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Education Committee
March 12, 2013

[LB131 LB143 LB275 LB460 LB619 CONFIRMATION]

The Committee on Education met at 1:30 p.m. on Tuesday, March 12, 2013, in Room 1525 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB460, LB275, LB131, LB143, LB619, and a gubernatorial appointment. Senators present: Kate Sullivan, Chairperson; Jim Scheer, Vice Chairperson; Bill Avery; Al Davis; Ken Haar; Rick Kolowski; and Les Seiler. Senators absent: Tanya Cook.

SENATOR SULLIVAN: Apologize for being just a little bit late. The day is full. Welcome to the Education Committee. I'm Kate Sullivan, Chair of the committee. And we already (phone ringing)...will you be able to put her on hold for a little bit or do we need to start right...okay. [CONFIRMATION]

CHUCK HUBKA: She can just hold while you finish, just acknowledge her though. [CONFIRMATION]

SENATOR SULLIVAN: Okay. Ms. Dinsdale? [CONFIRMATION]

KIM DINSDALE: Yes. [CONFIRMATION]

SENATOR SULLIVAN: Hi. Welcome. This is Kate Sullivan talking and we have just started the committee. I'll forgo some of my initial introductory formalities and we will go right to the fact that we are hearing from you. [CONFIRMATION]

KIM DINSDALE: Okay. [CONFIRMATION]

SENATOR SULLIVAN: So our first item of the agenda today is the reappointment of Kim Dinsdale to the Nebraska Educational Telecommunications Commission. And Kim is from Grand Island; she is unable to be here in body today, and so she has called in. And welcome, Ms. Dinsdale. [CONFIRMATION]

KIM DINSDALE: Thank you. [CONFIRMATION]

SENATOR SULLIVAN: As we start this introduction of your reappointment, perhaps you can fill us in a little bit on your background and your experience thus far with the commission. [CONFIRMATION]

KIM DINSDALE: (Exhibit 1) Okay. Thank you for letting me call in. Don't hate me when I tell you I'm in sunny Texas and it's going to be 76 today. [CONFIRMATION]

SENATOR SULLIVAN: How dare you! (Laugh) [CONFIRMATION]

KIM DINSDALE: (Laugh) But I appreciate you all letting me call in. I, indeed, am from

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

Grand Island. My history is that I grew up, I was reared in Texas and I went to SMU and have a degree in psychology. After that I was in marketing with World Championship Tennis, and then Falls Distributing in Wichita Falls. Then I moved to Grand Island when I married my husband, Tom, and we have two boys. And I have been on the commission; I have served for four years and have enjoyed it very much, and I look forward to continuing. I think it's going to be a real important time with the transition with Rod Bates retiring. And so one of my goals is to help with that transition and that continuity. [CONFIRMATION]

SENATOR SULLIVAN: Thank you very much. In addition to what you said, the responsibility of the commission for naming the next director, both looking backward and looking forward, what do you think has been one of your high points in terms of your service on the commission, and what do you hope yet to accomplish with your next term? [CONFIRMATION]

KIM DINSDALE: Well, the high point is really understanding and realizing what all NET does. It's an amazing organization and Nebraska is recognized all over the United States as having an outstanding program. And so that has been wonderful for me to experience and realize. And I think what I'll look forward to learning is there are so many moving parts, there are so many pieces to it from, you know, the funding from you all to the university to the private, you know, all the pieces that I think that I look forward to really continuing to grasp that and understand how all that works. [CONFIRMATION]

SENATOR SULLIVAN: Thank you very much. I'll see if any of the other members of the committee would like to ask some questions. [CONFIRMATION]

SENATOR SEILER: I have a question. [CONFIRMATION]

SENATOR SULLIVAN: This question will be coming from Senator Seiler. [CONFIRMATION]

SENATOR SEILER: Is Tom with you down there? [CONFIRMATION]

KIM DINSDALE: Yes, he is. [CONFIRMATION]

SENATOR SEILER: I'm sorry about that. (Laughter) He should be up here battling the snow. [CONFIRMATION]

KIM DINSDALE: I agree. Right now, because of this call, he has my friend and her nine-year-old son at the Natural Bridges Caverns, and so he is doing a little bit of duty, but yes, he should be up there battling the snow. I agree with you. [CONFIRMATION]

SENATOR SEILER: Take care, Kim. [CONFIRMATION]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

KIM DINSDALE: Thank you so much. [CONFIRMATION]

SENATOR SULLIVAN: Thank you, Ms. Dinsdale. Is there anyone wishing to testify in favor of this appointment? Anyone in opposition or in neutral capacity? Well...and again, Ms. Dinsdale, we appreciate not only the service that you have given but thank you for giving us your testimony today. And, well, all I can say is enjoy your time where it's warm because it's not here. [CONFIRMATION]

KIM DINSDALE: Well, I thank you all so much and I really appreciate you letting me call in. And I'm sorry I couldn't be there in person, but I do appreciate being able to call in. So thank you very much. [CONFIRMATION]

SENATOR SULLIVAN: Thank you. [CONFIRMATION]

KIM DINSDALE: You all have a great day. [CONFIRMATION]

SENATOR SULLIVAN: Okay, we'll go back to my formalities, if you will. I'd like to introduce the members of the committee that are here today. At my far left is Senator Bill Avery, representing District 28 in Lincoln. Next to him is Senator Ken Haar, District 21 of Malcolm. Senator Tanya Cook of District 13 in Omaha is not able to be with us today. To my left is Senator Les Seiler, District 33 of Hastings. On my right side is Senator Rick Kolowski representing District 31 in Omaha. And to my immediate right is Senator Al Davis, District 43 of Hyannis. My Vice Chair, who is Senator Jim Scheer of Norfolk, will be joining us in a little bit. To my immediate left is Kris Valentin, who is the research analyst for the committee. And to my far right over there, typing away, is our committee clerk, Mandy Mizerski. We have two pages that are assisting us today, Phoebe Gydesen from Lexington, who is a student at UNL; and Sean Miller, who is originally from New York City, but now is a student at the Doane-Lincoln Campus. Today we have five bills before us: LB460, LB275, LB131, LB143, and LB619. If you're planning to testify, I ask that you please pick up a green sheet that is on the tables in the back of the room. And if you do not wish to testify but would like your name entered into the official record as being present at the hearing, there is a form on those tables for you to do that as well. And both of those will be made part of the official record. Regarding the green sheet, if you would please fill that out before you come up to the table to testify, and please print, and it is important that you fill out the form in its entirety. And when you come up, give the sign-in sheet to the committee clerk. And this will, again, help us make an accurate record. If you do not choose to testify, you may submit your comments in writing and have them read into the official record; but please let us know ahead of time if that is your intent. And if you have handouts for the committee, we request that you have 12 copies. When you come up to testify, please speak clearly into the microphone, tell us your name and please spell both your first and last names, again, to ensure adequate record. I do ask also that you please turn off all

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

your cell phones, pagers, and anything that makes a beeping noise so as to not distract the committee or the testifiers. We will be using the light system today, not for the introducer but for the individual testifiers. You'll have five minutes to make your initial remarks to the committee. When you see the yellow light, that means that you need to wrap up. And then when the red light comes on, please wrap up your testimony as soon as you can. Okay, with that in mind, I think we will begin with our first bill, LB460. Senator Krist. Welcome.

SENATOR KRIST: (Exhibit 1) Thank you. It's always an educational experience to be here. Good afternoon, Chairman Sullivan and members of the committee. For the record, my name is Bob Krist, B-o-b K-r-i-s-t. I represent the 10th Legislative District in northwest Omaha, along with the north-central portion of Douglas County, which includes the city of Bennington. I appear before you today in introduction and support of LB460. I bring you a little piece of HHS today in your committee. Each year meningococcal disease strikes nearly 1,500 Americans, and 11 percent of those infected will die. The illness most people are familiar with is meningococcal meningitis, which people sometimes just call meningitis. This usually means that the lining of the brain or the spinal cord have become infected with bacteria. But these bacteria can also cause other severe illnesses like bloodstream infections, bacterial. Meningococcal bacteria are spread through the exchange of respiratory and throat secretions, like saliva. Living in close quarters, kissing, etcetera, can spread the disease. Although it can be very serious, meningococcal disease can be treated with antibiotics that prevent severe illnesses and reduce the spread of infection from person to person. Quick medical attention is extremely important if meningococcal disease is suspected. Adolescents and young adults are at greater risk for meningococcal disease than most, accounting for 15 percent of all those cases. One out of seven who get the disease will die. Among those who survive, approximately 20 percent will live with permanent disabilities, such as brain damage, hearing loss, loss of kidney functions, or limb amputations. Meningococcal disease is often misdiagnosed because its early symptoms are much like those of the flu. The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices recommends routine vaccination of persons, with meningococcal conjugate vaccine, at age 11 or 12 years, with a booster dose at age 16. After a booster dose, the levels of antibodies in the blood are higher than after the first dose and are expected to protect adolescents through the period of increased risk through the age of 21 years. Keeping up to date with recommended vaccines is the best defense against meningococcal disease. LB460 would require every student entering the 7th grade and again at age 16 to have a booster immunization containing meningococcal vaccinations. Off script I will tell you that most of you, either as youth or as parents or in some affiliation, lived through the polio problem that we had 50 years ago. Will the page hand these out for you, please? I leave these for you to take a look at, at your leisure, but I'd like to just talk to you...read one paragraph and then talk to you about my concerns. More than 50 years ago, polio held the United States' families in a grip of terror, especially during the summertime when polio seemed most likely to

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

circulate. Parents feared that they would hear in the news or from the neighbors that someone in the community had polio. People tried to keep their children safe from the potentially paralyzing disease by keeping them out of the public places such as pools, parks, and theaters. I see a parallel between where we could go with meningitis, meningococcal meningitis, and those very serious times when polio spread rampantly. Remember, this is a time when our youth are most susceptible because they're entering into their college years. They are...spare the rudeness, but they are sharing saliva for the first time, potentially, in their life. I think it's an important issue. I think that this committee, because of what you do in the field of education, needs to look at the exposure of our kids at a critical time in their life. If the committee would like to amend the bill in some way to make it more advisory, to put more education out there to the parents about the risk factors, I think in your good judgment you will do that. But this is, potentially, the polio of this generation if we allow it to go on and spread the way that it is. And again, if they're vaccinated as youth and they're kept up to speed on their vaccinations, the risk factors are negligible. I will say that there are syndromes that will be named. I'm sure anyone in opposition will talk about the things that can happen if you're vaccinated and your body does not react to the vaccination correctly. And those things need to be considered. As a parent, we...and I think that you can all attest to the fact that you had to make those decisions: Do I give my child the vaccination, do I not give them the vaccination. We had an additional concern in my family. We were a military family, consistently moving across the world in areas where polio, where some of these diseases that were killed in the United States through vaccinations were prevalent, in Third World countries especially. It's not an easy decision for a parent to make. But I think it's a worthwhile discussion for us to have in terms of making sure that our children have the proper vaccinations. With that I will take any questions. [LB460]

SENATOR SULLIVAN: Thank you, Senator Krist. Did you say that there currently are approximately 1,500 people who are afflicted by this? [LB460]

SENATOR KRIST: Diagnosed in the United States every year. [LB460]

SENATOR SULLIVAN: Every year? Then why do you say that this is the next polio? Has there been an increase in incidences? [LB460]

SENATOR KRIST: I'm saying that unchecked it could be. Without the vaccinations, it could grow. Polio grew in the same way, unrecognized until the country took aggressive steps to get polio under control. It's an example of what can happen if our vaccinations are not kept up to speed and we're not preventative in nature. [LB460]

SENATOR SULLIVAN: Have we seen an increase over the... [LB460]

SENATOR KRIST: Someone will follow from the CDC and I think they're better to answer the question. But there has been an increased awareness of the vaccination

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

itself, which I think has kept in check the growth in meningococcal. And this kind of a measure in the school system could help that process as well. [LB460]

SENATOR SULLIVAN: Any other questions for Senator Krist? Senator Davis. [LB460]

SENATOR DAVIS: Maybe the following person can answer this better, but...so we have the shot at 11, and then a booster at 16. And how long is that good for, that booster? [LB460]

SENATOR KRIST: The booster, I believe, once the vaccinations are complete, are good for the rest of your life. And remember there is also a childhood vaccination that if you receive that vaccination early in your life, the booster may not be necessary, but once the vaccinations are up to speed...and the shot records are maintained that way. But again, the experts will follow. [LB460]

SENATOR SULLIVAN: Any other questions? Thank you for your testimony. Will you be here for closing? [LB460]

SENATOR KRIST: I will, thank you. [LB460]

SENATOR SULLIVAN: Okay, thank you. We'll now hear testimony in favor of the bill, LB460. [LB460]

KORBY GILBERTSON: Madam Chair, members of the committee, for the record my name is Korby Gilbertson, it's spelled K-o-r-b-y G-i-l-b-e-r-t-s-o-n. I'm appearing today as a registered lobbyist on behalf of Sanofi Pasteur, not the CDC. I'm not really an expert, but I have done a lot of research while working on this legislation with Senator Krist. And I'd like to thank him for all of his help. LB460 came as a result of...there are actually three immunization bills in front of the Legislature this year. We're generally in front of the Health Committee, so they're used to me talking about these things. But because this one had to do with the immunizations being done as part of the school process, that's why this bill came here. But this bill is introduced because the CDC has issued requests that states introduce legislation like this. And they have a group called the CDC Prevention Advisory Committee on Immunization Practices. And they have...what they do is when they recognize an uptick in different diseases, then they make recommendations; so this is the one for the meningitis. And some of you, I want to say, I just want to clarify, there have been some meningitis outbreaks in the press recently. And those are fungal meningitis, so not exactly the same kind of meningitis; it would be different. But this one was based on specifically the CDC's recommendations for that. I also wanted to address a little bit the fiscal note that was released for the bill that the total cost to the state would be around \$120,000. That is for the cost of just giving the injection. The actual drug that the children would be receiving would be provided for free from the federal government. So that is just the injection cost. And

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

when you look at over 26,000 children would be getting this shot, I think it is a pretty good bang for the buck. And I'd be happy to try to answer any questions. [LB460]

SENATOR SULLIVAN: Thank you, Ms. Gilbertson. So the fact that it's...the vaccine would be provided free, is that because of the CDC recommendation? [LB460]

KORBY GILBERTSON: No, those will be for children who don't...who are Medicaid eligible. [LB460]

SENATOR SULLIVAN: Okay, all right. [LB460]

KORBY GILBERTSON: Right. Otherwise, it's...generally more and more insurance companies are covering it...are covering all types of vaccinations. So if it's not covered by that, it would be through Medicaid or through the Vaccines for Children Program also provides vaccines. [LB460]

SENATOR SULLIVAN: Uh-huh. Can you be a little more specific about the CDC recommendation? They are recommending that this regime be done? [LB460]

KORBY GILBERTSON: And I can read it to you again. And Senator Krist had it in his opening, but the CDC, their ACIP group recommends routine vaccinations of persons with quadrivalent meningococcal conjugate...I cannot say that word, sorry, vaccine...we were talking about butchering it earlier...at age 11 or 12 years with a booster dose at age 16. After a booster dose of the vaccine, the levels of antibodies in the blood are higher than after the first dose and then are expected to protect adolescents through the period of increased risk, which runs through age 21. So the second booster shot, they believe, will help children get through the stage when they're most at risk of getting the disease. [LB460]

SENATOR SULLIVAN: Okay. [LB460]

KORBY GILBERTSON: And that's the specific language from the CDC. [LB460]

SENATOR SULLIVAN: Any other questions for...yeah, Senator Seiler. [LB460]

SENATOR SEILER: Why are we starting this July 1, 2014? [LB460]

KORBY GILBERTSON: Because we wanted to make sure that school districts would have plenty of time to put that language into their next year's paperwork that goes out to parents. [LB460]

SENATOR SEILER: Okay. [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Senator Davis. [LB460]

SENATOR DAVIS: Do you have any idea, Korby, how many cases there are in Nebraska? [LB460]

KORBY GILBERTSON: You know, I was trying to look that up really quick when you asked the question and I don't have it. I will get that to you. There is a chart of ongoing cases through the country and I will try to get Nebraska's specific for you. I just wasn't fast enough on my phone to get it. [LB460]

SENATOR DAVIS: Thanks. [LB460]

KORBY GILBERTSON: But I will get that for you. [LB460]

SENATOR SULLIVAN: Senator Kolowski. [LB460]

SENATOR KOLOWSKI: Thank you very much, Madam Chair. Korby, on the flip side of the negative of the shots and what happens sometimes with some students' reactions when they...or young peoples' reactions when they have their shots, certain things...certain components of the shot may deal them difficulties as far as developmental issues. Could you tell us what you found in some of the....I know it is very small, but it still happens. [LB460]

KORBY GILBERTSON: Right. Senator Krist came and asked me the question when he had first been approached by someone that was concerned. So I went back to Sanofi Pasteur and asked them if they'd had reports of anything anywhere. And I also went back through and read all of the documentation. The CDC has a lot of information just about meningitis on their Web site, so I went back through and read that and looked at the contraindications and any adverse...and really what they said in a nutshell is that it's not any different than any other...how people react differently to different kinds of drugs. There isn't more of a risk for this than anything...than how different people just react differently. So there wasn't...there wasn't anything in the research that showed that this is an especially high risk. [LB460]

SENATOR KOLOWSKI: Okay, thank you. [LB460]

KORBY GILBERTSON: Um-hum. [LB460]

SENATOR SULLIVAN: Any other questions? Thank you. [LB460]

KORBY GILBERTSON: Great. Thank you. [LB460]

SENATOR SULLIVAN: Any further proponent testimony? We'll now hear testimony in

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

opposition to LB460. Welcome. [LB460]

LORI HARVEY: Thank you. It's good to be here. Greetings, Nebraska. My name is Lori Harvey. I have been an independent researcher on the dangers of vaccines for over 20 years. [LB460]

SENATOR SULLIVAN: Could you please spell your name? [LB460]

LORI HARVEY: (Exhibit 2) I'm sorry. L-o-r-i H-a-r-v-e-y. Independent means that I'm not on anybody's payroll or receive corporate, government, or individual grants. I'm here today to give evidence against mandating the meningitis vaccine for 7th graders and 16-year-olds. I'd like to quote Dr. Robert Mendelsohn, who is a professor at the University of Chicago Medicine and an author, "The greatest threat of childhood disease lies in the dangerous and ineffectual efforts made to prevent them through mass immunization. There is no convincing, scientific evidence that mass inoculations can be credited with eliminating any childhood disease." Let's read that again, "The greatest threat of childhood disease lies in the dangerous and ineffectual efforts made to prevent them through mass immunization. There is no convincing, scientific evidence that mass inoculations can be credited with eliminating any childhood disease." If a doctor that was also a professor at a medical college is speaking out against immunizations, isn't that saying something? What is meningitis? Meningitis is inflammation of the lining of the spinal cord, the brain lining, and sometimes can cause sepsis of the blood. There are 13 strains of meningitis. Vaccines only cover four of those strains. Tina Tam, epidemiologist with the New Jersey Department of Health and Senior Services, said, "The vaccine doesn't cover certain strains of the bacterial infection on purpose, due to complications that vaccines could cause with the body's immune system. There is no vaccine for strain B." Strain B accounts for one-third of the meningitis cases in the U.S. and 50 percent of the cases...infant deaths from meningitis. The good news is most of us are immune to the meningitis bacteria by the time we reach junior high without a vaccination. In fact, you can catch the common cold or flu more easily than you can meningitis. An advisory committee tells the CDC and FDA how many vaccines should be given and when. Most of the committee members are shareholders in companies that make vaccines. The more vaccines that are given, the more money they make. As seen here, Sanofi has testified the last two years at this committee meeting; they stand to make money from this law being mandated. Their vaccine has been approved by the FDA, but so is every other drug on the market. Every drug that has been recalled, over 1,700 in 2009, were approved by the FDA. The FDA also said that smoking was safe; they have recalled that statement. Are vaccines safe? The parents of Nebraska deserve a choice. OSHA protects workers against unsafe workplaces. They provide forums for protecting workers against employer-required vaccines. Why are lawmakers telling students that they have to get the shots in order to attend school? This isn't informed consent; this is coercion. The parents in Nebraska deserve the freedom of choice. Let's take a look at two of the toxins in the meningitis vaccine--formaldehyde and thimerosal.

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

Formaldehyde is in two out of three vaccines on the market. Last year, the FDA declared this to be a carcinogen. According to the MSDS sheet, possible side effects include reproductive disorders, multiple organ damage, blindness, and even death. Thimerosal is 50 percent mercury. It is in Menomune, which is made by Sanofi. It can cause damage, according to the MSDS sheet, to the kidneys, liver, spleen, bone marrow, and the central nervous system. Based on animal data, it may cause adverse reproductive effects, birth defects, and may affect genetic material. In 2011, the Institute of Medicine has said that certain vaccines are linked to brain inflammation, febrile seizures, and life-threatening infections like pneumonia and meningitis. Dr. Alec Burton, National Hygienic Society, 1978, said that vaccines can cause a variety of illnesses that are considerably more serious than those for which they are given. If vaccines are safe, why is there a hazard tax attached to each vaccine? Why are vaccine manufacturers immune from vaccine lawsuits? In conclusion, I would like to repeat that I am an independent researcher on vaccines. I don't get any grants or payroll from individuals, the government, or any corporation. Can every lawmaker here today make the same claim? [LB460]

SENATOR SULLIVAN: Thank you very much for your testimony. Are there questions? Thank you very much for coming. [LB460]

LORI HARVEY: Thank you. [LB460]

SENATOR SULLIVAN: We'll now hear further opponent testimony. Welcome. [LB460]

BETH BAKER-SCHWIMMER: (Exhibits 3 and 4) Hi. My name is Beth Baker-Schwimmer, and I'm speaking today on behalf of the National Vaccine Information Center. The NVIC was founded in 1982 by Barbara Loe Fisher, the mother of a vaccine-injured child. The NVIC does not advocate for or against vaccines but supports the right of people to make educated and voluntary healthcare choices. As a representative of the NVIC and the mother of a heavy-metals-injured child, we strongly oppose LB460, mandating the meningococcal vaccine for 7th graders and boosters at the age of 16 years. Based on the numbers of meningitis cases in the state of Nebraska, a mandate of this vaccine is totally unnecessary and will cost taxpayers thousands of dollars for those who will have to comply using our Medicaid system. Parents already have the option of getting this vaccine for their children if they want it. Figures for the last ten years of 1- to 23-year-olds contracting the strains of meningitis covered by these vaccines average a little over three cases per year. Considering these low numbers of cases, a mandate for this vaccine in this age group to attend school in Nebraska is totally unfounded. What is an epidemic in this state, and all across the country, is the number of school children with learning disabilities. Some ingredients in this vaccine are neurotoxic and carry risks. Neurotoxins in both our vaccines and the environment, with the ever-expanding vaccine schedule, are making our children sicker instead of healthier. More parents are educating themselves on the dangers of vaccines

as they see their children and others regress after vaccination with poor mental and physical health. Parents are either opting for a more graduated schedule or opting out of vaccinating altogether as their trust in the vaccine program diminishes. Toxicology tests done on my eldest son's baby hair, 13 years after he was diagnosed with a pervasive developmental disorder and a speech language delay, showed heavy metals toxicity, including those found in most vaccines. Because I did not want to expose my child to any more heavy metals that could damage him further, I decided to discontinue vaccinating both my children. They have not had a vaccine since 2001 and have remained completely healthy and disease free. Toxic ingredients in the meningococcal vaccines include formaldehyde, phosphate buffers which contain mercury, certain amino acids which contain MSG, and thimerosal which contains mercury. There is also concern that the meningococcal vaccine taken in combination with the Gardasil HPV vaccine in this age group has never been studied for adverse reactions in any clinical trials. HPV vaccines are known to have a high aluminum content, and the effect of these two vaccines taken simultaneously has not been studied. Considering the fact that many people today are getting rid of their aluminum pans, using aluminum-free deodorant, aluminum-free baking powders, and the link of this toxic metal to Alzheimer's, it makes no sense to think the pharmaceutical companies and the doctors who administer vaccines would even consider it completely safe to inject aluminum into young children with developing brains. Aluminum is a known brain toxin and in combination with mercury renders it doubly toxic. If children are given all the vaccines recommended by the CDC, the number could reach 49 doses of 14 vaccines before the age of six. The toxic burden that this many vaccines incur on children could hold the key to the explosion of learning disabilities in our student populations. When I looked up Omaha Public Schools, with a student population of 50,330, 1 in 18 has a specific learning disability; 1 in 22 has a speech/language impairment; and 1 in 111 children is autistic. There are a total of 8,542 students in OPS in need of special education services. That's approximately 17 percent. In Lincoln Public Schools, with a student population of 36,911, the statistics show that 1 in 21 has a learning disability; 1 in 40 has a speech/language delay; and 1 in 75 has autism. And there are a total of 5,762 children in LPS in need of special education services, which is about 16 percent. I do not have the figures for the whole state and can only imagine how large that number could be. One of the highest disability categories needing special education services is in the area of speech/language delay. Many doctors have surmised that we have a subset group of children who cannot handle the rigorous vaccine schedule set up by the ACIP and the CDC and that there may be a possible connection to the inability of this group to excrete heavy metals and toxins out of the body fast enough before they hit the brain. This could explain why children sometimes regress shortly after being vaccinated, as in the case of Congressman Dan Burton from Indiana, whose own grandson Christopher lost speech two days after receiving nine vaccines in one day, seven containing thimerosal which is 49.6 percent mercury. A one-size-fits-all mentality should never be used in the practice of medicine, as each patient's case should be reviewed on an individual basis. Doctors should give full disclosure to parents about the possible

