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Health and Human Services Committee
February 22, 2012

[LB712 LB945 LB1148 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, February 22, 2012, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB1148, LB712, LB945 and gubernatorial appointments. Senators present: Kathy Campbell, Chairperson; Mike Gloor, Vice Chairperson; Dave Bloomfield; Gwen Howard; Bob Krist; and Paul Lambert. Senators absent: Tanya Cook. [CONFIRMATIONS]

SENATOR CAMPBELL: We need to begin. Or, if you want to continue your conversations...excuse me. Thank you. We're going to try to start. All right. This afternoon, I want to welcome you to the Health and Human Services Committee's public hearings. And before we do our usual introductions and announcements, we're going to do our gubernatorial appointments first. And this afternoon, we want to welcome two gentlemen and the first will be Dr. Thomas...is it Deegan? [CONFIRMATIONS]

THOMAS DEEGAN: Deegan, yeah. [CONFIRMATIONS]

SENATOR CAMPBELL: Would you come forward, Doctor? And you can just have a chair there. And Madam Clerk, would you like Dr. Deegan to spell his name for the record please? Would you spell your name, sir? [CONFIRMATIONS]

THOMAS DEEGAN: D-e-e-g-a-n. [CONFIRMATIONS]

SENATOR CAMPBELL: Okay. Dr. Deegan, welcome and thank you for taking time out of your, what I would imagine is a very busy schedule, to be with us this afternoon. You are going to be a new appointment, is that correct? [CONFIRMATIONS]

THOMAS DEEGAN: Correct. [CONFIRMATIONS]

SENATOR CAMPBELL: To the Board of Emergency Medical Services. And tell us how you got interested in serving on this board. [CONFIRMATIONS]

THOMAS DEEGAN: I've been involved with the EMSC program, the Emergency Medical Services for Children program and state grant, for the last several years since I moved from Michigan to Nebraska, and getting more and more involved with the trauma program as well. I'm also on the State Advisory Board for Trauma as well, so it sort of, just kind of goes hand in hand with continuing to develop emergency medical services for children in the state.
[CONFIRMATIONS]

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SENATOR CAMPBELL: (Exhibit 1) Excellent. Well, you have a very extensive vitae and a most impressive one, I might add. [CONFIRMATIONS]

THOMAS DEEGAN: Thank you. [CONFIRMATIONS]

SENATOR CAMPBELL: We're very glad that you came from Michigan to the state of Nebraska, that's for sure. How...do you have any idea--and I wouldn't expect you to know--how often the board meets? Do you know how often it meets? [CONFIRMATIONS]

THOMAS DEEGAN: They're usually quarterly... [CONFIRMATIONS]

SENATOR CAMPBELL: Quarterly, okay. [CONFIRMATIONS]

THOMAS DEEGAN: ...plus conference calls as needed, which are about once a month. [CONFIRMATIONS]

SENATOR CAMPBELL: So that makes it a little easier for a person in your position to participate because I was somewhat concerned thinking, boy, that would be a lot of time away from your practice if it was like on a monthly basis, that type of thing. So you work, you are the pediatric ER or trauma room at Children's, is that correct? [CONFIRMATIONS]

THOMAS DEEGAN: Yes, the emergency department at Children's. [CONFIRMATIONS]

SENATOR CAMPBELL: So tell us a little bit about how you think that experience will work in with the board you're going to serve on. [CONFIRMATIONS]

THOMAS DEEGAN: Well, it's...we sort of by default are essentially the pediatric emergency medicine experts in the field and that allows us to sort of help develop the EMS programs. Part of emergency medicine is also emergency medical services in community hospitals, in prehospital care, etcetera. [CONFIRMATIONS]

SENATOR CAMPBELL: Ah. [CONFIRMATIONS]

THOMAS DEEGAN: So I've been involved in EMS education for a long time as well to try and improve EMS, the sort of the emergency medical care for children throughout the continuum, from prehospital to tertiary care center. [CONFIRMATIONS]

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SENATOR CAMPBELL: Interesting. What's the most reoccurring thing you see for children in the trauma room? Do you get asked that a lot, Dr. Deegan? [CONFIRMATIONS]

THOMAS DEEGAN: Just common fractures is probably the most common thing that we see. [CONFIRMATIONS]

SENATOR CAMPBELL: Really? [CONFIRMATIONS]

THOMAS DEEGAN: Just falls and broken arms. [CONFIRMATIONS]

SENATOR CAMPBELL: But there are (inaudible). I have a 20-month-old grandson who is now just getting into crawling everywhere and so his folks are always saying they worry about his falling on his arm or his leg, that type of thing. So, other questions? Senator Gloor. [CONFIRMATIONS]

SENATOR GLOOR: Thank you, Senator Campbell. And Dr. Deegan, thank you for your willingness to serve in this volunteer capacity and make a difference. Children's gets a lot of referrals, a lot of ambulances pull into Children's from across the state. And so do you take--for lack of a better term--do you take your show on the road quite a bit? Do you reach out to some of those community hospitals and emergency rooms and emergency department directors to help them with some continuing education? [CONFIRMATIONS]

THOMAS DEEGAN: Yes. [CONFIRMATIONS]

SENATOR GLOOR: And do you see that as a responsibility that you have personally? Is it one of the reasons you're interested in this particular committee appointment? [CONFIRMATIONS]

THOMAS DEEGAN: Correct. We do a tremendous amount of outreach education and I've been doing a lot since I joined Children's, six years ago now, so both to prehospital providers throughout the state, as well as community emergency departments throughout the state as well. [CONFIRMATIONS]

SENATOR GLOOR: Same with Iowa? Do you reach out to them so...? [CONFIRMATIONS]

THOMAS DEEGAN: We've done some in Iowa, yes, especially...not as much with the EMS, the prehospital providers, but more with the community hospitals. [CONFIRMATIONS]

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SENATOR GLOOR: How far west do you get referrals in? As far as North Platte? Or at that point, do they usually head towards Denver? [CONFIRMATIONS]

THOMAS DEEGAN: It depends what's going on, but we've gotten referrals as far west as Scottsbluff, which surprises me because Denver's a little bit closer. [CONFIRMATIONS]

SENATOR GLOOR: Chicago is about the same distance from Omaha, as I recall, than Scottsbluff. So thank you. [CONFIRMATIONS]

THOMAS DEEGAN: And with our fixed-wing transport plane, we are able to sort of reach everyone in the state. [CONFIRMATIONS]

SENATOR GLOOR: Thank you. [CONFIRMATIONS]

SENATOR CAMPBELL: Other questions? Senator Bloomfield, did you have a question? [CONFIRMATIONS]

SENATOR BLOOMFIELD: No, I just... [CONFIRMATIONS]

SENATOR CAMPBELL: He's just reading. [CONFIRMATIONS]

SENATOR BLOOMFIELD: No, no, I'm reading it. It seems we have this convert from Michigan. I'm a little curious about his football. (Laughter) [CONFIRMATIONS]

SENATOR CAMPBELL: Well, he wore his red today. [CONFIRMATIONS]

THOMAS DEEGAN: Surprisingly enough, I wore red today; didn't dawn on me, but... [CONFIRMATIONS]

SENATOR GLOOR: It was probably a good plan. [CONFIRMATIONS]

THOMAS DEEGAN: I still bleed blue and gold. [CONFIRMATIONS]

SENATOR BLOOMFIELD: Thank you for your applying for this. [CONFIRMATIONS]

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SENATOR CAMPBELL: Was it a good day when we went into the Big 10 for you or kind of a...? [CONFIRMATIONS]

THOMAS DEEGAN: Yes, it was. [CONFIRMATIONS]

SENATOR CAMPBELL: Okay. [CONFIRMATIONS]

THOMAS DEEGAN: No, it was...it's been good. [CONFIRMATIONS]

SENATOR CAMPBELL: Yeah, I think it has been very good. Other questions from the senators? Since you serve on the other board and will serve on this one, do you think this state is pretty equipped in terms of trauma centers and being...you know, are we well prepared for the future there? [CONFIRMATIONS]

THOMAS DEEGAN: Yeah, I think the trauma system here has developed quite well over the years... [CONFIRMATIONS]

SENATOR CAMPBELL: Good. [CONFIRMATIONS]

THOMAS DEEGAN: ...at least what I've learned from being on the advisory board. They have a very good designation system that allows sort of the getting the patient in the appropriate facility to maximize their survival. [CONFIRMATIONS]

SENATOR CAMPBELL: That's good to hear. That's very good to hear. Are there any questions? Well, thank you very much for your service to the state. [CONFIRMATIONS]

THOMAS DEEGAN: You're welcome. [CONFIRMATIONS]

SENATOR CAMPBELL: Obviously, all of the boards and commissions that we have make a lot of difference, and we're so appreciative when citizens come forward such as yourself and say they're willing to serve. The process from here on out, the committee will vote on your confirmation. I don't see any reason why we wouldn't forward it to the full Legislature, and then I'm sure you'll be notified. But we certainly expect a vote of confidence for you to serve and our appreciation. [CONFIRMATIONS]

THOMAS DEEGAN: Thank you. [CONFIRMATIONS]

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SENATOR CAMPBELL: So thank you very much for coming today. [CONFIRMATIONS]

THOMAS DEEGAN: Thank you very much. [CONFIRMATIONS]

SENATOR CAMPBELL: Our next candidate is Carl...Rennerfeldt? Am I saying that...?
[CONFIRMATIONS]

CARL RENNERFELDT: Rennerfeldt, that's correct, yes, ma'am. [CONFIRMATIONS]

SENATOR CAMPBELL: I'm saying that right. [CONFIRMATIONS]

CARL RENNERFELDT: Yes, ma'am. [CONFIRMATIONS]

SENATOR CAMPBELL: Boy oh boy, everybody is wearing their red Nebraska colors today.
[CONFIRMATIONS]

CARL RENNERFELDT: Well, yeah. There's gymnastics coming up this weekend and our
daughter-in-law is the assistant coach for the University of Nebraska-Lincoln.
[CONFIRMATIONS]

SENATOR CAMPBELL: Hmm. Ah. [CONFIRMATIONS]

CARL RENNERFELDT: And so I have to support the team, obviously, so.
[CONFIRMATIONS]

SENATOR CAMPBELL: Absolutely. Are the meets here or...? [CONFIRMATIONS]

CARL RENNERFELDT: No, this was in Arkansas; they'll be going to Arkansas this weekend.
[CONFIRMATIONS]

SENATOR CAMPBELL: Interesting. [CONFIRMATIONS]

CARL RENNERFELDT: Yeah, so. [CONFIRMATIONS]

SENATOR CAMPBELL: Well, we wish them all good luck. [CONFIRMATIONS]

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CARL RENNERFELDT: And my wife said I couldn't wear a Harley shirt, so...
[CONFIRMATIONS]

SENATOR CAMPBELL: Oh, that's good, that's good. [CONFIRMATIONS]

CARL RENNERFELDT: Rennerfeldt, R-e-n-n-e-r-f-e-l-d-t. [CONFIRMATIONS]

SENATOR CAMPBELL: Mr. Rennerfeldt, tell us a little bit how you got interested because this is your first appointment to this board also. [CONFIRMATIONS]

CARL RENNERFELDT: Yes, ma'am, it is. I've been involved in the fire rescue service for Blair, Nebraska, for the past 35 years. I am presently serving as the rescue chief. Prior to that, my father was on the fire department rescue squad in Oakland, Nebraska, as I was growing up, so I have grown up in the service for probably close to 60 years now. So it just kind of comes natural, I believe; it's a way that I've found that I can serve the community and friends and family.
[CONFIRMATIONS]

SENATOR CAMPBELL: Unfortunately, in some cases we're seeing a real need for volunteers to step forward on a fire and rescue, that the numbers seem to be dwindling, and any suggestions for how we can turn that around? [CONFIRMATIONS]

CARL RENNERFELDT: A number of years, or the last couple of years--I think it's been three years ago now--the state of Nebraska started the Length of Service Program, which we've used to our benefit in Blair. [CONFIRMATIONS]

SENATOR CAMPBELL: Yes. [CONFIRMATIONS]

CARL RENNERFELDT: We've been quite fortunate we were able to do that. We fund that part of our service from our rescue calls; and when we average about 750 rescue calls a year, it's...that's easy to do. The smaller communities, Herman, Nebraska, for instance, had 22 calls last year, and so for them it's really difficult to come up with methods. And so to try and find monies is very, very difficult; and we were able to put \$3,000 a year away for our members that are able to meet the obligations of meetings and drills and calls. And once you're able to do that, that money goes into an account for you and you draw that upon your retirement; that's when that comes about. So within say five years, you're going to be looking at \$15,000 sitting there in a bank account that's being managed by our board of directors. And so it's a very, very interesting and nice thing to have. But the majority of the communities really, really have difficulties with that. We have...we average about 60 members in our department, all volunteer.

