HARDIN: Welcome to the Health and Human Services Committee. I'm Senator Brian Hardin, District 48. 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 part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifier sheets that we hid in the hallway out there. So if you're an old timer and you've been doing this a while, it's going to play with your mojo. It's out there in the hallways, OK? So that's where they are. Fill one of those out completely and be ready to turn it into one of the pages when you come forward. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets, same table. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the mic, tell us your name, and spell your first and last name to ensure we get an accurate record. We'll begin each hearing today with the introducer's opening statement, followed by proponents of the bill, then opponents, and finally anyone speaking in the neutral capacity. We'll finish with a closing statement by the introducer if they want to do that. We'll be using a 3-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the yellow light comes on, you have 1 minute remaining. When the red light comes, you get a ticket from our officer in the back of the room. Well, not actually, but we'll ask you to kind of wrap it up if you can. Committee members may come and go during the hearing. This has nothing to do with the importance of your bill or what's being heard. It's just part of the process. Because it's government, they want us to be three places at the same time. So we're doing the same thing that some are doing here in other places in the building. And so a few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least a dozen of those and give them to the page when you come forward to speak. Please note that thumb drives, CDs, DVDs, oversized documents, wagon loads, and wheel borrows full of things cannot be used simply because we can't make them as exhibits to the record. Props, charts, and other visual aids cannot be used simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be cause for you to meet our magnificent trooper in the back of the room. Finally, committee procedures 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 in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. You may submit a position comment for the record or testify in person, not both. I will now have the committee members with us today introduce themselves, starting on my left with Senator Riepe.

RIEPE: Thank you, Chairman. I'm Merv Riepe, I represent District 12, which is the-- in Omaha. It's Omaha, Millard, and the fine little city of Ralston.

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

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

QUICK: Dan Quick, District 35, Grand Island.

HARDIN: And assisting the committee today, on my left, is our legal counsel, John Duggar, and our committee clerk, and that's Barb Dorn. Also, ladies, will you stand up and give a very brief introduction of yourselves? Where do you go to school? What are you studying? All that kind of thing.

SYDNEY COCHRAN: My name is Sydney and I study history at UNL.

DEMET GEDIK: Hello, my name is Demet, I go to UNL, I'm a senior and I study political science.

HARDIN: Thank you. With that, we're going to get going with LB735 and Senator Roundtree. Are you ready?

ROUNTREE: I am ready, sir.

HARDIN: Awesome. Please begin when it works for you.

ROUNTREE: All right, let me go to the clerk. Is, is the clerk ready? Always ready. Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Victor Rountree, V-i-c-t-o-r R-o-u-n-t-r-e-e, and I represent District 3, which includes the communities of Bellevue and Papillion. Today, I'm here to introduce LB735, which will have Nebraska join the Respiratory Care Interstate

Compact. Interstate compacts are legislatively enacted agreements between two or more states. This compact aims to provide greater mobility for licensed respiratory care therapists in our country. The Department of Defense and the Council of State Governments have partnered over recent years to craft interstate compacts for many occupations, of which Nebraska has become a member state. In Sarpy County, we have many families that move in and out of our community due to military service. It is important that we create a working-- a welcoming environment in our state for those families and make that transition to living in Nebraska as easy as possible. Allowing licensed individuals to get to work sooner helps families plant roots in Nebraska and become a member of our community. The Respiratory Care Interstate Compact would allow a licensed respiratory care therapist who wishes to move into a member state to use their existing license as proof that they are qualified to receive a license in the new state. The Compact Commission, which would be made up of representatives from each member state, will facilitate the transfer of documentation. Respiratory care therapists who hold an active, unencumbered license in a member state will be eligible to use that interstate compact and obtain a license in another member state. There are currently five states who have joined the Respirator Care Interstate Compact. Those states are Alabama, Iowa, Montana, Washington, and Wisconsin. And seven other states are currently looking at adopting the compact. While this is still a growing compact, I believe the opportunity for us to attract additional respiratory care therapists to practice in our state is something that we should seriously consider. Respiratory therapists are a critical part of the health care workforce. They provide specialized care for breathing disorders and cardiopulmonary conditions. LB735 provides an opportunity to grow our respiratory care therapies workforce in Nebraska, and to ensure that patients who need assessment, treatment, and management of conditions affecting their heart and lungs can access this medical care. Allowing greater mobility shows that Nebraska is a worker friendly state, ready for new providers to practice in our communities. A representative of the Nebraska Society of Respiratory Care is here to testify and provide a therapist's point of view on the benefits of this bill. And with that, I will be happy to answer any questions from the committee.

HARDIN: Any questions? Senator Riepe.

RIEPE: Thank you, Chairman. I have a little bias going into this.

ROUNTREE: Yes, sir.

RIEPE: I trained in California as a respiratory therapist years ago.

ROUNTREE: OK.

RIEPE: That was-- as one doctor told me one time that was before they had oxygen. The question that I would have is there's a $38,000 fiscal note in there. I'm kind of-- I'm just trying to figure it out, is that how much it costs to move a paper across a, a desk or what? Do you see that?

ROUNTREE: [INAUDIBLE], it said expenditures. Yeah, they proposed this right here. So based upon this note, they say here that if seven other states to pass it, the state would be required to share licensure data to the compact. This will be managed via the Evoke licensure system hosted by System Automation, which would be in production prior to the time when this data will need to be shared. OK, so this would give additional interface of their update in the system [INAUDIBLE].

RIEPE: It's for 70-- '27-28, and I-- that threw me.

ROUNTREE: We will, we will speak to that coming.

RIEPE: I just want to make sure they're not trying to discourage it or kill it by tacking on some, you know, expenditure, some fiscal note that in this particular session also becomes kind of a flashing, I'd say yellow, but I'm going to move it up to red light.

ROUNTREE: Understand.

RIEPE: OK. Well, thank you, sir.

ROUNTREE: Thank you, sir.

RIEPE: Thank you for being here.

HARDIN: Other questions? Will you stick around?

ROUNTREE: Yes, sir, I will.

HARDIN: Awesome.

ROUNTREE: Thank you.

HARDIN: I see you're on the next bill as well, so I thought you might stay with us.

ROUNTREE: Yes, sir, absolutely. I love this room.

HARDIN: Proponents, LB735. Welcome.

HEATHER NICHOLS: Welcome. Hi. My name is Heather Nichols, H-e-a-t-h-e-r N-i-c-h-o-l-s. I'm representing the Society of Respiratory Care. My current roles are the Vice President and the Chair of the Legislative Committee. I'm testifying in support of LB735. I would like to express my appreciation for you considering the Respiratory Care (Interstate) Compact. This has been highly-- it has been-- oh, boy, my words. The compact has been, been a proponent from the Department of Defense, the Council of State Governments, and the American Society of Respiratory Care. The Interstate Compact is utilizing a compact privilege-- the model interstating practice. To utilize the compact, the respiratory therapist must have a good license in a standing state and a member of the compact which the practitioner resides in. The licensee then would work on the compact member state known as the remote state. The license would be-- obtain compact privileging. This process expedites the compact data system, which then is shared among the members of the compacting licenses. The Respiratory Care Interstate Compact preserves the regulation of the compact member state to protect the public and the safety existing in the state's regulatory structure. Unlike national licensure, this will not supersede our state regulatory initiative. So the interstate occupational compact licensure allows a participating state to continue to determine the requirements for the, for the licensee's license, which allows us to maintain state unique scope of practice with all the members in the profession in each state and throughout the state and through the compacting states. We do not-- to address the cost a little bit, we do not think that there will be a substantial cost to our state by initiating this compact, as the cost would be for-- the, the software would come back to the licensee who would be asking for the compact. So that charge would come back to the licensee if that helps answer that question. So we, as a state, would allow us to be able to set that pricing to cover our cost of the database. So some of the benefits that I wanted to address with the compact are improving our portability of our respiratory therapists. As, as you may know, many of our, our licensees live on our state borders and go between each state, which allows them-- which means that they have to carry multiple state licenses. So improving access to respiratory care practitioners who can go between the states, having choice of respiratory care practitioners increases then. It improves our care of our patients, allowing us to transport patients between states without any issues, and it preserves our state

licensure system. It also improves communication between states. As then-- as you know, then, we would share a database that allows licensure and disciplinary action between states.

HARDIN: Ms. Nichols, I have you in the red.

HEATHER NICHOLS: Oh, I'm sorry.

HARDIN: Forgive me. Can I just jump in real quick?

HEATHER NICHOLS: Yep.

HARDIN: Help me to understand a big picture thing here, because I know that a lot of times compacts are just for, we often use as a pioneering experience, the military.

HEATHER NICHOLS: Yep.

HARDIN: Are we talking just the context of military, or are we talking about respiratory in general, including the military?

HEATHER NICHOLS: Including the military.

HARDIN: OK.

HEATHER NICHOLS: And we're talking about respiratory in general.

HARDIN: OK.

HEATHER NICHOLS: And this will very much help our military spouses.

HARDIN: OK.

HEATHER NICHOLS: And so as we have [INAUDIBLE], most of the time it takes someone up to 6 to 8 weeks to get a license here in our state.

HARDIN: OK.

HEATHER NICHOLS: So when moving it'll take that long for them to get a license which then delays them getting jobs and starting.

HARDIN: I see.

HEATHER NICHOLS: So this would help improve that process for them.

HARDIN: OK, gotcha. How many do we have?

HEATHER NICHOLS: We have 1,700 licensed therapists in the state currently.

HARDIN: OK. And, and just curious, how close are they to our military, for example?

HEATHER NICHOLS: A majority of our therapists are in the Lincoln and Omaha area, so quite a few, yeah.

HARDIN: OK, gotcha. Other questions? All right.

HEATHER NICHOLS: I hope I answered your question about cost a little bit.

HARDIN: So that's really what the $38,000 is, it's the software piece, and you said that's reimbursable, essentially?

HEATHER NICHOLS: So, yes, as a state, we get to decide how much we want to charge people to have a compacted license in the state of Nebraska, so that's part of this.

HARDIN: OK.

HEATHER NICHOLS: So we could choose that to-- our goal-- I mean, my goal would be that we choose that to cover the cost of the software.