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

side effects and ingredients of each vaccine given so they can make an informed choice. In my case, this was never done; and this bill, LB460, does not include this as a stipulation. Parents are often not informed by the public schools that they can opt out of vaccinating by providing a signed waiver which would put them into compliance with these mandates. Some states in this country are even introducing laws to discourage parents from exercising their right to a waiver. This recently happened in California when AB2109, introduced by Dr. Richard Pan, required parents to get a doctor's signature in order to opt out of vaccinations, trampling on a parent's rights and forcing them to pay for doctors' visits to get an exemption. Fortunately, Governor Jerry Brown sent a strongly worded letter to the assembly and directed the Department of Health to allow for a separate religious exemption on the form that does not require a medical provider's signature. [LB460]

SENATOR SULLIVAN: The red... [LB460]

BETH BAKER-SCHWIMMER: I am almost done. All children have the right to a free appropriate public education and should not be barred from schools because of a parent's vaccine choices. If vaccines work so well, then unvaccinated children pose no threat to those who aren't vaccinated. And just like drugs, vaccines carry the risks of a bad reaction, which is why the CDC set up the Vaccine...the VAERS, I'll call it. Even the CDC admits on their own Web site that individuals react differently to vaccines, and there are no way to predict how individuals will react to a particular vaccine. Parents should be able to make their own decisions. It's our family, it's our health, and it's our choice. And I will...I thank you for your time and I will take any questions you might have. [LB460]

SENATOR SULLIVAN: Thank you, Ms. Baker, appreciate that. [LB460]

BETH BAKER-SCHWIMMER: Uh-huh. [LB460]

SENATOR SULLIVAN: I did notice in the information that you handed out that in terms of the incidents of this disease, there has been an increase in 2009 and 2011. Does your research tell you...give you any indication? [LB460]

BETH BAKER-SCHWIMMER: That says "total all." [LB460]

SENATOR SULLIVAN: Uh-huh. [LB460]

BETH BAKER-SCHWIMMER: When I gave you the statistics, it was for 1- to 23-... [LB460]

SENATOR SULLIVAN: Okay. Oh. [LB460]

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Transcriber's Office

Education Committee
March 12, 2013

BETH BAKER-SCHWIMMER: ...or 0- to 23-year-olds. So if you look at those...if you look at 0 to 23 years, those are the numbers I gave you. The total in all, there are probably adults that have gotten meningitis that are in the older category. [LB460]

SENATOR SULLIVAN: Oh, okay. I see, okay. All right. [LB460]

BETH BAKER-SCHWIMMER: Okay. [LB460]

SENATOR SULLIVAN: Does your organization do...what type of education, I guess? Is it across the board that you try to show not only the problems with potential vaccines but the benefits as well? [LB460]

BETH BAKER-SCHWIMMER: We try...we're basically an advocacy group that advocates for parents' personal decisions to make these choices. Like I said, we're not against vaccines. [LB460]

SENATOR SULLIVAN: Uh-huh. [LB460]

BETH BAKER-SCHWIMMER: We try to research it. I think we would love to have safer vaccines. I mean, we understand, you know, the immunity...you know, the immune system and that we want to eradicate disease. What we do is we try to weigh out what are the benefits versus the risks. [LB460]

SENATOR SULLIVAN: Uh-huh. [LB460]

BETH BAKER-SCHWIMMER: And if you don't have this many cases, and we don't know, these few cases that are happening in Nebraska, we don't know what their case history is, how do we justify a mandate? Give the parents a choice in the doctor's office. Tell them, you know, this is a potential disease your child could get, would you like to have the vaccine? Give...you know, let them decide for themselves. The numbers do not warrant a mandate. If we're going to mandate them, we need to...I would rather...you know, the numbers should be higher, like an epidemic. [LB460]

SENATOR SULLIVAN: Do you have any indication, because the CDC has issued this recommendation, is there more education being done in doctors' offices and have we seen an increase in parents actually getting their children vaccinated for this? [LB460]

BETH BAKER-SCHWIMMER: I don't think doctors give the parents education. I know when I went in, nobody told me what was in a vaccine. And when I had my son's hair tested, I was shocked at the amount of heavy metals. And some of those heavy metals came in the vaccine. I didn't know. It was years after the fact, 13 years after the fact that I found out what happened to my son. I think we need to have more disclosure, more transparency by the CDC. [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Thank you. Any other questions? Senator Haar. [LB460]

SENATOR HAAR: Yes, thank you. Tell me...this is sort of a new field for me. Usually we don't get health kinds of things here. A heavy-metals-injured child, what does that mean? [LB460]

BETH BAKER-SCHWIMMER: It means he had a heavy metal toxicity. He had very high levels of lead. He had very high levels of antimony, and I didn't know what antimony was, and that's the fire retardant in baby clothes. He had high levels of mercury, high levels of aluminum. And I was trying to figure out where the sources of all these toxins were. So it's not just vaccines, it is also environmental. The difference between the vaccines and the environmental though is when you put vaccines into a child, that's going directly to the blood and that has a direct route to the brain. We know that heavy metals have an affinity for fat. Your brain is made of fat. That's where it goes. And so I will never know exactly how much damage was created by each one of these heavy metals. All I know is that it was there. He will forever have a stutter. He will always have hearing loss. He will...you know, he will always have to deal with some of these little disabilities. I mean, he's one of the luckier children. I feel very fortunate as a mother. I mean he has his associate's from Southeast; he's going to college, he's doing well. But he has some deficits and he knows that, and we deal with it. [LB460]

SENATOR HAAR: So the deficits you're describing, can they be tied to...or is it, perhaps, a coincidence with the heavy metals, or can...you mentioned stuttering, for example. Can that be tied to the heavy metals? [LB460]

BETH BAKER-SCHWIMMER: What I know from my child's history, and it was very early in the game, we didn't...you know, parents didn't know what was in the vaccines until about the mid-'90s. My child was born in 1990. I just remember that after a series of vaccinations, I remember him getting really sick. So all I have to go on is his history. I know that when I got the toxicology report back, the reports did say, though, that he was high in these heavy metals; and the only route, because he was only a year old, had to have come from some of the vaccines that he had been given, because I know that in the early '90s there...especially the Hep B, when they use multi-dose vials, those vaccines that he got, I called his pediatrician's office and they definitely had mercury in them. So I know for a fact that it was there. [LB460]

SENATOR HAAR: So, do...he has a special susceptibility or something. Do all children...do most children just sort of get rid of these or...? [LB460]

BETH BAKER-SCHWIMMER: There are...that's why we...some children are affected and some are not. What we have found out is that glutathione in the blood, there is a...it's a substance in the blood. If a child has high levels of glutathione in their blood,

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

they are more efficient chelators; if they have low levels of glutathione, they are not as efficient. So there is a subset group of children out there that cannot get rid of heavy metals. We have also know doctors who have tied it into testosterone. As you know, we have more children...and if you look at the speech/language delay numbers, and autism numbers too, boys are more affected with disabilities than girls, in general, in all these categories. Boys and testosterone, testosterone has been linked as being a catalyst. It holds heavy metals into the body and allows it to pass the blood-brain barrier more readily, whereas estrogen has more of a protective effect, which would explain why we have more boys affected than girls. Also, if you're using a multi-dose vial, the heavy metals, they go to the bottom of the vial and if you don't shake that vial up, the child that gets the last dose in that vial gets the most...gets the biggest hit. [LB460]

SENATOR HAAR: Okay. Thank you very much. [LB460]

BETH BAKER-SCHWIMMER: You're welcome. [LB460]

SENATOR SULLIVAN: Senator Avery. [LB460]

SENATOR AVERY: Thank you, Madam Chair. Did you ever get an independent diagnosis or verification from a professional clinician that supports your conclusions? [LB460]

BETH BAKER-SCHWIMMER: I had a Dr. Mark and David Geier, who looked at the toxicology report and told me that my child was indeed affected by the heavy metals. I was...we went to doctors. I mean, he was verified with pervasive developmental disorder. He did carry the autistic label for a few years just so that he could get services, so we had speech/language services; but he had echolalia and was developmentally delayed. After a series of shots, he got sick and he had convulsions with fever. We were in the emergency room about every weekend with him. And I...you know, like I said, we were early in the game at that point. So the only thing I have to go on is the symptoms and the toxicology report that I have. [LB460]

SENATOR AVERY: But the toxicology report did not necessarily...the doctor did not necessarily diagnose your son's condition as having been caused by these toxins in his body. Is that correct? [LB460]

BETH BAKER-SCHWIMMER: You know, unless you sacrifice a child, how are you going to know what is in the brain? I'm not going to sacrifice my child so you can go into his brain and say, oh yeah, he was poisoned. I mean I can't do that. [LB460]

SENATOR AVERY: Well, I'm trying to establish causation. And you're convinced that the immunizations caused the heavy metals and that caused the consequent problems. [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

BETH BAKER-SCHWIMMER: Right. [LB460]

SENATOR AVERY: What I'm trying to establish though is whether or not you had a professional clinician confirm this, or whether you are drawing your own conclusions. [LB460]

BETH BAKER-SCHWIMMER: I had a doctor look at the toxicology report. [LB460]

SENATOR AVERY: I know...I know that, but... [LB460]

BETH BAKER-SCHWIMMER: I can't; no, I can't. I can't say that I did. [LB460]

SENATOR AVERY: But the doctor did not say that these toxins came from immunizations. [LB460]

BETH BAKER-SCHWIMMER: No. [LB460]

SENATOR AVERY: No. [LB460]

BETH BAKER-SCHWIMMER: The doctor only said that it's most likely that that is what happened. There is no way that I'm ever going to know for sure. That is true. [LB460]

SENATOR SULLIVAN: Any other questions? Senator Kolowski. [LB460]

SENATOR KOLOWSKI: Thank you, Madam Chair. Ms. Baker, on the...one of your comments was about the parent's signed waiver. I'm guessing you've done that over time. [LB460]

BETH BAKER-SCHWIMMER: Oh, yes. [LB460]

SENATOR KOLOWSKI: And you also mentioned something about someone taking a more graduated schedule. [LB460]

BETH BAKER-SCHWIMMER: Yes. [LB460]

SENATOR KOLOWSKI: Would you define what that means and how that would take place. [LB460]

BETH BAKER-SCHWIMMER: That just means that parents are going to either delay some vaccinations or they're very careful about how many they get. As I stated, Congress... [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR KOLOWSKI: In total or over time? [LB460]

BETH BAKER-SCHWIMMER: Over time. [LB460]

SENATOR KOLOWSKI: Oh, okay. [LB460]

BETH BAKER-SCHWIMMER: Some of them decide not to get certain vaccines also. [LB460]

SENATOR KOLOWSKI: Thank you. [LB460]

BETH BAKER-SCHWIMMER: Um-hum. [LB460]

SENATOR SULLIVAN: You started to, I think, talk about the Congressman. [LB460]

BETH BAKER-SCHWIMMER: Oh, Congressman Dan Burton. Yes, he's been a real advocate for us. He just had hearings in Washington, D.C., on vaccinations and the number that the children are getting and specifically how it may relate to autism. We don't know. But he called hearings, actually in 2002. So he's been an advocate of this and trying to get down to the bottom of this for over a decade now. And he...his own grandson Christopher was vaccinated for nine diseases; seven of them had thimerosal, and the child became...was nonverbal two days later. He did end up with a diagnosis of autism, but he did lose speech two days later afterward. [LB460]

SENATOR SULLIVAN: Why was he vaccinated for seven...nine different things in one day? Do you know? [LB460]

BETH BAKER-SCHWIMMER: A lot of times, if a child is sick they won't vaccinate. And if they go to follow-up visits, then the doctors will overvaccinate because they try to catch them up. They're trying to stick with a schedule. And that's...that, in our opinion, is dangerous when you do that many in one day. If you, you know, like I said, a child gets sick, they don't want to vaccinate when they're ill, so they try to catch them up. [LB460]

SENATOR SULLIVAN: Thank you. Senator Haar, did you have another one? [LB460]

SENATOR HAAR: Yes, are there opt-out provisions now with vaccinations? [LB460]

BETH BAKER-SCHWIMMER: Yes, there are. A lot of parents don't know that. I talk to parents all the time and they'll say, yeah, but my child has to have these vaccines to go to school. And I say, no, you have the right to a waiver. And parents...I'm astounded at how many parents don't realize that. [LB460]

SENATOR HAAR: Um-hum. And then are there vaccines right now though that you

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

don't have an opt-out? [LB460]

BETH BAKER-SCHWIMMER: I don't believe so. I think you can opt out of any vaccine. As long as you sign a waiver, you can opt out of any vaccine. [LB460]

SENATOR HAAR: So this would be the first really. [LB460]

BETH BAKER-SCHWIMMER: Would be the what? [LB460]

SENATOR HAAR: This would be one of the first then...or could...would this still be...you could still opt out? [LB460]

BETH BAKER-SCHWIMMER: Well, this mandate, you could still do a waiver even with the mandate. [LB460]

SENATOR HAAR: Okay, okay. [LB460]

BETH BAKER-SCHWIMMER: But my issue is that parents...a lot of times parents don't know that and they think they have to comply. And so, you know, we need to inform parents that they have the right to do it or not. [LB460]

SENATOR HAAR: Okay, thank you. [LB460]

BETH BAKER-SCHWIMMER: Um-hum. [LB460]

SENATOR SULLIVAN: Any other questions? [LB460]

SENATOR DAVIS: A couple questions, Senator Sullivan. [LB460]

SENATOR SULLIVAN: Yes, Senator Davis. [LB460]

SENATOR DAVIS: Thank you. When you had this toxicology report done... [LB460]

BETH BAKER-SCHWIMMER: Um-hum. [LB460]

SENATOR DAVIS: ...was it ever...did you ever have a second one done? [LB460]

BETH BAKER-SCHWIMMER: I didn't have a second one done because it was his baby hair. I only have so much baby hair; I kind of wanted to keep a little. [LB460]

SENATOR DAVIS: Because sometimes those tests can be inaccurate, you know. That's why I asked the question. [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

BETH BAKER-SCHWIMMER: Well, the hair had been around for quite a few years. Like I said, I sent it in 13 years after. [LB460]

SENATOR DAVIS: I understand that; I just wanted clarification on that. [LB460]

BETH BAKER-SCHWIMMER: Yeah. [LB460]

SENATOR DAVIS: And, you know, I understand your concerns, but I would certainly hope that you would recognize that if the vast majority of students didn't ever have any vaccinations, we would have epidemics going on. [LB460]

BETH BAKER-SCHWIMMER: I understand that. [LB460]

SENATOR DAVIS: So those of you who don't have the vaccinations are sometimes depending on the public health system to see to it that your children don't have those. You understand what I'm saying? I mean, you heard what Senator Krist said about the polio situation and, you know, I've got three friends that are old enough to have had polio when they were young. So, I mean, it's something to be concerned about. [LB460]

BETH BAKER-SCHWIMMER: That's right. Then if that is the case, then we need to talk to the manufacturers. And we need to tell them that maybe we need to figure out how to make these vaccines safer, because the public...in order to save the vaccine program, you need to make sure that people have confidence in the program, because more of us are going to stop vaccinating if you cannot assure us that our children are not going to end up with a lifelong disability. And that's...the numbers...I'm just doing two school districts here with numbers and that is extremely high; 1 in 22 kids with a speech/language delay in a school district is very high. So you need to convince us that you're going to assure that we have safe vaccines if you want us to continue. [LB460]

SENATOR DAVIS: Thank you. [LB460]

BETH BAKER-SCHWIMMER: Uh-huh. [LB460]

SENATOR SULLIVAN: Senator Haar. [LB460]

SENATOR HAAR: And then finally, I'm sure that your group, the NVIC, has gone to manufacturers, and what response do you get from them? [LB460]

BETH BAKER-SCHWIMMER: It's just not cost efficient for them. It doesn't seem to be cost efficient for them to change the way they manufacture these things. [LB460]

SENATOR HAAR: Okay. Thank you. [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

BETH BAKER-SCHWIMMER: Um-hum. [LB460]

SENATOR SULLIVAN: Thank you for your testimony, Ms. Baker. [LB460]

BETH BAKER-SCHWIMMER: You're welcome. [LB460]

SENATOR SULLIVAN: Any other testimony in opposition? Welcome. [LB460]

KAREN ANTHONY: Thank you. Shall I go ahead and start or should I wait? [LB460]

SENATOR SULLIVAN: Yes, please. [LB460]

KAREN ANTHONY: (Exhibit 5) My name is Karen Anthony. I am a mother; I am a retired lieutenant colonel in the United States Marine Corps with 28 years of service. My children only got vaccines before the age of five and then I stopped. [LB460]

SENATOR SULLIVAN: Could you spell your name, please? [LB460]

KAREN ANTHONY: Oh, I'm sorry. [LB460]

SENATOR SULLIVAN: That's all right. [LB460]

KAREN ANTHONY: Karen Anthony, K-a-r-e-n A-n-t-h-o-n-y. What I am going to do is read a part of a direct quote from page 197 in Neil Z. Miller's book titled Vaccine Safety Manual. You will have a copy of a couple of the pages of the foreword from that written by Dr. Russell Blaylock, who is a neurosurgery with 25 years of experience: Meningitis can be caused by a virus or bacterium. Viral meningitis, also called aseptic meningitis, is fairly common, usually less severe and dissipates without treatment. In fact, no specific treatment is available for viral meningitis. Antibiotics do not work against viruses. In contrast, bacterial meningitis can be serious. Once proper identification of the responsible pathogen has been determined, antibiotics can be administered. With bacterial meningitis, it's caused by at least three different classifications of bacteria and each of those three classes of bacteria contain several different strains. In one class there are at least three meningitis-causing strains; in the second class there are approximately 90 strains of a streptococcus pneumonia strain; and scientists know of at least 13 strains of the third class. Bacterial pathogens are contagious. They are not easily spread via casual contact or by simply breathing the air where an infected person has been. None of the bacteria that cause meningitis are as contagious as ailments like the common cold or flu. I believe that to compare bacterial meningitis with polio is a disingenuous and inaccurate comparison. It will never be like polio was. Several vaccines have been developed to combat bacterial meningitis; however, each vaccine is designed to protect against one or more strains of just one class of bacteria. There's three classes. One of those classes has 90 strains. All of us have heard about flu

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

vaccines--they miss the proper strain. The same thing can happen with this vaccine. I submit to you that there is no reason for a vaccine for viral meningitis because it is simply not serious enough to warrant the considerable expense of vaccine development. Antibiotics are the most cost-effective, targeted treatment for bacterial meningitis. A doctor orders a spinal tap; finds out the specific pathogen, meaning the class and the strain; and then prescribes appropriate antibiotics for that specific class and strain to the patient and to only those who have been directly exposed. Many years ago I worked in a hospital and was directly exposed to a patient who was later diagnosed with bacterial meningitis. The hospital gave antibiotics to only those who had exposure to this patient and that was the end of it. There was no enormous media hype campaign to scare the public. I've also provided as a part of the package the nine-page...or actually its two-page foreward--the rest of the pages I can give to you if you would contact me--to Miller's book which was written by Dr. Russell Blaylock. One of the quotes from that foreward is: In a collectivist system, it is the plan that matters, not individuals. In fact, individuals are to be sacrificed for the plan. What you will be reading about in this monumental work, meaning Miller's book, is a description of the human effects of one of those plans--the vaccine program. He also speaks of his experience at the Simpsonwood Conference, which was attended by 53 specialists in vaccine effects, including members of the World Health Organization and major vaccine manufacturers, concerning data indicated that the vaccines were causing statistically significant increase in childhood neurodevelopment problems. One of the attendees stated that his main goal was to see that every child in this country receives his vaccines today, tomorrow, and forever. In other words, he could care less that the vaccines are significantly damaging children's brains and altering their brain development. I would add that in the regimented plan there is no effort to make an unbiased, honest, and accurate study of the benefits versus the risks of any vaccine. Vaccines have been found in court cases to be responsible for the sudden death of some children. These are documented facts. Much more, the damage is insidiously gradual as more and more vaccines are given. We, our children, and our parents are sometimes receiving so many vaccines that we no longer have a concept of what normal is. We are sick. Our children are sick. The average IQ of this country is being lowered insidiously with the neurological damage of vaccines. Would you want that to happen to your children, to your grandchildren? There may be some of your children and grandchildren that have been affected. [LB460]

SENATOR SULLIVAN: And I've noticed that the red light is on. [LB460]

KAREN ANTHONY: Okay. If they have gotten or getting their vaccines, they are being adversely affected. I'd also urge you to consider what one more mandated vaccine will do to teachers in the classroom. I encourage all of you to visit multiple schools and see the number of children with learning problems. It's mind-boggling to compare how many children there are in our classrooms who cannot learn as well as they should be able to. And vaccines are significantly to blame. Teachers in our schools are being

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

overwhelmed trying to care for and educate these children. This vaccine is not needed and is not worth the expense or the risk to the health of our children. This decision must remain in the hands of parents. I encourage you to remove this bill from floor consideration. [LB460]

SENATOR SULLIVAN: Thank you, Ms. Anthony. Are there questions for Ms. Anthony? Thank you very much. [LB460]

KAREN ANTHONY: Anybody can contact me and I'll be happy to provide a copy of either of the books on vaccine safety. And Beth and I can both provide you with a great deal of information about the toxic effects of mercury, because they've been known for a hundred years. [LB460]

SENATOR KOLOWSKI: Ma'am. [LB460]

SENATOR SULLIVAN: Senator Kolowski. [LB460]

SENATOR KOLOWSKI: Thank you, Madam Chair. Colonel Anthony, semper fi, and thank you for your service. Were you in the medical corps when you were in the Marines? [LB460]

KAREN ANTHONY: No, sir, I was a competitive shooter in the United States Marine Corps. [LB460]

SENATOR KOLOWSKI: Oh, you were, great. I'm thinking of when we first started in the Marine Corps, we'd just line up in a hallway and they shoot us with many inoculations as we go down the line. And having survived that and OCS at Quantico, it's a wonder...what...would we eliminate some of those shots in the same way as you're talking about how you feel about inoculations at this time in life? [LB460]

KAREN ANTHONY: I feel so strongly about it, and I got 17 vaccines in the first seven years of active duty, and I had problems resulting from it, problems that are typical of exposure to heavy metals. And I have been working, literally, for five years on "detoxing," having nothing to do with alcohol, having to do with getting heavy metals out of my system. And it has helped. You know, somebody like me, and this is the same thing with children, a premature, smaller child will usually be more adversely affected than a guy who is burlier than I am and taller than I am. And so there are considerations. I...I mean, I'd be happy to sit down and talk with any of you about the effects of this. It's absolutely...you can't dispute the fact that they are causing damage. I do not believe that they should be used in the numbers in which they are. The mercury in vaccines, mercury doesn't have to be in there. It is a preservative for multi-dose vials. They can make individual vials. Problem: It causes the pharmaceutical companies more money. So there are ways to make them safer. I do believe, as Beth did, that it is a

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

parental choice. And if you believe the vaccines work, if you're sold on the facts that they work, what difference does it make if one child or 95 percent of the children in the classroom don't get it? If you're vaccinated, and you believe it works, I mean...if any vaccine needs a booster shot, that tells you, by definition, the vaccine does not work and it does not give you immunity, doesn't work. [LB460]

SENATOR KOLOWSKI: Thank you. [LB460]

SENATOR SULLIVAN: Any other questions? [LB460]

KAREN ANTHONY: Thank you very much for your time. [LB460]

SENATOR SULLIVAN: Thank you, Ms. Anthony. Any further testimony in opposition to LB460? Welcome. [LB460]

NANCY RUSSELL: (Exhibit 6) Hi. I'm Nancy Russell, R-u-s-s-e-l-l. Our family has experienced a newborn that took her initial shots. It's my grandniece and she lives clear back near Boston, so I don't know all the particulars except that it is reported to me that she went into seizures and these seizures have continued. And they've had intensive medical treatment of her, but for now she is still having seizures. This report comes from a group called Mercola.com. It has a rather threatening title. I don't necessarily agree with that title, because I think sometimes people are well-intentioned with the things they do in the medical pharmacy industry as well. But the first paragraph says: In the early 1950s, the United States administered four vaccines per child, and in the '80s there were seven. Today children may receive as many as 37 doses of 14 vaccines by the age of two, as many as 8 vaccines in a single visit. The United States recommends more vaccines than any country in the world. The CDC recommends 48 doses of 14 vaccines by the age 6; and 69 doses of 16 vaccines by age 18. If you could turn to page 2, at the top of the page you will see that meningitis, there is approximately 3,000 cases a year out of a population of 350 million people here we have in the U.S. And down a little further it says: During the past 30 years, the number of vaccinations our children receive has tripled. During that same period of time, the number of children with learning disabilities, ADHD, asthma, diabetes also has more than tripled. If you go to page 4, we're going to talk about follow the money. A report from 2007 entitled "Pipeline and Commercial Insight: Pediatric and Adolescent Vaccines," written by vaccine analyst Hedwig Kresse, makes some interesting points about the future of vaccine profits. The report includes an assessment of products and forecast to market size and coverage rates to the year 2016, predicting that, due to the promising commercial potential of new high-priced vaccines, the pediatric and adolescent vaccine market will quadruple from approximately \$4.3 billion in 2006 to over \$16 billion by 2016 across the U.S. and the European Union and Japan. The crucial factor for success in the pediatric market, the report notes, is the introduction of products to the national vaccine schedules. As an example, Dr. Kresse cites Wyeth's Prevnar as the first premium-priced vaccine