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And there's times when we get down to around 52 or 53, but you look at the rest of the communities and they really don't have that opportunity to have people like that. We have a good group from the city of Blair that are employees that are on the department as well as our local businesses. And they're a huge supporter of our department and they're able then to...they let their employees leave work. Great Plains Communications is a perfect example of that. Our fire chief works for Great Plains Communications, just started with them the last two years, and they're big supporters of the fact that pager goes off, they're able to leave work and they still get paid. And that's something for a business to take that obligation on, to continue to pay those people when they're gone, and so it's...Kelly Ryan Manufacturing is another one. Cargill, we have a huge Cargill campus and there was six of our members. They're all local individuals, but they grew up in the city of Blair. But they work at Cargill and they're able to leave and respond when we need them, so that's huge. Recruitment is the big thing, though. People, the communities advertising the fact they need help. Some of the smaller communities--Kennard and Arlington and Fort Calhoun and Herman and our community--you know, they rely on farmers. In spring and fall, it gets a little difficult because they're in the field. [CONFIRMATIONS]

SENATOR CAMPBELL: Um-hum. [CONFIRMATIONS]

CARL RENNERFELDT: So there's challenges out there, but we're able to meet them. The state has done a really good job of...and this committee is one of the committees that has done a lot of work to support those individuals that are out there in the state trying to help out. [CONFIRMATIONS]

SENATOR CAMPBELL: Well, you were awarded as instructor of the year at one point. [CONFIRMATIONS]

CARL RENNERFELDT: Yes, ma'am, I was. [CONFIRMATIONS]

SENATOR CAMPBELL: That's quite an honor from... [CONFIRMATIONS]

CARL RENNERFELDT: It was. It was a huge honor for me to be able to receive that. I worked for Omaha Public Power District for 33-and-a-half years, which had a great retirement program. And so once you met the rule of 90, your age and in years of service, you could leave work and get a paycheck every month, which was...and keep your health insurance, keep your life insurance. Those types of things were very important and that's, once again, a public utility. The only state in the United States that has that is Nebraska, as you well know, so...and I did education through them after I worked in the...I worked at the nuclear power plant in the operations department, then I went into training. So to continue as part of that, that interest then of helping firefighters to be able to comfortably go inside a burning building and put water...you

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put the wet stuff on the red stuff, as it were, and it was an honor to be recognized by the volunteers of the state of Nebraska. [CONFIRMATIONS]

SENATOR CAMPBELL: Absolutely. Other questions? Senator Bloomfield.
[CONFIRMATIONS]

SENATOR BLOOMFIELD: Thank you, Senator Campbell. You mentioned that Blair Manufacturing pays the volunteers when they go to a call or something that's akin to.
[CONFIRMATIONS]

CARL RENNERFELDT: Yes, sir, they do. [CONFIRMATIONS]

SENATOR BLOOMFIELD: Do you know how common that is throughout the state?
[CONFIRMATIONS]

CARL RENNERFELDT: No, I do not. I don't have any good feeling for that.
[CONFIRMATIONS]

SENATOR BLOOMFIELD: Okay. Sounded like a wonderful idea as... [CONFIRMATIONS]

CARL RENNERFELDT: It is. And you take a look at...most generally, like it's a rescue call; at most it might be an hour, unless it's something serious. And so once again, that is a pretty good obligation when you're looking at...I talked to the chief this morning and he said they'd...we'd already had two runs this morning. Yesterday, we did four in eight hours. And so not always are those people able to leave. They might be involved in work where they can't get away, but they do support them and we really appreciate it. [CONFIRMATIONS]

SENATOR BLOOMFIELD: Okay, thank you. [CONFIRMATIONS]

CARL RENNERFELDT: Yeah. [CONFIRMATIONS]

SENATOR CAMPBELL: Senator Lambert? [CONFIRMATIONS]

SENATOR LAMBERT: Thank you, Senator Campbell. You have a hospital there in Blair that helps tremendously, doesn't it, with the time of calls? [CONFIRMATIONS]

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CARL RENNERFELDT: Yes, we do, yes. You were talking about trauma. Blair is a level 3 trauma hospital now, which has really made a difference in our ability to treat patients when we get them in the field for emergency care. We are less likely to call for a helicopter now. We may have them meet us at the hospital rather than taking them straight from the scene because we're able to get in and get those advanced techniques started in the emergency room where we didn't have that ability. We have two emergency room full-time doctors, we have an emergency room full-time physician's assistant, so those people are there on a rotating basis. And that, once again, is their specialty, so it makes a tremendous difference in how we can provide care quickly for our people. [CONFIRMATIONS]

SENATOR LAMBERT: And you were kind enough to give the state and this committee some praise. I have been in a situation of trying to get volunteers for rescue, and I know how tough that is. And you've got to run a good organization and it takes a lot of work, so I commend you for that. [CONFIRMATIONS]

CARL RENNERFELDT: Thank you, sir. Thank you, Senator. [CONFIRMATIONS]

SENATOR CAMPBELL: Senator Gloor? [CONFIRMATIONS]

SENATOR GLOOR: That's fine. My question (inaudible). Thank you. [CONFIRMATIONS]

SENATOR CAMPBELL: Okay. Any other questions from the senators? Mr. Rennerfeldt, thank you so much for your service up until this date, and then your willingness to serve on the state commission and the Board of Emergency Medical Services. I think that's great. And we appreciate your taking time out of your day to join us and wish you the best and good luck to the gymnastics team. [CONFIRMATIONS]

CARL RENNERFELDT: They're doing quite well. [CONFIRMATIONS]

SENATOR CAMPBELL: We'll now pay attention. [CONFIRMATIONS]

CARL RENNERFELDT: They're doing quite well. They were ranked number one this year, but they've slipped down to about number four. But they'll get back; they're ready for the end of the year. [CONFIRMATIONS]

SENATOR CAMPBELL: There is a chance to come back, isn't there? [CONFIRMATIONS]

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CARL RENNERTFELDT: Yes, yes. [CONFIRMATIONS]

SENATOR CAMPBELL: Always. [CONFIRMATIONS]

CARL RENNERTFELDT: Thank you, Senators. [CONFIRMATIONS]

SENATOR CAMPBELL: Thank you for coming. All right, we will close our hearings on gubernatorial appointees and open...our first public hearing this afternoon is on LB1148, Senator Gloor's bill to change certification provisions for marriage and family therapists. So Senator Gloor, when you're ready, we're ready. (See also Exhibit 2) [CONFIRMATIONS]

SENATOR GLOOR: (Exhibit 3) Thank you, Senator Campbell and fellow committee members. My name is Mike Gloor, G-l-o-o-r. This bill was brought to me by a constituent who is a marriage and family therapist. In fact, she'll be following me in providing some testimony. LB1148 will amend the current statutory requirements for attaining certification as a marriage and family therapist. This change will make the certification requirements more uniform in the number of supervised hours required to similar types of certification. This bill also amends the definition of qualified supervisor. Certification in marriage and family therapy already requires 3,000 hours of supervised experience. LB1148 will require those 3,000 hours to include 1,500 hours of direct client contact during the five years preceding application for certification, at least 100 hours of supervisor-supervisee contact hours with a qualified supervisor, and supervision provided at least one hour per week or two hours every two weeks. This bill also amends the definition of qualified supervisor. The current definition is a licensed mental health practitioner, the psychologist licensed to engage in the practice of psychology or a licensed physician who meets supervisory standards established by rules and regulations of the board and the department. LB1148 would add to this the requirement that these individuals hold a designation of approved supervisor from an association which establishes standards for marriage and family therapy in conformity with accepted industry standards and approved by the department. This is a better focus on quality supervisors. LB1148 adds that a qualified supervisor may also mean a licensed marriage and family therapist who has practiced for five years, has completed a five-hour supervision course provided by an association, and meets standards established by the department. These changes are aimed at increasing the number of marriage and family therapists in Nebraska. We have a shortage of people carrying those credentials. I also have an amendment. This amendment is less than 24 hours old. It makes some clarification in language that better explains the intent of how the hours for certification are accumulated, clarifies the promulgation of rules and regulations. We received it just yesterday, as I said, from the constituent who had been working with the department on this, and that's the reason for the last-minute change. And that amendment will become the bill. And I'd be glad to answer questions although I think the

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testifier to follow--at least one testifier to follow--will probably be a better person to direct your questions to, but I am happy to take a shot at it. [LB1148]

SENATOR CAMPBELL: Any questions from the senators? Thank you, Senator Gloor, it doesn't look like it. [LB1148]

SENATOR GLOOR: Thank you. [LB1148]

SENATOR CAMPBELL: We'll take our first proponent for LB1148. Good afternoon. [LB1148]

ANNE BUETTNER: (Exhibit 4) Good afternoon, Madam Chair Campbell and Senator Bloomfield, Senator Lambert. [LB1148]

SENATOR LAMBERT: Hello. [LB1148]

ANNE BUETTNER: Of course, our Senator Gloor and Senator Howard and Senator Krist. Well, I am Anne Buettner, A-n-n-e; Buettner, B-u-e-t-t-n-e-r. I am the legislative chair of the Nebraska Association for Marriage and Family Therapy. Senator Gloor has already given an excellent synopsis of LB1148 and is brief and simple and it does not involve money. To guild the lily a little bit, let me elaborate and give you the context. Since the inception of the mental health practice law in 1993, marriage and family therapists, we always have higher standards in terms of supervision hours and qualified supervisor requirements compared with the other two disciplines also loaded on this Mental Health Practice Board, and they are the professional counselors and the social workers. So, we are sort of shooting ourselves in the foot. We...state credentialing should not be about the best standards, it should be about the minimal standards. And we remain, our numbers remain very, very small. And for example, in the current law, in order to become fully licensed, our marriage and family therapy graduates are required to do three-and-a-half years of post-degree clinical supervised experience as compared with the other two disciplines, which is only one-and-a-half years if we all work full time, okay? Three-and-a-half versus one-and-a-half, so we more than doubled the hours. And then we are also the only discipline that has this qualified supervisor requirement, and so you have to stand on your head to become qualified. There are only 10 of us in Nebraska--qualified marriage and family therapy supervisors--at this time. All of this was because years ago, we followed the model practice law--it's a model--of our national professional association, the American Association for Marriage and Family Therapy. Like I said earlier, state credentialing should be about minimal standards, not the best standards. So now with the proposed statutes in front of you, it would increase the number of qualified supervisors, therefore making obviously more accessible to our marriage and family therapy graduates. Across the nation, all 50 states have marriage and family therapist credentialing and some of them have already begun to relax their standards without

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compromising quality. I must emphasize that. In Nebraska, we have a master's degree program at University of Nebraska-Lincoln and we also have a doctoral program at University of Nebraska Medical Center and we certainly don't want our graduates to emigrate to other states to become licensed. So...and I also want to point this out to your attention that even with what we are proposing in LB1148, we still have higher standards than the other two disciplines, the professional counselors and the social workers, just that the gap isn't that wide. We still have to do a half year more supervised--it's a post-degree-hours--than the other two disciplines and we still have more requirements to become a qualified supervisor. For example, you have to take a course, a five-hour course on supervision--and at this time it's offered in the program at UNMC--in order to become a qualified marriage and family therapy supervisor. So in the ultimate analysis, marriages and families are our precious commodities and this will serve the public well. [LB1148]

SENATOR CAMPBELL: Thank you very much for your testimony. Are there questions from the senators? [LB1148]

ANNE BUETTNER: No? Very good. [LB1148]

SENATOR CAMPBELL: The question that I would have, Ms. Buettner, is that I'm assuming that the qualifications that you're putting into place are similar to some of the states that have brought their qualifications more in line, as you said, to be reasonable criteria. [LB1148]

ANNE BUETTNER: Yes, um-hum. [LB1148]

SENATOR CAMPBELL: And so I'm assuming that our criteria here won't be--what do I say--more onerous than any of the other surrounding states, to try to keep the graduates here. Would that be an accurate statement? [LB1148]

ANNE BUETTNER: Um-hum, yes. Yes, that is. It's...yeah. It's certainly more comparable, um-hum. [LB1148]

SENATOR CAMPBELL: Good, good, because I think we'd all agree we want to keep Nebraska graduates in Nebraska if we at all can, so. [LB1148]

ANNE BUETTNER: Yes, thank you. [LB1148]

SENATOR CAMPBELL: Thank you very much for your testimony today. [LB1148]

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ANNE BUETTNER: Um-hum. [LB1148]

SENATOR CAMPBELL: Other proponents for LB1148? Okay. Those who wish to testify opposed to LB1148? Those who wish to testify in a neutral position, I should say? Okay, seeing no one. Senator Gloor waives closing, and so we will close the hearing on LB1148 and ask...we do not see Senator Haar. [LB1148]

SENATOR LAMBERT: Chairperson, should you go over the rules, the lights and stuff, or do you need to do that? [LB712]

SENATOR CAMPBELL: That's a good idea. Thank you. I forgot that. My colleagues are reminding me that I didn't use...go through the usual litany of rules here and so forth, and so thank you, Senator Lambert. We just kind of went from the confirmations to the first hearing. Just as a reminder for everyone in the room here, please turn off your cell phone or put it on silent. It's very disconcerting to hear a ringing phone while you're trying to testify. If you're going to testify today, please complete one of the orange, bright orange sheets there, and print your name very legibly. And if you have written testimony with you; it's not necessary, but if you have it, we need 12 copies, and the pages to my far left can help you with that matter. We do use the light system here, and today I think we're going to be...someone had said that they had told the testifiers, like, three minutes. I think we'll go to four minutes, Madam Clerk, today. And you'll have...the green light will come on and then when you get to the yellow light, when you see the yellow you'll have one minute. And when you get to the red, we're going to urge you to close your testimony so that everyone, the first bill as well as the last bill, gets the same amount of attention. And with that we'll do self-introductions and we'll start to my far right. Senator. [LB712]

SENATOR BLOOMFIELD: Dave Bloomfield, District 17, made up of Wayne, Thurston, and Dakota Counties in the northeast corner of the state. [LB712]

SENATOR LAMBERT: Good afternoon. I'm Paul Lambert from District 2, which is part of Otoe County, part of Sarpy County, and the entirety of Cass County. [LB712]

SENATOR GLOOR: Mike Gloor, District 35, Grand Island. [LB712]

MICHELLE CHAFFEE: I'm Michelle Chaffee. I serve as legal counsel to the committee. [LB712]

SENATOR HOWARD: Senator Gwen Howard, District 9 in Omaha. [LB712]

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SENATOR KRIST: Bob Krist, District 10, in Omaha, Bennington, and unincorporated parts of Douglas County. [LB712]

DIANE JOHNSON: And I'm Diane Johnson, committee clerk. [LB712]

SENATOR CAMPBELL: And our pages today are Michael and Phoebe, so they'll be glad to help you. And I'm Kathy Campbell and I serve District 25 which is east Lincoln and northern Lancaster County. And that seemed to just... [LB712]

SENATOR LAMBERT: It all worked, didn't it? [LB712]

SENATOR CAMPBELL: Enough time. Senator Lambert was right on target there. Senator Haar, we're ready for you to come forward and open on your bill. So when you're ready, go right ahead. Welcome. Glad to have you. [LB712]