HARDIN: OK. I see. Any other questions? Thank you.

HEATHER NICHOLS: Yep.

HARDIN: Proponents, LB735.

MARCY WYRENS: Hello.

HARDIN: Hi. Welcome.

MARCY WYRENS: Good afternoon, my name is Marcy Wyrens, M-a-r-c-y W-y-r-e-n-s, and I'm currently the chairperson for the Board of Respiratory Care. I am here representing the board and not DHHS at this point in time. Respiratory care practitioners currently need multiple state licenses, especially in our pediatric world, because of the home care issue. We have a number of people who-- we have, we have children and patients everywhere: Iowa, you know, South Dakota, Nebraska, Kansas. And, currently, our home care patients, each RT has to have a different license to do the same work in the different states, and so that's one of the reasons that we do support the

compact. We currently have clinicians working on our borders, and they, again, have to have double license, you know, Nebraska, Iowa; Colorado, Nebraska. And so, again, the compact helps that. Nebraska hospitals still rely on traveler RTs to support our patient care, and we haven't gotten rid of those yet either, and so, again, that makes it easier for us to bring in somebody to help support the patients at the hospital. The bill allows-- excuse me-- allows RTs to move more freely amongst the states to care for patients, and then the bill also does support a military, which is kind of where the compact started in the beginning. So are there any-- thank you for the opportunity to share, but are there any questions for me?

HARDIN: Questions? You were just thorough. So thank you.

MARCY WYRENS: Well, that's good. Thorough and quick. And you and I should talk about the years you started in respiratory care.

RIEPE: OK.

HARDIN: Proponents, LB735. Opponents, LB735. Anyone in the neutral for LB735? Seeing none, Senator Rountree, will you come back and answer really hard questions for this committee?

ROUNTREE: Thank you so much, Chair. I'm here for any questions.

HARDIN: Awesome. Forgive me. Will there be potential language, because I'm not sure that there's language for reimbursement for the $38,000 from the software? I understand that it could be recouped, if you will, but is there any language in the bill or could there be language in a bill that would say, and that would somehow come back if, if there's the fiscal for the software, licensing? I'm just curious.

ROUNTREE: Yeah, for solidifying, and we could discuss bringing that language, but I also wanted to-- I think you all have gotten all the comments that were submitted for the bill, but I just wanted to read out one that we got from DHHS.

HARDIN: All right.

ROUNTREE: And that's from Nicole Barrett, [INAUDIBLE]. She said: The Department of Health and Human Services appreciates your consideration of this statement submitted by-- on LB735. As part of Nebraska joining the Respiratory Care Interstate Compact, a language change has been proposed-- so we'll still work-- we'll work with it--

HARDIN: OK.

ROUNTREE: --to the national criminal background checks and Nebraska Revised Statute, Section 38-131. So because of changes to this section of statute require FBI approval before it can be implemented, DHHS would request an amendment delay in the implementation of both the compact and the changes to 38-131 until at least January 1, 2027. The delayed implementation will allow time for Nebraska to obtain FBI approval of the statutory change, helping ensure background checks can be conducted. Again, at the same date, the law becomes effective. DHHS will work with the State Patrol to attain final approval of the language. And thank you for the opportunity to share this information. So just wanted to share that, that should have been submitted in the comments as well. So just stand with open disclosure on all aspects of our compact. We look to work to get everything together and ensure that we can move the compact forward and get it implemented so that we can increase our availability of respiratory therapists in the state of Nebraska, as well as the question that you asked about potential solidifying the reimbursement.

HARDIN: If I can, I will say this and I know that as I say it, all of the committee members who have served on this committee for a while will begin to twitch, OK? We've done compact bills. Have we done compact bills before, gang? Yes. So one of the challenges that any time Nebraska, and that's the key word here,--

ROUNTREE: Nebraska.

HARDIN: --everybody else kind of comes in and says, you got to be this tall. Nebraska kind of comes and says you got to be this tall to be a part of our club when it comes to compacts. And it's not-- I'm not just picking on this one. I'm picking on how we, we in Nebraska collectively tend to go after the compact world. And so we, we kind of make the entrance to the club kind of hard to be euphemistic. A lot of times it's difficult to grow that list of five states because we will put such a high point of entry into it that we kind of sometimes play by ourselves on the playground. That's my concern both for this one and haven't heard the next bill, we'll cover that one in a moment,--

ROUNTREE: We'll talk about that one.

HARDIN: --but I see that's a compact bill also.

ROUNTREE: Yes, it is.

HARDIN: But that's a, that's a concern that I have sometimes, is that sometimes we have a really tall mountain to climb to join a compact that we are a part of. Does that ring a bell?

ROUNTREE: It rings a bell, I still have some over in the office that--

HARDIN: OK. Yeah.

ROUNTREE: --with that criteria, so we didn't bring it.

HARDIN: Yeah, and so that's my concern is that just that we not-- certainly, we want people to be safe. We want there to be great consideration, but sometimes when you look around the country and go, you know, other people don't seem to be suffering in their person or their health for certain things, but we end up being solo on some of these endeavors and that would be my concern is let's, let's make it real and let's balance that world of safety and welcoming others in.

ROUNTREE: Yes, sir. And I believe with our testifiers behind me, yes, I think we, we can go march forward and get that done.

HARDIN: Awesome. Thank you so much. This concludes LB735, and we're going to move right on since he's right there, let's do LB736. We'll wait just a moment for some folks to move around. Thank you, testifiers. I think they're out, we can start over. And she's going why did I have to get this one, it's the acrylic one that doesn't play fair? Awesome. I fear we're going to end up with a workers' comp claim over those things before the session is over. Yes, they're dangerous. Senator Rountree, take it away.

ROUNTREE: Thank you, this afternoon, Chair Hardin and the members of the Health and Human Services Committee. The greetings still stand as before. My name is Victor Rountree, V-i-c-t-o-r R-o-u-n-t-r-e-e, and I represent District 3, which includes the communities of Bellevue and Papillion, still. Today, I'm here to introduce LB736, which would have Nebraska join the Athletic Trainer Interstate Compact. The goal of this legislation is very similar to LB735. This compact aims to provide greater mobility for licensed athletic trainers in our country. The Athletic Trainer Interstate Compact would allow a licensed athletic trainer who wishes to move into a member state to use their existing license as proof that they are qualified to receive a license in the new state. Allowing greater mobility shows that Nebraska is a worker friendly state ready for new providers to practice in our communities. A representative of the Athletic Trainer

Association is here to testify and provide an athletic trainer's point of view on the benefits of this bill. And with that, as in the prior bill, I will be happy to answer any questions from the committee.

HARDIN: Questions? Will you stick around?

ROUNTREE: I'm most certainly will, sir.

HARDIN: Wonderful.

ROUNTREE: Thank you.

HARDIN: Proponents, LB736. Welcome.

CASSIE METZNER: Hello. Good afternoon, Chairman Hardin and members of the Health and Human Services Committee. My name is Cassie Metzner, C-a-s-s-i-e M-e-t-z-n-e-r. I am the chair of the Nebraska State Athletic Trainers' Association Governmental Affairs Committee and I am providing testimony in support of LB736. I have been a certified athletic trainer for 13 years. I am employed by Saunders Medical Center and contracted to Ashland-Greenwood Public Schools. I am here today on behalf of the Nebraska State Athletics Trainers' Association. The NSATA represents certified licensed athletic trainers who provide essential health care services such as injury prevention, emergency care, assessment, and rehabilitation to our patients. We strongly support Nebraska's participation in the Athletic Trainer Interstate Compact because it improves patient access to care, strengthens our health care workforce, and preserves state authority over licensure and regulation. The purpose of LB736 is to allow Nebraska to join the Athletic Trainer Interstate Compact, which creates a secure and regulated pathway for licensed athletic trainers to practice across state lines while preserving Nebraska's authority over licensure, scope of practice, and discipline. There are several important reasons NSATA supports this bill. First, LB736 enhances workforce mobility, particularly for military families. Nebraska is home to Offutt Air Force Base and military spouses or significant others are frequently transferred into the state. When those individuals are licensed athletic trainers in a compact member state, the bill would enhance the efficiency of the licensing process, allowing them to continue practice without unnecessary delays. This supports military families while also strengthening Nebraska's health care workforce. Second, the compact addresses real existing challenges and border communities and event coverage. For example, OrthoNebraska and UNMC regularly cover athletic events in Council Bluffs. Currently, athletic trainers

providing services at those events must maintain a separate single-state license in both Nebraska and Iowa. Compact participation could ease the administrative burdens on these providers, reduce licensure stress and, most importantly, support better public safety through continuity of care. Currently, the bordering states of South Dakota, Kansas, Missouri, and Iowa, are all working to develop legislation within the states to join the compact. Finally, LB736 strengthens public protection. The compact includes safeguards that allow for greater information sharing among member states, including disciplinary actions. Nebraska maintains full authority to regulate practice within its borders and only athletic trainers who meet strict eligibility requirements may participate. LB736 modernizes licensure in a responsible way that improves access to care, supports public safety, and protects patients without lowering standards. For these reasons, the NSATA respectfully urges the committee to advance LB736. Thank you for your time and consideration.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. If this moves forward, does this, then, make this service eligible for payment with insurance companies?

CASSIE METZNER: No, it does not.

RIEPE: OK. That was my question.

HARDIN: OK. Other questions?

RIEPE: Thank you, Chair.

HARDIN: Without this happening, how long does it take to come in from one of these other states and get rolling?

CASSIE METZNER: It's, it's the same as the respiratory therapist with the, the licensure, you know, takes weeks in order to, to get that-- get your license.

HARDIN: So 2 months, ish?

CASSIE METZNER: I would-- I'll, I'll have to do some more research on that and get back to you fully.

HARDIN: OK.

CASSIE METZNER: And, maybe, Shannon will be able to-- fully be able to answer that question.

HARDIN: Just trying to figure out, OK, the nuts and bolts of what does it solve, right, in terms of time perspective? Senator Riepe.

RIEPE: With a little tongue and cheek, maybe share software?