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

launched in the U.S. in 2000 for vaccinating infants against pneumonia and meningitis. Since then, Prevnar has been added to the childhood vaccination schedules in the U.S. and the EU-five, despite its high price of nearly \$320 for the four-dose regimen. If you go down to "The Alliance Between," the next paragraph: The first quarter of 2010 alone, the U.S. federal government representatives received \$19 million per day from lobbyists, and over \$1 billion in total lobbyist spending, a large chunk of the money coming from the healthcare sector. Keep in mind that this is only federal lobbying efforts. This figure doesn't take into account the millions more spent lobbying at the state level, not to mention the cozy lobbying arrangements between the drug reps and individual doctors. And I guess that is just the point I want to bring up is that there is money involved too. [LB460]

SENATOR SULLIVAN: Okay. Thank you, Ms. Russell. Any questions? Thank you for your testimony. [LB460]

NANCY RUSSELL: Thank you. [LB460]

SENATOR SULLIVAN: Um-hum. Any further opposition for LB460? Anyone wishing to speak in a neutral capacity? Welcome. [LB460]

KAY OESTMANN: (Exhibit 7) Good afternoon, Senator Sullivan and members of the committee. My name is Kay Oestmann, K-a-y O-e-s-t-m-a-n-n, and I'm speaking on behalf of Friends of Public Health which is...which represents local health departments across Nebraska. Adolescents and young adults 16 to 21 years of age have high rates of meningococcal disease and for this reason the Advisory Committee on Immunization Practices, or the ACIP, recommends routine vaccinations of all persons 11 to 18 years of age. First dose of MCV4, which is meningococcal conjugate vaccine, should be given at age 11 to 12, with a booster dose given at 16 to 18. Current standards promulgated by the CDC support these immunization guidelines and most immunization providers encourage this practice. For persons at increased risk for meningococcal disease, vaccination is the best that they can do to decrease the risk. Meningococcal disease is most commonly diagnosed among infants, adolescents, and young adults. The symptoms can appear quickly or over several days. It's very serious and can be fatal. In fatal cases, deaths can occur in as few as a few hours. In adolescents, infectious diseases tend to spread quickly wherever large groups of people gather together. As a result, college students living in dormitories are at slightly increased risk compared with other persons of the same age. Therefore, the vaccine is recommended and often required in most of the colleges in Nebraska prior to college admission. Keeping up to date with recommended immunizations is the best defense against meningococcal disease. The vaccines are safe and proven to be effective. The Nebraska immunization guidelines follow the Centers for Disease Control recommendations of immunizations at 11 to 12 years, with a booster at 16 to 18. While Friends of Public Health supports and provides recommended immunizations in our public immunizations, we do have concern

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

about making a law since it is CDC's recommendation and already in practice throughout the state. I would take any questions if anybody has any. [LB460]

SENATOR SULLIVAN: Thank you, Ms. Oestmann. [LB460]

KAY OESTMANN: You're welcome. [LB460]

SENATOR SULLIVAN: Clarify that last sentence a little bit. So in other words, the CDC is already making this recommendation, so with this legislation we'd be going a step further. [LB460]

KAY OESTMANN: This would just require, you know. Most public immunization clinics are providing this already. [LB460]

SENATOR SULLIVAN: Uh-huh. [LB460]

KAY OESTMANN: It's not anything that, you know, the mother comes in, we give her the information on the vaccine; she reads the information on the vaccine before we ever...then she signs permission, she or he, the parent, signs permission to give the vaccine. We tell them that it is recommended for this age; no matter what the vaccine is, this is what is recommended for your child today. [LB460]

SENATOR SULLIVAN: Okay. [LB460]

KAY OESTMANN: Doctors' offices are doing the same thing. So, you know, it's pretty much the standard of care across the state, and I say that with confidence. You know, our only opposition to this, the reason we're testifying neutral is that, you know, it's probably already in practice in most places. So, colleges can require it, so...and that's happening nearly everywhere, because, you know, the kids that you hear that had the flu that went to bed at night and died, were taken in, you know, with...and they had meningitis. It's happening in colleges. [LB460]

SENATOR SULLIVAN: Do you have any evidence in these...the public health places that parents are getting their children vaccinated more for this disease? [LB460]

KAY OESTMANN: For meningitis? [LB460]

SENATOR SULLIVAN: Yes. Yes. [LB460]

KAY OESTMANN: We..I...we very seldom have anybody that doesn't go ahead and do it. [LB460]

SENATOR SULLIVAN: Oh, okay. [LB460]

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Transcriber's Office

Education Committee
March 12, 2013

KAY OESTMANN: You know, they bring them into the immunization clinic for immunizations. By the time they've read the information and by the time that they, you know, that we explain, you know, any questions that they have, why, most of them get it. [LB460]

SENATOR SULLIVAN: Okay. Thank you. Senator Haar. [LB460]

SENATOR HAAR: Tell me just real briefly who the Friends of Public Health are. [LB460]

KAY OESTMANN: Friends of Public Health represents the local district health departments across the state. [LB460]

SENATOR HAAR: Okay. [LB460]

KAY OESTMANN: There's 22 of them. [LB460]

SENATOR HAAR: Okay. In our society we've gotten so used to, you know, take this drug, and then they...while they're having fun and romping around, it tells you all these possible deadly side effects sort of thing. We're so used to that. How do you explain the cost benefit to parents when it comes to immunization? [LB460]

KAY OESTMANN: Well, I'm going to take off my public health hat and talk as a parent. I had children that were in the '80s. I had baby-sat a child that died of rubella--measles. And so when the '80s they developed the MMR, I was delighted that I could give that to my children and feel that I was protecting them better. Now I'm in public health; I'm also a nurse. I don't give anything that isn't FDA or CDC approved because I take an oath to do no harm. And so, you know, it's a personal thing. I think that, you know, parents have the right to decide whether they give immunizations or not. But at the same time, you know, these are wonderful tools that can potentially save your child's life. So I don't...I don't have a conflict in giving immunizations in our immunization clinic. Does that answer what you wanted? [LB460]

SENATOR HAAR: Sure, sure. Do you...I mean, you've heard the concerns that some people have and the effect that, you know, the mercury and so on in these drugs. [LB460]

KAY OESTMANN: Could I address that? [LB460]

SENATOR HAAR: Please do, yes. [LB460]

KAY OESTMANN: The immunizations that we give now are all either individual syringes or individual dose mix ahead...mix up as you go immunizations. The thimerosal is...has

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

been removed from nearly all of the vaccines or is in a minimal amount. There was at one time in the '80s where it was prevalent and it was the main ingredient that they were using to essentially keep the vaccine from spoiling. But now the immunizations that we get are either with no...any kind of a...you know, you can buy yogurt that doesn't have any kind of a product in it that's supposed to keep it from spoiling. You know, it's...you know, people have gotten more and more aware of what you should do with things like that. So the ones that we have don't have any kind of preservative in them. We either mix them as we go, or they're preservative free in their individual syringes. [LB460]

SENATOR HAAR: Is there an area of public health, your profession, where people investigate, you know, the fact that vaccines could be causing autism, etcetera, etcetera? [LB460]

KAY OESTMANN: There's constant...you know, the ACIP that I talked about in my testimony does that; the CDC does that; the vaccine companies do that. There is, you know, before it can be released, why, you know, any vaccine is tested. And, you know, we aren't going to...the drug companies and the federal government aren't going to give anything to a child that's, you know, a potential harm. Does it happen sometimes? Yes, you know, and it makes big news and they pull the drugs immediately, and it happens with a lot of things. But, yeah, there is investigation that's ongoing and...in the state of Nebraska, probably not; but on the federal level, yes. [LB460]

SENATOR HAAR: Thank you. [LB460]

SENATOR SULLIVAN: Any other questions for Ms. Oestmann? Thank you for your testimony. [LB460]

KAY OESTMANN: Thank you. [LB460]

SENATOR SULLIVAN: Anyone else wishing to testify in a neutral capacity? Senator Krist. [LB460]

SENATOR KRIST: This is what a public hearing is all about. People come in and express their opinions, some individuals, some professional. And Ms. Baker actually came and talked to me in my office and I explained to her, as a parent of a special-needs child, we exercised our rights not to have Courtney immunized in certain areas because it created a different risk factor for someone with 13q minus. That is a parental decision. This committee deals all the time with Chapter 79. Chapter 79-220 gives the parent the right to refuse, as Senator Kolowski knows, gives the parent a right to refuse and put the waiver in progress in the educational institution. If the problem is that we don't tell our parents that they have that right, then I think as a superintendent or as a principal you have a bigger problem than education in general. This is something that is a parental right and it would be a huge issue. So I remind you to go back and

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

read 79-220 and exercise those rights...to exercise those rights. I would refer you to page 2 of the green copy, start with line 3. I won't insult your intelligence by reading it to you, but there is a list of required student immunizations. And I think Kay Oestmann, who is a frequent flier in the Health and Human Services Committee, will tell you, we don't have measles, mumps, rubella, etcetera, because we have a quality vaccination program in the United States. We are more aggressive in the United States and I think healthier for it--my opinion. Again, this is a public hearing. To the point that some drug companies are in it for the money alone, Pfizer is currently in the process with the FDA of approving a new meningococcal, which has a much-improved chemical base and makeup. We're two years out with that one. And potentially we'll have this discussion in two years whether or not it's competitive to even ask that the parent consider the current immunization or look at a different immunization. With all due respect to one of our testifiers, I would disagree that the information that...a broad-based statement that is all-encompassing that says that mass immunizations have never proven to prevent diseases. And I'll take you back to the example of polio. At a minimum, I would recommend that this committee look at making sure that our educational institutions require the education that this is available, as Ms. Oestmann said, was available at the public health facilities. I called Dr. Adi Pour in Douglas County and asked her for testimony today. Unfortunately, she is out of town. But I believe that Ms. Oestmann provided a conglomerate of that or a consolidation of that testimony as well. To say that OPS has learning disabilities beyond proportional amounts for anyone else is apples and oranges. I think we have found that in the OPS system we have more incidence of lead poisoning because of where the kids live. If you remember a bill that Senator Council carried several years ago that I actually prioritized, it was trying to do lead cleanup, specifically in OPS, because of the number of problems we had there. And as far as being disingenuous, I know you know my reputation. I am not that. If a booster is required, then we know that it must be ineffective? I owe my life to the hepatitis booster in some of the countries that I went to. So with that, I would only add, we have an option. We can put it out to the school districts and let them know that we think at a minimum there should be an additional education piece that goes out from 12 to 16, saying have you had this? Would you consider this? To mandate it in the school system, remember, if you go back to 79-220, it will require a waiver from the parents and they can say, no, I don't want to do this. And that is a parental right. With that, again, I'll take any questions, ma'am. [LB460]

SENATOR SULLIVAN: Thank you, Senator Krist. What in your estimation is the tipping point from going from a CDC recommendation to what you're suggesting here, a mandate? [LB460]

SENATOR KRIST: Prevention is part of the cure. When the CDC comes out and says, you should pay attention to this, state legislatures, I think we should pay attention. Whether we're at that tipping point now, I think...maybe Senator Chambers and God make those decisions, but I don't know whether we're at a tipping point right now or

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

we're seeing the tip of the iceberg, or we're just treating one of the meningococcal...one of the meningitis fields, but I think it's worth our attention. We need to have that discussion. [LB460]

SENATOR SULLIVAN: When you started your testimony, you said something about you're not here...or stepping away from Health and Human Services. Health and Human Services wasn't here today to testify. So I'm a little unclear, because if they were concerned about this, they would have the opportunity to establish a rule to require this, right? [LB460]

SENATOR KRIST: Well, this rule falls under Chapter 79, which is in this jurisdiction, which would be education. And I think to say that they're not here to testify is indicative of a lot of their character, even in our committee. So I would not measure that, although it would be an interesting question for Dr. Acierno right now, who has just taken over as the Chief Medical Officer, and it would be worth a conversation. I don't know why they're not here, because I asked them. I made them aware that it was coming forward. [LB460]

SENATOR SULLIVAN: Uh-huh. Okay. Thank you. Any other questions? Senator Davis. [LB460]

SENATOR DAVIS: Just a question of economics, Senator Krist. How much do these shots cost? [LB460]

SENATOR KRIST: I will get that information for you on a per injection basis. [LB460]

SENATOR DAVIS: Uh-huh. [LB460]

SENATOR KRIST: And how much the average insurance pays I think is worth your deliberation as well. Ms. Oestmann is right. In a public health sector, there is no cost. If we're going to mandate and my insurance does not cover it, what kind of a burden are we putting on the parent to go forward? But I'll get you that information. [LB460]

SENATOR DAVIS: I asked that question because I have so many uninsured people in my district. [LB460]

SENATOR KRIST: Absolutely. And I think the Medicaid expansion that we're wandering down that path is another question that might provide some relief or not, depending upon where we go. But I'll get you the information, sir. [LB460]

SENATOR DAVIS: Thank you. [LB460]

SENATOR KRIST: I'll give it to the (inaudible). [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Very good. Senator Kolowski. [LB460]

SENATOR KOLOWSKI: Thank you, Senator Sullivan. Senator Krist, thank you for bringing this forward. And I think it's a very important topic to have discussed and we've done that today. Senator Davis and I do both remember, and others I'm sure, the polio that some of our friends were subjected to as we were growing up. And I still remember the dates when...or the years when we all took our vaccine when that came out, and what a difference that was in our lives... [LB460]

SENATOR KRIST: Absolutely. [LB460]

SENATOR KOLOWSKI: ...and one less fearful thing that could happen to us. When drug companies could be making something without some of the preservatives, as were described, I certainly hope they might be able to move in that direction to lower the risk, because every...I don't think any parent wants to think they're rolling the dice, would this happen to me or my child by the simple inoculation to hopefully protect them from something very dangerous. So I hope that they'll be moving in that direction in the future. I'm sure you do also. [LB460]

SENATOR KRIST: Absolutely. I think that the Pfizer product now represents a little bit of a sunrise on the horizon, so we'll follow that as well. [LB460]

SENATOR KOLOWSKI: Thank you. [LB460]

SENATOR SULLIVAN: Senator Seiler. [LB460]

SENATOR SEILER: Thank you, Chair. Senator Krist, if you look on the fiscal note, they're talking about \$10.82 an injection for about 26,586. That's HHS's cost. [LB460]

SENATOR KRIST: That would be the cost per vial or per injection... [LB460]

SENATOR SEILER: Per injection. [LB460]

SENATOR KRIST: ...I would assume. Correct. But I'll verify that to answer Senator Davis' comment as well. [LB460]

SENATOR SEILER: Okay. [LB460]

SENATOR SULLIVAN: Senator Haar. [LB460]

SENATOR HAAR: Yes, thank you. A personal question but if you care to answer, why...what brings you to your interest in this? [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR KRIST: I carried the other two bills for immunizations in Health and Human Services. I've had some difficult decisions with a special-needs child, as I relate. And I've seen an influx of Third World country individuals into the north Omaha area where we've seen some of these diseases, some of these things happen and reoccur. When a family from Zimbabwe comes here, they bring a different set of bacteria. I am concerned that we try to check the immunizations, obviously making them safer, but make sure that our culture, the United States, remains...the quality of health remains the same. And I think part of that is the attention to detail. I've been part of the federal government and I can tell you that they come in and say, we're here to help. So I don't always trust them. But I think the CDC and the FDA are doing a wonderful job, within measure, of making sure that the drugs that are out there are the best they can be. And I do believe that the drug companies will do no harm in terms of going forward if they're incentivized the right way to go forward. So it's an active, not a hobby, but it is an active interest that I think I carry with me; and when Ms. Gilbertson came to me with this one, I fell in line with this and the other two. So it's important to me. [LB460]

SENATOR HAAR: Um-hum. And when you had to make decisions about what vaccines to give your child, who started that? Was it just your research or a doctor said to you...pointed this out or...because if parents are going to be left making the decision, how do they get their information? [LB460]

SENATOR KRIST: In different sectors, from different places. Ms. Oestmann talked about our public health system. There is a good deal of education that goes on there: Here are the risk factors, we would advise that you go forward; up to you, your decision. In our case, it was the military. The military is probably one of the most educated, I think, in terms of how to protect people. And again, things are going to happen. Every once in a while you're going to have someone who is susceptible to heavy metals more than others. I went through the line on my way to southwest Asia during Desert Shield/Desert Storm and got seven in each arm, out the door, jumped in a cockpit and flew to combat and I was sicker than a dog for several days. I wouldn't wish that on my worst enemy, let alone my dog. But the point is that I think we're...we think we're doing the right thing. In our case the information came from the United States Air Force and the medical system that said, you know what, with the syndrome that your daughter has, here are the side effects and you should pay particular attention to those. So it's education, education, education. [LB460]

SENATOR HAAR: Thank you. [LB460]

SENATOR KRIST: You bet. [LB460]

SENATOR SULLIVAN: Any other questions? Thank you, Senator Krist. [LB460]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR KRIST: Thank you. [LB460]

SENATOR SULLIVAN: This closes the hearing on LB460. (See also Exhibit 8.) We'll now go on to the next one, LB275 with Senator Nordquist. [LB460]

SENATOR NORDQUIST: Hello, Madam Chair, members of the Education Committee. I'm Jeremy Nordquist. I represent District 7, which covers downtown and south Omaha, here today to introduce LB275. For those of you that are returning to the committee, this will probably seem very familiar to you. LB275 is an effort to support schools in addressing the unmet health needs of our state's children and to build upon the great success we have seen so far in two experiments we have seen in our state in Grand Island and Omaha with school-based health centers. The bill creates a grant program administered by the Department of Education to fund the capital construction and startup costs for school-based health centers. To apply for a grant, school districts must be able to demonstrate long-term financial sustainability of the school-based health center and must demonstrate a relationship with a healthcare provider. In determining who shall receive the grant, the department shall determine whether the district is located in a health professional shortage area, a medically underserved area, or designated as medically underserved populations under state or federal law, or whether the school district has a majority of students eligible for free and reduced lunch. To be eligible to receive a grant under the Coordinated School Health Program, a district must provide 50 percent matching funds. And if the facility which is constructed with the grants is used for some other purpose within five years, the grant must be paid back. The bill would transfer \$200,000 for each of two years, FY 2013 and '14. Ninety percent of the funds must go out in grants. The department can maintain 10 percent to administer. The grant would sunset at the end of '15, so at that point we're only doing two years, \$400,000 total. Any unused money would be returned to the Innovation Fund. Those of you that were here, as I said, last year, may remember the bill. The number is blanking me now, but it did pass out of the committee, did pass the Legislature, was vetoed by the Governor, and I believe we came up 2 votes short of overriding the veto at that time. There is one other change in this bill. We did add language that we can discuss which would allow a school-based health center to serve as a student's medical or dental home if they are unable to access a dental home or medical home in the community, and the reason being that sometimes, without that medical home, children don't receive the follow-up after, for example, urgent care situations where they come into the school-based health center, and without access to a medical home they don't get the medical follow-up that they need. So this would allow us...allow the school-based health center to serve a little bit larger role should that need be present in a community. The basis of this gets back to the point that if kids are not healthy, they can't learn. We know, by statistically significant studies around the country, that students who have access to school-based health centers, studies have shown that we see a reduction in absenteeism, in tardiness, improved grade point averages, increased likeliness to stay in school, reduced asthma, associated hospitalizations and

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

inappropriate emergency room utilization, reduction in Medicaid expenditures related to inpatient drug and emergency department use, and increased access to care. One study showed that 75 percent of students with access to a school-based health center did see a provider over the past year, as opposed to 59 percent of those students without. So I firmly believe that access to a school-based health center, for the communities that choose to go down that road, can be a positive for our students' health, but evidence shows also for our students' academic success. So that's why this is before you today, and I would appreciate your favorable consideration. Thank you. [LB275]

SENATOR SULLIVAN: Thank you, Senator. Did I understand you correctly in your opening remarks something about there are two experiments going on right now? [LB275]

SENATOR NORDQUIST: Well, two districts that have school-based health centers. Grand Island has had one for, boy, it must be...it was 12 years before so it must be 13 or 14 years now. Senator Gloor was actually the hospital administrator in Grand Island when they established that well over a decade ago now. It was a...it's a partnership between the school district and the hospital. And then in Omaha we now have seven, with an eighth received federal funding for construction, and that construction, if it hasn't started, will be starting in the next month or so. There are six. The first six are about two years old now and those were built in five elementaries and one middle school. The Affordable Care Act had grants for school-based health centers and they received a grant to do Northwest High School, and that has been operational probably for about a year. And then now they just received an additional grant to do Bryan High School in south Omaha. So there are going to be eight centers in Omaha, and then the one in Grand Island. [LB275]

SENATOR SULLIVAN: And in all these situations, are these separate bricks-and-mortar buildings, separate from the school? [LB275]

SENATOR NORDQUIST: No, they're all integrated. Every one of them is inside the school building. And there will be folks after me talking how they walk through the process of establishing these. But in some of the elementary schools, where space was a little tight, the teachers gave up their teacher lounge to be reconstructed into a clinic space. If you walk into them, I mean the exam rooms look like an exam room at any other clinic. Most of them either have one exam room and a little reception area. I know from the Omaha model, they're staffed by either a nurse practitioner or a physician assistant, and then one medical assistant. So there's usually two staff there. The Omaha ones are full-time; I believe Grand Island's is also. And the need is certainly there to fulfill. Grand Island also has, I believe, a licensed mental health practitioner and a substance abuse specialist in their clinic. [LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: And your legislation proposes a 50 percent match. [LB275]

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR SULLIVAN: And it is limited to a building? [LB275]

SENATOR NORDQUIST: Yeah. And the reason being is these school-based health centers, even though they're inside the school, they really operate, depending on the provider arrangement, much like a stand-alone clinic. So in Omaha, for instance, I serve on the board of OneWorld Community Health Centers. They are a provider in our south Omaha clinics. They do the billing. They provide the care, they do the billing and everything. If there's a shortfall in that, in the operations of it, there's private funding that they look to. But the real hurdle of getting them up and running has been the construction piece. You can usually establish a program or you can design a program that works best for your community to make it as financially sustainable as possible. That might be part-time for some communities; it might be a couple hours every morning or however it's structured in Omaha. We've been able to see in some of our schools that have full-time are more...are self-sustaining with...because they do bill if a student does have private insurance. If they do have Medicaid, it's billed. And if they're uninsured, that's where sometimes the private support comes in. So the hurdle really has been the construction aspect of it. [LB275]

SENATOR SULLIVAN: Okay. Thank you. Any other questions? Senator Haar. [LB275]

SENATOR HAAR: Yes, the sunset in 2015, do you see this as an ongoing program? And where... [LB275]

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR HAAR: ...the other thing is it's coming again from the Education Innovation Fund and everybody is going after that. Do you... [LB275]

SENATOR NORDQUIST: That's right. [LB275]

SENATOR HAAR: ...do you see this as something that would go on with General Fund money, or what do you see as the future? [LB275]

SENATOR NORDQUIST: And as we talked about this last year on the floor, I think we had a number of questions. And I think the bill, as introduced initially, I can't remember if it was four years or if we continued it. But we ultimately decided...this committee decided to put a sunset on it, and I reintroduced it that year partly because we want to see what the demand is for districts. We want to get some of these up and running and see that, you know, we continue to see the benefits of them before we do any additional

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

expansion. Quite frankly, a school-based health center is not going to work in every community in our state, so there is a limited universe of districts that it would make sense for. And it's not...doesn't make sense in every building in even large districts. Some buildings, the children in those buildings are well served and their health needs are being met in other ways. But we do know that there are many buildings in our state where the students' health needs are not being met. So this, you know, we're talking \$400,000 total, 50 percent match. And the grants I believe were capped, at least they were in the previous bill. I should have double-checked that. So we're only talking probably four, five, six construction projects out of this allotment of money, and then we'll see where we're at after that. [LB275]

SENATOR HAAR: Thanks. [LB275]

SENATOR SULLIVAN: Senator Scheer. [LB275]

SENATOR SCHEER: Thank you, Senator Sullivan. Senator, can you speak to, you've talked about in Omaha there are seven or eight there, whatever,... [LB275]

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR SCHEER: ...and I'm familiar with Grand Island's. But I guess we have an existing road, via grants, that these can be accomplished. [LB275]

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR SCHEER: Why are we... [LB275]

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR SCHEER: ...or what is the theory behind trying to start a secondary path? [LB275]