SENATOR HAAR: Thank you. Chairwoman Campbell and members of the committee. LB712...I'm going to describe it really quickly and then give you my rationale for it. First of all, it removes the prohibition on certified nurse midwives from attending a home birth. A certified nurse midwife would still have to practice under the supervision of a physician, so it does not create an autonomous practice for certified nurse midwives. The issues here are ones of risk and safety, I believe, and I'd like to talk about those for just a minute. There's two sides to the coin. First of all, when people look at the risks involved, obviously we get doctors who say, you know, if something goes wrong you need to have a doctor present, and that's a real concern of theirs. On the other side of the coin, when you talk to the people who will come after me here, there's a risk of increasing C-sections, and people are concerned about that. When you go into a hospital, any hospital, there's an increased risk of infection. And there is also some important perceptions here, I believe. One is that women would like to choose an atmosphere other than a hospital, and again the perception--and just to put it out in the open--that right now many women feel that birthing is at the convenience of the doctor. Safety...so two sides to that coin. You talk to one side, they will talk about the risks. You talk to the other side and they believe there are also risks. In terms of safety, we'll have somebody talk in a few minutes about the research that's been done comparing home births by certified midwives to births in the hospital by doctors. I'll let somebody else who knows a little bit more of the technicalities of that talk about that. I'd like to mention that there are only two states in the country that don't allow this: They are Alabama and Nebraska. And I didn't do this research, but I suspect Alabama and Nebraska are probably about the only place in the world that you don't have home births by certified midwives allowed. And I guess for me it really comes down finally to I believe that we've criminalized something that should be the choice of a family when it comes to, quote, unquote, normal pregnancy and normal birthing. Since there are two sides to that issue in terms of risk and safety, I believe it's

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something the family should be able to decide. Last year, Senator Fulton's bill passed, and that basically gave certified nurse midwives the right to practice in hospitals, but there had to be...under the supervision of a physician. This doesn't change that part of it. It has to be under the supervision of a physician. This simply says that it could happen at home. So with that, you'll get some much better personal stories and testimony of those who are following me. [LB712]

SENATOR CAMPBELL: Thank you, Senator Haar. Are there questions as we begin? I know you will be staying because you have both the bills, so I'm sure we'll see you on closing. [LB712]

SENATOR HAAR: I am captive. Thank you. [LB712]

SENATOR CAMPBELL: (Exhibits 18-50) Yes, you are. Yes, you are. Before the first proponent comes up, I talked about the light system. I also want to encourage you as you sit down to state your name for the record and spell it. And a lot of people go, well, I already turned in the orange sheet, why do I have to do this? The orange sheet is for the clerk here. When you spell your name, you are doing it for the transcriber, for the recording. So that's why we ask in two different forms, your name, to make sure it is exactly correct. So with that, we will take our first proponent for LB712. And while she is making her way up I want to note for the record that we have 19 letters from individuals and all of those letters have been given in a packet. We have letters of opposition from the Nebraska State Board of Health, the Board of Medicine and Surgery, the Nebraska Hospital Association; and in a neutral capacity, the Nebraska Nurse Practitioners Association. Welcome, and thank you for coming today. [LB712]

RACHEL GILLIGAN HOWELL: (Exhibit 5) Hi. Thank you. Good afternoon, Senators. My name is Rachel Gilligan Howell and I'm the chairwoman of Nebraska Friends of Midwives. [LB712]

SENATOR CAMPBELL: And you want to spell your... [LB712]

RACHEL GILLIGAN HOWELL: Oh, I'm so sorry. Thank you for reminding me. [LB712]

SENATOR CAMPBELL: That's all right. You have to...we're real cautious about that. [LB712]

SENATOR CAMPBELL: Rachel is R-a-c-h-e-l, Gilligan is G-i-l-l-i-g-a-n, and Howell is H-o-w-e-l-l. [LB712]

SENATOR CAMPBELL: Thank you so much. [LB712]

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RACHEL GILLIGAN HOWELL: You're welcome, and I'm sorry. I'm the chairwoman of Nebraska Friends of Midwives. We are a statewide consumer-based nonprofit working to educate the public about midwives and advocate for increased access to midwifery care. I'm going to skip the next paragraph. You can just read that for your enjoyment later. Last night I was looking over testimony from 2009 for this same bill, and I see many of the same individuals here who testified then and I expect we will hear some of the same general testimony shared at that time. I am assuming none of those testifying will have changed his or her position on the matter. LB712 is an important bill because it acknowledges the right of mothers and families to choose the location of the births of their children. In 1983, midwifery supporters were forced to sacrifice the home birth portion of the bill which originally achieved legal status for certified nurse midwives. It was believed at the time that the home birth exclusion would be readily amended, but here we are almost 30 years later still seeking change. As a representative of Nebraska Friends of Midwives, I will provide a preface to the collection of testimony you are about to hear. I'll point to some of the indicators that it is time for Nebraska to legalize the option of certified nurse midwife-attended home births. Nebraska Friends of Midwives is not alone in desiring the passage of this bill. You can find attached a list of supporting organizations and businesses, including the American College of Certified Nurse Midwives, the Nebraska Nurses Association, and the Nebraska League of Women Voters. You will hear today about statistics and studies supporting the safety of home birth from highly reputable sources demonstrating excellent outcomes of CNM-attended home birth as well as from CNMs themselves. You will also hear from a small handful of Nebraskans who have chosen or would like to have the opportunity to choose home birth. Their reasons for preferring home to hospital are diverse, and include dignity, privacy, benefits of health and safety, financial value, personal autonomy, and more. Each of you serve constituents who fervently desire access to this service to which women in 48 states already have, including all of our surrounding states. And let me just add, because Senator Haar brought it up, that it is, in fact, true that most of the world does have access to this. Most of Europe has access. Puerto Rico and Canada all have access to this. It's very unusual, the state that we're in. Many members and supporters of Nebraska Friends of Midwives have crossed Nebraska borders into Wyoming, Iowa, Kansas, and Oklahoma in order to give birth with a midwife who could attend them outside a hospital. You will hear from one of those families today. Only Nebraska and Alabama restrict CNMs from attending home birth, which is within the scope of their training and practice standards. I see my light so I'm going to skip down. Let me just mention that 100 babies were born at home last year in our state, all of them without the assistance of a licensed care provider. Some Nebraskans are able to find direct entry or certified professional midwives to attend them, but others cannot and choose to birth at home unassisted. And it is my sense as the chair of this organization that that group is growing. The current law does not prevent home births; it only prevents the attendance of this specific qualified care provider. One thing I did notice in my reading last night is that much of the discussion in 2009 focused around the safety and its potential...can I finish this paragraph? [LB712]

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SENATOR CAMPBELL: Sure. Absolutely. [LB712]

RACHEL GILLIGAN HOWELL: ...in both the home and hospital settings. After a couple of years of involvement with Nebraska Friends of Midwives, I have come to realize that this polarizing debate really isn't the bottom line, which is good because it is hard for me to imagine any of the many studies that exist convincing most folks to change their minds in either direction about this emotionally charged topic, especially when almost all of us have a vested interest in continuing to believe what we already do. To allow CNMs to attend home birth, we really don't need to be convinced that home is the safest place to give birth. We just need to believe that those who choose home birth have the right to be attended by those qualified care providers. [LB712]

SENATOR CAMPBELL: Thank you so much. Questions from the senators? Thanks for taking time and providing the list. [LB712]

RACHEL GILLIGAN HOWELL: You're welcome. Thank you. [LB712]

SENATOR CAMPBELL: Our next proponent. [LB712]

REBECCA HASTY: Hello, Senator Campbell and the other senators. My name is Rebecca Hasty. I live in Lincoln, Nebraska. Do you want my address? [LB712]

SENATOR CAMPBELL: Just to spell your name. That will be fine. [LB712]

REBECCA HASTY: Okay. Rebecca, R-e-b-e-c-c-a, Hasty, H-a-s-t-y. [LB712]

SENATOR CAMPBELL: Excellent. Thank you. [LB712]

REBECCA HASTY: My prenatal and postnatal doctor's care for my 25-year-old son was Dr. Marjorie Kwan, M.D., Lincoln, Nebraska, and for my 19-year-old son was Dr. Joseph Campbell, M.D., Lincoln, Nebraska. Both were well-respected doctors. I'm sure you've known Dr. Campbell. He won many accolades. Both of them were board certified. They were probably members of the Nebraska Medical Association as well, and they were both very supportive. They were familiar with home births and very supportive of home births, and when I told them I intended to have home births with both of my children they said that they could not legally attend the home births, but they would provide all the prenatal, postnatal care, and they signed the birth certificates for my sons after they were born. I took them in and they checked them over and signed the birth certificates. So even in those days, 25 years ago, the doctors were willing. They...Dr. Campbell had all home births, but he couldn't legally go to my home birth without

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getting himself...his whole license at risk. So they were completely supportive, even 25 years ago, of home births. They just weren't able to attend them. So both of my children were born at home and my friends provided the support and attended and assisted my home births. We were from western Nebraska so I was fully familiar with birthing. And, you know, maybe some of you senators that are from western Nebraska, you probably are familiar with home births as well, because they do happen in our state. Not all 100 of them are in metro areas. And so they attended and my partner cut the cord and caught the baby. And so this was a very...now my 25-year-old has graduated from college. He's very athletic. He got his first hole-in-one on the golf course at age 22. And my 19-year-old, the same way. They're both very intelligent, very smart people, and will probably choose home birth because they saw...my 25-year-old saw his brother being born, and they're very close. So I just think it's a wonderful thing. It was a great experience for us. [LB712]

SENATOR CAMPBELL: Thank you very much for your testimony today. Are there questions? Thank you. Thank you for coming. Our next proponent. [LB712]

ANN SEACREST: (Exhibit 6) Hi, Senator Campbell, it's nice to see you today. Other senators. My name is Ann Seacrest, S-e-a-c-r-e-s-t. I live in Lincoln, Nebraska. I'm a registered nurse and I work in maternal child health as the director of a nonprofit organization. I have some testimony which I'm going to leave with you today. I'm going to keep what I say to you very briefly. Thirty years ago I worked with a number of local groups to initiate and organize an interim study, helped to draft the legislation, and lobbied for the passage of the bill which recognized certified nurse midwives in our state. At that time, we were one of only two states that restricted access to certified nurse midwives on the part of families. And the Nebraska Medical Association asked for the clause prohibiting home births at the thirteenth hour, and we agreed in order to get the bill out of committee. The issue really before you today is whether this restriction creates a safer environment for the babies of our state or whether we are contributing to an unsafe environment by this restriction. Do we deny Nebraska infants a skilled birth attendant when 48 other states provide this element of safety? As a healthcare professional, if I felt this move endangered the health of our state I would not be advocating for it. I work with infants every day. I guarantee you, home birth will not become an epidemic across the state of Nebraska if you make this decision. I worry more about those babies who enter this world without the safety and security of a licensed healthcare provider in attendance. I'd like to thank you for your time and consideration of this bill. If you have any questions I'd be glad to answer them. [LB712]

SENATOR CAMPBELL: Thank you, Ms. Seacrest. Senator Gloor. [LB712]

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SENATOR GLOOR: Thank you, Senator Campbell. Thank you, Ms. Seacrest. Since you had a hand in drafting the original legislation, what does "under the supervision of" a physician mean to you? [LB712]

ANN SEACREST: Well, I'm going to...there's probably a nurse midwife in this room who can probably answer that better than I can. But basically nurse midwives are auxiliary healthcare professionals who work under the practice agreement with a physician, and that practice agreement sets out a lot of provisions as to what they can and cannot do. One of the very fascinating things about the way the bill was originally drafted is kind of the side note on it was that it didn't restrict nurse midwives from practicing anywhere else except a home. The kind of joke was they could practice in a train station; they could practice in a hotel; they could practice anywhere, but where they could not practice was in a home. Now, I don't know if that answers you completely, but. [LB712]

SENATOR GLOOR: Well, I think there will be others who come up here that I'll get a chance to ask, too. [LB712]

ANN SEACREST: Yes. [LB712]

SENATOR GLOOR: Thank you. [LB712]

SENATOR CAMPBELL: Any other questions? Thank you for your testimony. [LB712]

ANN SEACREST: Thank you. [LB712]

SENATOR CAMPBELL: Our next proponent for LB712. [LB712]

BRIDGET WIECZOREK: (Exhibits 7, 8, and 9) Hi, Senator Campbell. My name is Bridget Wieczorek, B-r-i-d-g-e-t W-i-e-c-z-o-r-e-k. I'm a certified nurse midwife. I am here on behalf of the Nebraska affiliate of the American College of Nurse-Midwives, so I'm circulating that position statement of support of LB712, as well as the documents from both the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists in support of home birth, or their statements on home birth, and I'll just read to you. The Nebraska affiliate of the American College of Nurse-Midwives supports the passage of LB712. Home birth in Nebraska is happening at this time. Changes in the law are needed to ensure that it is as safe as possible. According to recently released data from the U.S. Department of Health and Human Services, home births are still rare in the United States, occurring at a rate less than 1 percent. However, they have increased to 29 percent from 2004 to 2009. Certified nurse midwives are

competent providers to safely attend home birth within a healthcare system. The prohibition of certified nurse midwives from home birth attendance is an unnecessary infringement on the individual rights of women desiring a home birth, and of certified nurse midwives who might otherwise be able to provide this service. The Nebraska affiliate of the American College of Nurse-Midwives is part of the American College of Nurse-Midwives' national organization and it upholds the position statement on home birth created by this organization. This statement maintains that home birth is a safe option for women and their infants when it is included as part of an integrated system with the provision for transfer of care from home to hospital when necessary. The ACNM position statement on home birth in 2005, which was revised in May 2011, states every family has a right to experience childbirth in an environment where human dignity, self-determination, and the family's cultural context are respected, and every woman has a right to an informed choice regarding place of birth and access to safe home birth services. The ACNM home birth position statement goes on further to state that certified nurse midwives are qualified to determine which women are appropriate candidates for home birth and are qualified to provide care in the home throughout the pregnancy cycle, including attending planned home birth. A hallmark of nurse midwife care is education of women and families, discussion of the risks and benefits of various options, and then supporting women in their healthcare choices. The ACNM philosophy of care includes belief in the right of every person to complete and accurate information to make informed healthcare decisions, and self-determination and active participation in healthcare decisions. Also stated in the philosophy of care is the belief that the best model of healthcare for a woman and her family promotes a continuous and compassionate partnership. The American College of Obstetricians and Gynecologists is the professional organization for OB/GYN physicians, and through the years ACOG and ACNM have worked together on numerous issues. That hospital and birthing centers are the safest setting for birth was originally ACOG beliefs; however, they also respect the right of a woman to make a medically informed decision about their delivery. In conclusion, the Nebraska Chapter of ACNM members recognize that home birth is increasing and will continue to increase. Certified nurse midwives are well qualified to attend a planned home birth working within the healthcare system, and consumers have a right within established parameters to choose place of birth. Therefore, the Nebraska affiliate of ACNM urges support for and advancement of LB712. Passage of this bill will allow women who choose home birth to have increased access to safe care by removing the prohibition against attending births in the home from the Certified Nurse Midwifery Practice Act. [LB712]