CASSIE METZNER: I don't know, that's a great question. It would decrease that cost, wouldn't it?

HARDIN: How many athletic trainers, roughly, do we have in Nebraska? Do you know?

CASSIE METZNER: There's over 500 licensed athletic trainers in Nebraska.

HARDIN: OK, gotcha. Was that a question, Senator Meyer?

G. MEYER: I did not have a question.

HARDIN: OK. Anytime they twitch up here, I'm looking at them.

G. MEYER: I normally have a question.

CASSIE METZNER: You do a wonderful job.

HARDIN: Thank you. Appreciate you being here.

CASSIE METZNER: Yep.

HARDIN: Proponents, LB736. Welcome.

SHANNON FLEMING: Hello. Guess I kind of need these. Hello, and thank you for having us today and the opportunity to speak. My name is Shannon Fleming, S-h-a-n-n-o-n F-l-e-m-i-n-g. I am the Senior Vice President of Credentialing for the Board of Certification for Athletic Trainers, which is headquartered in Omaha, Nebraska. The Board of Certification is the national health care credentialing organization that is responsible for administering the certification exam and upholding standards of practice for athletic trainers, or as we call them, ATs. On behalf of the Board of Certification, I'm here today in support of LB736, legislation to enact the Athletic Trainer Compact. Establishing licensure mobility through an interstate compact is a forward-looking solution that will strengthen public protection, expand access to qualified health care professionals, and modernize

regulations to reflect today's workforce realities. The AT Compact was finalized in fall of 2025 and has already generated significant interest. Today, in the first legislative session, eight states have formally introduced legislation to enact the AT Compact. In addition to Nebraska, the other states include Alabama, Indiana, Iowa, Missouri, Ohio, Oklahoma and Virginia. Additional states are expected to introduce the AT Compact during the 2026 legislative cycle, including the surrounding states of South Dakota and Kansas. The AT Compact becomes effective upon enactment by seven states. States that adopt the AT Compact early will have the direct role in establishing the rules, bylaws, and governance structure of the AT Compact Commission, thereby shaping the regulatory framework that will guide interstate practice and oversight moving forward. Importantly, interstate compacts preserve state authority over licensure, scope of practice, and discipline, while establishing a shared framework for cooperation, transparency, and public safety. Compacts have proven successful for other health care professions, improving workforce mobility while maintaining rigorous standards and consumer protection. The AT Compact would enhance patient access to care, particularly in rural and underserved communities during public health emergencies and for individuals who travel or relocate frequently. It would also support employers, schools, and health care systems that operate in multiple states by allowing them to deploy qualified ATs where they are most needed without unnecessary administrative barriers. ATs have the knowledge and skills to be effective in many health care settings. This compact would allow ATs to practice across state lines both physically and remotely, such as via digital health. Digital health not only opens doors for ATs, but also provides patients with increased access to qualified health care professionals. The AT Compact is the most efficient way for ATs to use digital health in multiple states. Imagine a patient of athletic training services at the University of Nebraska who goes home out of state for the summer and the AT caring for this patient cannot contact them until they return to campus, causing the patient delayed return to play, recovery, regression, and/or additional cost. This is not a hypothetical situation but rather one that happens frequently to athletic training patients. The AT Compact would improve continuity of care in these and similar situations. Passing the AT Compact demonstrates a commitment to patient-centered care, workforce flexibility, and regulatory efficiency. We respectfully urge you to support LB736, the AT Compact, and help ensure that ATs can continue to serve patients and communities effectively. Thank you. We appreciate your time today.

HARDIN: It sounds like you have a particular set of skills, not to sound too Liam Neeson like here. Tell us kind of what's in these-- in this compact, because you could probably convince us of anything. What should be in this compact? Because you listed off about five states, then there's a few more around us that are joining it. Is all-- you're telling us all the right stuff, the good stuff is in agreement with those states. What is that agreement? I mean, what's in there that should be in there?

SHANNON FLEMING: Sure, the qualifications to join the compact. So the education, the certification exam that's required, that they don't have any discipline on their state of, of qualifying license. So all of those things are in agreement. Like, all the states that would pass this compact would be in agreement with those items.

HARDIN: So if someone got in trouble somewhere else, would that be listed with their Department of Health and Human Services in that state, and so those kinds of things are checked, for example?

SHANNON FLEMING: Correct. Right.

HARDIN: OK. Very good.

SHANNON FLEMING: Yeah.

HARDIN: Well, what else should we know? You have a unique seat, I think, at that table.

SHANNON FLEMING: Yeah, so this is one situation where yesterday I had an athletic trainer who was trying to get a license in North Dakota. And because North Dakota requires that you identify other licenses that you hold, this person holds 40 licenses in 40 different states. And the compact would certainly help this person by being able to apply, then, for a privilege to practice in those licenses and then only have to worry about, basically, maintaining the one qualifying license instead of having to worry about 40 different sets of requirements to maintain a license. So, certainly, that was an eye-opener because I had not heard of an athletic trainer having 40 different state licenses before, but I believe what they were working in was remote health care. And so-- and a lot of times you will see that athletic trainers are crossing state lines for whatever reason. A lot of times you'll see-- if they work a camp, or like the Boston Marathon, has many athletic trainers go into Massachusetts and have to help with an event of that nature. The Olympics, you know, when they

come back to, to the states, we're going to have to figure out how are we going to get all of these athletic trainers to be able to practice in those states. So this, certainly, would help in allowing that mobility of athletic trainers.

HARDIN: That's very helpful. Thank you. Other questions? Seeing none, thank you.

SHANNON FLEMING: OK.

HARDIN: Proponents, LB736. Opponents, LB736. Those in the neutral, LB736. While he's coming, we had six proponents, zero opponents, three in the neutral. So no one coming that way. So Senator Roundtree is back. Sir.

ROUNTREE: Thank you so much, Chairman Hardin and our committee. And thank you to our two outstanding testifiers for coming today and sharing about our Athletic Trainer Compact. And, you know, as our Nebraska Cornhuskers are still on the rise on the football field, you see that they are highest ranked in basketball as they've ever been, we want to keep that door open for superior athletic trainers to be able to come and be a part of our Nebraska sports athletic team. So with that, we want to go ahead and advance this compact and get it moving so that we can have the best come and be a part of our great state of Nebraska. Thank you, sir.

HARDIN: Any questions? Seeing none, thank you, sir.

ROUNTREE: All right, thank you so much.

HARDIN: This concludes LB736. Next up will be LB887. Senator Hallstrom will eventually be here. Thank you, sir. If everyone will simply stand up, fold their arms, and stare disapprovingly when Senator Hallstrom comes in so that we can appropriately embarrass him would be helpful.

G. MEYER: I don't think it's possible to embarrass him.

HARDIN: I think you're-- good point, I hadn't considered that part of all of it. 'Tis the season. The more bills you carry, the more you're not in committees because you're out there doing what Senator Rountree just did here and that's why we're bouncing out and back and forth and so on and so forth, so it happens. I happen to know there are hidden talents that all of the committee members have, some of it is juggling. John, do that thing that you do.

FREDRICKSON: You know, that, that happens after 2:30.

HARDIN: Oh, after 2:30.

FREDRICKSON: Yes.

HARDIN: Well, we have something for you if Senator Hallstrom takes that long to get here. Let's go ahead and we're going to take a break for about 5 minutes, folks. And if, if he does not come back, Dan, by then, maybe we'll, we'll skip ahead. Do you know, are all of your folks here, testifiers?

QUICK: Yep, they're all here.

HARDIN: You think so? OK. We may-- let's, let's take 5 minutes. And if, if we don't have Senator Hallstrom by 2:15, if you're open to it, Dan,--

QUICK: Yeah.

HARDIN: --we'll switch around.

QUICK: I'm good. Yeah.

HARDIN: OK.

[BREAK]

HARDIN: Senator Hallstrom, welcome. Are we back on there? Thank you. Welcome to your Health and Human Services Committee, Senator.

HALLSTROM: Thank you, Chairman Hardin. I-- the committee clerk just said welcome to Health, and I had to make sure I understood what she was saying.

HARDIN: Yes.

HALLSTROM: Chairman Hardin, members of the Health and Human Services Committee, my name is Bob Hallstrom, B-o-b H-a-l-l-s-t-r-o-m, representing Legislative District 1. I'm here today to introduce LB887, which changes provisions relating to pharmacists and the transfer of prescriptions, and eliminates a reporting requirement under the Parkinson's Disease Registry Act. The Multistate Pharmacy Jurisprudence Examination, MPJE, is part of pharmacist licensure, testing knowledge of federal and Nebraska-specific pharmacy laws and regulations developed by the National Association of Boards of

Pharmacy at ABP. This exam assesses a pharmacist student's ability to apply legal principles to pharmacy practice, ensuring competency and state-specific rules like the Nebraska Pharmacy Practice Act, as well as federal laws. Currently, Nebraska interprets Section 38-2852 to require applicants for licensure as a pharmacist to take this exam after graduation from a pharmacy program. Section 1 of LB887 amends 38-2852 to allow accredited pharmacy programs to determine when the MPJE should occur, including prior to graduation. This would bring Nebraska into line with other states and is supported by both UNMC and Creighton University. Last session, Senator Hardin introduced LB118, which allowed supervision by a pharmacist of up to four pharmacy technicians or pharmacy interns. As part of the compromise, the NPA, Nebraska Pharmacists Association, agreed to the supervision ratio so long as a pharmacist was not supervising four pharmacy technicians with none of them being certified. The requirement for a certified pharmacy technician, mistakenly, in the manner in which the bill was drafted, also applied to supervision of pharmacist interns. Section 2 corrects that drafting oversight or error. Under current law, a prescription may only be transferred one time. Section 3 would modify this to allow a prescription to be transferred between pharmacies so long as the number of transfers does not exceed the number of authorized refills and the original prescription is still valid. We have identified a drafting error in this section, specifically on Section 3, line 31. It should read: prescriptions for drugs or devices. We're inserting the word for, f-o-r. In addition, the Department of Health and Human Services has recommended the deletion of language on page 2, lines 26 and 27, to clearly allow for the transfer of a noncontrolled substance prescription multiple times. I think we also in the amendment that I passed out have something that applies also on, on page 2, lines 27 and 28, I believe, having to do with the taking out the reference to a one-time basis to be consistent with the changes provided in the bill. Pharmacists are currently required to submit reports to the Department of Health and Human Services pursuant to the Parkinson's Disease Registry Act. However, DHHS apparently no longer administers the program and has refused to accept such reports since 2020. Therefore, ongoing reporting should no longer be required by pharmacists. It should also be noted that the information included in the report is available to DHHS through the Prescription Drug Monitoring Program. Sections 5, 6, 7, and 8 all deal with the elimination of this requirement. I would respectfully ask the committee to advance LB887 to General File, and be happy to answer any questions that you may have. There will be some witnesses behind me or to follow me that may give more insight into the Parkinson's Disease

Registry reporting requirement. And I would ask the committee's consideration of the amendments that I have also handed out. Thank you.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here. My question is this: I know that the University of Nebraska Med Center has a program in Parkinson's, and does this-- but it says that your proposal is supported by the Med Center and Creighton. My question is this: is-- are they keeping some record then? Is this transferring it from the pharmacy group to the Med Center's program to keep track of--

HALLSTROM: Probably would be better served. I, I would note specifically, though, Senator Riepe, the university-- UNMC and Creighton University's support was specifically geared towards the exam provisions of the bill.