SENATOR NORDQUIST: Yeah. Oh, I believe the federal grants will be drying up here in the near future, so that will be off the table. And then in Grand Island, it was private funding from the hospital foundation out there. So outside of the federal grants in the Affordable Care Act, the other construction, the first six in Omaha were done also with just private dollars, so that is an option. I think that the state, you know, knowing that we have kids whose health needs are being met and that this is a big hurdle to getting these off the ground, I think the state should extend a hand here and be a partner in this, in the construction of these clinics. [LB275]

SENATOR SCHEER: In follow up, you mentioned that you're looking at six or so... [LB275]

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Transcriber's Office

Education Committee
March 12, 2013

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR SCHEER: ...per year, so really looking at a dozen or so. [LB275]

SENATOR NORDQUIST: Actually probably only six total over the two years. Yeah. [LB275]

SENATOR SCHEER: Okay, so six. [LB275]

SENATOR NORDQUIST: Yeah. [LB275]

SENATOR SCHEER: You mentioned that this is not necessarily workable or something that will go into... [LB275]

SENATOR NORDQUIST: Uh-huh. [LB275]

SENATOR SCHEER: ...all, even most school districts. I'm not trying to put words in your mouth, but. [LB275]

SENATOR NORDQUIST: Yeah. No. [LB275]

SENATOR SCHEER: So if we're looking at again a very small number, where is your envision that these are going to be located? [LB275]

SENATOR NORDQUIST: It would be high...the preference is given in the bill to high poverty districts or districts that are in medically underserved areas, which is a federal designation, so we know that areas that we have the most severe need that we can identify. And it would be...those would be the preference in the bill, as it's written, and it would be left to the discretion of the department. Also, as I said a little bit in the opening, and I know you were walking in, you know, the district needs to show that they have an arrangement with a provider, an agreement kind of hashed out that makes it sustainable and that they have a way to support it, maybe some private...additional private funding, maybe not. Maybe they can make it sustainable without that. But they need to demonstrate all that before they would get access to the grants. [LB275]

SENATOR SCHEER: Thank you. Thank you, Senator. [LB275]

SENATOR NORDQUIST: Yep. [LB275]

SENATOR SULLIVAN: Senator Davis, did you have anything? [LB275]

SENATOR DAVIS: I'm good. Thank you. [LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Okay. Senator Kolowski. [LB275]

SENATOR KOLOWSKI: Thank you, Madam Chair. Senator, thank you for bringing this forward. And I think back, and you touched on this in a number of ways, what Columbine did for school security or school resource officers to be especially in large buildings, like high schools. Poverty is the issue with the demand for health services that you've explained so very well. I appreciate that and I concur with that. One example that people don't realize, even in the Omaha metro area, the district I'm most familiar with in Millard, we are now up to over 20 percent of the students in free and reduced lunch, which is a poverty designation. That's one out of every five students in Millard. Demographics are changing. It's happening all across our state. And keeping up with that, where the greatest need would be, is extremely important for those students' success. [LB275]

SENATOR NORDQUIST: Yeah, that's right. [LB275]

SENATOR KOLOWSKI: Thank you. [LB275]

SENATOR NORDQUIST: Thank you. [LB275]

SENATOR SULLIVAN: Any other questions? Thank you for your introduction. [LB275]

SENATOR NORDQUIST: Thank you. [LB275]

SENATOR SULLIVAN: We'll now hear proponent testimony for LB275. Welcome. [LB275]

ANDREA SKOLKIN: (Exhibit 1) Thank you. Chair Sullivan, members of the committee, good afternoon. My name is Andrea Skolkin, A-n-d-r-e-a S-k-o-l-k-i-n, and I am the chief executive officer of OneWorld Community Health Centers, which is one of six federally qualified health centers in Nebraska, and I am here today to support LB275. As Senator Nordquist said, we operate three, soon to be four, of the school-based health centers in Omaha in partnership with Building Healthy Futures and the Omaha Public Schools. During just the first half of this year through December, we cared for almost 2,500 unique children through 2,700 visits. These are children that would otherwise not get care. Let me give you just a couple of short vignettes. We have a story of a ten-year-old boy who had been complaining of ear pain for about four days. And sitting in the nurse's office, the nurse finally sent the child to the school-based health center. You might have guessed the child had an ear infection, but also the child was found to have sores on his arms which turned out to be infected insect bites. So with a little antibiotic that was prescribed, the child was back in class in no time. Another 2nd grade child was referred to the school-based health center after a couple weeks of not paying attention in school.

He complained of being hungry and in pain. He said, it only hurts when I eat. And upon examination, the nurse practitioner could see the problem, and the problem was in his mouth. In speaking with the father, the staff learned that he had lost his job and the family couldn't afford to go to a dentist, so the school-based health center staff made arrangements for a dental visit at our health center and the child was found to have an abscess, and we took care of that. According to the Annie Casey Foundation, the Kids Count Report in 2012, there were over 158,000 children in Nebraska that were enrolled in Kids Connection. However, coverage by Medicaid doesn't automatically mean access to care. With the majority of counties in Nebraska being designated as health professional shortage areas for family practice, parents may have to drive hours in order to obtain care for their children and, thus, they're likely to forgo care or not get the care at all. Early screening and detection of conditions such as asthma, high lead levels, developmental delays, tooth decay, and diabetes go untreated and our children become sicker. Simple things that could be resolved in a primary care physician office or dentist office become big issues, requiring hospital or emergency room care. These children suffer from a lack of continuity of care, have difficulty concentrating in school, and have frequent absences. Their health-related conditions interfere with academic success, and undiagnosed and mistreated illness interfere with the formation of healthy relationships and engagement in school. Establishment of additional school-based health centers in Nebraska will provide critical primary care access points and medical homes for school-age children that do not have them. School-based health centers address physical, emotional, behavioral health issues, and foster learning readiness and academic achievement. They immunize students, administer medications to students with chronic illnesses, provide mental health services, preventive healthcare services, and on-site management of acute conditions. The benefit to the school and the educational system is a reduction of obstacles in the learning process, minimizing schoolwide outbreaks, and reduction of absenteeism. They help to assure that students concentrate in school and have these healthy relationships with their peers, teachers, family, and improve their student health as well as minimize future health and mental health problems. I'd be happy to answer questions, and thank you for the opportunity to share today. [LB275]

SENATOR SULLIVAN: Thank you for your comments. A couple of things: OneWorld then pretty much handles the whole work of the health center for Omaha Public Schools in the seven locations you have. Is that right? [LB275]

ANDREA SKOLKIN: We don't operate seven locations. We have three, soon to be four, of what will be eight school-based health centers. We're a federally qualified health center. The federally qualified health center in the north side of town manages the health clinics in the schools on the north side of town. [LB275]

SENATOR SULLIVAN: So the funding for the OneWorld Centers has come all from the federal government. [LB275]

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Education Committee
March 12, 2013

ANDREA SKOLKIN: No. [LB275]

SENATOR SULLIVAN: Okay. [LB275]

ANDREA SKOLKIN: The funding for operating is partially from billing Medicaid but also operating support from private philanthropy in Omaha. And... [LB275]

SENATOR SULLIVAN: Okay, so it's a three-way sort of thing. [LB275]

ANDREA SKOLKIN: Yes. Senator, I might add, though, Senator Nordquist said that...or talked about the Affordable Care Act and access to construction dollars for school-based health centers. I think it's fair to say that it's nationally...or has been nationally competitive and we have not seen the offering of funds for construction for school-based health centers except in this window of opportunity, which has now passed. And we've been successful in getting two of them funded; however, across the nation it's very tough competition to get this money, which is now going away. [LB275]

SENATOR SULLIVAN: So if this legislation were to come to fruition, would you expect to make application for expansion? [LB275]

ANDREA SKOLKIN: I think we would work with the philanthropy that is helping fund the deficit in our operations to see if they were interested in another school site. But being one of six federally qualified health centers, we're also well aware of other geographic areas in the state that would benefit from school-based health centers, and we would also support their applications. [LB275]

SENATOR SULLIVAN: So with your federal funding, is it in jeopardy? And if so, are you concerned about the future of being able to operate the health centers that you currently have? [LB275]

ANDREA SKOLKIN: The construction money for school-based health centers is in jeopardy in that it's going away; that we've seen the money coming out and we won't see money that we can compete for, for a long time. In terms of operating dollars, we do, all the federally qualified health centers, get a base of federal funding that through sequestration there will be a dip in that funding. But fortunately in the school-based health centers, we have operational support from philanthropy so we are not as concerned about the operational support. [LB275]

SENATOR SULLIVAN: Okay. Thank you. [LB275]

ANDREA SKOLKIN: Uh-huh. [LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Any other questions? Senator Davis. [LB275]

SENATOR DAVIS: Can you walk me through the mechanics of how the child comes into the system with you? [LB275]

ANDREA SKOLKIN: Sure, Senator Davis. There's several ways a child can come into the school-based health center. One of them is referral by the school nurse. They go to visit the nurse, the nurse realizes other things are going on. The child might be sent by a teacher to the school-based health center. Or in our area in Omaha, the siblings of the family, if they're enrolled in the school district, may also come to the school-based health centers. So there's a multitude of ways. [LB275]

SENATOR DAVIS: And when do the parents become involved in that process? [LB275]

ANDREA SKOLKIN: The parents are involved from day one. There's initial enrollment forms that a child isn't seen without a parent signing off that the child can be seen. And then...that's an annual process that we do annually. And then, in addition, as the child has their first visit within that year, we do ask that the parent come. However, the enrollment does allow us to see the child if the parent can't get there. Once the child has been seen once and the parent has been there, then they can come at any time without the parents showing up. [LB275]

SENATOR DAVIS: So are you operating in high schools also? [LB275]

ANDREA SKOLKIN: We...the north, in the north side of town there is one high school. We are going to be currently in construction in a high school. We are only in elementary schools now. [LB275]

SENATOR DAVIS: And do you know in the high school situations, are we dealing with issues of student sexuality and those kind of things? [LB275]

ANDREA SKOLKIN: Well, unfortunately, in our...Nebraska's youth, they are sexually active. However, in the school-based health centers, law currently prohibits the dispensing and counseling for contraception. [LB275]

SENATOR DAVIS: Okay. Thank you. [LB275]

SENATOR SULLIVAN: Senator Kolowski. [LB275]

SENATOR KOLOWSKI: Thank you, Madam Chair. Thank you for being here today. And would you elaborate for the committee the connections with the Learning Community in Douglas and Sarpy County also with your associations, please. [LB275]

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Transcriber's Office

Education Committee
March 12, 2013

ANDREA SKOLKIN: Sure. OneWorld Community Health Centers operates at the Learning Community Center in partnership with the Learning Community of Douglas and Sarpy County, so many of the students that are attending the Learning Community Center also have access and can be referred back into the school-based health center. [LB275]

SENATOR KOLOWSKI: Thank you very much. [LB275]

SENATOR SULLIVAN: Any other questions? Thank you very much for your testimony. [LB275]

ANDREA SKOLKIN: Thank you. [LB275]

SENATOR SULLIVAN: Further proponent testimony. Welcome. [LB275]

JEANEE WEISS: (Exhibit 2) Hello. Thank you. My name is Jeanee Weiss, J-e-a-n-e-e, Weiss, W-e-i-s-s. I'm the CEO for Building Healthy Futures. We are the private funder that was often referred to that helped support the seven school-based health centers in the Omaha Public Schools, with expansion into Bryan High School in August 2013. So beyond my testimony, if you have any other specific questions about their operation, I can be happy to answer those after. I'm here in support of LB275. At a time when thousands of children within Nebraska lack primary healthcare, I'm representing Building Healthy Futures to voice our support for LB275, the Nebraska Coordinated School Health Act. Students in underserved communities throughout Nebraska often do not have a medical home, are uninsured, and repeatedly miss class due to mismanaged chronic illnesses, therefore, affecting their success in the classroom. This was evident during the first three years of operation where 51 percent of the students seeking services in the school-based health center do not have a primary care provider or medical home. So to further address our existing health disparities and improve the health of Nebraska's children, we encourage the expansion of school-based health centers as they provide a vehicle for bringing cost-effective care to those in need. Studies have confirmed that school-based health centers are able to provide access in communities that often struggle to offer health services, resulting in economic savings and contributing to a healthier, more productive student population. Due to their unique vantage point and access to students, school-based health centers are able to address the health concerns of our children and promote prevention, all without causing extended disruption to learning. During our first two and a half years of operating the school-based health centers in Omaha, we have served approximately 8,000 students during 9,400 visits, so that would be across all seven sites, that ultimately returned children to the classroom healthier and ready to learn. By promoting services such as immunizations, vision and dental screenings, well-child visits, providing management for asthma, or removing obstacles from ears, school-based health centers remove many of the anxieties associated with healthcare for families in need and allow them to

concentrate on educating their children. By expanding the definition of school-based health centers to also use language as an access point for medical home, school-based health centers will be equipped to meet the diverse medical needs of those we serve. In an ideal situation, every family we serve would connect to a medical home within the community. However, due to the many barriers that families face, families in poverty face, the school-based health centers may be the only place that is able to ensure continuity of care, particularly for the 30 percent of our patients who are uninsured. For these patients, few options exist within the...for a medical home that are affordable as they attempt to seek care from primary care providers within the community. Many primary care providers in the community do not accept uninsured patients or they are required to pay full price. Therefore, they often allow health concerns to go unchecked or utilize emergency rooms for care. Both options are extremely costly to our community and children. By expanding the definition of school-based health centers and allowing them to serve as an access point for a medical home to their sponsoring provider--and in the instance you just heard with OneWorld, the school-based health center would function as an access point for OneWorld--thousands of uninsured children would then be able to receive the same level of care and continuity of care that we enjoy ourselves. If our goal is to eliminate educational gaps and improve academic achievement for all students, school-based health centers are a vital part of that mission. By moving LB275 out of committee, you will help dismantle many of the barriers our children face in regards to healthcare and will transform the lives of many Nebraska children. A healthier child is a more successful child. Thank you for your attention to this issue. And Building Healthy Futures is dedicated to speaking for Nebraska's children, and your dedication and deliberation is greatly appreciated. Thank you. [LB275]

SENATOR SCHEER: Thank you. Are there questions? Senator Haar. [LB275]

SENATOR HAAR: Yes. Does it bother you that so many of these kinds of programs, which are really necessary or make such a difference in children lives, have to be funded by philanthropists and so on, instead of just public money? [LB275]

JEANEE WEISS: Yes. And what's unfortunate is that there's so many communities where philanthropy does not exist or communities don't have access to funders such as Building Healthy Futures or those that sit on our board of trustees, that opportunities for healthcare or other support, wraparound services, those communities are left out. But we are very fortunate that within the Omaha community and certain communities in Nebraska we do have those opportunities and that particular group, the philanthropic community in Omaha has stepped up and is willing to support those in the gap. But I'm hoping that with healthcare reform that we will get more served. [LB275]

SENATOR HAAR: Uh-huh. Is there any kind of data collection that can actually, you know, it makes sense to me, but is there any kind of studying that's being done to actually demonstrate that providing these kinds of services produce the results that we

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

think they do? [LB275]

JEANEE WEISS: Uh-huh, and I can get those studies to you. We have what's called National Assembly on School-Based Health Care, is our national organization, and they house much of the research in regards to how improving health impacts learning and how specifically school-based health centers have helped to reduce some health disparities in communities. I can get that research to you. In addition, Building Healthy Futures in our school-based health centers that we have in north and south Omaha are partnering with UNMC College of Public Health to do a longitudinal study, as well, to help look at the impacts on academics, impacts on health, as well as there's an economic impact to help us determine are we keeping kids out of the emergency rooms, are we reducing the number of families that are using urgent care, which are two very expensive forms of healthcare. Therefore, we're hoping to help make the case that school-based health centers are, in reality, very cost-effective for the community. [LB275]

SENATOR HAAR: Uh-huh. I have a bill later on, on sexual health education. What if somebody does come to one of your health centers in Omaha... [LB275]

JEANEE WEISS: Uh-huh. [LB275]

SENATOR HAAR: ...with questions about pregnancy or protection or whatever? What's the process here? [LB275]

JEANEE WEISS: Currently, school-based health centers were formally defined through LB1106 back in 2010, and within LB1106 there's some language that puts some limitations on what school-based health centers can or cannot provide. Within that language, it does allow us to do pregnancy testing. We can test and treat for STDs. And so we do perform those services for students that are in need. However, LB1106 did put some restrictions on the education, counseling, dispensing of family planning and prevention of pregnancy and STDs. So one of the difficulties that we have run into is our healthcare providers are kind of put into a quandary in that students come in for pregnancy testing and are given a result, or they come in for an STD and are given a result, and we can treat them. But then the conversation stops there. Currently, that...how LB1106 was written, it does not allow our providers to then have the next logical conversation of how do we prevent you from coming back for treatment for another STD or another pregnancy test? And it's interesting in that the providers are having to, in essence, hand the student a card and say, please call this phone number, and they can refer back to their federally qualified health center, OneWorld or Charles Drew, but it takes a lot of gumption on the part of those students to actually follow up with making that phone call, making that follow-up appointment, getting there. So I really feel like we've lost an opportunity to at least do the education piece with those students. [LB275]

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Transcriber's Office

Education Committee
March 12, 2013

SENATOR HAAR: Thank you. [LB275]

SENATOR SULLIVAN: Senator Davis. [LB275]

SENATOR DAVIS: What percentage of your revenue is philanthropic? [LB275]

JEANEE WEISS: Just a ballpark figure would be school-based health centers cost approximately \$175,000 per year, and that is assuming they operate Monday through Friday, full-time providers. So that's the expense. We get about, for our population, we have about 60 percent of our population is Medicaid, 30 percent of our population that comes in the school-based health centers are uninsured, so therefore that cost is completely not...or uncaptured by them. They only average about \$32 is what they can pay out of pocket. And then we have about 10 percent that have commercial insurance, things like Blue Cross Blue Shield, UnitedHealthcare, etcetera. So at this point, Building Healthy Futures has about a 50 percent gap fund, so it's about 50 percent of that \$175,000 is actually funded through Building Healthy Futures. [LB275]

SENATOR DAVIS: So the Medicaid people are taken care of and then the people with health insurance are, but the uninsured... [LB275]

JEANEE WEISS: Uh-huh. [LB275]

SENATOR DAVIS: ...they have a copay then? Is that...? [LB275]

JEANEE WEISS: The uninsured...we, because we're attached... [LB275]

SENATOR DAVIS: For that 30 percent you're talking about? [LB275]

JEANEE WEISS: Right. Because we are attached to federally qualified health centers, we utilize a slide fee scale. So it's based upon family income and family size. A fee is determined for their services. So an example of the low end of the slide fee scale, and a vast majority of the patients that we serve fall into that very poor category, in our instance we are able to provide a student, for instance, a school physical or a well-child visit that includes all their immunizations for as low as \$25. So it's not free care, but it's very affordable care. And then Building Healthy Futures will fill in the gap. [LB275]

SENATOR DAVIS: And so you thought around \$175,000 per building per year. [LB275]

JEANEE WEISS: Yes. Yes, well, and that's if they are open every day of the week that school is in session, you know, basically from 8:00 to 5:00, so a full day. Our school-based health centers are not in operation during winter break, spring break, and the month of July, which are traditionally when school buildings close down for cleaning

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

and etcetera. [LB275]

SENATOR DAVIS: So have you analyzed the point at which this makes sense or doesn't make sense in terms of the number of students in the school? [LB275]

JEANEE WEISS: Yes. When setting up the school-based health centers, we did site visits to three different states. We visited 13 different school-based health centers. And in an ideal situation, you'd have a school-based health center that's in...the larger the building, where you kind of have that captive audience, the better. So nationally, school-based health centers are typically in high school settings where you have 1,000 or more students in a building. Also, we looked at proximity to other schools, so can the school-based health center not only serve what we call the host school but is there an elementary building or a middle school building or other schools that are in the area that would likely access the services as well? So we look at the geography as well as the population in the areas that are in need. [LB275]

SENATOR DAVIS: Thank you. [LB275]

JEANEE WEISS: Uh-huh. [LB275]

SENATOR SULLIVAN: Any other questions? Thank you, Ms. Weiss. [LB275]

JEANEE WEISS: Okay. Thank you. [LB275]

SENATOR SULLIVAN: Uh-huh. I would like to note that our light system is not working, so please be aware of and cognizant of the fact that I'd like to limit your testimony to five minutes. I guess I'll just have to be the informal observer of the clock (laugh) if you're running beyond five minutes. Thank you. Welcome. [LB275]

SHARON WADE: Thank you. Good afternoon. My name is Sharon Wade. It's spelled S-h-a-r-o-n W-a-d-e. I'm the supervisor of health services for Omaha Public Schools. I'm here to offer testimony in support of LB275 on behalf of the school district. I would like to focus my testimony on the benefits of our school-based health centers. The school-based health centers offer OPS students and their siblings, up to age 19, quality professional care, which is affordable and accepts Medicaid, Kids Connection, private insurance, private pay for uninsured and underinsured families. Services include immunizations, state-required physicals, athletic participation physicals, and acute care. These mid-level providers are able to diagnose and prescribe for conditions, and the school nurses work closely with the school-based health center staff to encourage parents and talk with students about the services offered. I have some different anecdotes, some of which were already...similar stories were told. But one of the middle school nurses relayed that she had a 5th grade student who, since the beginning of school, has had asthma problems and no emergency medication at school. This

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

particular student missed two days of school and had to sit out of P.E. on occasion and had to leave early a number of times due to asthma emergencies. After a referral to the school-based health center, the student received an exam and an inhaler just for school at no cost. She is now able to enjoy P.E. and not worry about an asthma attack while at school, due to the school-based health center. We also had an elementary nurse that talked about a family with four children who had been served extensively by the school-based health center. The mother who is the caregiver cannot read or write, and the school-based health center outreach worker worked extensively with this mother to fill out the paperwork for Medicaid. And all four of the children have had visits to the school-based health center for different conditions, including (inaudible) had a complete physical, they've filled out asthma action plans for them, and also they received immunizations. The mother of these students does not have transportation but is close enough to walk to school when her children are seen at the clinic. The children have been able to stay in school and receive medication for the illness and keep the asthma under control. The health centers have...and all of the nurses agree, that work closely with the health centers, that they have improved their students' attendance and because they're able to get diagnosed sooner and be treated sooner by going there. The correlation really between attendance and school achievement was actually seen in the early...in 1902 in New York City, when the board of education commissioned an experiment which allowed Lina Rogers, who's the mother of school nursing from the Henry Street Settlement, to go into the schools for about a month to see if nursing intervention could improve attendance. Within a month, the rate of absenteeism decreased drastically and school nursing was well on its way as a distinctive and vital nursing specialty. I think the school-based health centers just amps up what can be done by the school nurse as far as being able to get these kids in for immediate care and allows them to remain in school and miss less days. I would also like to thank the partners that make the school-based health centers a reality: Building Healthy Futures and OneWorld Community Health Centers and Charles Drew Health Center. And I'm happy to answer any questions. [LB275]

SENATOR SULLIVAN: Thank you, Ms. Wade. In the course of describing the health centers, you mentioned, of course, a nurse on staff, an outreach worker. I mean how many staff members are we talking about typically? [LB275]

SHARON WADE: The outreach worker, they're not at every site but they do come if a family needs assistance in filling out Medicaid papers from either Charles Drew Community Health Center or from OneWorld Community Health Centers. [LB275]

SENATOR SULLIVAN: Oh, so they aren't staff of the school district. [LB275]

SHARON WADE: They're a staff of the federally qualified health center. [LB275]

SENATOR SULLIVAN: I see. Okay. And then when you were talking about the kinds of

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

things that are serviced at the centers, you said...one of the things you mentioned was athletic physicals, and it occurred to me, is anyone served...any student served at the center, even those that maybe could have gone to their own family physician? [LB275]

SHARON WADE: Yes, they are. Less take advantage of that but they are eligible to receive an athletic physical there, and many of our middle school and high school kids that need physicals go to elementary sites or the middle school site or high school site to receive their athletic physical that they need to participate in after-school sports. [LB275]

SENATOR SULLIVAN: Okay. All right. Any other questions? Senator Haar. [LB275]

SENATOR HAAR: Yes. Has there been any talk within OPS of folding these into just your regular school funding? [LB275]

SHARON WADE: There has not, to my knowledge, no. [LB275]

SENATOR SULLIVAN: Any other questions? Thank you for your testimony. [LB275]

SHARON WADE: Thank you. [LB275]

SENATOR SULLIVAN: (Exhibits 3 and 4) Any other proponent testimony? I would like to read into the record a letter of support from the Nebraska Chapter of the National Association of Social Workers, and also Voices for Children in Nebraska. We'll now hear testimony in opposition to LB275. Anyone wishing to speak in a neutral capacity? [LB275]