SENATOR CAMPBELL: Thank you so much for your testimony. Questions on the testimony or the handouts? Thank you for bringing the information. [LB712]

BRIDGET WIECZOREK: You bet. Can I address the question about the nurse midwives... [LB712]

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SENATOR CAMPBELL: Oh, sure. [LB712]

BRIDGET WIECZOREK: ...having a practice agreement with a physician and what that means as far as were you asking about supervisory role? [LB712]

SENATOR GLOOR: Well, I'm...it's a...thank you, Senator Campbell. The question really specifically is the law says that they can practice under the supervision of a physician. Does that mean they have to be in the room? [LB712]

BRIDGET WIECZOREK: They don't have to be in the room. [LB712]

SENATOR GLOOR: Does that mean they have to be in the state? They don't have to be in the... [LB712]

BRIDGET WIECZOREK: No. They have to be readily available in an emergent situation like Cesarean or forceps or assisted operative birth. [LB712]

SENATOR GLOOR: But in a community the size of Omaha, as an example, it is...does that mean that you could be in Gretna and having an obstetrician who is in downtown Omaha is supervising that home delivery? [LB712]

BRIDGET WIECZOREK: That happens now. You mean as far as the physicians aren't all in-house or in... [LB712]

SENATOR GLOOR: Well, in meeting the definition of the law which says "under the supervision of" a physician. [LB712]

BRIDGET WIECZOREK: Well, I can't define the "readily available." I believe it's interpreted currently...I used to work at University of Nebraska Medical Center and was the practice director for years, 13 years. There they have the convenience of having a physician in-house,... [LB712]

SENATOR GLOOR: Sure. [LB712]

BRIDGET WIECZOREK: ...in the hospital, but a lot of the private practices they don't. They come in for their own births as well as to supervise other births in the need (phonetic). So it's not...they're not directly available. [LB712]

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SENATOR GLOOR: Well, and the hospital will have its own requirements above and beyond what the state law says. I'm just...I'm trying to decide what the intent of the state law was. [LB712]

BRIDGET WIECZOREK: I think it would be helpful if the supervisory clause was out at some point. I think it creates vicarious liability when it's not needed for either party. We can practice under our own license. [LB712]

SENATOR GLOOR: Okay. Thank you. [LB712]

BRIDGET WIECZOREK: You bet. [LB712]

SENATOR CAMPBELL: Thanks for answering that question. [LB712]

BRIDGET WIECZOREK: Sure. [LB712]

SENATOR CAMPBELL: Welcome. [LB712]

SHAYE MILLER: Thank you. Good afternoon, Senators. My name is Shaye Miller, S-h-a-y-e M-i-l-l-e-r, and I am actually very delighted to be here today. I want to thank my husband, Dr. Lee Miller, for driving me. It took us three days to take off work to come here today from Chadron, Nebraska. He is an associate professor of rhetoric and composition at Chadron State, and I occasionally teach information literacy as adjunct faculty, while staying home with our four children. Prior to living in Nebraska, we lived in Texas, and our first two babies were born in a state-of-the-art hospital in Dallas/Fort Worth, Texas, in 2003 and 2005. Other than feeling a loss of control to hospital protocol during my births and obtaining a secondary skin infection in the hospital while recovering, I didn't complain about the care I received. I felt that it was normal. Shortly after those births, my husband accepted a position in the cutest little rural Nebraska town I've ever seen. As women there, who all knew one another very well, began coming out of the woodwork to tell me their horror stories of birthing experiences at the hospitals, I couldn't imagine it was as bad as they claimed. So when I found out I was pregnant again, we met with several of the doctors at our local hospitals. My husband's doctorate and my master's degrees are focusing on examining, researching, studying current systems of practice based on our informational sources. So we drilled the doctors with many questions. We were concerned about the answers we received so we decided to drive to Scottsbluff. It's a little bit over 100 miles from Chadron. And there we met with every obstetrician in their practice, interviewing them. We disagreed over protocol. We pulled out our current peer-reviewed studies. The doctors agreed that the studies were accurate, but the last obstetrician we met with said that

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his hands were tied in many instances and that lawyers and insurance companies now dictated what he could and could not do in various birthing situations, even when the evidence said that he should do otherwise. I believe it was on one of our long drives back home from Scottsbluff that my husband, also feeling defeated, said he wouldn't be opposed to looking more closely at home birth if I was inclined to explore that option. We both read countless books, we explored the peer-reviewed studies, and we began interviewing midwives. The first we met was a local lay midwife, someone that a number of Panhandle moms had used and recommended. And next we met with a certified nurse midwife who practiced both in-hospital and out-of-hospital. She listened to our concerns, always put my desires first when safety wasn't an issue. She told me about her backup doctors, and we talked about safety equipment and drugs she was licensed to use in emergency situations. She talked about how she would listen for fetal heart tones, and finally, what issues could arise during my pregnancy or labor that would mandate an immediate transfer to a hospital. I didn't hesitate to fire my obstetrician, and we found a place to give birth across the state lines. Other families across the Panhandle are handling their lack of out-of-hospital options in various ways. Some will cross the state border as we did. Some will birth at home alone with no care provider. And still many others tell me they were able to find a traveling midwife who is able to attend their birth here in Nebraska. However, due to the questionable legality of nonnurse midwives in Nebraska, there is no system of accountability in these situations as there would be with certified nurse midwives, so they fly under the radar; and therefore, moms are transferred to hospitals...when they are transferred to hospitals, they go alone with no continuity of care. Our rural doctors do not like this. I've spoken to my own. Our midwives don't like this. And our moms and dads certainly don't like this, and it makes no sense that in a state where we can choose to give birth at home alone and not have to explain our reasoning that we can't have an on-site care provider. You may disagree with the decision to give birth at home. We often choose to stereotype these mothers or call them crazy, behind their backs--and that's okay. They are strong-willed and they're used to being stereotyped. But no matter how you feel about this issue, please don't discriminate against their beliefs by withholding normal provider options. Surely we all want the safest home birth options available to these families. And it's imperative that legislators understand that Nebraskans who want to give birth at home deserve access to and not protection from certified nurse midwives. Thank you. [LB712]

SENATOR CAMPBELL: Questions or comments? Thank you for coming today, and especially your long trip. [LB712]

SHAYE MILLER: Thank you. [LB712]

SENATOR CAMPBELL: Our next proponent. [LB712]

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KAREN LOLL: Hi. My name is Karen Loll, K-a-r-e-n L-o-l-l. Thank you, Senator Campbell and all the members of the committee. I'd like to tell you a little bit about myself. I'm a simple, average person. My days are filled with chauffeuring my kids around to all their activities, laundry, grocery shopping, and all the other things that parents do. I don't sit on any boards. I don't organize any committees. I don't have any community or business influences. I'm a mom and a consumer. I have three boys: Hayden is 11, Lane is 8, Carson is 5. My oldest two were born at St. Elizabeth's. I have...we had wonderful certified midwifery care, both in the hospital and for the prenatal care. Both births were simple and completely uncomplicated. The hospital staff followed everything I had asked for in my birth plan. I never felt like it was a nuisance to the nurses even though some of my requests were quite out of the norm. When I found out I was pregnant with my third child, I knew immediately that I did not want to go back to the hospital. My births had been so simple, a hospital seemed like overkill. I didn't want to have to drive to the hospital while I was in the middle of some very intense labor pain, because getting to the hospital was probably the worst pain I experienced. I didn't want to have nurses constantly waking me for blood pressure checks, blood tests, or other standard procedures. I didn't want to have to sleep in that unbelievably uncomfortable hospital bed. I didn't want to have to feel like a prisoner again. The hospital refused to release me, even when I asked, because the proper number of hours had not passed. I didn't want my child born into a building filled with sick people. I went back to my midwife and told her my plan for giving birth at home. She was not happy. She was obviously worried about the safety and tried to talk me out of it. I tried to talk her into coming into my house. I promised her I would never tell anyone if they asked. I told her she could just sit in the living room and stand by just in case she was needed. She refused all of my requests and said that she just couldn't risk disobeying the law. She could lose everything. I spent my pregnancy researching birth because I knew I wouldn't have anyone with any medical training at the birth, and so I wanted to be prepared. I networked with other moms on-line that had unattended births. I read books about how to deal with complications. I drew up a list of situations that I would need to go to the hospital for. I ordered birth supplies, like clotting herbs in case of bleeding, and an umbilical clamp. I talked to my friends and family about our plan to give birth at home without a midwife. Everyone was dumbfounded that Nebraska law wouldn't allow midwives into my home to attend the birth. Then they would try and talk me out of it, but after a few minutes it would become extremely obvious that there was no argument that would change my mind. I wanted to give birth at home and I was going to make it happen. My husband was extremely nervous. He had been at the first two births and knew pretty much what to expect, but he still wanted a midwife there and tried to find someone. We contacted a midwife from out of state but determined that driving out of state defeated the entire purpose of having a home birth. The birth of our son again went very smoothly. He was born in our family room in a big pool that was bigger than the tubs available at the hospital. As soon as he was born, I climbed into my bed and rested without interruption. After a bit, I called my midwife and made an appointment. I drove myself and the baby to the office for a check, and received a few stitches. We both checked out just fine. My story isn't unique. There is no better way to rile up a mother

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than to question her parenting choices: breast or bottle, spanking or time-outs, stay at home or working mom--the list goes on. We do what's best for our family every time and we will defend those choices to the bitter end. Any family that wants a home birth in Nebraska will make it happen one way or another, even if it means going out of state, hiring an underground midwife, or going it alone. I ask you today to please help Nebraska families to keep birth as safe as possible and allow them to hire midwives to come into their homes and attend births. [LB712]

SENATOR CAMPBELL: Thank you, Ms. Loll. Any questions? Thanks for coming, and your testimony. Our next proponent. Good afternoon. [LB712]

KRISTEN TREAT: (Exhibit 10) Good afternoon. My name is Kristen Treat, K-r-i-s-t-e-n T-r-e-a-t. And first off, I'd like to thank you for taking the time to hear from so many of us today. I would like to start by saying that I understand how many of you feel. Five years ago I met for the first time a woman who had given birth to her son in her home. To say I was shocked would be putting it mildly. I didn't know people who could do that nor did I have any understanding why anybody would choose to do so. I thought at best she was ill-informed and at worst downright neglectful. That woman later became a friend and over the years we had many conversations about giving birth at home. She would direct me to research literature, statistics about planned home births, books, and more. One thing she said in our conversations that really stuck with me is that I didn't have to believe that home birth was a good choice for me and my family. I simply needed to respect her choice...her right to make the best choices for her and her family, and she would respect my right to do that same. Over time I began to realize that with proper prenatal care and screening by a skilled certified nurse midwife that home birth wasn't the dangerous undertaking that I had imagined it would be. I also began to understand that simply giving birth in the hospital wasn't a guarantee that you were going home with a live baby either. Just like in all aspects of our lives, life is unpredictable. Over the years I've learned so much about the process of childbirth. Amongst other things, I've become a doula where I work with women in labor, providing physical, mental, and emotional support. When I began doing this, I was very naive about how women in labor are treated in the hospital. Sadly, I can give countless stories of women being stripped of their basic dignities of human beings while they were giving birth, including privacy to urinate and defecate, because nursing staff thought the mom might try to violate some arbitrary hospital policy. It was after these experiences I truly began to understand why many women who had experienced the hospital ride the first time refused to buy a ticket to that ride again. In my professional life I'm also a provisionally licensed mental health practitioner working under the supervision of Terry Dischler, licensed mental health practitioner, certified professional counselor. I am certified in perinatal mood disorders and work with a focus on posttraumatic stress disorder after childbirth. Though I have been working in this field a short time, a trend has already emerged. Women reporting birth trauma often feel violated by hospital staff and experience flashbacks about childbirth at a hospital again. As a result of the law as it is currently written, many of these women are making the choice to give birth unassisted without

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any guidance or medical support in the case of a rare emergency. Despite the concerns you might have about the safety of home birth, it stands to be noted that women in this state are having home births, and by refusing to allow a competent caregiver who can guide the process for them the state is, in fact, making this process riskier for these women than it needs to be. In their statement regarding planned home birth, the American College of Obstetricians and Gynecologists, their Committee on Obstetric Practice states: Although the Committee on Obstetric Practice believes that hospitals and birthing centers are the safest setting for birth, it respects the right of women to make a medically informed decision about delivery. The women of Nebraska ask that you respect this right as well. [LB712]

SENATOR CAMPBELL: Are there questions or comments? Thank you for your testimony. Our next proponent. [LB712]

MATTHEW SHERMAN: Hello, Senators. [LB712]

SENATOR CAMPBELL: Good afternoon. [LB712]

MATTHEW SHERMAN: My name is Matt Sherman. Matt, M-a-t-t, Sherman, S-h-e-r-m-a-n. I'm a business owner, a husband and father. My request is simple: Make Nebraska the forty-ninth state to allow certified nurse midwives to attend home births. My wife and I are expecting our second child in July. Our first choice would be to deliver our baby in our home with a certified nurse midwife. We would like our second birth to be private, modest, economical, and safe. As the leader in my home, I want nothing more than for my wife and child to be safe during birth. I make lots of decisions about safety in our home. I research cars, schools, baseball teams. However, I've been denied the right to make this choice for our family, a choice that I feel is safest with a certified nurse midwife present. Because we cannot have this choice right now, we have chosen to give birth in a birth center. We must drive an hour away to this facility in order to ensure that my wife can maintain privacy during labor and that our family will feel safe. However, we would prefer to be at home with a certified nurse midwife where my wife would labor without interruption. Home birth will happen in Nebraska with or without certified nurse midwives. Our goal today is aligned similar to hospitals: We both want the health and well-being of mothers and babies. We both want to bring safety to the forefront, and one way is to allow certified nurse midwives to attend home births. Having certified nurse midwives present during the prenatal process, along with labor and delivery, is one way to ensure that problems will be spotted and that high-risk moms and babies will be given the care they require. That is all I have for today. Any questions? [LB712]