RIEPE: Oh, OK.

HALLSTROM: Not, not necessarily towards Parkinson's, but, again--

RIEPE: At registration or registered.

HALLSTROM: Yep.

RIEPE: Oh, OK. OK, that answers my question.

HARDIN: OK.

RIEPE: Thank you, Chairman.

HARDIN: Other questions? You will stick around, won't you?

HALLSTROM: I will stick around, and then I'll go back to Judiciary.

HARDIN: Well, you're welcome to stick around, so.

HALLSTROM: Thank you.

HARDIN: Proponents, LB887. Welcome.

HALEY PERTZBORN: Hi. Good? OK.

HARDIN: You are good.

HALEY PERTZBORN: Chairman Hardin and members of the Health and Human Services Committee, my name is Haley Pertzborn, H-a-l-e-y P-e-r-t-z-b-o-r-n, and I'm a licensed pharmacist and the CEO of the Nebraska Pharmacists Association, testifying in support of LB887. This bill has four provisions that are commonsense updates to the Practice Act and reflect how the profession operates today. LB887 updates the timing of the pharmacy law exam by allowing accredited pharmacy programs to determine when the exam is taken. There will be testimony following mine that can elaborate more on this. Moving on to the supervision ratio, as Senator Hallstrom noted, it corrects a drafting error. So the intent of prior legislation was to ensure at least one supervised technician is certified, but the certification requirement was inadvertently applied to interns as well. Interns are enrolled in accredited pharmacy programs and practice under direct pharmacist supervision. In real-world practice, a pharmacist may be supervising only four interns. Under the current language that could create a compliance issue if one of the interns isn't a certified pharmacy technician, despite that being a safe and appropriate staffing model. Next moving on to prescription transfer rules, it updates the rules for noncontrolled medication substance or prescriptions. Current law allows a prescription to be transferred only once even if refills remain and the prescription is still valid. In practice, this can create barriers for patients, for example, a patient with refills remaining on a blood pressure medication may transfer their prescription once due to an insurance change, then later relocate or need to use a different pharmacy. Because the prescription cannot be transferred again, the patient must wait for a new prescription resulting in delays in therapy and additional burden on prescribers. The bill allows transfers so long as they do not exceed the authorized refills and the prescription remains valid, maintaining safety while improving continuity of care. As Senator Hallstrom noted, we're working on an amendment to fix the language. And then there's also an additional amendment from the Retail Federation that we are in support of that we're working with them on for controlled substance transfer rules. And we're just-- currently, Nebraska law isn't matched with federal rules from DEA. So we're working on incorporating that into the amendment as well. Finally, LB887 removes outdated reporting requirements related to the Parkinson's Disease Registry Act. Pharmacists in charge are still required to submit reports to DHHS, even though the registry is currently not being administered, so the reports aren't being accepted. The data has not been actively used in recent years that our members have seen, and the last report was in 2019. Finally, the same information is already available through the

PDMP, the Prescription Drug Monitoring Program, that pharmacists report to. Eliminating this redundant requirement reduces unnecessary administrative burden on pharmacists while maining-- while maintaining access to relevant data for this program. The NPA would ask that the committee advance LB887 and I'm happy to answer any questions. Thank you.

HARDIN: Questions? Yes, Senator Hansen.

HANSEN: Thank you. I want to ask a technical question--

HALEY PERTZBORN: Yeah.

HANSEN: --about the bill.

HALEY PERTZBORN: OK.

HANSEN: Isn't the what you're trying to change in Section 3 already in the law under Section 3(1), it says-- we're under Section 3: may be transferred between pharmacies for the purpose of refill dispensing on a one-time basis, except that pharmacies electronically showing a real-time, online database may transfer up to the maximum refills permitted by the law and is authorized by the prescribed practitioner on prescription. Isn't that what you're trying to accomplish?

HALEY PERTZBORN: So that, that provision in the current law says that a Walgreens can transfer to a Walgreens as many times, but a Walgreens can't transfer to a CVS, then transfer to an independent. So--

HANSEN: Oh, yeah, between pharmacies in the language here. OK.

HALEY PERTZBORN: Yeah. So, yeah, same system means the same company in that language. So Walgreens can do that to Walgreens, but not if a patient moves and there's not a Walgreens.

HANSEN: OK.

HALEY PERTZBORN: Does that make sense?

HANSEN: Yeah.

HALEY PERTZBORN: OK.

HANSEN: Wouldn't you just scratch part 1 then? I'm just making sure we're not having redundancy here.

HALEY PERTZBORN: Yeah.

HANSEN: Be, like, trying to do-- say--

HALEY PERTZBORN: Yeah, the, the statute is kind of a long one.

HANSEN: Now you don't need the hold between one because [INAUDIBLE].

HALEY PERTZBORN: Yeah, we should remove that in the amendment, too.

HANSEN: OK.

HALEY PERTZBORN: Yeah.

HANSEN: Maybe the introducer will change it.

HALEY PERTZBORN: Yeah.

HANSEN: Where is the introducer? Oh, jeez, sorry, Bob. I'm used to looking at him over here.

HALEY PERTZBORN: He's hanging out back there.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. I'm looking for some education here, too. Does this bill, then, help pharmacists, because now with more expensive drugs, oftentimes, pharmacies won't maintain a, a drug. They have to be brought in from someplace else. Would this allow them, when a patient is-- needs to have the drug right away, that they could, say, go from Walgreens to CVS? Because I think now you can only do it once.

HALEY PERTZBORN: The, the-- Section 3 is really about the patient being able to be mobile. The patient has to request the prescription to be transferred. A pharmacist isn't saying I have to transfer this prescription.

RIEPE: But the patient could in concert with the pharmacist say I have to-- I need to have the drug or the whatever it is.

HALEY PERTZBORN: Yeah.

RIEPE: And, you know, I need to have it today and, and so it would work out that-- and then you can transfer it back but my understanding is you can only do that now one time.

HALEY PERTZBORN: Yes. Yeah, you--

RIEPE: And this would allow you to do that more, then?

HALEY PERTZBORN: More than one, as many refills are on the prescription, you can transfer as long as the prescription is still-- so if you have one--

RIEPE: OK, as long as it's not a refill. Refill required.

HALEY PERTZBORN: I think-- sorry, I'm trying to think, but I-- any-- the amount of refills on the prescription. So if I have 180 tablets on my prescription, I can transfer that as long as that prescription is still valid and I haven't used all the 180.

RIEPE: And it doesn't have to be within your Walgreens [INAUDIBLE]?

HALEY PERTZBORN: No, it can be-- I can go to CVS, I can go to Dave's Pharmacy, I can go to Lincoln Pharmacy wherever I want. Yeah.

RIEPE: I would think in some of the smaller pharmacies, there's fewer of them that there are, that would be a distinct advantage because they can't afford to keep that kind of inventory around. And, yet, they want to make sure they get their patients taken care of.

HALEY PERTZBORN: Yeah, definitely. Also drug shortages, too. If a bunch of pharmacies don't have a prescription and they're trying to figure out-- the patient's trying to figure out where to get the drug that is super helpful. Yeah, a lot of instances where this is going to be a benefit.

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

HARDIN: Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. Thank you for coming in today.

HALEY PERTZBORN: Yeah.

G. MEYER: I'm just curious. Is there transparency between pharmacies, as Senator Riepe was talking about, if you can't get it at a, a Walgreens and maybe a CVS, is, is there, is there transparency between pharmacies, between companies to where-- you know, if I'm in a John Deere-- I mean, if I buying parts at Green Valley and I, and I need-- and they don't have it, they get on the computer and they can find it

somewhere else. I might have to run for it, they might deliver it, but is there transparency between pharmacies so that you can identify if a pharmacy, say, Walgreens doesn't have it, they can find it and direct, direct the patient to that if they need it immediately? Is that possible?

HALEY PERTZBORN: Yeah, I know companies have transparency between their stores.

G. MEYER: I would imagine between Walgreens and all the Walgreens stores, they would know, but I mean between--

HALEY PERTZBORN: Most of the time a pharmacist is going to call that store or have the patient call that store and see if they have it before they transfer it. But there's also no guarantee that that-- if the patient waits a day or two just because they can't get over there, that medication could be gone. But, yeah, there's no database for just what the pharmacy has in stock at one time. Yeah.

G. MEYER: There's, there's no universal database for drug availability.

HALEY PERTZBORN: Yeah. That would be nice.

G. MEYER: Thank you.

RIEPE: You can put a red part on that green John Deere, too.

G. MEYER: You know what, they all look the same anymore. So I don't know if it would make any difference.

HARDIN: Yes, Senator Hansen.

HANSEN: So this doesn't seem like a big thing that what you're trying to change in Section 3, because it seems like we've only allowed somebody-- I think I, I think I passed a bill maybe 3, 4 years ago about refills, [INAUDIBLE], being able to expand refills. But we've, maybe, seemed like we've only allowed people to get prescriptions for refill from a CVS to a CVS with the same prescription?