JAY SEARS: (Exhibit 5) Good afternoon, Madam Chair, members of the committee. For the record, I am Jay Sears, J-a-y S-e-a-r-s, and I'm here representing the 28,000 members of the Nebraska State Education Association. NSEA is testifying in the neutral capacity today on this bill, and you'll find out in the rest of my testimony why. NSEA is not opposed to the intent of LB275. In fact, we believe the bill constitutes good public policy. NSEA has and will continue to testify in the neutral capacity on legislative bills this year that propose to allocate Education Innovation Funds prior to the interim study on lottery fund expenditures that are proposed in LB497. As you know, LB497 will have its public hearing on March 19, the end of the Education Committee hearings. And so you'll get to see my smiling face then. State budget concerns caused many of the programs now funded through the Education Innovation Fund to be put on hold in the past two years. Plans are to reinstitute the funding for these programs in July 2013 and then, I might add, sunset in 2015. To add new programs to the list of those carried by the Education Innovation Fund without increasing the funding to make those programs whole, that have been on hold for two years, seems to be premature to NSEA. NSEA would ask the Education Committee to seriously consider which, if any, new programs

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

are to be funded by the Education Innovation Funds for 2013 and 2014 budget years, and to set the priorities for funding Education Innovation-funded programs after the interim study that's requested in LB497. I thank you for the opportunity to testify today. That concludes my testimony. [LB275]

SENATOR SULLIVAN: Thank you, Mr. Sears. Any questions for him? Thank you very much. [LB275]

JAY SEARS: Thank you. [LB275]

SENATOR SULLIVAN: Anyone else wishing to testify in a neutral capacity? Senator Nordquist. [LB275]

SENATOR NORDQUIST: I just want to thank the committee for your consideration. I think it's...you know, we were able to have a pretty good discussion on this bill last year on the floor. I think it's deserving of a two-year pilot to extend out to other communities in the state. I will note that there is a piece in the bill that does say a district would only be able to apply for one per year. So if there is concern of a...and the committee certainly could change that to one over the two-year period, if that would be their prerogative. But certainly it wouldn't be one district coming in to gobble up all those dollars. But if there's any final questions on that bill, I would be happy to... [LB275]

SENATOR SULLIVAN: Senator Scheer. [LB275]

SENATOR SCHEER: Thank you. And I apologize, I probably should have asked earlier. [LB275]

SENATOR NORDQUIST: Yeah, no problem. No. [LB275]

SENATOR SCHEER: Senator, do you perceive that we're breaking new ground by the state providing funding for facilities to local districts, because that's really not the norm that I'm familiar with. [LB275]

SENATOR NORDQUIST: Yeah. Yeah. [LB275]

SENATOR SCHEER: So I'm just curious, your thoughts on that. [LB275]

SENATOR NORDQUIST: It would be a new precedent, but, you know, I think with the Innovation Funds I think in the title, we're always looking for ways to improve education with those dollars. And I think school-based health centers around the country over the last decade have shown to be an innovative way to do that. So it would be a new precedent and I think the committee would have to weigh that, but, yeah. [LB275]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SCHEER: Thank you. Thank you, Senator Sullivan. [LB275]

SENATOR SULLIVAN: Any other questions? Thank you. [LB275]

SENATOR NORDQUIST: Yes. [LB275]

SENATOR SULLIVAN: That closes the hearing on LB275. We'll go right into LB131. [LB275]

SENATOR NORDQUIST: All right. Good afternoon again, Madam Chair, members of the Education Committee. For the record, my name is Jeremy Nordquist. I represent District 7, which covers downtown and south Omaha. I'm here to reintroduce LB131, the Tobacco-Free Schools Act, to promote and protect the health and well-being of students, staff, and visitors of all public school districts in the state of Nebraska by prohibiting the use of tobacco products at all times on school property and at all off-campus, school-sponsored events. LB131 will bring clarity and consistency to tobacco-free school policy statewide. Under federal law, smoking is prohibited in any kindergarten, elementary, or secondary school if federal funds are used in the school. However, significant variations still exist when, where, and for whom can use tobacco; and for when, where, and whom it is restricted. A tobacco-free environment, as prescribed in LB131, is less prevalent statewide. Only about a quarter--and this is data from 2008, which is the most recent we have, I believe--only about a quarter of school districts' secondary schools prohibit tobacco use at all times in all locations. That means on campus and off campus. So only a quarter of our districts have that right now. Ninety-five percent of secondary buildings prohibit it; but, as I said, if they receive federal funds it's covered. And 92 percent of secondary buildings prohibit smoking on school buses. So we only have...so there are 8 percent of districts, roughly, in our state that do not have a policy prohibiting smoking on school buses. And separately, 63 percent prohibit on school grounds. Although tobacco use has declined, it certainly still remains a problem with youth in our state. In 2011, studies showed that 15 percent of youth were considered smokers, and nearly one in two adolescents tried smoking. Six percent of Nebraska youth use smokeless tobacco, and 10 percent smoke cigars. Scientific evidence, I don't need to necessarily go over that with you, the impacts of smoking. According to the Surgeon General, though, there is no risk-free exposure to secondhand smoke. Children exposed to secondhand smoke are inhaling many times the same cancer-causing substances and poisons as smokers. And because their young bodies are still growing, they are especially vulnerable. But beyond the direct damage to the child's health, I think it's absolutely critical that we look at the precedent and just the exposure to the message that's being sent when they walk out at a school event on school grounds and see their teacher or their parents or their kids, their friends' parents or their parents' friends smoking on school property, on school grounds. Certainly while we have curriculum in place that requires comprehensive health education which must include the impacts of teaching about the dangers of tobacco

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

use, we also don't completely push the message and ensure that our schools across the state are completely smoke free. So that is the purpose of this bill and I would take any questions. [LB131]

SENATOR SULLIVAN: Thank you, Senator Nordquist. Senator Scheer. [LB131]

SENATOR SCHEER: Thank you, Senator Sullivan. A couple questions. [LB131]

SENATOR NORDQUIST: Yeah. [LB131]

SENATOR SCHEER: Is the legislation controlling as well as private and parochial school grounds and buildings? [LB131]

SENATOR NORDQUIST: I don't believe it does. I think it only states public. Yeah. [LB131]

SENATOR SCHEER: Okay. And the second one, and I'm not trying to imply that I don't agree with the intent of this. [LB131]

SENATOR NORDQUIST: Yeah. No, yeah. Sure. No, please. [LB131]

SENATOR SCHEER: I just am curious, questions. [LB131]

SENATOR NORDQUIST: Absolutely. [LB131]

SENATOR SCHEER: The second one: In some communities, all of the school's activities are not necessarily on... [LB131]

SENATOR NORDQUIST: Yeah. [LB131]

SENATOR SCHEER: ...school-owned... [LB131]

SENATOR NORDQUIST: Sure. [LB131]

SENATOR SCHEER: ...or even community-owned property. So without... [LB131]

SENATOR NORDQUIST: Yeah. [LB131]

SENATOR SCHEER: ...specifying in leases, how would a school be held responsible for that in those particular instances? [LB131]

SENATOR NORDQUIST: Well, I...for instance, and maybe we need to take a look at the language. I'm just thinking back and I think this issue came up when I introduced

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Transcriber's Office

Education Committee
March 12, 2013

this bill two years ago also. I grew up in a small town in South Dakota where after-prom was at the bowling alley. And at that time...I think South Dakota still allows smoking in bars and restaurants, and it was held at a place...but the school...and maybe we would need to clarify that, that if, you know, the facility maybe isn't smoke free all the time but at least when the school is hosting an event there. That would be a provision of a rental agreement or something to ensure that it was at least smoke free while the event was being held, sponsored by the school at an off-site event. [LB131]

SENATOR SCHEER: Yeah, it just is a concern... [LB131]

SENATOR NORDQUIST: Yeah. No... [LB131]

SENATOR SCHEER: ...because I don't want to minimize the... [LB131]

SENATOR NORDQUIST: Yeah, because... [LB131]

SENATOR SCHEER: ...ability of students... [LB131]

SENATOR NORDQUIST: That's right. [LB131]

SENATOR SCHEER: ...to participate in different events,... [LB131]

SENATOR NORDQUIST: That's right. [LB131]

SENATOR SCHEER: ...via school sponsorship. But, you know, I understand that but it's sort of a fine line. [LB131]

SENATOR NORDQUIST: Yeah. Yeah. [LB131]

SENATOR SCHEER: So I just was curious about that, that portion of it. [LB131]

SENATOR NORDQUIST: Yeah. And if the committee is at all interested in moving forward with this, I'd certainly be happy to work with you to clarify that language if need be. [LB131]

SENATOR SCHEER: Okay. Thank you, Senator. Thank you, Senator Sullivan. [LB131]

SENATOR SULLIVAN: Senator Davis. [LB131]

SENATOR DAVIS: A couple questions. Thank you, Senator Nordquist, Senator Sullivan. A lot of rural Nebraska kids travel back and forth with parents. [LB131]

SENATOR NORDQUIST: Uh-huh. [LB131]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR DAVIS: So are we laying that on the school district that this policy has to be in place that the kids can't be getting in the car with the parents? [LB131]

SENATOR NORDQUIST: I believe it would have to be school-provided vehicles or...so I think in that situation, I would hope parental responsibility would kick in. [LB131]

SENATOR DAVIS: Well, you know when I read the bill, it became a concern of mine. [LB131]

SENATOR NORDQUIST: Yeah. Yeah. [LB131]

SENATOR DAVIS: And then we have a lot of people that pull in with their car and sit around the football field and watch the football game. They're visitors to the district, you know. What are we doing there? [LB131]

SENATOR NORDQUIST: As the bill is written, if it's on the property, they would have...you know, they would have to be smoke free, so even in the parking lot outside the football stadium. Yeah. [LB131]

SENATOR DAVIS: So then are we going to make our principal the tough guy who walks around and sends people out or...? [LB131]

SENATOR NORDQUIST: Well, principals are always the tough guy. But you know, I think that the district would have to determine how they would best enforce it. There's no enforcement mechanism written in here. I would assume they would post signs but, you know, I'm sure it's violated. And I guess, yeah, they would have to come up with their own mechanism for doing that, for enforcing it. [LB131]

SENATOR DAVIS: Thank you. [LB131]

SENATOR NORDQUIST: Yeah. [LB131]

SENATOR SULLIVAN: Any other questions? Thank you. [LB131]

SENATOR NORDQUIST: Thank you. [LB131]

SENATOR SULLIVAN: Will you be here for closing? [LB131]

SENATOR NORDQUIST: Yes. [LB131]

SENATOR SULLIVAN: Okay. We will now hear proponent testimony. Welcome. [LB131]

Education Committee
March 12, 2013

DAVID HOLMQUIST: Good afternoon, Senator Sullivan and members of the Education Committee. My name is David Holmquist, that's spelled D-a-v-i-d H-o-l-m-q-u-i-s-t. I appear today in my capacity as a registered lobbyist. I'm a registered lobbyist representing Nebraska for the American Cancer Society Cancer Action Network. I thank Senator Nordquist for bringing this bill back this year. It was introduced two years ago and laid around, didn't get any action, and we would like to see some action. My remarks will be brief. I think he laid out some of the science for you. We know that part of what makes young people behave one way or another is based on modeling of behavior by adults. When adults were smoking in bars, restaurants, and other facilities in Nebraska, young people saw this and didn't think twice, or maybe thought more than twice, but many of them adopted habits that we as adults, who are charged with trying to keep young people healthy, found a problem. For example, in 1999, 39 percent of high school students reported having smoked within the last 30 days. Remarkably, because of changes in the environment that have to do with raising taxes on tobacco products and also have to do with maintaining clean environments in restaurants and other public venues, that number has dropped dramatically. I believe the number that Senator Nordquist used was 15 percent. It's somewhere between 15 and 18 percent at this point. This bill is about modeling good behavior. I'll give you a couple of examples. Friday night football game somewhere in rural Nebraska, you have fans in the stands, you have perhaps the father of the captain of the football team standing under the stands smoking a cigarette. Other people see that behavior. Other students see that behavior. They know who the dad of the football captain might be and they don't necessarily think of that behavior as maybe as negative as we would like them to do. It's also an issue of personal responsibility, perhaps, that father of the football captain shouldn't be doing that, but we would like to make sure that at any school-sponsored event the parent or other adult is not able to do that kind of behavior. Another example would be a prom. I help out with a prom at one of the high schools in Omaha every year where we "breathalize" every young person who enters the venue. However, we don't have anything happening outside the building which is keeping people from smoking. It is, in this particular instance, the prom is held in a venue that has nothing to do with the school and, because they rent that facility, they could or could not choose to make the facility smoke free. But we believe that these facilities should be smoke free, at least for the time when young people are present. We talk a lot about secondhand smoke and even thirdhand smoke. When we're talking about young people who are in childcare, we're talking about thirdhand smoke. So if we have an environment where people are smoking when children aren't present, the children are still picking up the nicotine from the surfaces in which they're having...with which they're having contact. So it's very important that we have laws in Nebraska that reflect our responsibility as a society to try and do what we can to model good behavior for our youngsters. So I see this bill as an important step in modeling good behavior. Around Nebraska, many communities have adopted ordinances that don't allow smoking in parks when young people are present, for instance, playing Little League games or playing tag football and so forth. This is

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

really in that same spirit. It would only apply to school-based activities that are either sponsored by the school or during school hours, to try and level the playing field and make sure that all of our young people are protected, both from secondhand smoke and from bad behavior. That's all I have. [LB131]

SENATOR SULLIVAN: Thank you, Mr. Holmquist. [LB131]

DAVID HOLMQUIST: Any questions? [LB131]

SENATOR SULLIVAN: Do you have any sense of what school districts are already doing in this vein? [LB131]

DAVID HOLMQUIST: I think many school districts have voluntarily adopted rules along these lines. But we also understand that school districts and school boards have a great sense of wanting to not have someone tell them what to do. Let's put it that way. And there are times, I believe, when schools, even well-intentioned schools, are...I won't say turning a blind eye but at least not doing the due diligence that we wish they would do. And I don't...I can't give you numbers, but we do know that there is a fairly good percentage that don't have rules and regulations quite as strict as we would like to see. [LB131]

SENATOR SULLIVAN: Okay. Thank you. Any other questions? [LB131]

SENATOR SEILER: I do. [LB131]

SENATOR SULLIVAN: Senator Seiler. [LB131]

SENATOR SEILER: At the state rodeo in Hastings,... [LB131]

DAVID HOLMQUIST: Yes. [LB131]

SENATOR SEILER: ...you see all these cowboys walking around with Copenhagen. [LB131]

DAVID HOLMQUIST: Yep. [LB131]

SENATOR SEILER: Are we going to have to clean that up? [LB131]

DAVID HOLMQUIST: I wish we could. You know, we have... [LB131]

SENATOR SEILER: No, but Hastings is going to put it on. Who's going to enforce that? [LB131]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

DAVID HOLMQUIST: Well, that would be a...would that be a high school activity?
[LB131]

SENATOR SEILER: That's a high school...all state. [LB131]

DAVID HOLMQUIST: Well, I think in that instance, if we make the rodeo dip free, is what I would call it, there would have to be some enforcement mechanism put in place.
[LB131]

SENATOR SEILER: Okay. [LB131]

DAVID HOLMQUIST: I can tell you when the hospitals in Omaha went smoke free on their campuses, I was approached by one of the hospitals asking whether we should look at doing an ordinance that would require police intervention in that kind of an instance. My response to them was you have your own security people who are hired for that purpose and they are the people who should be enforcing it on your own campus (a); and (b), frankly, there is enough crime in Omaha that the police don't have time to come and talk to bikers who are smoking in the parking garage. So there's kind of a fine line between what the enforcement mechanism is and then who, in turn, is responsible for that mechanism. [LB131]

SENATOR SULLIVAN: Thank you for your testimony, Mr. Holmquist. [LB131]

DAVID HOLMQUIST: Thank you. [LB131]

SENATOR SULLIVAN: Hello. [LB131]

JOHN BONAIUTO: Hello, Senator Sullivan, members of the committee. John Bonaiuto, J-o-h-n B-o-n-a-i-u-t-o, a registered lobbyist representing the Nebraska Council of School Administrators and the Nebraska Association of School Boards. We agree with Senator Nordquist that this bill would provide clarity and consistency for public schools dealing with tobacco use for school-sponsored activities. I know in visiting with school administrators that many of the schools already are operating in this capacity. And the bill requires policies, rules, and penalties, and I appreciate the way that the bill is written to give the school board the responsibility to create the policies and the rules and the penalties. And I would just say that the Nebraska Association of School Boards has a policy service and works with school boards across the state to help them develop policies when laws like this are enacted. And so I believe that if this moves forward that the School Boards Association would work with the school districts, if necessary Department of Education, and then the legal counsels that represent the various school districts to make sure that the policies, rules, and penalties were workable. So with that, I will end my testimony. Thank you. [LB131]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Any other questions? Thank you for your testimony, John. [LB131]

JOHN BONAIUTO: Thank you. [LB131]

SENATOR SULLIVAN: Hello again. [LB131]

KAY OESTMANN: (Exhibit 1) Good afternoon. I'm still Kay Oestmann, K-a-y O-e-s-t-m-a-n-n, and I am speaking on behalf of the Public Health Association of Nebraska. The Public Health Association of Nebraska supports LB131, which adopts the Tobacco-Free Schools Act. The Clean Indoor Air Act currently prohibits smoking in schools, and this would expand the law to include smoking by students, staff, and visitors on school property, and persons attending off-campus, school-sponsored events. Smoking in any venue where the public congregates is a documented health concern, and the Public Health Association supports this bill because it's good for public health. Questions? [LB131]

SENATOR SULLIVAN: Thank you. Any questions for Ms. Oestmann? Thank you very much. [LB131]

KAY OESTMANN: Thank you. [LB131]

SENATOR SULLIVAN: (Exhibits 2, 3, and 4) Any other proponent testimony? Anyone wishing to speak in opposition to LB131? Or in a neutral capacity? I did want to note that regarding...this is a letter of support to be read into the record coming from Dan Noble of the Nebraska Medical Association. Senator Nordquist for closing. [LB131]

SENATOR NORDQUIST: Just want to say I always stand willing to work with the committee on any concerns going forward and happy to answer any final questions. [LB131]

SENATOR DAVIS: Just have one, Senator Sullivan. [LB131]

SENATOR SULLIVAN: Yes, Senator Davis. [LB131]

SENATOR DAVIS: What are the penalties that you envision here, because I'm trying to find that in the bill. [LB131]

SENATOR NORDQUIST: The...it is in the bill, but I don't... [LB131]

SENATOR DAVIS: You kind of referenced 71-5733. [LB131]

SENATOR NORDQUIST: Yeah, it's on page...it's just as on page 4. Yeah, I don't know

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

what penalties I'm envisioning here and what penalties school districts have the authority to, actually in place. But on page 4, line 17...or actually it's right above that... [LB131]

SENATOR DAVIS: Well, I find that... [LB131]

SENATOR NORDQUIST: Section 12 outlines that it's left to the discretion of the district to determine that. But I suppose if it's, you know, if it's students caught violating, they have greater authority over enforcing penalties than parents. I don't know what penalties they would be able to enforce there but... [LB131]

SENATOR DAVIS: I guess what I'm asking, Senator Nordquist, on page 5: any off-campus school-sponsored event in violation of Tobacco-Free Schools Act is subject to the provisions of subsection (1) of 71-5733. And I should have looked that up and I didn't. Do you know what that might refer to? [LB131]

SENATOR NORDQUIST: No, but I will. I will look it up also and get back to you on that. [LB131]

SENATOR DAVIS: Thank you. Well, I should have done that myself before I came. [LB131]

SENATOR NORDQUIST: No, I should have. [LB131]

SENATOR SEILER: Look on the last page of Kris's analysis, gives you a Class V misdemeanor... [LB131]

SENATOR NORDQUIST: Is it a misdemeanor? Okay. [LB131]

SENATOR KOLOWSKI: Misdemeanor. [LB131]

SENATOR SEILER: And then a Class... [LB131]

SENATOR NORDQUIST: Okay. [LB131]

SENATOR SEILER: ...or Class IV, excuse me, for first offense; and then Class V for second and subsequent offenses. [LB131]

SENATOR NORDQUIST: I apologize for not looking that up before. Thank you, Mr. Attorney. [LB131]

SENATOR DAVIS: Okay. Thank you. [LB131]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR NORDQUIST: Thank you. [LB131]

SENATOR SULLIVAN: Thank you, Senator Nordquist. This closes the hearing on LB131. Before we go into the next bill, I'm just going to take a break for about two minutes, just to see if my committee clerk wants to stand up for a little bit. And then we will just resume right away. [LB131]

BREAK

SENATOR SULLIVAN: (Recorder malfunction)...deck just yet, but if you don't mind, we're ready for you to start your testimony on LB143. [LB143]

SENATOR BLOOMFIELD: (Exhibit 1) Senator Sullivan, if you think I'm going to touch that comment with a 10-foot pole, you're sadly mistaken. (Laughter) Thank you. Thank you, sir. Thank you, Chairwoman Sullivan and members of the Education Committee. For the record, my name is Senator Dave Bloomfield, D-a-v-e B-l-o-o-m-f-i-e-l-d, and I represent the 17th Legislative District and I'm here today to present LB143 to the committee for your consideration. The bill as introduced would require the State Department of Education to develop a model child sex abuse policy on or before July 1, 2014, to assist schools in developing their own policy should they choose to do so. I want to emphasize the fact that no school is required to adopt a policy. If a school does adopt a policy, there are a few things they would need to do. The school would need to, one, publish the adopted policy in their school handbook, manual, or similar publication. The policy should be age appropriate for its students. Policy should be presented to students in the form of an age-appropriate educational program or school assembly. And a school that adopts a policy shall provide child sexual abuse training to its staff, training that is deemed appropriate by the school administration. I introduced this bill at the request of a constituent who, due to an illness, and I think he has the same bark that I've been fighting for quite a while, is unable to be here today. But he has sent me testimony that I would like to give the committee. In my opinion, this is a very simple thing our schools can do to help address a very serious matter, and I will attempt to answer any questions you have. This doesn't force anybody to do anything, but it does give the schools some guidance if they choose to do something. [LB143]

SENATOR SULLIVAN: Thank you, Senator Bloomfield. Senator Haar. [LB143]

SENATOR HAAR: Senator Bloomfield, would this...usually when you see like child sexual abuse, the first thing that popped into my mind, by the staff or whatever, or would this also be showing students what sexual abuse from other students might be like? [LB143]

SENATOR BLOOMFIELD: That would depend entirely upon the school district and what they decided to do. [LB143]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR HAAR: Okay. [LB143]

SENATOR BLOOMFIELD: What...the state would provide basically a guideline, in my idea of this bill. As you read this testimony that this gentleman sent down, he is a victim of sex abuse a number of years ago. He has written a book about it and he asked me to bring this forward, and that's what I've done. And I, again, it just gives some guidelines that the school districts can follow. [LB143]

SENATOR HAAR: Okay. [LB143]

SENATOR SULLIVAN: In your chronology of...and guidance on how school districts would handle this, I assume, but you failed to mention, that it would be a policy that would be adopted by the school board before published in the... [LB143]

SENATOR BLOOMFIELD: Absolutely. [LB143]

SENATOR SULLIVAN: Okay. And you've given some indication that there should be training provided to staff. Are you suggesting any indication of or guidance to be given to school districts that might come from the Department of Education, or is it just pretty much up to the individual district on how to handle it? [LB143]

SENATOR BLOOMFIELD: Well, I think if the district goes to the state and says, hey, we want to institute something here, that the state should have something there that they can educate the staff a little bit on so they know where they're going. [LB143]

SENATOR SULLIVAN: Uh-huh. Uh-huh. [LB143]

SENATOR BLOOMFIELD: And that's...again, that's all we're asking for, is that there be something in place that these school districts can go to the state and say, hey, can you help us out;... [LB143]

SENATOR SULLIVAN: Uh-huh. Okay. [LB143]

SENATOR BLOOMFIELD: ...we have some questions here. [LB143]

SENATOR SULLIVAN: Okay. All right. Any other questions for Senator Bloomfield? You'll be here for closing? [LB143]

SENATOR BLOOMFIELD: I think so. I have a letter here from Shanna Wright, that I think you got, from the National Association of Social Workers. I just want to make sure you have that. (Exhibit 4) [LB143]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Yes, I believe it's here somewhere or the indication that we will read that into the record, yes. [LB143]

SENATOR BLOOMFIELD: Yes, okay. Thank you. And I do intend to be here. [LB143]

SENATOR SULLIVAN: Thank you, Senator Bloomfield. We're letting our able-bodied assistant change the light system in here, and while he's doing that, would like to indicate that I'd like to limit testimony to three minutes per testifier for this bill as well as the following one. It's getting a little late in the afternoon. And just out of...how many are planning to testify, by the way, on either one of those bills? Okay, very good. Just wait just a couple of minutes till Chuck gets... [LB143]

CHUCK HUBKA: You're good to go. [LB143]

SENATOR SULLIVAN: Oh, okay, it's ready to go. All right, we'll have our first proponent testimony for LB143. Welcome. [LB143]