SENATOR CAMPBELL: Thank you, Mr. Sherman. Are there questions? Mr. Bloomfield...or Senator Bloomfield. Sorry. [LB712]

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SENATOR BLOOMFIELD: You said you need to drive an hour to get to the birthing center. Where are you driving from and where is the birthing center? [LB712]

MATTHEW SHERMAN: There is a birthing center in Bellevue. It's the only one in the state that I know of, and we live in Lincoln. [LB712]

SENATOR BLOOMFIELD: Okay. Thank you. [LB712]

SENATOR CAMPBELL: Any other questions? Thank you, Mr. Sherman. Our next proponent. Good afternoon. [LB712]

HEATHER SWANSON: (Exhibits 11 and 12) Good afternoon. Thank you for hearing testimony this afternoon, Senator Campbell and committee. I'm going to...I have written testimony, but I'm going to edit it a little bit because a lot of things have been said, and then I want to respond to a couple of things that were brought up as well. My name is Heather Swanson, H-e-a-t-h-e-r S-w-a-n-s-o-n. I'm a certified nurse midwife and family nurse practitioner from Wilcox. I currently serve on the National Board of Directors for the American College of Nurse-Midwives as the Region V representative, which covers 15 states and includes Nebraska. Nationally, ACNM is in strong support of legislative and regulatory efforts that protect the full-scope practice of certified nurse midwives. And likewise, they're supportive of efforts that resolve the existing restraint of trade statutes and tactics that still exist on our practice. ACNM supports CNM-attended home birth and thus ACNM supports LB712; and a letter of support from ACNM was e-mailed to the committee last week. I'm also a member of the Nebraska Nurses Association and was asked to present their supportive testimony today. You have just received the letter from NNA that includes the following. Certified nurse midwives in the United States are prepared in two healthcare specialities: midwifery and nursing. The nurse portion of their credentials aligns them with nursing and they are recognized as one of the advanced practice nurse professions. On the national front, the American College of Nurse-Midwives is an organizational affiliate of the American Nurses Association and have partnered together to support the practice of nursing as a whole and the unrestricted practice of APRNs. ANA supports the removal of barriers and discriminatory practices that interfere with full participation by advanced practice registered nurses in the healthcare delivery system. ANA supports initiatives that remove arbitrary practice restrictions or prohibit policies that promote barriers for APRN practice education, abilities, and competence. Consistent with our national organization, the Nebraska Nurses Association is supportive of policy changes and legislation to eliminate barriers to APRN practice. Like other APRN types, certified nurse midwives have experienced unjust practice restrictions across the nation and here at home in Nebraska. Specific to this bill our membership includes those who have been restricted from full scope APRN practice by prohibiting certified nurse midwives from attending home births. NNA acknowledges that Nebraskans who are currently choosing home

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birth are limited to unlicensed and unregulated care providers. Lack of licensure and regulation are known to carry risk to women and families rather than securing a licensed and regulated home birth provider like a CNM. This gap is one that CNMs can fill to improve patient safety, as it is within their trained and certified scope of care. NNA supports LB712 which eliminates the restriction of CNM-attended home births. The Nebraska Nurses Association urges your support of this measure and future support of unrestricted full-scope APRN practice across Nebraska. Thank you for your time and the opportunity to testify on behalf of nurses and NNA members. With whatever time I have left, with the...I would like to speak on behalf of myself. A couple things that were brought up, the question about supervising language. That has been interpreted as being readily available by phone. So it doesn't have to be somebody there present; they have to be available by phone. So that's to clarify that point. You may have...I'm expecting that somebody will probably mention that Nebraska is rural and is not an appropriate place for home birth to happen, and I would urge you to consider states like Montana, Texas, North Dakota, Wyoming, that have all had home birth going on for years and some states that have expanded beyond nurse midwives to allow other types of midwives to attend home births. And what we see in states that are more rural is that there's a higher nonurgent transfer rate the further away they are from a hospital. So they practice a bit more conservatively. They transfer sooner. They risk out sooner as well for care. So that's how the safety naturally kind of gets preserved in rural areas. As well, I'd like people to take note that we do have two growing Amish communities in Nebraska, and one is down by Pawnee City, and I had the opportunity to spend time with them a couple years ago to listen to their concerns about not having access to nurse midwives. There's also a group in the north, kind of central part, of Nebraska. They still don't have midwives to take care of them and they are not going to the hospital, and I think we need to provide care for them. I got contacted initially from a midwife in Ohio who was caring for some moms who were traveling out here and relocating, and she was shocked when she found out they couldn't have a midwife there. Also, if you don't mind, I have a couple more points here. [LB712]

SENATOR CAMPBELL: No, that's fine. [LB712]

HEATHER SWANSON: Safety is always a big concern, and opponents will bring up that we don't have a lot of randomized control trial studies on birth location, partly because it's unethical to tell somebody where they can birth. Like, you're in labor, great, you get randomized to go home, you get randomized to go to the hospital, because we know that women are going to labor best where they feel most comfortable and where they choose to labor. The studies that do compare birth locations take women with the same demographics--so the same age, same risk factors--and look at their outcomes based on where their intended birth location was. So if their intended birth location was at home, even if they transferred to a hospital they include those outcomes in the outcome data and the analysis of that. Now a few studies will probably be mentioned that will be opposing or supporting opposition to home birth and the safety of it, and I want to point out the two big ones, which are the Pang study which is a Washington State study.

The title and the study as a whole claimed to look at planned home birth and unplanned home...or planned versus unplanned home birth. At the time, they actually got data from the birth certificates, and the birth certificates did not distinguish between whether it was planned or unplanned. That data also included data on births as early as 34 weeks, which is preterm, which no wives--nurse midwife--would attend a home birth that early at home. Another study that's come up is the Wax study. That study also has several flaws to it. Only three of the studies included in that meta-analysis actually differentiated between planned and unplanned. Of that 93...of those three studies, they comprised 93 percent of the women in the study. And if you just looked at data from that, it showed no increased risk and adverse outcomes. So additional outcomes were included to skew those stats. Across the world, home birth happens. In Canada, if you're low or moderate risk, you have to be offered a home birth and you work together in a healthcare team. So if you need to be transferred, then you go into the hospital and somebody welcomes you and doesn't treat the midwife poorly or the family poorly. I do think home birth can be appropriately done in Nebraska. I teach at a college of nursing here, but I also work as a clinical director at a clinic and freestanding birth center in Texas during my free time, and I'm also a doctorate student so I don't really have any free time, but in the midst of things I attend birth at a hospital. And though I practice in the hospital and I like that, there's something nice and convenient about it. The cleanup is a little bit easier. Nurses help you out with all that. Birth can be done out of hospital pretty much just the same as it is in the hospital minus having an OR there. And there's things that we can risk women out for in pregnancy and then in labor to get them to the place where they need to be. And we have emergency medications to treat hemorrhages; we can deal with shoulder dystocia. If there's meconium. Birth now looks a lot different than it did 30 years ago or 40, 50 years ago. We have medications now that treat a lot of the biggest concerns that we had with women which were postpartum hemorrhages. So I beg people...and I need to cut it off. But that safety, if that comes up, it's not unsafe. And the 407 review that happened, there was, of course, two 407 reviews... [LB712]

SENATOR CAMPBELL: We need to finish up here. [LB712]

HEATHER SWANSON: I know. The last one I want to speak to though because I was on the 407 review--I'm very sorry because I know it's not polite to go long. But the last 407 review I was a part of it. I did not think that it was a...I felt very strongly it was a biased decision that came, that happened, and that people voted not on the evidence that was presented, but on their own personal feelings. And so if the 407 review gets brought up, I would beg you to consider that it wasn't representative of the evidence there. Thank you. Appreciate it. [LB712]

SENATOR CAMPBELL: Questions from the senators? Thank you, Ms. Swanson, for your testimony. Our next proponent. How many other people wish to testify in favor of the bill? Is there one more? Okay. Good afternoon. [LB712]

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REBECCA WELLS: (Exhibits 13 and 14) Good afternoon. My name is Rebecca Wells, R-e-b-e-c-c-a W-e-l-l-s. I am a certified nurse midwife. I am Nebraska born and raised in Lincoln, fourth generation. Had my children in Lincoln, and I'm going to talk to you just a little bit about my perspective, being in the field, having seen hospital births here. I've worked in women's health for over 35 years. Home births are increasing; again, they are rare. There is controversy still or there's not agreement about safety always, but it is definitely agreed by everybody that nurse midwives are the safest caregivers in home birth. A lot of it is up to choice. In our country, we believe in individual rights and we want freedom to make our own decisions. We are not in a country where healthcare is provided by the country. We don't have a national health plan. Everybody is responsible for their own care. Hospitals are different than they were when I started out, and I would say that obstetrical care in this country is high-tech, it's high-cost, but it's not highest quality on some of the outcomes such as infant mortality rates. High-tech. Some facts that I want you to keep in mind: Nebraska 2009, C-section rate, 31.7 percent; induction rate, 28.4 percent; augmentation of labor, that's speeding it along, 30 percent; anesthesia use, 76.9 percent. Lancaster County in 2008, primary C-sections--this is women come into labor who have never had a C-section--22 percent. This has changed dramatically in the last 35 years, so that the hospital now is so high-tech, and I think that's where a lot of women are not as comfortable in it because there's so much technology, and again C-sections are so common. Another factor is the high cost. And in Nebraska the average hospital vaginal birth cost--and this is without provider costs, anesthesia costs added in, or newborn care--I have for you, 2009: \$5,882. As a country, we are spending more on healthcare than any other country. It's gone up from 5 percent of the gross domestic product in 1960 to 17 percent in 2008. It's going up at a rate that I was reading something last night, it was the unsustainable cost of healthcare put out by the Social Security Advisory Board, September 2009. At the rate we're going, it's a burden to society, the huge costs, and a lot of it is technology. In Nebraska, in 2010, the number of uninsured: 237,000 or 13.3 percent of our population without health insurance. The other thing is high deductibles and the cost of health insurance. I know that is killing our family. It's gotten to be the biggest budget thing in your budget. And so it's a matter of risks and benefits. Everybody is not going to make the same decision, but women that are low risk that are proper candidates for home birth, in a system that provides for transfer to the hospital if necessary, facility costs can be avoided. This is a huge savings. And to not allow this is something that I think we have to look at. The data I was looking at...are we about done? [LB712]

SENATOR CAMPBELL: We're at the end. I want to make sure that you get in your most important points. [LB712]

REBECCA WELLS: Okay. In conclusion, what I was looking at from the Social Security Advisory Board, they said this burden of healthcare costs on the country as a whole will continue to grow unless...until we alter the efficiency and efficacy of our healthcare systems, we believe that it is essential that policymakers take action to restrain the rising cost of healthcare, and this

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is one way it's going to affect everybody. If some of the low-risk women are allowed to have home birth within the healthcare system ultimately it will help the huge expenditure in the area of obstetrical care. Thank you. [LB712]

SENATOR CAMPBELL: Thank you, Ms. Wells. Are there any questions? Yes, Senator Bloomfield. [LB712]

SENATOR BLOOMFIELD: You mentioned the number of C-sections. [LB712]

REBECCA WELLS: Yes. [LB712]

SENATOR BLOOMFIELD: Do you feel...how many, if any of those, do you feel were unnecessary? [LB712]

REBECCA WELLS: Well, you know, it's hard to say. What we notice is that the trend has just gone up dramatically, and it's hard to say. Now the reason why it's going upward at this point and why it's so high, part of it is the trend toward repeat C-sections. The trend has swung from letting women have a trial of labor and see if they can have a vaginal birth after C-section, to in a lot of hospitals not allowing that, and so once they have a C-section then having to have one every time. Some women are scared about C-sections, though, because a lot of the risk we don't know. I think just within the last few weeks there was something in the news about more risks to newborns that are born C-section. And we do know that looking at women who have multiple C-sections, there are a lot higher risks with those adding up and again avoiding them in the first place. Home birth is associated with a lot lower C-section rate. [LB712]

SENATOR BLOOMFIELD: Thank you. [LB712]

SENATOR CAMPBELL: Any other questions? Thank you, Ms. Wells, for your testimony. Any other proponents? Good afternoon. [LB712]

LIZ CODY: Good afternoon. My name is Liz Cody, L-i-z C-o-d-y. I believe I have testified before you guys before trying to protect the rights of midwives to actually practice in hospitals. I am back again to say I would like to support their right to practice outside of hospitals. My vantage point is not as a mother. I have not had any children. I was not born at home. And I have a lot of respect for all of the healthcare providers, as well as legislators like yourself who can help create safe, healthy environments for the next generations of Nebraskans to be born. I feel that it is the responsibility of parents, professionals, and folks like yourself who can help create laws to perform the kinds of analysis of benefits and risks for any choice that they might be

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making. As a student, I have tried to educate myself about the benefits and risks of different birthing scenarios because I would like to practice in this field. And I think that regardless of what your opinions are about the safety of home birth, it is a choice that a lot of people are making. It's a choice that they're coming to after doing a lot of research, and it is a choice that could be protected and enhanced by having dedicated professionals in Nebraska that can support those women or parents in that choice. The choice that I will be facing as someone who would like to work in healthcare is, where am I going to obtain the training that will allow me to best support these women and where am I going to go to actually start a practice that will allow me to do the most good? I think that there's a real need for people here in Nebraska to have support for home birth whether that community is a single family that's making the decision for themselves, an Amish community, a community that doesn't feel comfortable going into the hospital, whether there's a cultural reason. For any reason, there's definitely people who would be benefited by having knowledgeable, informed healthcare providers that can help them serve in-home. My choice as someone who could consider entering that profession is, do I leave Nebraska to be able to provide those services in an environment where I feel that my rights and safety to do that are protected, or do I stay here and continue to struggle against laws that don't allow that to occur? So I would like you guys to think about the benefits, alternatives, and risks with this bill. I think that there's huge benefits to allowing people to stay in Nebraska and make this a better situation, and I think that there's continued risk if you continue to prohibit midwives from attending home births to the future generations of both parents, children, and people that can provide these healthcare services. Thank you. [LB712]

SENATOR CAMPBELL: Thank you, Ms. Cody. Any other questions? Okay. Any other proponents? Is there anyone else...I did not see the gentleman in the first...so I just want to make sure I have everybody. Okay. I think you are the last proponent here, so. [LB712]