HALEY PERTZBORN: Multiple times, yes.

HANSEN: Before, but now we're saying you can go to CVS and Bob's Pharmacy in Humphrey,--

HALEY PERTZBORN: Yeah.

HANSEN: --right? Now-- so that's what we're allowing with this change?

HALEY PERTZBORN: Yeah, so it's just allowing a patient to say-- in my example, a patient goes to a pharmacy, insurance change, it's the beginning of the year, they have to now transfer to another pharmacy. Well, let's say they relocate or something and they still have refills. They're in Scottsbluff. There's no CVS now or something. Then they can transfer again if this bill passes. But, right now, they couldn't transfer again because they already transferred it once.

HANSEN: Transfer the prescription.

HALEY PERTZBORN: Yeah.

HANSEN: And so-- and they have-- is it all, I'm assuming all of it's online, like for recording purposes, so, like, they know this is the-- I mean, how many refills are on it, they go to the app three out of four or they're-- they all know that?

HALEY PERTZBORN: Yep, it's all, it's all electronic, but a pharmacist will call and they'll transfer it themselves, yeah, with other pharmacists.

HANSEN: OK, just trying to figure out how that works, so.

HALEY PERTZBORN: Yeah.

HANSEN: OK. All right. Thanks.

HALEY PERTZBORN: Yeah.

HARDIN: Other questions? Thank you.

HALEY PERTZBORN: Yeah, thank you, guys.

HARDIN: Proponents of LB887. Welcome.

ALLISON DERING-ANDERSON: Good afternoon. My name is Ally Dering-Anderson, but my legal name is Allison, A-l-l-i-s-o-n. My last name is Dering-Anderson, D-e-r-i-n-g-A-n-d-e-r-s-o-n. I'm a pharmacist and I am a faculty member at the University of Nebraska College of Pharmacy. I'm here today speaking on behalf of the Nebraska Pharmacists Association in support of LB887. I am not representing the University of Nebraska Medical Center, nor am I representing the Board

of Regents. While I am in favor of LB887 in its entirety, I'm going to narrow my comments to the change that you will find on page 2, line 6. This represents a significant change that will allow our pharmacist interns to take the law exam required to be a pharmacist before they graduate. The second mandatory exam for pharmacist interns will still be restricted to after they have been awarded a diploma. Allowing us to offer the law exam immediately following the third year of pharmacy education will allow our students to take it as soon as they finish the law class. Allowing our students to take this exam in closer proximity makes it much more like the way that we currently do medical exams. It's also important to me that we note pharmacy is the only profession of the health care team on our campus required to pass a stand-alone law exam. Being able to take the law exam early will be an advantage to our students. They will be able to split the cost of the two exams into two pieces and neither exam is inexpensive. They will be able to say I have already passed the law exam when applying for residencies, when applying for jobs. And that will give Nebraska-trained pharmacists a leg up. Lastly, there is a dearth of acceptable testing centers. And when everybody graduates and all want to take the test at the same, they, they can't. So if we allow them their entire final year to find time to take the law exam that would be useful to them. I very much appreciate Senator Hallstrom and Senator Riepe for introducing this bill and I would be happy to answer any questions you may have.

HARDIN: Questions? Senator Hansen.

HANSEN: Thank you. I got two things.

ALLISON DERING-ANDERSON: OK.

HANSEN: One, I've never heard the term "dearth" yet, used yet in a hearing in 8 years I've been here so congratulations on that.

ALLISON DERING-ANDERSON: OK. Thank you.

HANSEN: Number two, why do you have to take a law exam? Is that required by state or is that required by the school [INAUDIBLE] profession?

ALLISON DERING-ANDERSON: It is required by the state. There are five jurisdictions that don't require it: Alaska, Idaho, Vermont, Michigan, and the United States Virgin Islands.

HANSEN: Do you know in those other states, is there, like, an abundance of issues with law and pharmacists?

ALLISON DERING-ANDERSON: No sir, there are not.

HANSEN: So why do we have to take the exam, why don't we just get rid of it?

ALLISON DERING-ANDERSON: I am speaking today now on behalf of myself, I agree with you, we ought to get rid of it.

HANSEN: Yeah, because--

ALLISON DERING-ANDERSON: It, it-- it is not an entry level exam as it is purported to be. My students, who never ever agree on anything, all agree. They, they call it the Nebraska Trivial Pursuit contest.

HANSEN: OK.

ALLISON DERING-ANDERSON: I'm sorry, but that's what they call it.

HANSEN: I'm assuming you teach that as part of their training anyway, and then--

ALLISON DERING-ANDERSON: Yes.

HANSEN: --they take a board exam and other kinds of exams that would probably quiz them on that.

ALLISON DERING-ANDERSON: Yes.

HANSEN: OK, well that sounds like a good amendment. So thanks.

ALLISON DERING-ANDERSON: You're welcome.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. I'm paraphrasing here a little bit, it says-- in your opening paragraph you say: I am not representing the Board of Regents, so you're not today going to make a declaration or clarification as to what's going on between the Board and the Nebraska Medicine?

ALLISON DERING-ANDERSON: Thank you, Senator Riepe. I won't even give you my opinion on that one in a recorded public hearing, but thanks for asking.

RIEPE: I thought maybe you had some insider news for us.

ALLISON DERING-ANDERSON: I, I certainly have an opinion, but that wouldn't be a surprise to anyone who knows me.

RIEPE: I think we all have an opinion, we just--

HARDIN: How full is our pharmacy school? How, how many students do we have here? What's our capacity?

ALLISON DERING-ANDERSON: We have had an amazing success at the University of Nebraska. We are currently certified to take 65 students, which means without needing to go through a huge recertification process, we can accept up to 71. During COVID, we had one year where we accepted fewer than 50. With the addition of the University of Nebraska Medical Center, Kearney, our first-year class is at 69.

HARDIN: OK.

ALLISON DERING-ANDERSON: So we're doing well.

HARDIN: Good. Yes, Senator Riepe.

ALLISON DERING-ANDERSON: Thank you.

RIEPE: Thank you, Chair. Is that 70-- 69 or 71 one time a year or, or two classes?

ALLISON DERING-ANDERSON: Per class. Yeah, so the first-year class--

RIEPE: How many classes can you take? Can you take two classes a year?

ALLISON DERING-ANDERSON: No, sir. They all start in August.

RIEPE: Oh, OK. I was in hopes that, maybe, you could have a second class and [INAUDIBLE]-- work you a little bit harder.

ALLISON DERING-ANDERSON: Thanks. Appreciate it.

RIEPE: You're welcome. Keep you out of trouble.

HARDIN: Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. Thank you for coming in today. In our rural communities, and, and not necessarily totally rural,

we're facing a shortage of health care providers. And, and are we experiencing the same thing with pharmacists in, in out-- outstate Nebraska, for lack of a better term? Are we facing a shortage, along with our nurses and doctors, right along with that?

ALLISON DERING-ANDERSON: Well, by numerics, the nurses are always going to win, right, because there are so many more of them. But, yes, we, we actually have a pharmacist shortage in Omaha, not so much in Lincoln, but pick any other community, and I'm certain we could find a job, at least one. I think our other challenge is a financial challenge for small independents. It's becoming more difficult to make a living. That doesn't mean it's impossible, and we are working diligently to make sure that rural Nebraskans have access to pharmacist care. In whatever that looks like, yeah.

G. MEYER: Is it, is it feasible to increase class sizes? Is, is that something that, given the fact that we are facing somewhat of a shortage of pharmacists, is it-- is that something that would be possible to increase class sizes to address the shortage?

ALLISON DERING-ANDERSON: It is, it is a viable option. Right now, I, I think our mantra, and, again, this is Ally's opinion, is we do not accept idiots and we don't graduate fools. And if we increase the, the class size to the point where we, we no longer have the quality-- qualified student that we are looking for, that we want, then we could increase the class size and not fill it. I, I-- we-- at no point are we going to lower our standard, and right now in every metric but one, we lead the big 10, and we're good with that.

G. MEYER: I would not suggest that we be less than selective with regard to qualifications. So I appreciate that viewpoint.

ALLISON DERING-ANDERSON: Sure.

G. MEYER: Thank you very much.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. I have a Curious George question. At Bergan, we had pharmacists making rounds with our medical physicians. So it was an expanded role, very professionally gratifying for our pharmacists, very helpful to our, our physicians, and very beneficial to patients. Is that happening in other places, too?

ALLISON DERING-ANDERSON: Oh, yes, sir.

RIEPE: Is it? OK.

ALLISON DERING-ANDERSON: We, we train pharmacists not only to round an inpatient hospital, but we are now placing pharmacists in certain ambulatory care clinics, folks who have difficult time affording health care. There is frequently a pharmacist on that team to help them understand their drugs and those sorts of things.

RIEPE: Yeah, is that primarily because they're the only ones that know how to spell those words?

ALLISON DERING-ANDERSON: I, I, I like to tell you it's because we truly are the drug experts.

RIEPE: I agree.

ALLISON DERING-ANDERSON: That's what we do. People who are trained to diagnose first and then pick a drug are very valuable and they do things I can't do, but I do things they can't do, and I'm the drug expert and that improves the team. Our daughter is currently in charge of three hospitals and the ambulatory care practices that go with that, and she loves that side of pharmacy. So we're in lots of places.

RIEPE: OK. Thank you. Very good.

ALLISON DERING-ANDERSON: Sure.

RIEPE: I'm glad to hear that.

HARDIN: Senator Meyer.

G. MEYER: Thank you, Chairman Hardin. I have one question, and this has really been something that I have been concerned about or really questioning for a number of years. Is there some special class you take to read doctors' handwriting? Because I see prescriptions written out, and I tell you what, I, I-- it does not resemble any-- there's nothing resembling the alphabet involved in any of those prescriptions.

ALLISON DERING-ANDERSON: I can assure you that their scribbles are consistent. And once you figure out what it means every time you see it, you know what it means. I can also tell you that the federal adoption of electronic prescription transfer is a godsend, right, because now our prescriptions come to us typed over the Internet and we can all read them.