MARLA FISCHER-LEMPKE: (Exhibits 2 and 3) Good afternoon. My name is Marla Fischer-Lempke, M-a-r-l-a F-i-s-c-h-e-r-hyphen-L-e-m-p-k-e. I'm the executive director for The Arc of Nebraska. The Arc of Nebraska is a support and advocacy organization with and for people with developmental disabilities and their families. We're a state-affiliated chapter of The Arc of the U.S., and we are a statewide organization with 13 local chapters and about 1,000 members here in Nebraska. The Arc of Nebraska strongly supports LB143 that authorizes schools to adopt a child sexual abuse policy. However, we encourage an amendment to require schools to adopt such a policy. Nebraska school districts are required to adopt an antibullying policy, and we believe this is of equal importance. A 2012 bulletin published by the Child Welfare Information Gateway indicates that children with disabilities are 3.4 times more likely to be maltreated than children without disabilities. This statistic was based on a 2000 study that examined data on all children enrolled in public schools and early intervention programs in Omaha. Further, studies have found that the type of disability a child experiences increases the likelihood for being a victim of physical and sexual abuse. In particular, children with behavioral disorders and intellectual disabilities are at an increased risk than children with other types of disabilities. A report published from The Arc of the United States shares some information about detecting abuse among children with disabilities. Often the risk of abuse going unnoticed is greater. Thinking back to the children with behavioral disorders, a change in behavior may be attributed to their disability rather than abuse. For children with intellectual disabilities, they may be considered untrustworthy or easily suggestible so that a report of abuse would seem improbable. As a state and through local school districts, we need to offer families and children with disabilities as many tools as possible to prepare the child growing into adulthood just as any other family or child would prepare to do. Not offering these same protections does a disservice. In fact, it may do more harm than it would do to children

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

who don't experience a disability. Children with disabilities are often isolated in society and may be very reliant on a caregiver or others, thus, increasing their level of vulnerability compared to peers without disabilities. We know sexual abuse and how it's discussed can create controversy. However, we want to ensure that students, staff, and family members know and understand what signs may be available to show this might be a problem. Everyone needs to understand that the clues may be different in a student with the disability. The behaviors the person exhibits may be ways of communicating what's happening rather than just general noncompliance. Looking for these signs becomes even more imperative when behavior is the only way in which the student communicates. We thank Senator Bloomfield for bringing this important bill for your consideration. We hope that you find it just as important for each school district as bullying. As such, we hope you see LB143 to be amended to require districts to adopt a sexual abuse policy. The Arc would also like to offer our assistance in the process when considering students with disabilities. And we just strongly urge you to pass it out of committee. And I'd be glad to answer any questions I can. [LB143]

SENATOR SULLIVAN: Thank you for your testimony. Does The Arc get involved with education along these lines, whether it's in schools or in any other way? [LB143]

MARLA FISCHER-LEMPKE: Yes. We work with our national affiliate and we work with the University Center for Excellence in Developmental Disabilities, the state protection and advocacy organization, and we'd be glad to get information together and help to provide information for trainings in whatever way we can. [LB143]

SENATOR SULLIVAN: Okay. Any other? Yes, Senator Haar. [LB143]

SENATOR HAAR: Yes. Are you implying then also that it shouldn't just be sexual abuse within the school but within society, in the home and so on, so forth? [LB143]

MARLA FISCHER-LEMPKE: Yes. Yes. Often children with disabilities aren't able to report maybe as other children would, and so we really kind of need everybody to be trained on how to look for those clues. And then also talking with children with disabilities to help them, in a way that's understandable to them, indicate when they're having a problem. [LB143]

SENATOR SULLIVAN: Any other questions for Ms. Lempke? Thank you very much. [LB143]

MARLA FISCHER-LEMPKE: Thank you. [LB143]

SENATOR SULLIVAN: Uh-huh. Any other proponent testimony? Anyone wishing to speak in opposition to LB143? And in a neutral capacity? Senator Bloomfield for closing. [LB143]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR BLOOMFIELD: Thank you, Chair. I'll be very brief in closing. It is not my intention that we should put any unfunded mandates on the school with this. So whatever we can do, without forcing the schools to do it, I'm in favor of. I was given a note here that said that...and I will check into this further and get back to you, that the Methodist Church uses a process or program, and I will get more information on that and get it back to you. With that, if there aren't any more questions, I'll get out of your hair. [LB143]

SENATOR SULLIVAN: Any other questions? [LB143]

SENATOR DAVIS: Just one. [LB143]

SENATOR SULLIVAN: Yes. [LB143]

SENATOR DAVIS: And I'm sorry I wasn't here, Senator Bloomfield, when you spoke. [LB143]

SENATOR BLOOMFIELD: Not a problem. [LB143]

SENATOR DAVIS: The testifier said she wanted it to be required in statute. And so it is what you're...what is it that you're asking for here? [LB143]

SENATOR BLOOMFIELD: My intent is that the school districts make that decision. [LB143]

SENATOR DAVIS: Voluntarily. [LB143]

SENATOR BLOOMFIELD: Absolutely. [LB143]

SENATOR DAVIS: Okay. Thank you. [LB143]

SENATOR BLOOMFIELD: Thank you. [LB143]

SENATOR SULLIVAN: (Exhibit 4) And I would like to read in, too, I think Senator Bloomfield referred to it, but one letter of support from the Nebraska Chapter of the National Association of Social Workers. That closes the hearing on LB143. We'll now go on to LB619. LB619, Senator Haar. [LB143]

SENATOR HAAR: (Exhibits 1 and 2) Okay, I have some handouts. I also have a copy of the handout for anybody from the press, if they want to, I guess, hold up their hands and...Senator Sullivan, members of the Education Committee, this is going to be kind of a long introduction. I want to launch into LB619 with a story which is a personal story;

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Transcriber's Office

Education Committee
March 12, 2013

it's a true story and, really, for me, a life-changing story. From 1967 through 1971 I taught at Tech High School in Omaha. I taught chemistry, physics, general science. It was a very tough inner-city school, since been closed; it's now the administration building for the OPS. And the kids were very honest. And by the way, I had Johnny Rodgers in my chemistry class. So one day in general science class we were sort of on what used to be just sort of basic sex education, you know, what parts are parts. And I said the kids were very honest. And one high school girl asked...she says...she said, "Is it safe to make out if I keep my underpants on?" Really. True story. And, of course, I said, "No." I explained how aggressive sperm is and also that it's really, probably, very hard to stop at that point, to stop going any further. And at that point another girl in the class gasped, and I can't remember anything more about that experience. But apparently there was a group of girls, these were high school age girls, who thought it was safe to make out as long as the girl kept her underpants on. And I guess I could have said at that point, you know, go talk to your mother, ask her that question. But I answered her. And somebody failed these girls. Somebody had failed these girls. So from that I want to launch into LB619. First of all, I handed out what I call my "Children's Manifesto," and it's just my view of the world. "Every child deserves to be wanted. Every child deserves a loving family." And so on. And one of the things that I have put down for achieving these values is to "encourage pre-conception pregnancy education and planning." And we know that this results in fewer unwanted pregnancies, it's better for the health of the mother and the baby, and so on. So how do you do this? Well, the thing I'm going to talk about today is the part I have highlighted there, "Provide education for families and young people--medically accurate, age-appropriate, comprehensive sexuality education." The next page, "When it comes to sexual health education..." Mark Twain said...well, he didn't say this about sexual health education, but he said, "If you think knowledge is dangerous, try ignorance." And that's what this bill is about. It's about providing knowledge. And then for those of you who remember Senator Tom White from Omaha, he said, "I am pro-life" and "If you are seriously opposed to abortion, the most dangerous thing you can do is to promote ignorance." The next page I...Kris, I copied pretty much what you did, but I added line numbers to it. And this bill is really very simple. It requires school districts to offer sexual health education beginning with the 2014-15 school year. The curriculum used by a district would be required to meet certain criteria. I'll get into those in a minute. The bill would require a student to be excused from any part of such instruction if his or her parent or guardian provides a written request to the schools. Some really important terms. And, in fact, Senator Bloomfield, in his bill, used this term: age-appropriate. And there's a definition for that. And it would have to be "medically accurate." And here it refers...the bill refers to experts in the field, including the American Medical Association, United States Department of Health and Human Services, the CDC, and so on, our own state Department of Health. "Age-appropriate" and "medically accurate": those are really important terms. Okay, under the "Criteria." Again, has to be age-appropriate and medically accurate. "The curriculum shall include, and not be limited to, the following..." on line 30. "The benefits of and reasons for not engaging in shared sexual behaviors

that carry risks for pregnancy or sexually transmitted infections." We're really talking about two things in all of this. One is pregnancy. The other is STDs, as they used to be called, now they're called STIs, sexually transmitted infections. And this would include information about "not engaging in such behaviors is the only certain way to prevent pregnancy and to reduce the risk of sexually transmitted infections." And then another point is teaching them "the negative effects of alcohol and drug use on decision making." So it's more than just parts. This is about young people, especially young people, and how they make decisions. Line 37, "The curriculum shall provide students with information" about the "side effects, health benefits, effectiveness, and safety of abstinence and the consistent and correct use of all contraceptive methods approved by the" FDA. Line 42, also part of the criteria, "Information relating to sexually transmitted infections"; this means such infections, how they are and are not transmitted, the effectiveness of methods approved by the FDA for reducing the risk of contracting or transmitting STIs, and the treatment of such infections. Nebraska has one of the highest rates of STIs. Line 47, "The curriculum shall provide information relating to healthy relationships," what's healthy in a relationship. Again, this is for the schools; this is aimed at young people. Line 48, "information on peer and social pressure related to sexual behaviors and" how to "address methods of avoiding such pressures," what happens, where are you likely to come under peer pressure and how do you react to avoid that. "(7) The curriculum shall provide information on recognizing and managing inappropriate and unwanted sexual advances and that it is wrong to take advantage of or exploit another person." This stuff has to be talked about; it doesn't just happen. Line 52, "The curriculum shall encourage youth to communicate with parents or guardians and other trusted adults about sexuality." Line 54, "Instructors may answer in good faith any question initiated by a student." And, "(10) Instruction and materials shall be appropriate for use with and shall not promote bias against students based on race"...remember, these are high school kids..."based on race, ethnic or cultural background, sexual orientation or gender, or gender identity; sexually active students; and students with disabilities." Section 3 would require a student to be excused from any part of the instruction if they have a written statement from their parent or guardian, and the second part of Section 3 says that the materials used in a school would have to be available for viewing by the student's parent or guardian to make that decision. "Section 4 would require the State Department of Education to develop and maintain a list of sexual health education curricula that are consistent with the" criteria above, and they would "be required to adopt and promulgate rules to carry out sections 1 through 5 of the bill." Schools could certainly develop their own criteria as long as they met those things we talked about above. And then Section 5 just says you have to use funds appropriately. That's the bill, pure and simple. Okay. The next sheet in here talks about...this is from the CDC, the Centers for Disease Control and Prevention. And this talks...it's from their "Morbidity and Mortality Weekly Report." And this is really current, January 20, 2012. "Approximately 400,000 teens aged 15-19 years give birth every year in the United States, and the teen birthrate remains the highest in the developed world. Teen childbearing is a public health concern because teen mothers are more likely to

experience negative social outcomes, including school dropout. In addition, infants of teen mothers are more likely to be of low birth weight, lower academic achievement, and daughters of teen mothers are more likely to become teen mothers themselves." It's a big problem. And then the second highlighted feature: Approximately one half of those teens...and these are...the CDC carries out what's called "PRAMS"--you see it in the list above--and they interview new mothers. It's very statistically accurate, very thorough. And so they say approximately one half of those 400,000 teens were not using any method of birth control when they got pregnant. And of these, nearly 31 percent believed they could not get pregnant at the time; 21 percent used a highly effective contraceptive method, although less than 1 percent used one of the most effective methods, such as intrauterine devices, but again, these are teens we're talking about; 24.2 percent used the moderately effective method of condoms; and 5.1 percent used the least effective methods, such as rhythm and withdrawal. Again, we're talking about 15- to 19-year-olds. And then the...finally, on this page here, "To decrease teen birthrates, efforts are needed to reduce or delay the onset of sexual activity, provide factual information about the conditions under which pregnancy can occur, increase teens' motivation and negotiation skills for pregnancy prevention, improve access to contraceptives, and encourage use of more-effective contraceptive methods." This is exactly what this bill talks about. The next is a graph...I'm sorry, chart. And this speaks, again, to this issue of education. It's the percentage of pregnancies by intendedness and outcome, from 2001. Now the rest of this study--and I give you the source here--really compares intendedness and outcomes for 2001 to '94, and it says things haven't changed much. So this is now ten years old, but in the last decade the results haven't changed very much. So intended and unintended pregnancies are split: about 49 percent are unintended, 51 percent are intended. And as the notes at the bottom say, "Although some unintended pregnancies come to be wanted, many do not and may result in undesired consequences." And what's really important is, if you look in the second set of boxes, the "Intendedness of Pregnancy," for unintended pregnancies, fetal loss is 14 percent, births are 44 percent, and abortions are 42 percent; 42 percent of unintended pregnancies end in abortion. You look at intended pregnancies: births, 80 percent; fetal loss, 20 percent. And again, "some unintended pregnancies come to be wanted, many do not and may result in undesired consequences," such as abortion. Now the next page...there will be a testifier later who explains this, but these are polls that were taken, scientific polls, by a firm that does scientific polls for all kinds of things. And you can see that the public support for...that "Nebraska should teach sex education that explains contraceptive and birth control options to prevent pregnancy and sexually transmitted diseases," the public support for that is increasing. And then facts that support...if you look at this next one, it's really alarming: 2,300 Nebraska children ages 19 and younger had an STI, sexually transmitted infection, in 2011. STIs are among the most common infectious diseases in the U.S. "One in two sexually active persons will contract an STI by age 25." But this is children ages 19 and younger: 2,326 Nebraska children in 2011. And then below that, "1,745 Nebraska youth ages 19 and younger gave birth in 2011." Now that's fewer than in 2010, which is good, but "66 of those 2011

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

births were to girls age 15 and younger. While the birthrate for white teens...is lower than the national average, the rate for Nebraska's African-American and Hispanic teens is among the highest in the country." And then I won't read through all of this. But "The Impact of STIs and Pregnancy on Teens and Their Children": An infant born to a mother with an STI is at risk of multiple health problems, including but not limited to low birth weight, brain damage, blindness, deafness, chronic liver disease, and stillbirth. And "parenthood is a leading cause of school dropout among teen girls" 19 and under, 19 and under. And 66 births to girls 15 and younger in Nebraska last year. And the costs. I mean, this is maybe...I don't know why the public acceptance for comprehensive sex education is increasing, but here's the cost. "Estimated cost of STIs to the U.S. healthcare system is \$17 billion annually." And we didn't have time, but we can get those; maybe it's on one of these others, I believe, of how much that costs Nebraskans. "Ninety percent of teen births in Nebraska are financed by Medicaid." Yeah, here it is, "Teen childbearing in Nebraska cost taxpayers at least \$67 million in 2008." And "most of the costs are associated with the children of teen mothers." So not only are we talking about the children who are having children, we're talking about the children themselves; we're also talking about taxpayers and society. There's a great cost. The next sheet, again on teen pregnancy...has been declining since the 1990s. But look at that: the teen pregnancy rate, 19 and under, is "four times that of the Netherlands, three times that of Germany, almost three times that of France." Sexually transmitted infections: "twice that in Canada and Sweden, 5 times that in England, 20 times that in France." And all of those countries have much more open sexuality health education for their children. The letter from the Nebraska social workers. Again, if you look at this, just a few of these things: The children of teen parents are more likely to...the children of teen parents, the children of the children, "are more likely to drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager" themselves, "face unemployment as a young adult, and suffer higher rates of abuse and neglect and end up in foster care." So it's something that goes from generation to generation. And then finally...and then we'll have some really great testifiers. I've gotten a lot of phone calls, as all of you have, and one of the objections is to the mention of sexual orientation. And so I just included the thing that Ernie Chambers handed out...the sheet that Ernie Chambers handed out about a week ago. This would not be the first time that "sexual orientation" is mentioned in Nebraska's law. And he has listed...in fact, there are enhanced penalties for being against people because of their sexual orientation and so on and so forth. So this is not new in Nebraska. It shouldn't offend us. In fact, I think we need to recognize it and deal with it. So with that...I also have a letter here, by the way. John Cavanaugh, the executive director of Building Bright Futures, was here, had to leave, so here's a letter from him. So I am open to questions. [LB619]

SENATOR SULLIVAN: Thank you, Senator Haar. Questions? In your opening remarks, initially you recalled when you were teaching biology... [LB619]

SENATOR HAAR: Yes. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Have any sense of...there's a certain amount of those...I wouldn't say conversations, to that extent, but discussion of topics that goes on in classrooms today... [LB619]

SENATOR HAAR: You bet. Yeah. [LB619]

SENATOR SULLIVAN: Would you agree? [LB619]

SENATOR HAAR: Yeah. And some school systems already do it, of course. And I think what that story really...that situation, a true story, really pointed out to me is that these young women, at least the one who asked the question, did not want to get pregnant. But she was...I don't know if she even considered herself sexually active, but, I mean, it was very close to what anybody would consider sexually active. And she and a group of her friends apparently had come up with their own way to avoid pregnancy. And what's disturbing is that it...it was bad. It was not a way to avoid pregnancy. And we had...somebody had failed those girls. But they on their own were trying to figure out how to make this work. We as educators should be there to give them that kind of information. [LB619]

SENATOR SULLIVAN: What are your thoughts on who might be the...or where this might be taught in a school curriculum? [LB619]

SENATOR HAAR: You know, I'm not an expert on that part. But obviously...probably the whole school curriculum. I mean, at the very low end, I mean, most kids getting into school understand that there are males and females, especially if they have brothers and sisters. And so age-appropriate at that point is, kind of, parts, you know. And again, there are lots of organizations that have dealt with this issue. And that's one of the things that...the Nebraska Department of Education would list those curricula that have already been worked out by people who are expert in that to...and they'd have to follow the criteria in the bill, though. [LB619]

SENATOR SULLIVAN: Okay. All right. Thank you. Any other questions from the senators? Senator Scheer. [LB619]

SENATOR SCHEER: Thank you, Senator Sullivan. Senator Haar, your bill clearly states that the Department of Education is supposed to take care of the bill. If the bill was brought forward, why was the premise not brought to the Department of Education or the State Board of Education for them to look at? Realistically, I think, they have the better support staff to know what is appropriate or inappropriate in the school systems. They said about...they have Rule 10 that determines what's required in the school systems, or not. Why...I don't want to say that you're circumventing the system, but, truly, isn't the Department of Education probably the more appropriate place... [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR HAAR: Um-hum. [LB619]

SENATOR SCHEER: ...for this to be brought forward? [LB619]

SENATOR HAAR: Well, I think that's another avenue, the Board of Education; and you might ask some of the people coming up about that avenue. And even in this bill, the State Board of Education wouldn't be responsible for putting that curriculum together but simply listing on their Web site the kinds of curricula that are out there that meet these criteria. But yours is a good point, and I will certainly have that discussion. [LB619]

SENATOR SCHEER: Okay. Thank you. [LB619]

SENATOR SULLIVAN: Senator Kolowski. [LB619]

SENATOR KOLOWSKI: Thank you, Madam. Senator Haar, with that comment from Senator Scheer, the State Department of Education does have comprehensive health education requirements that districts are supposed to be following. And I know there's a wide range of how that happens, how that gets followed or what things are in place throughout a curriculum, K-12, for students to experience the...some of the major points you're talking about, age-appropriateness and all the other levels of expertise that would come with that at different grade levels. Do you see this as being plugged into that comprehensive health education law that's currently in place? Or a stand-alone, separate from that, just with sexuality education, and not being a part of that already existing law? [LB619]

SENATOR HAAR: You know, I don't know exactly how they serve in...as curriculum specialists. But I do have a list here of other mandates in the school curriculum, and it would probably be similar to this. Like, there's one on bullying right now, there's a mandate. There's one on dating violence, fire prevention instruction, health and drug education, multicultural education, Americanism, character education, and so on. So I don't know exactly...I'm sure in all of these there is room for each school district, you know, to respond to their own particular needs. But that...I don't know that part of the detail. [LB619]

SENATOR KOLOWSKI: Okay. Thank you. [LB619]

SENATOR HAAR: Yep. [LB619]

SENATOR KOLOWSKI: It does exist, though. [LB619]

SENATOR SULLIVAN: Senator Davis. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR DAVIS: First an observation, I guess. And I'm just a little younger than you are, so, you know, remember that when I say this, but... [LB619]

SENATOR HAAR: Not that much, though. [LB619]

SENATOR DAVIS: So many things have changed from 1967 to today, in terms of what's out there, you know. So your story, I think I understand why you felt so strongly about that story. I just think we've seen a significant sea change in how people think about sexuality and how they talk about it today versus then. But my real question is, is this already being done in a lot of the school districts? [LB619]

SENATOR HAAR: In quite a few school districts, yeah. Yeah. [LB619]

SENATOR DAVIS: I mean, do you have any idea how many are...? [LB619]

SENATOR HAAR: That I can't answer right now. I just want to respond to your earlier question. We still have 400,000 teen births where half of them not even using any contraceptives. And so times have changed, but the other thing that's changed, too, is what any family can see on TV, you know, in the supper to 10:00 hour, the kinds of things that kids see on their video games and etcetera, etcetera, etcetera. So I think, if anything, more than even the time--I talked about at Tech High School, which...about 1970--that there's probably more titillation out there in society because of the media. But the thing that hasn't changed is that that's the age when all those hormones are blooming. And it's always been that way. You know, I had a father-in-law that said, when you grew up, the first baby could come anytime; and after that, it was nine months. So this is not a new problem. But other countries, as I demonstrated, where sexuality education is much more open and much more prevalent, and the incidence of teen birthrates and STIs is so much lower than in the United States. And it costs us in so many ways. And finally, I... [LB619]

SENATOR DAVIS: But, Senator Haar, can you really say that that's all due to public policy, or maybe what takes place in the home? [LB619]

SENATOR HAAR: Oh...and, as we said, one of the criteria of this curriculum would be to encourage children to talk with their parents. And again, if, you know, I would have said to that young woman, you know: Go talk to your mother about, you know, making out when...but leaving your underwear on. That would have been a difficult discussion with my mother, I've got to say. (Laugh) [LB619]

SENATOR DAVIS: And mine, I have to say. [LB619]

SENATOR HAAR: And yours. (Laughter) So we're not...and, finally, I brought this roll of tape...and then I'll get off here. As you all know, my wife was head of Planned

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

Parenthood for 20 years. And I was talking to an educator one day who was out in the public schools, and they followed another educator that was basically: just say no. Okay? And that other...and this is true. That other educator took a piece of tape, and then she peeled it off, and she did this and said, "You know what, this tape, every time you stick it down it doesn't work so good anymore." And that's the way she was trying to present to elementary...or I don't know if it was elementary or high school students, the view...that is not medically accurate. And so one of the points of this whole thing is...some of the biggest points are age-appropriate, medically accurate. It has to be medically accurate, or we're doing them a disservice...I mean, they're going to find out a lot of this stuff, if not from their parents and from the schools, from their friends, and then it may be wrong. So anyway, thank you very much. [LB619]

SENATOR SULLIVAN: Thank you, Senator Haar. Okay, we will now hear proponent testimony for LB619. Welcome. [LB619]

JONNA REBENS DORF: (Exhibit 3) Hello. My name is Jonna, J-o-n-n-a, Rebensdorf, R-e-b-e-n-s-d-o-r-f. And initially I'd like to thank everyone for being here today to hear me speak. I...for my background, I'm currently a student at the University of Nebraska at Omaha in their graduate sociology program. My focus has been sexual health education and reproductive health in sociology, so that's kind of my background. I...for my undergraduate senior thesis, I studied sexual health education and sexually transmitted infections in Douglas County. So that's kind of the knowledge base I'm coming from. I did this exploratory research specific to Douglas County, Nebraska, in terms of sexually transmitted infection and seeing if there was a correlation to sexual health education. As an exploratory project, of course, I didn't get as much research done as I would like to do. But I did do a curriculum overview of Douglas County public schools in Nebraska. And I also did...I juxtaposed that with the state policies on sexual health education. In Douglas County public schools, all of them could be defined as comprehensive sexual health education programs, given the terminology that I used through my other research. But, at the same time, there's not very much consistency across the board for these programs. And, of course, this is just looking at Douglas County alone. I know, you know, in terms of this bill, it would be far-reaching across all of Nebraska, but just in terms of my research, I focused on Douglas County. And there was a large gap in consistency for the curricula, even within a few blocks of each other. Some schools covered everything from sexual abuse and dating violence and abstinence and birth control across the board. Other schools didn't even have a sexual health education class posted as part of their curriculum. They did have general health classes, but to the extent of being able to categorize those as comprehensive I felt like I needed to keep my hands off. So the first graph that I did, attached to my testimony, is the sexually transmitted infections in Douglas County, according to the Douglas County Health Department's 2011 STD report. And, as you can see, we have increases of chlamydia and gonorrhea over the last ten years. And it is especially prominent with those 15-19 and 20-24. So those ages aren't on there, but they are the predominant age group. And