BEN GOTSCHALL: Well, all right. [LB712]

SENATOR CAMPBELL: And that's not a bad thing. [LB712]

BEN GOTSCHALL: I hope not. [LB712]

SENATOR CAMPBELL: Of course not. And your name, sir? [LB712]

BEN GOTSCHALL: Thank you. Good afternoon. My name is Ben Gotschall, B-e-n G-o-t-s-c-h-a-l-l. I'm the energy director at Bold Nebraska, and I'm the Lancaster County and District 5 president of Nebraska Farmers Union. I am not a father or a husband. I guess there's still time for that, the good Lord willing. But I would hope that in the future that my wife and mother of my children would have this option should I choose to stay in Nebraska, which I plan on doing. I'm

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going to kind of speak out of my experience as an individual, but it's the policy of the Nebraska Farmers Union to support this legislation. And I know that because I wrote that policy some years ago, because we had at the time I was working at a...I was working as a herdsman on a raw milk dairy north of Lincoln, and we had a lot of people that came to get milk from us, and a lot of those people were mothers who that was kind of how I first got introduced to this issue, and we talked a lot about that. And so I look at this issue from the standpoint of personal choice. And just like people in Nebraska, in that case mothers have the choice to come to the farm where I worked and see how we milk the cows and to personally inspect the job I was doing and make the decision to get food for their families. I think that this choice with deciding to have a baby at home is the same. It fits in...it's kind of along the same lines. And so, you know, you hear a lot of arguments...not to speak metaphorically but, you know, you hear a lot of arguments about how raw milk is going to kill you and how, you know, you're poisoning your family if you do it. And I've drank it all my life. I grew up on a dairy and I still drink it today, and I'm not dead yet, so. I hope it doesn't...I hope it doesn't have a, like, a sudden reaction there. [LB712]

SENATOR CAMPBELL: I hope not either, sir. (Laugh) [LB712]

BEN GOTSCHALL: You know, we hear the same things for raw milk. We hear the same arguments for homeschooling. I was also homeschooled, grew up on a ranch in rural Nebraska. I think, you know, there's a lot of arguments for rural Nebraskans here who do live some distance from a hospital, and it would be much more comfortable for them to have someone that they know and trust in their home with them so that they don't have to make that drive, so they're not limited to the geographical choices that they have. I would also echo the argument that there are other communities in this state that would benefit from this, like the Amish. I have some Amish friends out in Holmes County, Ohio, that I met through my dairy cattle business. And, you know, they have a lot of home births under their belts out there, and they understand that, and they...and I just think we need to offer the same choices to our citizens. And so I guess in closing I'll further speak metaphorically and betray my male sensibilities and say that if we're going to compete with Arkansas on something, I'd rather have it be Huskers versus Razorbacks on the football field and not to see who can be the last state in the Union to not allow women this choice. So thank you. [LB712]

SENATOR CAMPBELL: Not to change your allegiance here from the Razorbacks, but I think the testimony was Alabama. [LB712]

BEN GOTSCHALL: Oh, Alabama. Sorry. [LB712]

SENATOR CAMPBELL: (Inaudible) Tide, huh? [LB712]

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BEN GOTSCHALL: They've got a darn good team, too, I hear. So pardon me. [LB712]

SENATOR CAMPBELL: Are there any other questions? Thank you, Mr. Gotschall. And you take care of yourself. [LB712]

BEN GOTSCHALL: Will do. [LB712]

SENATOR CAMPBELL: You talked a lot about some dangers there. I don't want you to worry. [LB712]

BEN GOTSCHALL: I'm not scared. For the record, I'm not afraid. [LB712]

SENATOR CAMPBELL: Okay. [LB712]

BEN GOTSCHALL: Okay. [LB712]

SENATOR CAMPBELL: All right. Any other proponents? Okay. We will move to those who are opposed to LB712. Good afternoon. [LB712]

TODD PANKRATZ: Good afternoon. I'm Todd Pankratz, P-a-n-k-r-a-t-z. I am an OB/GYN in rural Nebraska. I am here representing the Nebraska Medical Association and the American College of Obstetricians and Gynecologists where I am vice chair for the state of Nebraska. I'm also representing myself here today. A couple things. Well, first of all, let me tell you a little bit about my practice. We are a practice of five doctors out in rural Nebraska. We cover 19 hospitals, so we bring care to and help support the family practice doctors in 19 hospitals from Ord down to northern Kansas, from McCook to York. So we're out traveling the state and giving the care. We've also employed midwives in our practice also. There are a couple things that I want to talk about today. First of all, I think the best way to frame this discussion today is, have we decided that this is a choice issue or if this is going to be a safety issue? And you've heard everybody talk about their choice of where they want to deliver and you've heard safety brought up, but I think for our senators in the group this is the best way for you guys to approach this topic: Is this going to be a choice or is this going to be a safety? And one of the issues...well, let me take a step back. First of all, there was a mention of the Wax study that was questioned about the validity of it. And the problem is, you are right; there are no good randomized studies out there to say, are we doing a good job, is this a good thing? And so our next best thing is to look at these meta-analysis where you do take all these studies together and you analyze them. And the study did come back and say, yes, there's less intervention; there are lower C-section rates; there's lower epidurals in the home birth versus the hospital. But again, this is a self-selected group that

desires less intervention. If you look at maternal deaths, well, there's no difference in maternal deaths. But if you look at neonatal deaths, there is two times more neonatal deaths in home births than in the hospital. And then if you take out the anomalous babies, the babies that are born with anomalies that are not compatible with life, there are three times more death rates in neonates in home births versus hospital births. And you may argue that point, and again until we have randomized studies, that's going to be the study that we have left to look at to determine what is the safety of home births. The other thing that we need to look at, too, and you guys had the conversation earlier this morning with the two gentlemen who are coming on the Emergency Medical Services committee was transfers. And one of the gentleman was complaining that it was hard to find volunteers to transfer people or to respond to emergencies in communities. If you look at what the hospital transfer rate is for home births for multiparous patients, it's 9 percent; for nulliparous patients it's 37 percent. So you have to look at the rural communities where we are and is this another duty that we want to place on our medical emergency services to transfer moms who are having trouble in labor to the nearest hospital. In rural Nebraska, the other thing that we need to look for is going to be the number of hospitals that are not doing OB anymore. There is going to be a longer and longer transfer time for moms who are having troubles to the nearest hospital. And that's one of the reasons we go to the 18 hospitals, a lot of these places we are doing the shared care with the local family practice docs while they do the care locally until 36 weeks and then we take over the last month so that the transfer or the driving time for these patients is not going to be nearly as far. There was a question earlier talking about the high technology in hospitals and higher Caesarian section rates. And I guess one of the points that I want to make with that is where are physicians held accountable for C-sections and when are they not held accountable for C-sections? One of the problems that...can I go longer? [LB712]

SENATOR CAMPBELL: Sure. Just finish out there. [LB712]

TODD PANKRATZ: Okay. One of the issues that we have is that obesity is a bigger problem, so when we have higher BMIs we have higher C-section rates. We have women who have had infertility issues who never would have had babies in the past who are having babies that increase the complication rates that they have. And so there are lots of reasons for the C-section rates other than technology. And then the last thing I want to talk about is going to be a quote here. There was mention about how ACOG had a joint statement with the American College of Midwives supporting home births. And I would just like to read this quote. This is from Holly Kennedy. She is the current president of the American College of Nurse-Midwives and this is a quote in an update thing through ACOG, and they're talking about this joint statement. And she quotes here: In response to the writing of this joint statement on practice and relations between ACOG and the Nurse-Midwives and what I think was a really brilliant suggestion by a member of the team was that this might be a place where we have to agree to disagree because we didn't want to lose the whole process or have the whole thing go down the drain over one issue. We

have each put our position statements and preferred people to it and said we're not together on this yet. This is a pivotal moment where we realize that we could work together, between physicians and the midwives; but we could agree to, on certain terms, and home birth happens to be one of those where we don't agree. So ACOG does not support home births from that standpoint, but we do support working with the midwives and using what they do best in caring for moms in safe situations. [LB712]

SENATOR CAMPBELL: Are there questions? Senator Gloor. [LB712]

SENATOR GLOOR: Thank you, Senator Campbell, and thank you, Dr. Pankratz, for taking the time to be here today. You heard my question earlier about the supervision issue with a licensed practitioner. So what does that mean? You have certified nurse midwives who work with your practice, don't you? [LB712]

TODD PANKRATZ: Um-hum. Yeah. [LB712]

SENATOR GLOOR: So if you sent that certified nurse midwife down to the train station--I think that was the example used earlier by somebody--with a mother who wanted to deliver in the train station, understanding that your malpractice carrier would probably frown on that; but you could hypothetically do...not hypothetically. You could do that under the law it appears to me. You just couldn't send her to the home to do that. Is that true? I mean, if you're...if there's a train station in Hastings... [LB712]

TODD PANKRATZ: In a theoretical situation I don't know how to answer a question like this. I mean in a hospital situation, we allow our midwife to work independently. We always have a physician available to back her up. We are in town so that we can respond immediately to her request, but we are not looking over her shoulder. My concern about delivering any place else would be if she runs into a situation in a train depot, I still don't have the services if we have to proceed with an emergency C-section to give the mom the care that she needs. [LB712]

SENATOR GLOOR: Could...for supervision purposes though, if that nurse midwife were back at the hospital and you were at one of your hospitals or clinics away from Hastings, is that still considered supervision? [LB712]

TODD PANKRATZ: Not if we're away. You have to have somebody who can respond in a reasonable amount of time. [LB712]

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SENATOR GLOOR: But is that your own issue or is that the hospital's issue, you know? I'm just trying to get a handle on what supervision means under the law. And I understand it's...you're not in a position to make that analysis. But there will be others that might be able to help me... [LB712]

TODD PANKRATZ: Yeah. [LB712]

SENATOR GLOOR: ...cipher through that at little later. And I agree with you, one of the things that's frustrating here is, would the move towards evidence-based medicine seem to be not a lot of studies. And with an increased number of home deliveries you would think that we'd get a little better at being able to gather that data. But because it's in-home, we don't have that data connection. There's no electronic medical record yet that hooks up to most people's homes. So maybe it will get better in the future, but I understand where you're coming from on that. Thank you. [LB712]

SENATOR CAMPBELL: Any other questions? I just have one question, Doctor, and that is I want to follow up on Senator Gloor's. In the other states that would allow this, wouldn't there have to be some reporting statistically, though, on a home birth that would give us the statistics and a study? Do you know? And we may have to just check on that ourselves. [LB712]

TODD PANKRATZ: Most of the stuff comes from birth certificates and the validity of birth certificates and how accurate birth certificates are or self-reporting. It's just hard, hard information to get at and that's the frustrating part for all parties involved here. [LB712]

SENATOR CAMPBELL: Right. I just turned to Senator Gloor and said that's sort of like the work that we've been trying to do on the prenatal issue in terms of finding that documentation and being able to use it and have some quantity of information. We can identify with that because we've struggled with that for the past year. [LB712]

TODD PANKRATZ: Yeah, it's the same issue with maternal mortality that we're trying to get at. I mean that's just...every birth certificate is--and death certificate--is different. That's hard to correlate all those data from state to state and even within the state. [LB712]

SENATOR CAMPBELL: All right. That may be an issue we should take a look at. Thank you, Doctor, for your testimony. Our next testifier in opposition. Good afternoon, Dr. Schaefer. [LB712]

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JOANN SCHAEFER: (Exhibits 15, 16, and 17) Good afternoon, Senator Campbell and members of the Health and Human Services Committee. My name is Dr. Joann Schaefer, J-o-a-n-n S-c-h-a-e-f-e-r, M.D. I'm the Chief Medical Officer of the state of Nebraska and the director of the Division of Public Health, and I am testifying on behalf of the department in opposition of LB712. You've heard a lot this afternoon so I will not be repetitive. You're receiving a copy of the 407 review that was mentioned earlier today. It was done in 2007. As you know, the 407 process has three parts to it. When I received the information from the Board of Health and the technical review committee, it did not have an appropriate review of the literature. In my portion of the 407 review I asked my maternal/child epidemiologist to gather that review of the literature, and that's what was in there at the time. So she studied the articles for me and did an evidence review for me at the time. Since this bill was introduced, I asked her to repeat that review of the literature. There have been 36 articles published since that 407. Only seven of them were studies. One of them that's been mentioned and talked about here today is the Wax study. There are six others. And the bottom line: There has been no compelling evidence submitted to the department or that we have found that would change our position on this bill. So we have not in fact changed our position, and I'd just be happy to answer any questions. [LB712]

SENATOR CAMPBELL: Are there any questions? Senator Gloor. [LB712]

SENATOR GLOOR: Thank you, Senator Campbell. Supervision. What does supervision mean? [LB712]

JOANN SCHAEFER: You know, I'm going to have to get back to you on that. It is "readily available," is that, and I'm not quite sure. You know, "readily available" does, in fact, mean by phone is acceptable. I don't know if we have any other directive that we've put out that defines that any further. But I know by phone is accurate. That was presented earlier today. That is an accurate definition. From there, I don't know what that means, if there's any other guidance as to how far along the physician has to be in terms of space or if that's left up to the hospital. So I'll check on that and get back to you. [LB712]

SENATOR GLOOR: Because supervision...in this day and age, with technology, by phone could be... [LB712]

JOANN SCHAEFER: Sure. Absolutely. [LB712]

SENATOR GLOOR: ...somebody flying overhead at 30,000 feet. [LB712]

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JOANN SCHAEFER: Sure. And absolutely we have...you know, telemedicine is certainly practiced very well within the state, so. [LB712]

SENATOR GLOOR: Well, and I understand also that there are other refinements and confinements that have to do with policies that an institution may have,... [LB712]

JOANN SCHAEFER: Right, that go...right. [LB712]

SENATOR GLOOR: ...malpractice coverage and all those things that rein it in. But I'm... [LB712]

JOANN SCHAEFER: Absolutely. [LB712]

SENATOR GLOOR: As it relates to the law it sounds pretty general to me, and so. If we've got regs, I would be interested in knowing it. Thank you. [LB712]

JOANN SCHAEFER: You're welcome. [LB712]

SENATOR CAMPBELL: Senator Bloomfield. [LB712]