G. MEYER: In the past, was there not-- certainly there was, certainly there was an opportunity for errors. Did you find a percentage of those prescriptions that found an error? Is that something that was relatively commonplace?

ALLISON DERING-ANDERSON: The Institute for Safe Medication Practices did report on how many reading errors existed every year and that has gone down dramatically with online prescribing. It will still happen. We still make the phone call. Some folks are, are more receptive to that than others. But, yeah, we, we still have to call sometimes and say, dude, I don't have eye of newt. And they're like, I didn't prescribe eye of newt, and I'm, like, well, then I can't read it. So we, we get an answer eventually.

G. MEYER: You can rewrite when it's written but not, not when it's wrote? Is that [INAUDIBLE]?

ALLISON DERING-ANDERSON: Something like that, yeah.

G. MEYER: Thank you.

HARDIN: Seeing no other questions, thank you.

ALLISON DERING-ANDERSON: Thank you.

HARDIN: Proponents, LB887. Welcome.

TERI MILLER: Thank you. Good afternoon, Chairman Hardin and the members of the Health and Human Services Committee. My name is Teri Miller, it's T-e-r-i, last name M-i-l-l-e-r. I am a pharmacist and I serve on faculty as the pharmacy Licensure Coordinator at Creighton University School of Pharmacy. I am here today to express support for LB887, which would permit colleges of pharmacy to determine the appropriate timing for the pharmacy students to take the pharmacy law examination. The National Association of Boards of Pharmacy, which I'll use the acronym NABP, administers the Multistate Pharmacy Jurisprudence Examinations in most states, including Nebraska. In an effort to meet the needs of students, pharmacists, patients, and the evolving industry market needs, NABP has released a new MPJE called the Uniform MPJE. It's an entry-level exam which will focus on assessing the knowledge of uniform pharmacy laws and regulations applicable to most states. Assets are that it will serve as a tool to aid students in licensed mobility and overall decreased costs, as well as decreased barriers, and delays to patient care. One of the new features with this particular exam is that it will be able to be taken

by students prior to going on rotation at the end of the P3 year. This will significantly decrease the workload burden on a student post-graduation. And taking the exam before graduation will significantly decrease the risk of losing a residency because they will have more time to get their jurisprudence exam passed. Giving colleges the ability to flex with the new offerings to benefit students will attract students to our state and our state's residency programs. UMPJE states will have a marketing advantage. Prospective students will look for this efficiency and licensure. With nine licenses and having to take nine exams, I can tell you I would have. The Nebraska Board of Pharmacy has advised DHHS to adopt the UMPJE, as several of our border states have already done. Iowa, Kansas, North Carolina, Ohio, and Rhode Island have already adopted the UMPJE, effective immediately. Applications are accepted for the UMPJE starting in March with the application bulletin which is like the instruction manual posted March 2 according to the NABP website. The practice exam for the Uniform MPJE is already available and we would ask that this provision be effective immediately for us to move forward with not only our graduating classes but our P3s who are eligible to then take this exam prior to going on rotations. Taking this exam one year prior to graduation is also ideal because nearly 70% of pharmacy schools teach their pharmacy law course during their P3 year and it allows the information to be fresh in their mind and decrease the burden of time, money, and workload near graduation. Thank you for your time and consideration of the request.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. I noticed in your, your, I guess, maybe fourth paragraph, it talks about the state's residency programs. Oftentimes, the aren't-- there aren't sufficient residency programs, is that a case with the two schools of pharmacy in Omaha?

TERI MILLER: I don't run the residency programs for Creighton. We have different faculty that, that does that. But just like medicine, they get matched. And our, our university, for example, has three different pathways. We have an Omaha pathway, we have a distance pathway, and we have a, a Phoenix campus also that is responsive to Nebraska and its rules. And so our distance students could just as easily apply for our residency. They may live in California, but apply for a residency in Nebraska or a Nebraska student may apply for a residency in California. I'll give you an example of a state-- of those states that, that offer the UMPJE, that's where those students are going to be looking for residencies because they're going to want to pass this

one time and be done with it and then move right into the residency. If they go to-- sorry.

RIEPE: I'm only thinking of in medicine, like a dermatology residency fills up pretty quickly.

TERI MILLER: Well, I--

RIEPE: So if someone wanted to specialize in that it's, it's pretty competitive.

TERI MILLER: It is, which is even more of a reason they want to pass and they want to pass quickly. So there's no question of whether they secure their residency because once they get it--

RIEPE: Quickly, or, or top of their class?

TERI MILLER: I can't speak to the qualifications of how the residencies are selected, but certainly merit is one of them. And if that person who has done their education either at the Med Center or at Creighton then applies for an Iowa residency, they now still have to take the Iowa specific until now. Now Iowa has said UMPJE works, so if they're a UNMC or a Creighton student and we, we move forward with the UMPJE they can just take the UMPJE and then they don't have to worry about taking a jurisprudence exam to secure their residency.

RIEPE: The [INAUDIBLE] school of pharmacy much like the, as I understand, the school of dentistry, you have a fairly significant population of out of Utah. Do you see that in your pharmacy school?

TERI MILLER: My classroom, I teach pharmacy practice law as well, and my classroom has 43 states and one territory represented this year, and I have 75 people in my class.

RIEPE: So it's pretty diverse.

TERI MILLER: Yeah.

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

HARDIN: Senator Hansen.

HANSEN: Thank you. How much does it cost to take the jurisprudence exam?

TERI MILLER: Well, it's a process, so depending on the state, you have to look at the State Board of Pharmacy website and then it will tell you what order you need to do things. In Nebraska, they coordinate with NABP to grant eligibility to students, so the student actually has to take and pass the exams first, and then they apply to the state for final licensure. Some states require you to apply first to their state and then the last step is passing. So for example, in Nebraska, a student who applies to take the complete licensure set would apply-- well for the MPJE, they'd pay $100 for the application itself to NABP, then they'd pay $85 for the eligibility check, which also goes to NABP, then they pay for the exam itself once they're, once they're granted eligibility and that's $170. So as I mentioned before, I have nine licenses and I had to go through this process nine different times, take nine different exams that were all state specific, and if we're talking about entry-level qualifications, surely we, just like other professions, we can take one exam. We're the most bright-line, regulated profession. So if we can be disciplined-- you were speaking earlier with the regulatory, why have a licensure exam, if, if my students can be disciplined for breaking the law, who's to say they're not going to come back on the university and say, well, you didn't tell us this? Ultimately, it is their responsibility, of course. But if we don't tell them and we don't explain, these are the lines that you can color within. Here's the gray areas, and this is what we recommend when you do approach these gray areas. But that's the importance of we're, we're policing telehealth. We're policing every-- everybody else's actions and, ultimately, a board can come back and discipline us. So that becomes important for students.

HANSEN: OK, so do you need this exam to practice in other states? Are we the only ones that require it?

TERI MILLER: Other states determine what is required, and as mentioned before, there are Idaho, Michigan, Vermont, Alaska, and the U.S. Virgin Islands. They do not require a licensure exam for initial licensure. However, all the other states, so 46 other states require either the NABP administered exam for that particular state or there's two states now, Nevada and Arkansas, that have their own, but most states don't have the administra-- the administrative capability to run all that and score all that. So they, they go through NABP, and so that's why the UMPJE, this one exam that they take that can provide crossover to all the other states is such a, a viable, valuable asset for students, frankly, and just mobility for the profession. Physicians can prescribe, they can go, you can go to the Mayo Clinic

and they can write a prescription for you when you come back home to Nebraska and it's accepted.

HANSEN: Yeah, I'm sure it's a valuable testimony. A question I have is why are we making it mandatory, right? Because you can still have it and they can still voluntarily take it.

TERI MILLER: In Nebraska--

HANSEN: I mean-- and you, and you test on it, right, you-- like, you teach them that stuff, so.

TERI MILLER: In Nebraska, you have to have it. That's a higher pay grade as to why, why it has to be for all the states.

HANSEN: OK. All right.

TERI MILLER: I can't answer that question.

HANSEN: Thanks.

TERI MILLER: Mm-hmm.

HARDIN: Senator Riepe.

RIEPE: Thank you. Is there a limited number of times that one can take the exam?

TERI MILLER: Yeah, it is, and it's, it's different, it can differ state by state.

RIEPE: What is it in Nebraska, do you know off hand?

TERI MILLER: So it's five attempts per jurisdiction unless that Board of Pharmacy limits it. You have to wait 30 days if you fail it, which this is why the residency conversation is critical because you don't often have that much time. So if they fail it several times, then they're just out the residency. If they go to another, another state that you have to take a state exam, or if they come in and do a Nebraska residency from out of state-- if from Iowa, graduate from Iowa come in and do a Nebraska residency, they would have to the Nebraska MPJE and they would have a limited amount of time to get that done. But now if we can offer it after the P3 year, then they've got a whole, they've got a whole year to, to take that, pass it, and then move on with their clinical examination.

RIEPE: OK. Thank you, sir.

HARDIN: Senator Meyer.

G. MEYER: Thank you, Senator. So there should be-- I don't see where it's expedited in the law so is that something that should be amended? You said it would be advantageous for people-- for the current students and, and, and the P3 class, pharmacy 3 class, sooner rather than later, and I don't see the urgency in the bill and so is that something that should be added?

TERI MILLER: Well, that was why my request was, I know different bills go into effect at different times, if that could go into effect right away so that we can, so that we can allow them to apply for this in, in March and then subsequently take it, get it scheduled after they're done with their semester, that would be great.

G. MEYER: It would appear that's something we'd have to address in the bill then, so. OK. Thank you.

TERI MILLER: Sure.

HARDIN: Seeing no other questions, thank you.

TERI MILLER: Thank you very much.

HARDIN: Proponents, LB887. Opponents, LB887. Those in the neutral. Seeing none, Senator Hallstrom. Online, we had one proponent, zero opponents, and one in the neutral.

HALLSTROM: Thank you, Mr. Chairman. In closing, I was starting to get the feeling with all the questions that you were trying to delay or defer my closing.

HARDIN: We are a thorough group here at Health and Human Services.