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

I did do a survey of 39 students who had attended Douglas County high schools, and got their perceptions on their classes. And there was a lot of people who agreed that there did need to be improvement to the courses that they got. In terms of state policy on health education, the Nebraska State Board of Education's "Nebraska Health Education Frameworks" is a guideline that was adopted in terms of what should be covered in Nebraska schools for educational policy. In terms of sexual health education, they have taken the guidelines from the 1996 Personal Work and Responsibility Act (sic), and their abstinence guidelines for sexuality education. They have lifted those guidelines and used them as their guidelines for health education. They put an extreme emphasis on abstinence as being the exclusive purpose of the education. In order for state monies to go to the programs of the schools, they have to have the abstinence emphasis be the primary focus. So that policy, it is from 1996, it could use...be used to be updated a little. And it does have some wording that is not very comprehensive about it, as in suggesting that sexual activity needs to be within the confines of a mutually monogamous marriage, which, for those individuals of different sexual orientations, is not always the applicable case. So the wording is not very comprehensive. But the wording of LB619 is fantastic, and I really think it would be a fantastic bill to create consistency across the curriculum for Nebraska schools and make sure that students are getting age-appropriate and medically accurate information and they're not having to, based on their geography, compete for educational resources. So I do have my contact information listed. And I do have a host of knowledge; so if you have any questions, please let me know. [LB619]

SENATOR SULLIVAN: Good. Thank you, Jonna. Any questions for her? Yes, Senator Davis. [LB619]

SENATOR DAVIS: A couple questions. This particular graph, this is age 19 through 25? [LB619]

JONNA REBENS DORF: That is the age group overall. They do have it broken down by age groups. I believe, for 15 through 19 there were 619 new cases of chlamydia in particular, last year. So the DCHD has that full report available on-line, but I would be able to provide you with a copy if you would like. [LB619]

SENATOR DAVIS: And you said that sexual education is taught in the Omaha Public Schools but in a somewhat inconsistent manner from building to building. So you're saying that there's no direct policy that OPS has in place as to what they're going to teach? [LB619]

JONNA REBENS DORF: OPS follows the State Board of Education's guidelines. OPS has its own particular program, which could be defined as very comprehensive; it does cover a gamut of the issues. But whereas, compared to other Douglas County schools, like Bennington, which has no listed sexual health education class...it has a health class

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

listed, but it is not as thorough as the OPS program was. All of the school boards of education say that they follow the health and education guidelines from the "Frameworks," although the "Frameworks" isn't a mandate; it's just a guideline. [LB619]

SENATOR DAVIS: Okay. So...but OPS, then, as itself, has guidelines that... [LB619]

JONNA REBENS DORF: Um-hum. [LB619]

SENATOR DAVIS: ...apply to all the schools within the OPS system. [LB619]

JONNA REBENS DORF: Yes. [LB619]

SENATOR DAVIS: Okay. You're... [LB619]

JONNA REBENS DORF: So it's up to individual school boards. [LB619]

SENATOR DAVIS: But in the Douglas County situation, it's different. [LB619]

JONNA REBENS DORF: Um-hum. [LB619]

SENATOR DAVIS: So it would be up to the school board as to what they do. [LB619]

JONNA REBENS DORF: Um-hum. [LB619]

SENATOR DAVIS: Thank you. [LB619]

SENATOR SULLIVAN: Senator Kolowski. [LB619]

SENATOR KOLOWSKI: Thank you, Madam. Did you do any surveys of homes, parents, as to what they were doing as far as their own sexual education with their kids? And also places of worship, did you do anything with them? [LB619]

JONNA REBENS DORF: What I did in terms of my survey was only surveying individuals. I did have 122 people who took my survey, from a whole gamut of ages as well. But these students claimed that, for the most part...I had a 3-point scale of who you thought you received the most information about sexual health from, whether it be family, the media, or your peers, in...opposed to your school program. And a majority of individuals said that they received almost all of their information from peers; media came second; and family came last, in my...at least for the 20- to 24-year-old age group that I focused on. So most of them are getting their information from their friends. The Nebraska Health Frameworks does say that the parents remain the primary educator at all times, even though their students may be attending Nebraska schools. So that's already something we really do have in place. It's the same with the opt-out policy;

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

that's already in place. I personally opted out of my high school sex ed class because I didn't think it was worth my time. And now that I look back on that, of course, you know, that's a little, you know, putting myself at risk by not giving myself all of the information. But all I had to do was get a paper signed by my parents and... [LB619]

SENATOR SULLIVAN: Okay. Any other questions for Jonna? Thank you very much for your testimony. [LB619]

JONNA REBENS DORF: Thank you. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

CHRISTOPHER FISHER: (Exhibit 4) Good afternoon, Senator Sullivan, committee members. My name is Dr. Christopher Fisher; that's C-h-r-i-s-t-o-p-h-e-r F-i-s-h-e-r. I'm an assistant professor at the College of Public Health at the University of Nebraska Medical Center in Omaha, which provides research, education, and service in public health for the state of Nebraska and beyond. I want to thank you for the opportunity to voice my support for LB619 as a citizen and proponent of good public health policy. I am not representing the university; this testimony should not be considered representation of the University of Nebraska system's stance on this legislation before you. I've had nine years of experience in the field of sexual health education. I have taught human sexuality courses and sexual health courses at the college level during those nine years as well as facilitated numerous workshops on sexual health for adolescent populations. I hold a master's degree in human sexuality studies as well as a Ph.D. in health behavior with a focus on sexual health and sex education. I have also been certified as a sex educator. I'm a member in good standing and a leader in professional organizations related to the work of sexual health and education. Finally, I've conducted several scientific research studies on sex education and sexual health and have been recognized for the contributions of my work in my field. It is my professional opinion that a uniform policy such as that proposed in LB619 will help solidify a fundamental baseline of education for our young people in Nebraska. This policy will help ensure that our future adult citizens are literate in the basics of sexual health and well-being. Sexual literacy means having knowledge, skills, and the willingness to engage in healthy relationships that are free from coercion, free from sexually transmitted infections including HIV, and free from unintended or unwanted pregnancies. The evidence-based, scientifically accurate, age-appropriate criteria proposed in this legislation is commensurate with the positions of major associations around the country, including the American Public Health Association, the American Academy of Pediatrics, the Society of Adolescent Medicine, and the American Medical Association. And the effectiveness of the proposed approach in sexual health education in this bill is supported in the scientific literature. There is substantial research to indicate that the education proposed in this bill will not lead to early sexual activity. Let me say that again. The proposed legislation, the education that is being proposed, will

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Transcriber's Office

Education Committee
March 12, 2013

not lead to earlier sexual activity. In fact, there is evidence to the contrary, including a national study mandated by the U.S. Congress that shows a comprehensive sex education program actually can help young people as they grow into adulthood to avoid negative sexual health outcomes including STIs and unwanted pregnancies. This education also prepares those who are not yet sexually active to be responsible adults. Polls and studies routinely show that the vast majority of adults and parents in the country support a comprehensive approach to sex education. Nationally, 88 percent of parents support comprehensive sex ed. And, as you've heard and will hear more about, over 66 percent of Nebraskans support this same approach. In 2012 there was a meeting convened of researchers, practitioners, community leaders, and local and state officials in the state of Nebraska to discuss the state of sexual health in Nebraska. And the top priority that came to the fore after those conversations was we need to have better sex education for our young people. It's also my understanding that many of Nebraska's schools provide some form of sexual health education, as you've heard. The costs associated with this legislation are minimal, in maintaining a list of existing curricula. And it's for these reasons--the strong support of scientific research, wide public support, and this being a well-written, feasible, and appropriate level of policy for this issue in Nebraska, that I ask for your support for comprehensive sex education. The future health and well-being of our young people and all Nebraskans depends upon it. Thanks for your time, and I'm happy to answer questions. [LB619]

SENATOR SULLIVAN: Thank you, Dr. Fisher. Appreciate it. Any questions for Doctor...? Senator Kolowski. [LB619]

SENATOR KOLOWSKI: Thank you, Madam. Dr. Fisher, what...do you have some exemplary programs in the metro areas or in the state of Nebraska that you've come across that seem to be doing a little better than others as far as comprehensiveness? [LB619]

CHRISTOPHER FISHER: I personally have not looked into the detail with the previous speaker mentioned. But I think what she presented is very consistent with the research nationally, in that policies at the local school board level are not necessarily implemented consistently. And so even though there may be a policy for OPS that says: We're going to cover all of these things; when it gets to the classroom, it's not. And so we understand that there is a challenge with policy, but it's a first step in setting a baseline for consistency across the state. [LB619]

SENATOR KOLOWSKI: Thank you. [LB619]

CHRISTOPHER FISHER: Um-hum. [LB619]

SENATOR SULLIVAN: What do you think is the value of consistency, as opposed to an individual school district deciding what is best for their educational community? [LB619]

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Transcriber's Office

Education Committee
March 12, 2013

CHRISTOPHER FISHER: I think the value in consistency comes from looking at the larger culture that we live in. We live in a very...a very...culture that moves a lot. We have a lot of people that move to Omaha, move to Lincoln, move back; we have people come in to college for school and then go back out into their communities in rural Nebraska. We have a lot of flowing of individuals. And we look at the patterns of things like STIs. A lot of times we see that commensurate with that flow of individuals. In fact, if you look at the state of Nebraska for STDs, particularly gonorrhea and chlamydia, you'll actually see a really interesting pattern in the hot spots across the state or along the I-80 corridor. So there's this back-and-forth in transportation that's going on, of people, that needs to be taken into account. So if we have a consistent program, then no matter where people are going, they're going with that knowledge and those skills to be able to have a healthy sexual life. [LB619]

SENATOR SULLIVAN: Okay. Thank you. Any other questions? Senator Scheer. [LB619]

SENATOR SCHEER: Thank you, Senator Sullivan. You said something just a few seconds ago, and I just wanted to clarify. You made the comment that, as far as the chlamydia, we have a I-80 corridor... [LB619]

CHRISTOPHER FISHER: Um-hum. [LB619]

SENATOR SCHEER: ...back and forth. Well, having said that, why are we developing a statewide proposal for something that seems to be more in an isolated area of the state? I mean, just...if...what your comment would be, that of a I-80 corridor, whatever that might mean, I'm not trying to define it for you... [LB619]

CHRISTOPHER FISHER: Um-hum. [LB619]

SENATOR SCHEER: ...but if that's the case, why are we developing a statewide statute, law, rather than a rule in the Department of Education, for the rest of the state to follow, from a area that would be unique to the state? [LB619]

CHRISTOPHER FISHER: That's a really good question. I'm not familiar with the powers of the Department of Education, whether they have the legislative mandate to be able to push such policy in specific school districts. My own personal opinion is coming from a position of equity and...that is it fair for a child in Chadron to not get the same robust, medically accurate, age-appropriate education in sexual health as it is for a young person living in Omaha or Grand Island? [LB619]

SENATOR SCHEER: Fair enough. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

CHRISTOPHER FISHER: Um-hum. [LB619]

SENATOR SCHEER: But I would tell you that the Department of Education does have the ability to enforce that in any public school district... [LB619]

CHRISTOPHER FISHER: Excellent. [LB619]

SENATOR SCHEER: ...so it...for what that's worth. [LB619]

CHRISTOPHER FISHER: I appreciate that. Thank you for the education. [LB619]

SENATOR SCHEER: Thank you. Thank you, Senator Sullivan. [LB619]

SENATOR SULLIVAN: Senator Davis. [LB619]

SENATOR DAVIS: We've heard a lot of testimony that there's a great deal of support for this in the state of Nebraska. [LB619]

SENATOR SULLIVAN: Um-hum. [LB619]

SENATOR DAVIS: Why aren't we getting any phone calls from anybody who supports it? [LB619]

CHRISTOPHER FISHER: That's a great question. I, unfortunately, I don't know the answer to that one. I wouldn't even begin to speculate why people are not calling in. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you... [LB619]

CHRISTOPHER FISHER: Okay. [LB619]

SENATOR SULLIVAN: ...Dr. Fisher. [LB619]

CHRISTOPHER FISHER: Thank you. [LB619]

JANINE BRIGNOLA: (Exhibit 5) Good afternoon, Senator. My name is Janine Brignola; it's J-a-n-i-n-e B-r-i-g-n-o-l-a. I'm going to read to you my story because I'm not great at memorizing things. I'm a mother of a lovely five-year-old. I currently attend school at Nebraska Wesleyan. I'm a speaker for a reputable national organization. I sit on a board of directors for an organization out of Washington, D.C. I blog and do a number of other things. I am an HIV advocate, and I am HIV-positive. During the span of my early education I attended a country school outside of Ord, Nebraska; Ord Junior and Senior High; Lincoln Northeast High School; and Bryan Community Center in Lincoln,

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Transcriber's Office

Education Committee
March 12, 2013

Nebraska. As I think back on the time I spent at those schools, only once, at Bryan, was I ever told about HIV. And even then I was not educated completely on what HIV is or what STDs are. And as I look back on that, I feel saddened by that fact. I do not blame the lack of education as being the reason that I am now HIV-positive. But I do, however, consider it to be a factor, because I was naive, and I genuinely thought that Nebraska was not a place that this type of thing happened. I know that the actions leading to my being infected are my actions, and I take responsibility for those actions. But I believe that if I had been more informed, I would have maybe realized that just because I was a sweet and somewhat naive girl from small-town Nebraska, that it did not mean that I was immune to HIV or STDs. The only information that I knew of HIV before I was infected with it were the assumptions of my peers, and they were simply that HIV is bad, that I would die if I got it, that it is a dirty disease. I thought that you had to be promiscuous to catch any STD, let alone HIV. I really only thought that junkies or prostitutes got HIV. All the things that I thought were, sadly, untrue, inaccurate, and wrong. Now that I have educated myself to the truth that is HIV, I feel, like, how could they not give this information to young people? Why was I never educated properly about this when I was in school? Why did I only attach the popular stigmas to STDs or HIV and not the realities? Lack of education. While knowing and understanding what STDs and HIV are will not help you get into a better college, it will carry you through life and it will help you to protect yourself and also help people to understand the truth of what these things are and not the stigmatized media version of them. I feel that it is my duty to do all I can so another young person does not find themselves in my situation. But the truth is that young people are the ones being infected. We know that whether we like it or not young people are having sex. So not only is it our duty, it is our responsibility to inform them of what can happen. I live in a very nice, respectable suburban community here in Lincoln. I have had a number of conversations with the mothers on the block I live with whom my son has play dates with, and even to an extent with members of the PTO at my son's school, about making sure we provide our children with all the tools needed to ensure they will have good lives, lives that will allow them to flourish and become positive members of our society, and that includes having a well-rounded sexual education. I have seen a change start to happen within my generation, a change of the old conservative views on sexual education. I have talked to young teens in the state of Nebraska, across the state of Nebraska, from rural country town to city. The teens I have spoken with that contact me from Grand Island to Hastings to Ord, Scottsbluff, North Platte, Omaha, Lincoln, these kids all want someone to care enough that they give them this education. Sorry. They need to make healthy choices about sex, which includes abstinence. I want you to pass this bill forward. I want you to send a message that it is the responsible thing to do. I want Nebraska to be an example of what needs to be done in so many other states. I want to know that we are doing all we can for our youth and that we will not sit by and hope that they will be all right, but we will give them the education to provide them with the tools to rise above becoming a statistic and the understanding that allows one to be compassionate toward people like myself that are living with HIV or other STDs. Thank you for your time, and I

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

will take any questions. [LB619]

SENATOR SULLIVAN: Thank you, Ms. Brignola, for your testimony. You said your son was five years old? [LB619]

JANINE BRIGNOLA: Yes. [LB619]

SENATOR SULLIVAN: Okay, so as a mother, how are you thinking about the balance of you yourself as a parent educating him versus what you want him to hear in school? [LB619]

JANINE BRIGNOLA: Well, because of my unique experience, because I live with HIV and because I do advocacy and activism, I've taken my son to Washington, D.C., with me; I've taken him to award dinners with me; I've taken him to conferences with me. And, yes, he's only five years old, but I want him to have that education, because I want him to be a part of the new generation growing up that will be part of the change that will maybe be effective in making a difference. As far as...I can't say...I can say this. I go to Wesleyan; I'm in the adult program. And we had this conversation in class the other day, when we talked about sex education, because I talked about getting ready for this. And everyone in the room was like, yeah, that's great. And these are all adults; most of them have children; all from different backgrounds. There was only one lady that was like, I can't have that conversation with my kids; I can't, like...but everyone else, they put that responsibility onto the school system. And what I've found in conversations that I've had with people from across the state, especially in rural communities, they do not want to be the ones that teach this to their children. They do not want to have those conversations. And these kids come here...and college kids come here and young women, I mean, they're the ones that are getting abortions. I know five different girls from Ord, Nebraska: two of them have gotten an STD, two of them have had abortions, one of them hasn't had anything, because they come here with no education, for college, and just like Jeffery (phonetic) had said, that, I mean, this is the trend. So the education needs to be there. I think my experience, looking at my child, is completely different, just because of my life and what I do. But I feel like that is my responsibility, and I will always do that. But I also feel like it is the community's responsibility; it is part of what should be taught to children as part of an education when they're in school because the parents, in most cases, are uncomfortable having those conversations. [LB619]

SENATOR SULLIVAN: And it's fair to say, I guess, from your experience, at Ord High there wasn't a lot of attention given to this subject. [LB619]

JANINE BRIGNOLA: Never. And, I mean, I went to a country school as well, so never. And we never...and that, I mean, that's just something...it was very hush-hush, I mean, almost like it was in the '60s or '70s. You know, the girls would get pregnant; they'd

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Transcriber's Office

Education Committee
March 12, 2013

disappear for a little while, or they'd be sent off to go have an abortion, and they'd be out of school for a couple weeks, and then they'd come back, and, you know, you weren't supposed to ask any questions, and...yeah, so... [LB619]

SENATOR SULLIVAN: Okay. Thank you for your testimony. Any questions? Senator Scheer. [LB619]

SENATOR SCHEER: Just curiosity...because you don't appear to be that old, so I...how long ago was it that you were...and I think you said you attended high school in Lincoln? [LB619]

JANINE BRIGNOLA: Um-hum. [LB619]

SENATOR SCHEER: Is that correct? So probably poor of me to ask... [LB619]

JANINE BRIGNOLA: No. [LB619]

SENATOR SCHEER: ...but what time frame are we looking ago that that would have been going on...that there would have been the lack of any institutional information? [LB619]

JANINE BRIGNOLA: It would have been about 10 years...no, about 11 years ago. I'm 30. So it was about 11 years ago. And previous to that, I mean, the only reason that I ever got anything talked to me...and like I said, Bryan was the only place I ever heard HIV. Our...one of our teachers was kind of an old hippie, and he actually had his own way of teaching us about a lot of different things. But he brought his son in that was living in New York City, who was positive, and he spoke to us. And that was the only education I ever got. But when I think back to that, I don't remember, you know, anything other than just him, kind of, coming in and giving us his personal testimony of what it was like to live with it. And I remember, you know, having some anatomy taught to me. But as far as, you know, this can happen or that could happen, I think we had, like, a slide show, and that was it, of just a couple of the STDs. And that was it, I mean...and it was kind of, I mean, I got the impression, because I was a Caucasian middle-class heterosexual female, that it was not something that I needed to worry about. And coming from a small town, you know, that was just...it was impressed upon us that, like, you know, that kind of thing doesn't happen to people like us. And that's just sadly not true. [LB619]

SENATOR SCHEER: Okay. Thank you. Thank you. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you for your testimony. [LB619]

JANINE BRIGNOLA: Thank you. Thank you for your time. [LB619]

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Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Um-hum. [LB619]

JANINE BRIGNOLA: Have a good day. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

JANET TUCKER: (Exhibit 6) Hi. My name is Janet Tucker, J-a-n-e-t T-u-c-k-e-r, and I'm a recently retired LPS teacher of health education for 39 years. And I served on the LPS District Curriculum Committee for 25 years, so I've been involved with writing health curriculum for at least 25 years. So I'm here today just to advocate for this bill because I've kind of been a veteran out in the field working with high school students for a long time. And I feel it was really a privilege to work with all of the students that I had the opportunity to work with. And I believe high school students are really risk takers, and what they need is someone to provide an environment for them where they feel cared about and where they feel like they can be trusted. And so I always tried to set up my classroom that way, to develop an environment where kids felt really free to talk about things and to share their opinions. And I think kids really do want to talk about sexual matters, and they will, once they feel that they're cared for and that they're in a safe environment. They will tell you much more than you really want to know sometimes, even on Day 1. Actually, in LPS the health curriculum is actually a nine-week class, which is not very much time. So we have two weeks for mental health, two weeks for nutrition, two weeks for drugs and alcohol, and about two weeks for sexuality. But I can tell you that, because risk taking and decision making is an important part of the curriculum, sex comes up on Day 1 when we talk about risk taking. So it's actually a part of the curriculum all the way through. I think that sex education needs to be taught differently to high school kids. It's a lot more than teaching about body parts. I believe that we can use teens to help teach each other. And I think if you set up your classroom so that the teens are working together in small groups, that they really want to get feedback from each other. And if you bring up the important topics and the issues that they really want to discuss, they will give very accurate information and feedback to each other. And I think it's really important that they hear that. So I felt that my job was kind of a facilitator to set up the conversations for the students to be able to have conversations and then for them to be able to present to each other about where they were coming from and what they believed to be true. I believe the sexually mature person is much more than just talking about physically being mature. So I emphasized intellectual maturity, emotional maturity, social maturity, and spiritual maturity. So all of those things were very stressed in my classroom. Let me put my glasses on so I can see what else I wanted to say. I think students need access to valid information and resources. And I think even at the high school level sometimes kids didn't need all the information, but I think they need to be good consumers so they know where to go when they do need that information. I think it's important to focus, with especially secondary...teenagers, on issues that are important to them. So it's a lot more than just

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Transcriber's Office

Education Committee
March 12, 2013

talking about body parts; we go way beyond that with high school students. I think the key piece for secondary sexual education is that the teachers need to be comfortable teaching the information. And so sometimes that's the ticket that needs to be worked on, I think. So I...like I said, I've taught sex ed for 39 years, so I worked really hard to try to develop a curriculum that I thought worked well for students. But I think that LPS has a really good curriculum guide and has the ability to help young teachers come along. But I think that's a key thing, that we need to make sure that we educate teachers on how to present the material and to make it meaningful for kids so that they will buy into it, because they really...it's really a huge issue for them and they want to talk about it. [LB619]

SENATOR SULLIVAN: Thank you very much... [LB619]

JANET TUCKER: Yeah. [LB619]

SENATOR SULLIVAN: ...for your testimony. So you said you've been teaching for 36 years? [LB619]

JANET TUCKER: Thirty-nine years in Lincoln Public Schools. [LB619]

SENATOR SULLIVAN: So all...with those topics that you outlined earlier? [LB619]

JANET TUCKER: Um-hum. [LB619]

SENATOR SULLIVAN: And are you the only one? [LB619]

JANET TUCKER: No, I was not the...there was another secondary health teacher also. [LB619]

SENATOR SULLIVAN: Okay. And over time what kinds of interactions have you had with parents of your students? And has that changed over these 39 years? [LB619]

JANET TUCKER: I think it's always been very positive. I've probably had...I could count on one hand parents that did not want their students involved in the sexual education unit, which they were always...had the option to opt out of. However, when I would meet with parents and they found out exactly how I was teaching my unit, 99 percent of the time they got to stay and wanted to stay. [LB619]

SENATOR SULLIVAN: Okay. Thank you. [LB619]

JANET TUCKER: Um-hum. [LB619]

SENATOR SULLIVAN: Senator Scheer. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SCHEER: Thank you, Senator Sullivan. Thanks for being here, because... [LB619]

JANET TUCKER: Sure. [LB619]

SENATOR SCHEER: ...it's, I guess, happenstance, but if you've been with LPS for 39 years, how do you respond to a student that has been there within the last 12 years, we'll say, that there was no information or knowledge or forethought in relationship to HIV as it was considered a danger to the health of a student? Would you find that an accurate statement? [LB619]

JANET TUCKER: That I might have had students that didn't have accurate information? Could you restate that? [LB619]

SENATOR SCHEER: That the district provided them no information at all... [LB619]

JANET TUCKER: Yeah, I... [LB619]

SENATOR SCHEER: ...in relationship to HIV? [LB619]

JANET TUCKER: I would believe...I would hope that not to be true in the Lincoln Public School system, because we have a pretty laid-out curriculum, K-12, for students in sexuality education. So that should not have happened. [LB619]

SENATOR SCHEER: Well, I mean, I was taken aback by it, so I...you in your position, how do you respond to that, that she was a student there, saying that no information was given to her? [LB619]

JANET TUCKER: Are you referring to this young lady right here? [LB619]

SENATOR SCHEER: No. The lady that left. [LB619]

JANET TUCKER: Oh, the lady that left. Yeah. I think it's unfortunate that she probably was in a school district where there probably wasn't a good program. [LB619]

SENATOR SCHEER: Well, no, ma'am, she went to Lincoln Northeast. [LB619]

JANET TUCKER: Lincoln Northeast, okay. [LB619]

SENATOR SCHEER: That's why I'm specifically asking you to address what she stated, because you are with LPS, correct? [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

JANET TUCKER: Correct. [LB619]

SENATOR SCHEER: And she stated there was absolutely...I shouldn't say "none," but then she went back to say that there were two slides at some given point in time... [LB619]

JANET TUCKER: Okay. [LB619]