SENATOR BLOOMFIELD: Thank you, Senator Campbell. Dr. Schaefer, with the home births are we getting in jeopardy of losing records such as birth certificates? How many...do we have a problem with the home births not being reported? [LB712]

JOANN SCHAEFER: There are requirements to file birth certificates, and people are very good about that. I mean we don't have evidence to prove otherwise but we believe that they are registering when home births do occur, that folks are registering the birth in the state. [LB712]

SENATOR BLOOMFIELD: Okay. Thank you. [LB712]

JOANN SCHAEFER: And we do...you had asked about a study. There is a study that does not talk at all about outcomes, but it does...it was just released in January and I just received this late about home births in the United States. And it's just statistical gatherings from states so I can get a copy of that to you. [LB712]

SENATOR CAMPBELL: That would be excellent, because part of my question would be when the 407 was convened and when you have reviewed this, did they take a look at the other states

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that allow this and whether they had any, you know, language that gave some requirements or some criteria to those home births. [LB712]

JOANN SCHAEFER: I don't think that's in the study. But all it is, is a statistical compilation of what is out there amongst the states; but it doesn't talk about any outcomes, but I'll get you a copy of it. [LB712]

SENATOR CAMPBELL: Okay. That would be good. [LB712]

SENATOR GLOOR: Maybe they couldn't. They're not allowed to look at what's happening in those states. [LB712]

SENATOR CAMPBELL: Oh, that's right. [LB712]

SENATOR GLOOR: That's part of the LB834, 407 review changes we're talking about. [LB712]

SENATOR CAMPBELL: Right. [LB712]

SENATOR GLOOR: I don't think they were able to. [LB712]

SENATOR CAMPBELL: The 407 probably didn't have the latitude to go out and do their own...bring in their own research or look at the other state statutes because the old process didn't allow this, whereas the new bill will. [LB712]

JOANN SCHAEFER: Oh. Well, yeah. You know, and we don't...we typically look at the peer-reviewed, published literature. Actually...and that was somewhat lacking, so we did an extensive review of the literature, and we've actually put that as part of our own internal process when that's...just on 407's in general. [LB712]

SENATOR CAMPBELL: Okay. That would be very helpful if you could send that, Dr. Schaefer. We'd appreciate it. [LB712]

JOANN SCHAEFER: Okay. Sure. And studies can be picked apart on either sides. There are strengths and weaknesses to studies, but you try to go with...and we took a...we did take a nonbiased view when we reviewed those literatures, what were strengths with some and what

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were weaknesses with some, and in the end there's really no compelling evidence to show that it's overall an increase in safety. [LB712]

SENATOR CAMPBELL: Okay. Any other questions? Thank you, Dr. Schaefer. [LB712]

JOANN SCHAEFER: You're welcome. [LB712]

SENATOR CAMPBELL: Other opponents to the bill? Those who wish to testify in a neutral position. Seeing no one, Senator Haar, would you like to close on your bill? [LB712]

SENATOR HAAR: Yes. I'm going to take a little time for my closing. I hope I can read my own notes. First of all, I have to tell you that the group backing this bill is delightful to work with. We laugh a lot when they come to my office. And they presented me with a pin that I can't find today, but it says: What does Senator Haar share with Ronald Reagan? And the answer is: We were both born at home, so. (Laugh) And I've got to tell you a little bit about that story because my mother isn't alive anymore, but she told me that she was at home, and I don't know what was going on, but she was laughing when her water broke. And it was too far to drive to Yankton, and Dr. Redding from Menno, which was about 15 miles away, it...just wasn't time. So I was born at home in laughter, which is probably a nice place to be. I was also really interested to hear that a birth in the Chamber or at a railroad station would not be illegal. And it was also very interesting for me to learn from one of the testifiers that actually this restriction, the criminalization of home births, was part of a compromise, not safety. And we've talked a lot about safety here, but that was interesting that...and it all seems a little upside down to me. Usually we criminalize things when we know that it should be a criminal act. In this case it seems the opposite, especially if this provision was put in there as part of a compromise where safety was not the issue. And I agree with Dr. Schaefer that a lot of these studies you can look at either way. There was a recent one reported in the Journal Star, and I haven't gone beyond that to look into the study itself, and I'm really not qualified to do that. But as reported in the newspaper, a rather large study was done in Great Britain showing that low-risk births in Great Britain had about the same outcomes whether or not it was done in the hospital or whether it was done at home. And I guess at the bottom of this, when you consider again that this was put on not because of safety but because of a compromise, we don't know what the statistics are, that I truly believe that women can make medically informed decisions, and I think that's what this comes down to. None of the women I've talked to who have done home births, and I know of some who have done it illegally, not in this group but in the past 20 years, nobody makes a decision to do a home birth as a snap decision or as a way to save money or...they do it as a matter of choice based on being medically informed. And these women are really well-informed as to what the risks are and what the benefits are. And since we really don't know what the risks are because the data isn't there, the benefits that these women feel, we have to take that seriously, I believe. And then when you

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consider...and I was handed some other information in here, but I think I'll wait with that in terms of, you know, again you can look at a lot of these studies both ways. But it sounds to me like Alabama and Nebraska are probably about the only places in the world you can't do a home birth with a certified midwife. And what I heard from the discussion today, that probably makes it the most dangerous place, these two states as well, because women are doing this because of things they feel are important. And I can't imagine, as a husband having two children, of being there for a birth all by myself. So I would say not only are we the two, probably, places in the world that you can't do this, but we're probably the most dangerous place in the world because women in Nebraska and Alabama do decide to do home births because of their values, because of the research they've done, and as we heard today, because of previous experience that they've had in birthing in hospitals and the kind of atmosphere that's there. You know, the atmosphere, a hospital versus home, a doctor versus a midwife whom they've worked with throughout their pregnancy. Again I guess I'm going to pretty much wind up by saying that this...reminding again that this...that criminalizing home births was a result of a compromise, not as a result of safety. And the studies don't show us that. I think it's upside down. Usually we criminalize things once we have that evidence. But to criminalize it first and say we'll only uncriminalize it if we decide differently is just upside down, and again to end with saying that I believe that women can make medically informed decisions. Everyone I've talked to who makes this decision is medically informed, and it's a choice that they make when they and their family balance the risk and the benefit. And so I would ask the committee to seriously look at this again and bring it out of committee. It's unlikely because we're past that point of, you know, just discussing bills. It's not a priority bill at this point, but I would ask you to bring it out of committee. I think it's a choice that medically informed women can make and they should be allowed to make without criminalizing the person who is assisting them who is making it safe. Thank you very much. [LB712]

SENATOR CAMPBELL: Thank you, Senator Haar. And we'll close the public hearing on LB712. I'm going to ask our guests if you are leaving to please leave as quietly as you can, have all conversations in the hall, because we will immediately go to the next one. So, Senator Haar, you want to just wait a minute and we'll let our guests leave the hearing room. [LB712]

SENATOR HAAR: Thank you very much. [LB712]

SENATOR CAMPBELL: All right, I think we're... [LB945]

SENATOR HAAR: Ready to go. [LB945]

SENATOR CAMPBELL: We're ready to go. We'll open the public hearing on LB945. It's Senator Haar's bill to require licenses under the Child Care Licensing Act to provide proof of

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radon levels at child-care locations. So Senator Haar, you can certainly go right ahead and open on this one. [LB945]

SENATOR HAAR: Okay. Senator Campbell and members of the committee, thank you. And thanks for putting me back to back. This makes it better for me. First of all, I've got to tell you that this whole issue came up because I've gone to enough NCSL meetings now where you go to all these booths. And one of them that's attracted me because I was trained as a chemist is the one on radon poisoning. And so we talked to those people after a few years and that's where this, the genesis of this idea. So LB945 deals with radon in day-care centers. It requires day-care centers licensed under the Child Care Licensing Act to provide a written affidavit that the building where the center is located has a maximum radon level of four picocuries per liter of air, which is kind of a standard, a health safety standard. Existing centers have one year per the date of the act to comply; upon the change of location, the licensee has 60 days; and new applicants must submit their affidavit upon applying for a license. A very simple test you can...it's a little test kit that you place somewhere for a certain number of days and then you put it back in its wrapper and send it in for analysis to tell if you have more radon than is healthy. Nebraska, by the way, has the highest rate of radon cancer of any state in the union; I don't think anybody knows why. But radon is the result of a naturally occurring decay of radioactive materials in the earth's surface. It's just part of the environment, but we have more of it here for some reason. It can collect in basements. And the interesting thing I found out about working with Green Schools is that children breathe more air. Because they're growing and so on, children breathe more air than adults. And so it occurred to me that, as I found out more and more about radon testing--which I've done in my own home, by the way--that it's especially important, I think, when it involves children because they breathe more air. It's a simple test, it's not expensive. The remediation, if you test high for radon, is to install a system that will draw air through the basement because it comes up through the ground and simply moving that air and replacing it will bring any radon level down to safe levels. So it's a fairly inexpensive test. Remediation is a little bit more expensive, but it's basically an HVAC kind of solution to the problem. And I think since we're number one in the nation, it ought to be something that concerns us. [LB945]

SENATOR CAMPBELL: Thank you, Senator Haar. Are there questions? Senator Gloor. [LB945]

SENATOR GLOOR: Thank you, Senator Campbell. Senator Haar, so explain to me the--I'm sorry, I've just lost my way--the four...for the maximum level, four picocuries, is that what it was? [LB945]

SENATOR HAAR: Um-hum, yeah. [LB945]

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SENATOR GLOOR: Four picocuries--there it is--per liter of air. That, as a maximum level, how did you come up with that number, I guess, is my question. [LB945]

SENATOR HAAR: It's... [LB945]

SENATOR GLOOR: Why do we know that's a safe maximum level or...? [LB945]

SENATOR HAAR: Yeah. My understanding, that comes from a government standard, much like many of the other standards where...and I haven't researched it enough to know if a lot of research has been done on it or whether that has simply been set as the safe standard, but that's one of those many standards that we find in food and the air and all kinds of things. [LB945]

SENATOR GLOOR: And so from what you know, that's considered an unsafe level. [LB945]

SENATOR HAAR: Above that, yes. [LB945]

SENATOR GLOOR: Above four picocuries. [LB945]

SENATOR HAAR: Yeah, yeah. [LB945]

SENATOR GLOOR: What would this require? It will require, within a year, somebody who's currently operating has to have the test done. How much is a test kit? Do you know roughly? [LB945]

SENATOR HAAR: No, but I have one. It's a little...comes in a little package like this and it looks like a block of foam and this will collect an air sample. You leave it for a certain amount of days and you're supposed to put it in a certain height from the floor and those are all on the little package. Then, you pop it back in its envelope and send it in for analysis. [LB945]

SENATOR GLOOR: But we're not going to be...if this went through, went ahead and became law, this isn't a...forcing a \$200 or \$300 expense on day cares. [LB945]

SENATOR HAAR: Oh, no, no, no. [LB945]

SENATOR GLOOR: It's reasonable, as far as you know, price wise? [LB945]

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SENATOR HAAR: Yeah, and that's... [LB945]

SENATOR GLOOR: What would we do then to require retesting? Or, if once a location is tested, can we feel comfortable that it's likely not to change within the next 20 years? [LB945]

SENATOR HAAR: Um-hum. And that's probably something to ask of one of the testifiers that will follow me. But yeah, usually the testing for radon is kind of a onetime thing. And again, nobody can quite explain why it's different here and it's here and it's here, but that's the sort of process, yeah. [LB945]

SENATOR GLOOR: Okay, thank you. [LB945]

SENATOR CAMPBELL: Senator Krist? [LB945]

SENATOR KRIST: Senator Haar, did Dr. Schaefer's office communicate with you regarding this piece of legislation? [LB945]

SENATOR HAAR: Yes. [LB945]

SENATOR KRIST: (Exhibit 51) Okay, because she brings up two good points in this letter. I don't know if you have a copy of this. [LB945]

SENATOR HAAR: I don't have a copy in front of me. [LB945]

SENATOR KRIST: Okay, I'll be happy to give you this one. And they're just concerns of hers and I guess as I look at them, they become concerns of mine. The first one is that in any building, commercial or private, it's my understanding that if you mitigate and there are ways to ventilate... [LB945]

SENATOR HAAR: Oh, thank you. Okay. [LB945]

SENATOR KRIST: Thank you, Michael. [LB945]

SENATOR HAAR: Um-hum. [LB945]

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SENATOR KRIST: There are ways to ventilate and mitigate the levels in any home with the ventilation kits and the way that we do that. So it doesn't address if they didn't exceed that level, could you mitigate? And I guess that would be an issue. The second one is--and because you've not been prepared, I don't expect you to answer; I'm just bringing it for the record. [LB945]

SENATOR HAAR: Yeah, yeah. I'll try. [LB945]

SENATOR KRIST: The other part of it is there are a good deal of these day-care centers that are located in family homes and by statute, they're allowed to test their own facility in a family home, which is exactly as you described. I go to the hardware store, grab myself a radon kit and throw it in, and then report the finding or present the findings while in other federal or administration, there's another...according to Dr. Schaefer, it would have to be someone in a commercial setting that would have to be a trained radon tester. So the difference between what we would impose on a commercial building as opposed to a day care, and I'm not sure that I have the answer. So I'm...but I...I just bring that to your attention. [LB945]

SENATOR HAAR: Um-hum, um-hum, sure. Well first of all, it can be mitigated. And again, it's a matter of circulating the air because the radon in the air can accumulate, basically. And I guess what we were attempting here is to address the problem, but not make it too overbearing. Again, since it is in the family home, to have somebody, you know, a special inspector come in is, I think, overbearing. But on the other hand, I don't think we should ignore it. [LB945]

SENATOR KRIST: Oh, absolutely. Thank you. [LB945]

SENATOR HAAR: Yeah, yeah. [LB945]

SENATOR CAMPBELL: Any other questions? Thank you, Senator Haar. [LB945]

SENATOR HAAR: You bet. [LB945]

SENATOR CAMPBELL: We'll take our first proponent for LB945. Good afternoon. [LB945]

CURT DREW: Good afternoon. My name is Curt Drew, it's D-r-e-w, and I am the owner of National Radon Defense. We're a national network of radon professionals based in Omaha. We have a network of radon measurement and mitigation companies throughout North America that we support. I'm also a certified licensed radon measurement and mitigation specialist with the state of Nebraska as well as the National Environmental Health Association, so I have some background in this, obviously. And just to kind of discuss Senator Haar's point about why is