HALLSTROM: Thank you. Thank you and I, and I do appreciate that. Ms. Pertzborn had indicated that in addition to my amendments, the Retail Federation might have some, from the testimony of Ms. Miller, an emergency clause will also be appreciated. We'd like to get in on the committee package and as early as we've been heard, hopefully we can get on the first train to Clarksville in that regard. A couple other things, Senator Hansen, the dearth of testing sites. If that wasn't the case, we would have a plethora of testing sites.

HANSEN: Oh, OK.

HALLSTROM: And I just want to give a shout out to Dr. Dering-Anderson. In my prior life, I worked with and for the Pharmacist Association for about 40 years. She's much younger than I am, but she worked with the NPA for many of those years. And she has most recently, as I understand, been inducted into the Crete High School Hall of Fame. So congratulations to her. Thank you.

HARDIN: Here, here. Any other questions for Senator Hallstrom? Seeing none, thank you.

HALLSTROM: Thank you.

HARDIN: This concludes LB887. Senator Quick is next with LB721. We'll wait for the shuffle to happen. I think the shuffling is done.

QUICK: All right.

HARDIN: Take it away, Senator Quick.

QUICK: Good afternoon, Chair Hardin, and members of the Health and Human Services Committee. My name is Dan Quick, D-a-n Q-u-i-c-k, and I represent District 35, and today I'm introducing LB721. LB721 is a necessary refinement to the Intergenerational Care Facility Incentive Grant Program and does two primary things. The first is that it allows nursing homes and assisted living facilities to apply to the grant program for expansion of intergenerational care facility costs. The second is that it clarifies eligibility to ensure for-profit facilities which serve as-- serve a significant portion of our Medicaid population can acc-- can acc-- can access these resources. New funds would be appropriated with-- no new funds would, would be appropriated with this bill, intergenera-- I'm going to get this right, intergenerational care programs are as-- are an innovative approach to addressing the growing need for both childcare and elder care services. These facilities may provide shared costs-- shared care and programming for young children and older adults in one location, addressing multiple, addressing multiple challenges facing service providers in both industries, as well as families who struggle to-- for care for their young children and aging relatives. In addition, these programs foster emotional and cognitive needs for seniors while providing a nurturing environment for young children. Beyond the social benefits, this model addresses staff turnover and elder care programs which tend to be a very-- which then to be very high. On-site

childcare-- care-- on-site childcare facilities are a powerful tool for recruitment and retention for staff with childcare needs of their own. Furthermore, colocating these services provides the option to share core infrastructure such as kitchens, maintenance services, and outdoor areas, making both operations more sustainable. In 2024, the Legislature and Governor affirmed the benefits of intergenerational care facilities by enacting LB904 into law, creating the Intergenerational Care Facility Incentive Grant and, and appropriated $300,000 from the Medicaid Managed Care Excess Profit Fund. However, the grant program has hit a bottleneck. Despite five rounds of applications last year, only 100,000 have been awarded to a single applicant in early 2025. LB721 addresses the two main concerns that these funds remain untouched. The first statutory current law restricts grants to start-up costs. Several nursing homes are interested in expanding such programs. This means that approximately 13 existing inter-- inter-- intergenerational care facilities operating in Nebraska would be ineligible for expansion of capacity. The second is administrative. The Department of Health and Human Services, which administers the program, has restricted for-profit facilities from applying despite the intent from the original legislation. Recent attention has been drawn to the sustainability of the Medicaid Managed Care Excess Profit Fund. Various statutes and appropriations rely on the sustainability of the fund, such as this grant program. While DHHS cautioned against long-term reliance on the fund in a press release a couple of weeks ago, I would note that the appropriations from LB904 were a one-time appropriation already approved by, by both the Legislature and the Governor in 2024. There are some testifiers that will follow me who can elaborate on the various administrative issues with the implementation of this grant program and provide some data points for your consideration. It is important that we fix these issues so that, so that implementation may happen more seamlessly and obligated funds be spent to serve our youngest and oldest generations. Thank you for your time and I'll be happy to answer any questions you may have.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being with us as usual. I sat in this very chair, I think 2 years ago, when Anna Wishart, Senator Anna Wishart, brought what sounded to me like a very common bill. Was this-- was there some-- did that fail in some way that, that we're coming back to try to reestablish that or, or did it just not develop? Or what, what-- either that or I'm hearing double.

QUICK: Yeah, I think it was an interpretation of from maybe DHHS on how the funds would be distributed. So--

RIEPE: That $100,000?

QUICK: Well, it was $300,000.

RIEPE: Oh, 300, OK.

QUICK: So $100,000 was, was used-- utilized, but I think the intent of the language was to provide for-- I think any-- I'm going to say assisted living or, or long-term care facility and what happened was it, it only went to, I believe, nonprofit and it was supposed to go to any facility, so nonprofit and for-profit.

RIEPE: OK. So did the-- is there still $200,000 floating out there or has that been confiscated by administration?

QUICK: Well, maybe someone behind me can answer that, so I'm not really definitely sure, but I'm, I'm thinking it should still be there, because it was--

RIEPE: Should be. OK.

QUICK: Yeah.

RIEPE: It must be hidden away if it is. OK, thank you. Thank you, Chairman.

HARDIN: Senator Hansen.

HANSEN: Was-- are you getting rid of the rural part of it now? Wasn't it before with Senator Wishart that it had to be for rural facilities?

QUICK: I think it would still include the rural part. I don't-- maybe they can answer that question.

HANSEN: OK. All right.

QUICK: But I-- but that was, I think-- probably, originally, I think they wanted to see more of it happen in rural Nebraska, and now it's not happening anywhere.

HANSEN: OK.

QUICK: You know, it's not-- whether you're even a for-profit in rural Nebraska, so that the funds aren't going for-- it's only for the nonprofit facilities.

HARDIN: Will you stick around?

QUICK: Yes, I will.

HARDIN: Awesome. Proponents, LB721. Welcome.

MITCHELL CLARK: Thank you. Chairman Hardin and members of the Health and Human Services Committee, thank you for the opportunity to testify today. My name is Mitchell Clark, M-i-t-c-h-e-l-I C-l-a-r-k, and I am a Policy Advisor at First Five Nebraska. We are a statewide public policy organization committed to the early care, education, and healthy development of Nebraska's youngest children. I'm here to testify in support of LB721 and want to thank Senator Quick for leading this effort. Building on Senator Quick's remarks, I just want to say that the intergenerational care programs are not only innovative, but a deeply intuitive model. They create a sense of community that values the youngest and oldest generations by fostering planned and spontaneous activities. While you've heard about some of those benefits, I did want to focus my testimony today on kind of some of the legislative background and the administrative issues through the implementation of the grant program. In response to Senator Riepe's comments about the for-profit facilities, this was an administrative decision that was made by the department at the second RFA. So as Senator Quick mentioned, there were five RFAs last year. And in February of 2025, during the second RFA, midway through that process, the department restricted for-profit facilities, despite the fact that the statutes under the grant program does explicitly state that nursing homes, as defined by Section 38-2414, which defines proprietary and nonprofit facilities that are nursing or skilled facilities, in addition to the assisted living facilities as well. So that's kind of the, the backdrop. As, as was mentioned, Senator Wishart brought this effort as a one-time appropriation, so also in response to just some concerns of the Medicaid Managed Care Excess Profit Fund. This was one time. So those, those funds, to the best of our knowledge, are available. It is the long-term sustainability that's generally being called into question, but this as one-time appropriations should not have an impact on long-term sustainability. Also note earlier, a couple of weeks ago or actually, excuse me, last week, there was also an additional sixth round RFA 6 that was released. However, that was closed within a few days. So for those

reasons, both the, the initial statute restrictions to just start-up costs, some of the administrative issues with the implementation of the program explain why two-thirds of those funds have yet to be spent. So we believe that by making the changes with LB721, that will address those issues so that we can get these funds out the door as quickly as possible. With that, I will end my testimony and open up for any questions you may have.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. I guess one of my questions would be, there's a, a huge difference between an initial start-up and some guarantee of some ongoing year after year financial supporting of this kind of a program or any other kind of program, is that-- was that the discouragement for more people to not step up and take the grant?

MITCHELL CLARK: So the, the-- are you referring, specifically, to the changes that LB721 makes?

RIEPE: Oh, I'm not sure whether I'm referring to any part of the changes in it. I'm just concerned about why more, maybe homes, didn't want to step up and do kind of the Swedish model that--

MITCHELL CLARK: Well, the, the--

RIEPE: --was kind of-- you administer a childcare center different than you administer a nursing home. And so was that part of their thing? They took-- would take on a bigger obligation and have to build a facility maybe? And this, this-- you're not going to build much of a facility for $100,000.

MITCHELL CLARK: Well, I, I can't speak to-- maybe the, the testifier behind me can speak to kind of what some of their members were feeling with this grant program, but those, those are just the start-up costs, so it's a one-time, it's facilities, structures,--

RIEPE: Incentive.

MITCHELL CLARK: --that sort of thing as, as a one-time, but not the ongoing operations.

RIEPE: Yeah, that, that may be the fundamental issue why. OK. Thank you.

HARDIN: Senator Hansen.

HANSEN: I don't think there's anything in the, in the statute right now that prohibits somebody who's gotten it previously to start up a facility can't get it again, is there?

MITCHELL CLARK: Well, statute does say for start-up costs.

HANSEN: Yeah, you're trying to add in or expansion.

MITCHELL CLARK: Yes.

HANSEN: So the person who got the $100,000 before, if nobody applies for it next year, they can get another $100,000 to expand?

MITCHELL CLARK: As statute as written currently?

HANSEN: What you're trying to do here with this?

MITCHELL CLARK: Yeah, so with this, so someone who already has a facility who wants to expand the childcare capacity, they could apply.

HANSEN: Even the person who got the $100,000 before?

MITCHELL CLARK: Correct.

HANSEN: So they can get another $100,000?

MITCHELL CLARK: Yep.

HANSEN: OK. And I think you did take out the rural prioritization part.

