator Riepe.

SARA HOWARD: One time, Senator Linehan asked me questions for an hour.

RIEPE: Thank you, Chairman.

SARA HOWARD: And I loved it. I was like, [INAUDIBLE].

HARDIN: Senator, Senator Riepe, take it away. Make it, make it a hard question, too.

RIEPE: Thank you, Chairman. Oh, I will, if, if could. I'm just-- you know, for the last couple summers, we've done studies on rural health care, and I'm just curious how this plays out for rural.

SARA HOWARD: I would love for the Family Connects program to be able to be in rural areas.

RIEPE: But in some of it more, not just rural. I mean, they're almost, for lack of a better term, remote areas. It can be a, it can be a challenge, not only from economic resources, but just being able to, to make it there. I mean, it's almost a state tour every so often, just to pick up on all those moms and babes.

SARA HOWARD: Mm-hmm.

RIEPE: I'm not saying it's not needed. I just-- the logistics of it gets tough.

SARA HOWARD: And yet, our home visitors are so committed to the program that they are willing to overcome those logistics.

RIEPE: OK. Well, you're smart enough. I'll leave it up to you.

SARA HOWARD: Ooh. Thank you for the compliment. All right.

HARDIN: Other questions? Seeing none, thank you.

SARA HOWARD: Thank you. Happy first hearing.

HARDIN: Any other proponents, LB792? Opponents, LB792? Anyone in the neutral? Seeing none, Senator Raybould, there you are.

RAYBOULD: Thank you for your consideration on another cleanup bill that has no fiscal note. And so I'm hoping you can consider it for a consent, should the committee choose to advance it unanimously, or I would be so honored if you would also include this bill in one of your committee priority bills. So thank you very much for your attention on this matter.

HARDIN: Thank you. Any further questions? Seeing none, this concludes LB792 and our time together today. Let me just say real quick, Barb, before you turn that off, we did have 6 proponents, 1 opponent, zero in the neutral online.