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radon level high in Nebraska compared to the other parts of the country, it's really a mineral in our soil. We have a high uranium content in our soil in Nebraska, and so that's...you know, some areas of the country don't have high uranium in their soil like we do, and so that's really the cause of radon getting into our homes and our buildings here. It's the soil that just off-gasses this gas called radon. And what I would tell you is this is a known form of cancer-causing gas. We know that radon causes lung cancer. And so obviously, there's a lot of forms of cancer out there that we have no idea how we got them, you know, and it's unfortunate, but cancer is...you know, we've all been touched by cancer. And so what I would tell you is, you know, with this bill, we're talking about innocent people--children, you know--in an environment that might have a high radiation exposure in a house or a building, and so I think it's a good idea definitely to test and make sure that these innocent people are in a safe environment, so I definitely support this bill. [LB945]

SENATOR CAMPBELL: Okay. Questions? Senator Gloor. [LB945]

SENATOR GLOOR: Thank you, Senator Campbell. So what kind of exposure or what length of time is exposure to radon problematic? I mean, we have issues related to the number of x-rays that we take.... [LB945]

CURT DREW: Yeah. [LB945]

SENATOR GLOOR: ...and the amount of time we spend outdoors... [LB945]

CURT DREW: Yeah. [LB945]

SENATOR GLOOR: ...and how much time you spend in an airplane supposedly has impacts on that. [LB945]

CURT DREW: Um-hum. [LB945]

SENATOR GLOOR: So if a child is only in the day-care center for a year and they have higher levels of radon, is that still dangerous to them or is it a three- or four- or five-year period of time? [LB945]

CURT DREW: It's hard to say how the human body is going to absorb this and form it into cancer. It's hard to say who's going to...you know, there's some people that smoke their whole lives and never get cancer and some people get it when they're 30, and so it's very difficult to say how that's going to affect somebody. So we do know that any form of radiation exposure is not

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safe and so, you know, I'd have to kind of lean on that. I will tell you that lung cancer itself, about 160,000 people die from lung cancer every year in the United States; 13 percent of those are people that have died from radon-induced lung cancer, so about 13 percent. Lung cancer kills more Americans than breast cancer, prostate cancer and colorectal cancer combined, so it's a pretty significant deal and it's obviously viewed as a self-inflicted cancer. You know people, you smoke, and so you're doing it to yourself. So yeah, obviously with radon, it's not self inflicted, you know, so to speak. I don't know if that answers your question or not, but it's really hard to say, I guess. We do compare, we can compare chest x-rays to the exposure of radon at four picocuries. It's equivalent to about 100 chest x-rays a year if you're exposed to four picocuries of radon, which is significant. You couldn't go into a hospital and get 100 chest x-rays; they wouldn't let you. I think the maximum is four a year, so as far as...I just wanted to point out one more thing. I'm sure my time will be up. But the four picocurie level, the reason that was put into place is because it's achievable. There's really no safe level of radiation exposure, but we know that we can get homes--98 percent of the homes and buildings--below four. And so the EPA set the four picocuries level as an action level because we know we can get below it with the technology of the mitigation systems. Now, we want to get those levels as low as we possibly can, obviously, with a mitigation system. But we know we can get 98 percent of the homes below 4 and that's why it's set there. And so 3.9 is not necessarily safe, you know, and a 4.1 is not bad; it's really you just want it as low as you possibly can. And if it's above 4, you need to fix it because that's pretty high. [LB945]

SENATOR GLOOR: Lower is better, higher is worse. [LB945]

CURT DREW: There you go, exactly, so. [LB945]

SENATOR CAMPBELL: Senator Krist? [LB945]

SENATOR KRIST: This is just a curiosity question. We looked at a home and we were required to have radon tests, obviously. [LB945]

CURT DREW: Um-hum. [LB945]

SENATOR KRIST: And it was a block home, granite-type, everything was...you know, I loved it because I would never have to paint the rest of my life. [LB945]

CURT DREW: Yeah, okay. Yeah. [LB945]

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SENATOR KRIST: But the radon was out of control while the house next door to it had very, very low levels. Does this, an exposure to radon, does that come from that particular kind of block or rock construction? [LB945]

CURT DREW: Typically no. It could, depending on the mineral makeup of what they use as far as that block goes. Granite counter tops have been known on occasion to off-gas radon gas. You know it's not uncommon, quite frankly, to have a house next to another house, one having a high radon level, the other one not, you know. [LB945]

SENATOR KRIST: Hmm. [LB945]

CURT DREW: And it's due to air pressure, quite frankly, inside of a house, how the house is drawing in the gas. How tight is that house sealed up? Is it very energy efficient or not? You know, a drafty house is not going to have as much negative pressure drawing the gas in as a home that's maybe built more with a better insulation might. [LB945]

SENATOR KRIST: Hmm. [LB945]

CURT DREW: There's also just fissures in the soil that, you know, gas can travel up through these little small, microscopic cracks up to your house and, you know, maybe house is right above a fissure and the other one is not, so it's... [LB945]

SENATOR KRIST: Yeah well, needless to say, my wife would not buy the house, so. (Laughter) [LB945]

CURT DREW: Okay. You can fix it; it's very affordable. Most systems are installed in a day and... [LB945]

SENATOR HOWARD: Now you find out. [LB945]

SENATOR KRIST: Now I find out. My wife... (Laughter) [LB945]

SENATOR CAMPBELL: Now you know you could have taken care of it. [LB945]

CURT DREW: So... [LB945]

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SENATOR CAMPBELL: Other questions? Thank you for your...oh. Sorry, Senator Bloomfield. [LB945]

SENATOR BLOOMFIELD: Thank you. Is there any kind of a sealant that you know of, that you could put over, like a cement floor if you think it's coming up through the floor? Is there anything that slows its coming in? [LB945]

CURT DREW: Yeah. There are some sealants on the market that do claim to have an effect on radon levels. They can diminish how much is coming in; they're not really a...it's more of a band-aid fix, quite frankly. You really need to depressurize the home and draw the gas out because putting a sealant on concrete, concrete can then settle and crack and the gas is going to travel in through that least path of resistance and just, you know, come right through the concrete right again after you sealed it all up. So it is a good idea to seal all your concrete from cracks; however, that's not going to really drop the level significantly. [LB945]

SENATOR BLOOMFIELD: Okay, thank you. [LB945]

CURT DREW: Yeah. [LB945]

SENATOR CAMPBELL: Any other questions or comments? Thank you for your testimony today. [LB945]

CURT DREW: Yeah, you're welcome. [LB945]

SENATOR CAMPBELL: Our next proponent? Good afternoon. [LB945]

DEBBIE KALINA: Good afternoon, Senators. Thank you for the opportunity to be here today. My name is Debbie Kalina, that's K-a-l-i-n-a, and I am here representing the American Association of Radon Scientists and Technologists and, I also am the owner of Radon Protection Technologies, a radon testing and mitigation company in Omaha. And I would just like to reiterate a couple of things that...our area, Nebraska, the eastern third of Nebraska, is in what the EPA considers to be a high-risk radon zone, which means that over 50 percent of the homes that have been tested so far have shown to have levels above four picocuries per liter, or what they consider to be high levels. I'd also like to reiterate what Curt was saying, is that four is, in itself, is not necessarily a safe level of radon exposure, that you do want to get those levels down as low as possible. The radon is caused by decaying uranium in the soil and we happen to have high uranium deposits in the soil in our part of the country, our part of the state, the eastern third of the state, mostly. I mean, it could be found everywhere in the state, but that's where the higher,

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most likelihood of having high levels of radon are found. The houses that are built today are built more energy efficient and tighter. You know, we use the Tyvek wrap, we want to have the tightest windows we can have, and so things have changed over the last 50 years in how we build the houses or buildings and we're trying to build them as tightly as possible. But an area that is oftentimes overlooked is the floor slab and the foundation walls. There can be openings and piping protrusions and some pits and different things that will allow air to come into the house. And our house is oftentimes operated at a negative air pressure because of the stack effect and because we are running driers and we're running exhaust fans which creates negative air pressure in that house. And because they're built so tightly, oftentimes the best place for the soil gasses to come into the house is through the foundation or the floor slab, so that will draw in the radon. It's going to try to find makeup air. So what can be done is a system can be installed that will reduce the air pressure underneath the house so those soil gasses and the radon will be captured before they have a chance to come into the living space of the house, so. [LB945]

SENATOR CAMPBELL: Questions? So if you're going to go to not a residential home; but more of a commercial enterprise or, as the bill talks about, where it's a...where the facility is larger. What would it cost to mitigate that? [LB945]

DEBBIE KALINA: It depends an awful lot on... [LB945]

SENATOR CAMPBELL: Is it square footage? I'm sorry, I should have asked. [LB945]

DEBBIE KALINA: No, it wouldn't be square footage. We would take a look at the foundation type and if there are load-bearing walls that separate the different portions of the building because wherever there is load-bearing wall, if we're pulling the air out from under the slab in one area, we'd have to have a suction point or a place where we'd be pulling air out from the other area because that footing would separate those two areas. [LB945]

SENATOR CAMPBELL: Okay. [LB945]

DEBBIE KALINA: And oftentimes, actually, commercial buildings, depending on how big the child-care center would be--or day care--you know, oftentimes, it's commercial buildings who will operate at a positive air pressure. You know when you walk into a building and you get that rush of air in your face, that's what we find a lot of times in commercial buildings. So what I've seen in my practice is that the commercial buildings are typically not, they don't have the higher levels of radon. [LB945]

SENATOR CAMPBELL: Hmm. [LB945]

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DEBBIE KALINA: And that's not something I would say across the board. I certainly would say that you'd want to test each individual building. But the individual homes are more, I would say, more likely to have the higher levels of radon, so. And radon, it's estimated that 21,000 people die in the United States every year from radon-induced lung cancer. And if you were to break that down, that would be close to 500 people in Nebraska alone. But when you look at the geographic size of Nebraska and then what our...the fact that we're in the EPA Zone 1, where we have high levels of radon, the likelihood of high levels of radon, I'm sure that those numbers are much higher just within our state. So I...it...lung cancer is an awful thing. I lost my father to lung cancer and it's a terrible way to die. And when people are diagnosed with lung cancer, most of the time, it's too late. There's an 85 percent mortality rate within five years of being diagnosed with lung cancer, so whatever we can do to prevent lung cancer. The cost of a radon system is typically approximately the same price as a flat-screen TV and you know, when you look at the difference between saving a life, I think it's a pretty important thing. [LB945]

SENATOR CAMPBELL: Any other questions? Thank you very much for your testimony today. [LB945]

DEBBIE KALINA: Thank you. [LB945]

SENATOR CAMPBELL: Any other proponents? Okay, anyone who wishes to testify in opposition to LB945? Okay, anyone who wants to testify in a neutral position? Okay, Senator Haar, would you like to close? [LB945]

SENATOR HAAR: I would. Hold your breath, don't breathe, something's going to get you. (Laugh) I heard a discussion on TV one night and they were talking about how could you really make sure nobody walked onto an airplane with an explosive or some kind of device. And they came up with you'd have to go in naked and bubble wrapped, you know, so risk is always around us. And I don't know if we have more risk in our society with all the chemicals and stuff we create or people, you know, 500 years ago. I don't know. But anyway, we face a risk. And the chemist in me blushes because of course, radon comes from uranium; but I'll just say it's been 45 years since I taught chemistry, so if you forgive me for that. I asked and anyone can get a radon testing kit for your home from Health and Human Services because they have a radon division. And that little kit costs \$5, so you might want to test your home. I think I'll go back and test mine again. So anyway, it's a simple test, it's very inexpensive. Children breath more air than adults, so I think this would be a reasonable kind of thing that we ought to ask going on at day-care centers where kids may be playing in the basement. As we heard, no amount of radon gas is good for you; but we can live...you know, we choose to live with certain levels. So this will simply be a way of saying at least we want to know if there's a problem for our children because

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they breathe more air. And with no opposition, you know, maybe this could be a consent item. [LB945]

SENATOR CAMPBELL: One of the questions as I've thought of as I've listened to this, Senator Haar, is that we just have a lot of child-care providers across the state of Nebraska that are not licensed. I mean, they only take one or two children or, you know, they're doing the neighborhood. We certainly hear about that all the time when we talk to the Appropriations Committee, and they're trying to look at that. And so, you know, it's one of the things that maybe there needs to be some education attached--and you may want to look at that--that would go out through the department, even, who send out information because I think they probably send educational materials to people even though they aren't licensed, but they're on a list of child-care providers. [LB945]

SENATOR HAAR: A good suggestion. I would just also say, you know, after hearing this and knowing we live in Nebraska--and by the way, there are uranium mines in western Nebraska so it's maybe not too surprising. [LB945]

SENATOR: Yeah. [LB945]

SENATOR HAAR: But if, you know, if I have children and they're staying at somebody else's house a lot of times, you know, if my grandkids are staying with somebody and it's only two kids in the house, it may just...you know, maybe I should invest in \$5 and have...put that thing in the house. Again, we set ours up on the piano; it's supposed to be a certain height above the floor and so on, so it's very easy. [LB945]

SENATOR CAMPBELL: Hmm, interesting. Any other questions? I just want to say, Senator Haar, before we close this, a number of years ago when I was on the county board, we had this gentleman walk in who wanted his property valuation lowered because of his radon testing, and so we told him that we thought he could mitigate it and maybe his valuation would be okay, but... (Laughter) [LB945]

SENATOR HAAR: Well, you were always hardhearted as a county commissioner. [LB945]

SENATOR CAMPBELL: I know, boy. By golly, it was the county tax. [LB945]

SENATOR HAAR: You had that reputation. Well, thank you very much and it's...you know again, with no opposition, maybe this...we'll ask that this be put on the consent agenda. [LB945]

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SENATOR CAMPBELL: Any other questions or comments? Thank you, Senator Haar.
[LB945]

SENATOR HAAR: Thanks so much. [LB945]

SENATOR CAMPBELL: And for the committee, we'll close the hearings for this afternoon.
We'll take a five-minute break and come back at 4:00 for Exec. (See also Exhibit 52) [LB945]