MITCHELL CLARK: Yes, thank you for bringing that back up. So that was a prioritization for those applications that are submitted on the same day. The original legislation would prioritize a rural community. But since there was only one applicant in the first round, that trigger didn't really apply. And, honestly, most of these programs are rural anyway. So those rural communities would still be served by the program.

HANSEN: OK. Can I ask one more question?

HARDIN: Certainly.

HANSEN: Why the word proprietary? Why not just say any facility?

MITCHELL CLARK: I had contemplated that as I was working on the language, but deferred to the section of statute, which is cited in the, in the statutes, Section 38-2414. So I just deferred to the language used in the definition of a nursing home.

HANSEN: OK. All right, thanks.

HARDIN: Senator Meyer.

G. MEYER: Thank you, Chair Hardin. Given the status of that particular fund, what leads you to believe that there's still $200,000 available for this program?

MITCHELL CLARK: Because those were funds which were appropriated and approved by both the Legislature and the Governor.

G. MEYER: I had a bill last year that was-- wasn't appropriated because there wasn't any funds in there that got passed. So the probability of there being $200,000 available is questionable. So maybe I know of-- it seems like any fund going out of there, $200,000 would be sucked up on its draft in all probability, so.

HARDIN: And that would be my concern, is that in a nutshell, we literally had about six bills that ended up getting completely lopped off, thrown off the wagon that were passed from that fund and kind of ended up with no money on, like the one that Senator Meyer just referenced. We also had about six or seven last year from that fund that ended up getting tossed over to the General Fund. And so you would never do this, you would not do this, this bill would-- Senator Quick would never do this. But we are-- I am, as Chair of HHS, saying don't bring a bill right now in this context of, shoot, we're $471 million upside down. I get it, there's some moneys that come back into that account each year, but right now it's more than tapped. So what happened was the Department of Health and Human Services actually allowed a half a dozen to come back through and there were-- the General Fund actually got tapped for several million dollars. And so there could be some people who know how all that works and go you know what let's just roll the dice, throw it towards that excess Medicaid cash fund and see if we can get general funds to pick it up and I'm just kind of serving notice on everyone who brings anything related to that fund this year just to say go back to Fiscal and tell them just take it out of General because it won't make it out of this committee, it just won't. But I think this is an amazing idea. You and I have talked about this before. And so I would also say there are shared

medical things that can be-- because we're talking about the 21st century. And when you talk about the rural world especially, what can you do with a facility standpoint, right? What things can you share? Food, other kinds of things. What, what can you share in that world, right, that serves those two ends of life well in a community. And I love the idea, I really do, so. Yeah, Senator Hansen.

HANSEN: Thank you, Chair. I just know we've talked about it before. And you probably don't know, maybe you can follow up later, LB840 funds, I know we talked about that for childcare facilities which they do allow for but there might be some way to kind of specify or expand on that. Would they allow that for something like this as well? So if you're a long-term health care facility and you're going to try to incorporate intergenerational care facility, then you can apply for LB840 funds because that's kind of expansion of your business as long as you hire somebody? Are you allowed to do that?

MITCHELL CLARK: So the LB840 funds are pretty broad. It's only defined as early childhood infrastructure and, otherwise, it's not further defined. So that's up to a local community, if they vote on it, and they wanted the funds to go towards a program like this, yeah, I don't see why not.

HANSEN: OK. That's true. Thanks.

HARDIN: I don't see any other questions. Thank you.

MITCHELL CLARK: All right. Thank you.

HARDIN: Proponents, LB721. Welcome.

JALENE CARPENTER: Hello, good afternoon. Hello, Chairman Hardin and members of the Health and Human Services Committee. My name is Jalene Carpenter, J-a-l-e-n-e C-a-r-p-e-n-t-e-r. I'm the President and CEO of Nebraska Health Care Association. On behalf of our 386 nonprofit and proprietary skilled nursing and assisted living community members, I am here to testify in support of LB721. Thank you to Senator Quick for the introduction. I think we've covered why it's a good idea, so I'm going to move to the Q&A portion and try to answer some questions. We talked about the rural facilities. The original intent was that it prioritized rural facilities, if there was a plethora of, of application, there just haven't been. The primary reason that we have heard from our members why they haven't been applying is because it was only for start-up and not expansion. And we have several

communities that offer childcare centers within their facility that have waitlists and they would like to expand and be able to serve their communities, but they were not eligible in this grant process. So that was one of the barriers. The other barrier was, to Senator Riepe's point, the max amount was $100,000, which is a, a good sum of money, but fairly insignificant when you're thinking of building modifications and being able to do all of those things, it would, it would be only a fraction of that. There was one rural community that did apply, they're working through building modifications to open on a wing of their nursing facility into a childcare center. I think those answered those. In your question regarding the funds if the funds are still available or not, as Mitch alluded to, there was a grant that has been opened. If you go to the DHHS website, it still shows that the grant is open with applications until February 12, which leads me to believe they still must have some money if the, if the application is still open at this time. Now, I can't speak to once we pass a budget or after the application closes if that funds will move elsewhere, but that would be my, my answer back to if there's money currently. And with that, I'm happy to answer any questions.

HARDIN: So with the $100,000, with a smaller amount of money than going out and building a facility, how would you envision those moneys be, practically, spent if they were appropriated and so on and so forth? Would it be, just tossing out an idea, might it be the kind of thing where we're talking about transportation, for example, getting older folks to younger folks or younger folks to older folks? Well, I mean, what are we talking about in the meantime, if you will? Is there some thoughts on that?

JALENE CARPENTER: So I think-- I can only speak for when Senator Wishart passed the original bill, which was the intent of this was somewhat of a pilot program of if we put dollars towards this, what will we see happen and will we some of those facilities on one site? The, the intent was within one campus, can we have some of these organizations exist? I can tell you with expanding it to current operations, the goal really is to be able to expand and have more children be served within the existing daycare center that's on site with a nursing home or assisted living. So I don't envision additional uses of those funds, that wasn't Senator Wishart's intent anyways when she passed it. Does that answer your question?

HARDIN: Kind of.

JALENE CARPENTER: OK.

HARDIN: Because I remember talking with her about it--

JALENE CARPENTER: OK.

HARDIN: --way back then as well. So I won't invoke those conversations now, but-- other questions?

HANSEN: I've got one question.

HARDIN: Senator Hansen.

HANSEN: Thank you, Chair. So, yeah, this has to be an assisted care facility or a nursing home bringing in childcare, not a childcare facility turning into a nursing home.

JALENE CARPENTER: Correct.

HANSEN: Yeah, yeah. OK.

JALENE CARPENTER: That is correct.

HANSEN: Just make sure I've got that right.

JALENE CARPENTER: Yeah.

HANSEN: OK.

HARDIN: OK. Other questions? Seeing none, thank you.

JALENE CARPENTER: Thank you.

HARDIN: Proponents, LB721. Opponents, LB721. Those in the neutral. Senator Quick. While he comes, we have online three proponents, zero opponents, zero in the neutral.

QUICK: So-- and thank you, Chair Hardin and members of the committee. You know, one thing I see in Grand Island right now, you know, we have-- we're struggling with childcare for, for employees, and I think one of the areas, you know, this, this would benefit the employees who are actually working at the nursing home. They can bring their kids there, you know, they can have their-- have that childcare there. And I think, you know, maybe you're looking at the dollars that may be spent to expand or maybe they, maybe they have had to add a little playground on to the side of the facility because, you know, something for the kids to go out and play on, like for a recess or something like that, or maybe, you know, one of the rooms that they're going to

work on maybe paint it in different colors for the kids to, you know, so that it's more enjoyable for the kids to be in that room that is meant for children, you know. And then, you know, I'm sure they're, they're going to be visiting with some of the, the people who live in the facility. And I can tell you that I think the benefit of having, as an older person myself, I don't live in assisted living, but being around my grandchildren is like one of the greatest joys of my life. And I think some of the people that live in the facilities would love to have children around, you know, maybe on some days they may not, but for the most part, I think they would love to be able to talk with children, visit-- see and visit with them and, and just spend that time. So I think from that aspect, I think it's an important thing. I think if the funds are still there, I think the one thing about it is if this bill passes, it's not saying that, that-- they still have to go through the grant process. So if there's no money there, there's not going to be any grants that go out. So I think it's like a, what do I want to say, not really no harm, no foul, but they're going to-- if they apply, the grants aren't there, the money's not there, there's not going to be any money to come out. So I don't think it really hurts anything to go ahead and pass it, but that's, that's just my opinion. So we'll have to decide that as a, as a committee, and thank you for your time.

HARDIN: Thank you. Seeing no questions--

HANSEN: I've got some-- I've got--

HARDIN: Oh, we do have one.

HANSEN: Maybe a, a comment, as well.

HARDIN: Certainly.

HANSEN: If I had my choice, I would add language in there that says once you've received funds you cannot receive them again. I think it's only fair, right? We don't want one person applying three times and getting $100,000 each time.

QUICK: Yeah, I'm willing--

HANSEN: Because if nobody else applies next year and they do and they're the only ones that do, I don't know if that's really quite fair.

QUICK: Yeah.

HANSEN: I mean, just a thought.

QUICK: Yeah, yeah.

RIEPE: But if they're applying for something that there's no money, they're spitting into the wind.

HANSEN: [INAUDIBLE]

RIEPE: Yeah.

QUICK: Yeah, and I will comment--

RIEPE: [INAUDIBLE]. I agree.

QUICK: If I can comment, too, and you talked about the LB840 dollars, so I had that bill when I was-- served the first time and we put the daycare facilities in as part of that LB840 dollars that could be used for that, so.

HANSEN: OK. Yeah.

QUICK: Yeah.

HARDIN: From my own perspective, I think societally this is something that we need to do and figure out how to do because children are selfish and they like silly things like food, clothing, and shelter, and so they might go anywhere and they move away from grandma and grandpa, and that's the world we live in. And so they have to survive and, and grandparents, as you were indicating earlier, often find themselves in a world where they might be in a senior care center, and they miss out on those things. And I think that's reality now, and that's life. And so I think we have to figure out some new ways of filling in those gaps in life, so thanks for bringing that.

QUICK: Yeah. Thank you.

HARDIN: You bet. This concludes LB721 and our day of hearings.