SENATOR SCHEER: ...that sort of addressed it but didn't. And I cannot believe that there are districts in the state of Nebraska that are not providing that information to their students, let alone LPS. And so I'm asking you if that is the case. And if I hear you correctly, you're telling me that would not have been the case, that the information should have been... [LB619]

JANET TUCKER: Should not have been the case. I think, like I stated, I think with new teachers coming into the system, I think that teaching sex education is a different ball game. And it takes people allowed to get comfortable teaching it. However, the curriculum guide that we have in place is pretty precise and gives pretty detailed information about how to go about teaching it. However, I can see that, you know, depending on who her teacher had been at that time... [LB619]

SENATOR SCHEER: It just seemed... [LB619]

JANET TUCKER: ...it may not have been the best education. So it might not be 100 percent across the board. [LB619]

SENATOR SCHEER: It just seemed like an awfully big void that normally is addressed educationally. But I just wanted to make sure that that wasn't a void within the district as a whole. [LB619]

JANET TUCKER: No. [LB619]

SENATOR SCHEER: So... [LB619]

JANET TUCKER: No... [LB619]

SENATOR SCHEER: Okay. [LB619]

JANET TUCKER: ...it's part of the curriculum. [LB619]

SENATOR SCHEER: Thank you. Thank you, Senator. [LB619]

SENATOR SULLIVAN: Senator Kolowski. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR KOLOWSKI: Thank you, Madam Chair. Ms. Tucker, thank you for your years of service and also for your testimony today. On the...you said you're one of two instructors in this area. [LB619]

JANET TUCKER: At East High School. [LB619]

SENATOR KOLOWSKI: At East High School. [LB619]

JANET TUCKER: Um-hum. [LB619]

SENATOR KOLOWSKI: At each high school, of course, this is a requirement for graduation, that they must take this course? [LB619]

JANET TUCKER: Yes. [LB619]

SENATOR KOLOWSKI: Okay. And does it have a middle school counterpart? [LB619]

JANET TUCKER: Yes. [LB619]

SENATOR KOLOWSKI: And there are things done in elementary school... [LB619]

JANET TUCKER: Yes. [LB619]

SENATOR KOLOWSKI: ...as well. [LB619]

JANET TUCKER: Um-hum, it's laid out K-12. Um-hum. [LB619]

SENATOR KOLOWSKI: Just wanted to get the K-12 spectrum on this. [LB619]

JANET TUCKER: I could provide that with you if you'd like to see it. [LB619]

SENATOR KOLOWSKI: No, I just wanted to make sure we have that recorded. So from the 6 high schools in Lincoln, there's probably 12 of you or more, depending on the size of the schools of each of you teaching this; and you have a set curriculum that you've designed. [LB619]

JANET TUCKER: Yes. And actually we had a very good working relationship, all 12 of the health educators. We met monthly for our PLCs to work specifically on health education issues and preparing across-the-district assessments that could be given to students at all six high schools so that all students were receiving the same information and being assessed the same way about the information that they were taught. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR KOLOWSKI: Is the curriculum an abstinence-based program? [LB619]

JANET TUCKER: No. It's... [LB619]

SENATOR KOLOWSKI: Wide open as far as handling all the... [LB619]

JANET TUCKER: Um-hum. [LB619]

SENATOR KOLOWSKI: ...questions from kids and... [LB619]

JANET TUCKER: Yes. [LB619]

SENATOR KOLOWSKI: ...dealing with all those kinds of things? [LB619]

JANET TUCKER: Yes. [LB619]

SENATOR KOLOWSKI: And you're well trained in that, you've had specific training from outside sources to do that? [LB619]

JANET TUCKER: Yes, outside sources and, you know, just years of... [LB619]

SENATOR KOLOWSKI: Sure. [LB619]

JANET TUCKER: ...putting in my time and working with kids. [LB619]

SENATOR KOLOWSKI: Sure. Thank you very much. [LB619]

JANET TUCKER: Um-hum. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you, Ms. Tucker. [LB619]

JANET TUCKER: Um-hum. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

DAVID CORBIN: (Exhibit 7) Thank you. Senator Sullivan, members of the committee, my name is Dr. David Corbin, D-a-v-i-d C-o-r-b-i-n. I am emeritus professor of health education and public health from UNO, which means I'm retired now, so I'm not speaking on behalf of the university. The handouts that...and I'm also a fellow of the American School Health Association, which supports comprehensive school health education, and I've been a member of the statewide plan. So the document that I've given you here, first, is a study that I did of UNO students a few years ago of their perceptions of their sex education class in their high schools. This was 110 students

Education Committee
March 12, 2013

randomly selected in that they were all in required courses. So these couldn't be self-selected; these are all courses that they had to take. In this case it was English courses, where we were permitted to go in and do this survey. You can show that there are large discrepancy, if you look at the colored chart, on what they thought they got good information and coverage and what they didn't think they got good information and coverage. By the way, having taught at UNO for 31 years, I taught human sexuality from Grades 4 through 12 for eight years in Department of Defense schools and in public schools in Texas and Puerto Rico. So I would be happy if you...some of those questions that you asked earlier, if you wish to ask me some of those, I would be happy to respond to those. The state "Strategic Plan to Strengthen and Transform Public Health in Nebraska," which is another document I've given you, talks about comprehensive health education, and it talks about that human sexuality is part of that. As a university professor I taught human sexuality at both the undergraduate and graduate level for over 30 years. And so I know the kinds of information that students came to those classes for and that those classes were filled because many of those students felt that they had poor sexuality education in their schooling and were shocked to find out that there were a lot of things that weren't covered that they wanted to know. The last two segments are national, where they talk about "School Health Program Report Card." And you can see that there are discrepancies for both Nebraska, and then you can compare that to the national, when they look at human sexuality. But they also have it broken down by other sexually transmitted disease and pregnancy prevention. So those, in my view, would all fall under the guise of human sexuality education. So I would invite you to take a look at those. I certainly would be...whoa, it looks...I thought it just flashed red. So it didn't; it's yellow. So I do want to point out that comprehensive school health education and coordinated school health education all have aspects in there about human sexuality. It's a part of everybody's total education. Just like you can't say, well, we're going to teach math but I'd prefer not to teach subtraction; I'm going to just teach addition. There are certain topics that people want to know and need to know and should know, and that's why I support this bill. [LB619]

SENATOR SULLIVAN: Thank you. Thank you very much, Dr. Corbin. Is it a matter of semantics, is it more acceptable to refer to it as "health education" rather than "sex education"? [LB619]

DAVID CORBIN: Sex education is part of health education; health education includes drug education...there's the whole list if you look at that one document that I gave you. And, of course, my belief is that it would be a certified health educator or someone who's certified in teaching health education that teaches it. So you see here: comprehensive health education curriculum includes personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, substance abuse. Those are all under the umbrella of health education. Sex education is one part of that, but often a part that's left out. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: So in the education of a professional, do they actually get certified as a health education specialist, or...? [LB619]

DAVID CORBIN: Well, you'd be...yes. In Nebraska, it's the only state that I know of, and I'm sure there might be others, where you can be a health educator in the schools without being certified in health education. There are others that have changed their laws over time and said, well, you don't even have to have certification at all; if you're teaching physics, you just have to be a physics major. That isn't the way most states have gone. So, yes, you...and that's what I did at UNO; I helped to prepare teachers to be certified to teach health education. [LB619]

SENATOR SULLIVAN: Oh. Okay. Very good. Senator Kolowski. [LB619]

SENATOR KOLOWSKI: Thank you, Madam. Dr. Corbin, did you...from our last speaker, Ms. Tucker, where she talked, she had a values orientation; she was talking about the decision-making model and the physical, intellectual, emotional, social, spiritual. Do you have the same kind of feeling for including those... [LB619]

DAVID CORBIN: Yes, this... [LB619]

SENATOR KOLOWSKI: ...those topics within your instruction? [LB619]

DAVID CORBIN: Yes, this particular study is the only one that I know of that's been done in Nebraska. And the reason we couldn't ask students in schools about their sex education: because the schools wouldn't let us. So we had to take students that were graduated and then ask them. But to answer your question about...remind me again, I... [LB619]

SENATOR KOLOWSKI: A values orientation on things. [LB619]

DAVID CORBIN: Yes. In this particular study and in most studies nationally, just giving lectures does not cut it. So you have to have some interaction. Maybe you have a debate. Maybe you talk about refusal skills: what do you do when somebody is trying to force you to do something that you don't know how to do? And you practice those skills. So the more interactive it can be, generally speaking, the more they learn and the more they like it. So it's way beyond just a straight old lecture. Lectures...if lectures worked, then all we'd have to do is tell people, don't smoke, and people wouldn't smoke; don't have sex, and people won't have sex. [LB619]

SENATOR SULLIVAN: (Laughter) Okay. [LB619]

DAVID CORBIN: They help, but they're not the whole picture. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR KOLOWSKI: Thank you. [LB619]

SENATOR SULLIVAN: Any other questions for Dr. Corbin? Thank you for your testimony. [LB619]

DAVID CORBIN: Thank you. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

PEGGY OLSON: (Exhibit 8) Good afternoon. My name is Peggy Olson, P-e-g-g-y O-l-s-o-n. Good afternoon, Senator Sullivan and committee members. I'm a health educator with Planned Parenthood of the Heartland. For 14 years I've been providing sexual health education in schools to students, youth groups, parents, early childhood educators, church groups, and other professional educators. I am speaking in support of LB619. It would educate our youth about sexuality in ways that recognizes and appropriately addresses the reality and stages of their lives. My understanding is that many if not most schools in the state have confined their sexuality education to abstinence only. Research has shown that abstinence-only programs are ineffective, often inaccurate, and may even cause harm. No abstinence-only program has yet been proven through rigorous evaluation to help our youth delay sex for a significant period of time or help them decrease their number of sex partners or reduce the rates of pregnancy or sexually transmitted infections. A student participating in an abstinence-only program is no more likely to abstain from sex than other students. Among youth participating in virginity pledges, 88 percent broke the pledge. Further, among all participants, once a pledger became sexually active, they were more likely to have more partners in a shorter period of time, less likely to use contraception or condoms than were the non-pledging peers. Eighty percent of federally funded abstinence-only curricula distort information, blur religion and science, treat stereotypes as scientific fact, and contain basic medical errors. In contrast, research has shown that comprehensive sexual health education reduces risk behaviors. A teen who received comprehensive sex ed was 50 percent less likely to experience pregnancy than a teen who received abstinence-only education. The majority of programs that instruct on both abstinence and contraceptives led to the positive behavior changes: many young people delayed sexual activity, reduced the numbers of sexual partners, and increased their use of contraceptives. Evidence shows that youth who receive comprehensive education, they are not more likely to become sexually active, increase their sexual activity, or experience negative sexual health outcomes. Over the years, effective curricula have been developed and rigorously reviewed and studied for effectiveness and impact. A good program has information about the life-altering impact of an unintended pregnancy and information on pregnancy prevention. Abstinence should be part of the discussion, which should include strategies for a student to be successful with their abstinence plan. And students should be encouraged to talk with their parents,

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

and their parents should be encouraged to talk with their children about their values, their expectations. A poll conducted from November 26 through December 2 shows that 66 percent of Nebraska voters support our schools teaching a comprehensive curriculum. Only 22 percent said that schools should teach abstinence only. Information on this poll is attached to the testimony that I handed in. The public is ahead of what has occurred in our schools. I encourage our leaders, including members of the committee, to respond by helping to ensure that our schools provide our youth the most effective education on sexuality, education our youth need and deserve. LB619 will give students the information and skills they need to make healthy decisions that impact their todays and their tomorrows. Thank you very much for your consideration. I'm happy to answer any questions. [LB619]

SENATOR SULLIVAN: Thank you, Ms. Olson. [LB619]

PEGGY OLSON: Um-hum. [LB619]

SENATOR SULLIVAN: Questions for Ms. Olson? Senator Kolowski. [LB619]

SENATOR KOLOWSKI: Just one. Thank you, Madam. Do you find places of worship becoming more involved...and desiring to transmit accurate information through their own services? [LB619]

PEGGY OLSON: Yeah. And actually the Methodist Church has I don't know if you'd call it a mandate, but they have a sexual health component. Also, one of the best curricula that's out there, called "Our Whole Lives," was written by the faith community. [LB619]

SENATOR KOLOWSKI: Okay. Thank you very much. [LB619]

PEGGY OLSON: So check it out; it's from K through older ages. [LB619]

SENATOR KOLOWSKI: "Our Whole Life"? [LB619]

PEGGY OLSON: "Our Whole Lives"... [LB619]

SENATOR KOLOWSKI: Thank you. [LB619]

PEGGY OLSON: ...um-hum. Written by the UU Church and UCC, United Church of Christ. Um-hum. It's spectacular. [LB619]

SENATOR SULLIVAN: Thank you. Any other questions? Thank you for your testimony. [LB619]

PEGGY OLSON: Um-hum. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: I'm going to take the Chair's prerogative right now. Since we've had about, I think, five or six testifiers as proponents, to be balanced, I think what I'd like to do now is move to opponent testimony and have five or six of you. And then if we need to go back and take...go back to proponents and opponents, we will. So let's move to that right now. We'll have opponent testimony. [LB619]

KAREN BOWLING: (Exhibit 9) I'm going to change my greeting to "Good evening." We're in a marathon. [LB619]

SENATOR SULLIVAN: (Laugh) That's why we...we're on daylight savings time, so we're okay. [LB619]

KAREN BOWLING: Yes, there you go; it's still light out. So hello, Education members and Madam Chair Sullivan. My name is Karen Bowling, K-a-r-e-n B-o-w-l-i-n-g, and I'm here today testifying on behalf of Nebraska Family Council and Family First in opposition of LB619. We all agree that we care about the success and well-being of Nebraska students. When our students succeed in the classroom and in life, all Nebraskans benefit. Amid rising concern about the hazards of teenage sex and sexually transmitted diseases, mandated comprehensive sex education is an attempt to address these concerns. As committee members I encourage you to consider two questions. How realistic is this approach to solving the problems associated with teenage sex? And secondly, what is the evidence that comprehensive sex education can achieve its stated goals? Comprehensive sex education presents multiple concerns, and I just want to share four here. First, LB619 removes local control. Nebraskans want their local school boards to be in the driver's seat. Parents living in Lewellen, Oshkosh, and Bertrand, Nebraska, desire their local school board to make the decisions regarding curriculum that directly impacts their child's instructional time. In a recent conversation with a former school board member from Ogallala who concluded their term in 2010, they stated: Our parents will be irate if comprehensive sex education is mandated. When I asked them why, the response was: Parents in Ogallala won't view this as a lack of education, instruction, or available resources, because those do exist, but as a moral and family breakdown; comprehensive sex education won't provide the outcomes we want as parents in Ogallala, Nebraska. My second concern I want to express is it undermines parental authority. Like math and reading, comprehensive sex education takes a building-blocks approach that moves from basic facts to more-sophisticated concepts, from simple skills to more-complex components, and often goes beyond what parents want their children to learn. According to the National Project to Prevent Teen Pregnancy, teens say that parents influence their decision about sex more strongly than do friends and other sources. When asked who most influences their decisions, 45 percent of teens say parents. When we place parents in the position of having to opt out, as introduced in Section 3 of this bill, we place parents in an adverse position. At minimum, LB619 should mandate an opt-in provision if parents want their children to

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

participate. Parents then remain... [LB619]

SENATOR SULLIVAN: We went to get to the two that you (laugh)... [LB619]

KAREN BOWLING: Okay. Okay...remain in a positive position instead of adverse. I'll just skip here. LB619 doesn't provide sustainable reduction in teen pregnancy. And I've cited a source here from the Guttmacher Institute. And you can look at that there; the link is there. And so if in Nebraska we've already had some form of sex education and it's not reducing the rate of unintended pregnancies, what will comprehensive sex education do to that? And then my final comment is about controversial subjects. I served five years as a volunteer parent for the Educational Policy Advisory Committee in Lincoln Public Schools, and it was formed out of concerns, and express concerns, that continue to be happening with parents. Most local school districts have not only controversial issues but equity issues in place that...LB619, I believe, compromises that. And I can tell you, we spent a lot of time having to be mediators regarding issues that were considered controversial to parents. I believe that it increases the burden on local administrators and educators. Thank you. [LB619]

SENATOR SULLIVAN: Thank you very much. [LB619]

KAREN BOWLING: Yes. Any questions? [LB619]

SENATOR SULLIVAN: A little explanation about the mediator role. You mean... [LB619]

KAREN BOWLING: Yes. [LB619]

SENATOR SULLIVAN: ...that pertained to the... [LB619]

KAREN BOWLING: Well, I'll...let me just tell you how this policy committee happened. There was an individual student who in a speech class was instructed to give information on something that she found morally unacceptable, and there was no wiggle room there. And what happened was the health educator at the time then took it to the principal, and the parents had to jump through multiple hoops in order to have her removed from that class. And so the principal at that local high school at the time then felt like, we need to bring parents in to try and see if we can address this in a positive way so it can be a win-win for all people. But the unfortunate part of that, Senator, is, for parents that want their children to have an adherence to a certain belief system, they're considered in a negative light because they've got to opt out all of the time. [LB619]

SENATOR SULLIVAN: Okay. [LB619]

KAREN BOWLING: And it puts them in an adverse position... [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Okay. [LB619]

KAREN BOWLING: ...with moms and dads. [LB619]

SENATOR SULLIVAN: All right. Thank you. [LB619]

KAREN BOWLING: Um-hum. [LB619]

SENATOR SULLIVAN: Any other questions? [LB619]

KAREN BOWLING: Yes, Senator Avery. [LB619]

SENATOR SULLIVAN: Senator Avery. [LB619]

SENATOR AVERY: Thank you, Madam Chair. You don't address at all in your testimony, that I can see, the problem of sexually transmitted infections. [LB619]

KAREN BOWLING: I didn't in my testimony but...intentionally, to try and keep it to three minutes. There will be, actually, some expert witness following me, with disease and infections, um-hum. [LB619]

SENATOR AVERY: So I know you didn't testify to this. [LB619]

KAREN BOWLING: Yes. [LB619]

SENATOR AVERY: But you left that out entirely, and that suggests to me that you don't see this as an issue. [LB619]

KAREN BOWLING: No, actually, I wouldn't want you to assume that, Senator Avery. I do see STIs as a concern. I'm not suggesting that at all. [LB619]

SENATOR AVERY: So if you do see that as a problem, how is it that your opposition to this bill would improve that situation? [LB619]

KAREN BOWLING: Well, this bill goes way beyond STI education. In Section 10 it brings in the whole concept, and I mentioned this in my bullet point 4, the whole introduction of sexual orientation and gender identity, and you cannot have any bias. So one of the things in the Educational Policy Advisory Committee we ran into: we had an instructor who expressed disdain for a student's religious belief system. And so it caused great complications in trying to find a medium road that they could agree upon to continue to exist in that class. [LB619]

SENATOR AVERY: And that's relevant to this discussion in what way? [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

KAREN BOWLING: Well, I think it's relevant because your question was about STIs, and I do think it is an issue. But LB619, from my perspective, goes way beyond STI education. [LB619]

SENATOR AVERY: You quoted an Ogallala school board...former school board member... [LB619]

KAREN BOWLING: Um-hum. Um-hum. [LB619]

SENATOR AVERY: ...as saying that this would lead to a moral and family breakdown. Do you agree with that? [LB619]

KAREN BOWLING: Well, they feel like you are...have an alternative agenda. And this is a greater problem than the education that you're providing. This is not even beginning...this does not provide information on how to have healthy families, strengthen family dynamics. [LB619]

SENATOR AVERY: And so ignoring sex education as a part of health education is a way to achieve...or to avoid moral and family breakdown? [LB619]

KAREN BOWLING: I think an opt-in provision is there for children. And I have found...I think you'll find there are testifiers coming behind me that work with crisis pregnancy resource centers that parents are choosing to educate their children. They may say that public education isn't the formal way that they want to do that education. They want to be able to do that themselves. [LB619]

SENATOR AVERY: Oh, maybe we need a bill to educate the parents. Thank you, Madam Chair. [LB619]

KAREN BOWLING: Yes. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you for your testimony. [LB619]

KAREN BOWLING: Yes, thanks. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

GAYE TILLOTSON: Good evening. Thank you. My name is Gaye Tillotson, and I am the executive director of Collage Center in Kearney. My last name is spelled T-i-l-l-o-t-s-o-n. Collage is a resource center that...where those facing an unexpected pregnancy, a struggle with a past pregnancy decision, or even a sexual health issue can begin to discover beauty despite their circumstances. My opposition comes from the

standpoint of an organization that does not believe in ignorance but rather one that is highly committed to helping equip students for their best possible future, one that is physically, emotionally, and relationally healthy. Our 11-year track record of providing abstinence-based education in central Nebraska schools, at absolutely no cost to them, by the way, is evidence of our commitment. We have not sought out these opportunities but have been invited by teachers, counselors, and school administrators. They are the ones who see the needs in their students every day. And they are the ones who receive the many requests from parents to bring this curriculum into their classrooms. Kearney High, Kearney Catholic, Pleasanton, Overton, Amherst, Holdrege, Loomis, and Bertrand are all schools who have requested our program on a regular basis. And I can't tell you the number of requests that we've gotten from people in the Grand Island area as well. We not only include statistics and other information on a national level from the Centers for Disease Control, but, in addition, we ensure medical accuracy on a local level. A Kearney gynecologist who deals with the effects of sexually transmitted infections every day in her practice approves all information presented. And then she also informs students, via video, of the physical, emotional, and relational risks of sexual expression outside of marriage. The approach we take very much allows for students' self-discovery as we interact with them with goal setting, character, boundaries, levels of intimacy, and starting over. We believe that if students are given good information in an age-appropriate and culturally relevant manner while being backed by community support, they are fully capable of making good decisions. A great concern I have with this bill is the state mandating the curriculum, therefore eliminating local schools' control. From our experience, local schools definitely want to make decisions in this area. They know the needs of their students; they know their local values and culture; they also know the control that local parents want for their children's education. Just because one or two schools may agree with this bill does not mean that it should be mandated for all other Nebraska schools. I also believe the curriculum mandated in LB619 would send mixed messages to students, therefore hindering their decision-making ability. It's similar to parents who tell their children that underage drinking is harmful; but since they know they'll do it anyway, they purchase the alcohol and allow them to drink at home. Parents are legally responsible to guard the welfare of their children, not to condone or enable their risky behavior. It's the same dynamic when we teach about sexual activity: we undermine the message of the harmful effects of engaging in sex outside of marriage and the benefits of waiting by saying, here are some things that might reduce some but not all of the consequences. Now I'm not naive enough to think that all teens will refrain from sexual activity, but they do deserve to know that we did everything we could to set them up for long-term health and happiness. They are totally capable, but they need our support, and they want our support. We hear this message loud and clear in all of our student evaluations. We elevate expectation and behavior, and the students embrace it. Thousands of students in central Nebraska have responded to the truth that we have spoken over them for the past 11 years. Our kids need to know that the people in our state believe in them. They want us to set the bar higher for them. They deserve to be empowered to achieve the

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

best possible future: future health, future emotions, and future relationships. I believe this bill would not only greatly undermine the students' opportunity to receive that information that they obviously desire, but it would also totally remove choice from our local school districts. Thank you. [LB619]

SENATOR SULLIVAN: Thank you very much, Ms. Tillotson. What age group is your curriculum directed to? [LB619]

GAYE TILLOTSON: We target eighth- and ninth-graders. [LB619]

SENATOR SULLIVAN: Okay. Thank you. Any questions? Senator Davis. [LB619]

SENATOR DAVIS: Does Kearney Public Schools have any kind of sex education training for their students? [LB619]

GAYE TILLOTSON: We are invited into all of the health classes at Kearney Public. I believe there are five or six different health teachers. And this is one of the components that they have us come in, into that section in their curriculum. [LB619]

SENATOR DAVIS: So it's already...there is some sex education already in place... [LB619]

GAYE TILLOTSON: Absolutely. [LB619]

SENATOR DAVIS: ...in Kearney Public Schools. [LB619]

GAYE TILLOTSON: Yes. [LB619]

SENATOR DAVIS: Thank you. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you, Ms. Tillotson. [LB619]

GAYE TILLOTSON: Thank you. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

LOUIS SAFRANEK: Good evening. [LB619]

SENATOR SULLIVAN: Mandy. Thank you. (Laugh) Okay. [LB619]

LOUIS SAFRANEK: My name is Dr. Louis Safranek. I'm an infectious disease specialist working in private practice at Bergan Mercy in Omaha; I've been in that practice for 30 years. My specialty, infectious diseases, regularly gives me opportunities to see the

fallout of sexually transmitted diseases, and I bring that background to comment here. I also happen to have five children, ages 6 to 16, and bring those concerns and experiences with me as well. I had a couple specific objections to the bill simply in terms of the specificity of its definition here. On page 1, in Section 2, line (sic) (3), "The curriculum shall include, but not be limited to, the following information." It's not clear to me what limits there are placed on the curriculum, then. And parents who are concerned about this curriculum should, I think, be justified in asking exactly what the limitations are on this curriculum here. I also have a second objection, to item (5) of Section 2, "The curriculum shall provide information relating to healthy relationships." One of the problems with this bill is that there's no definition of a healthy sexual relationship. The bill would be much better off if we could come to some agreement on what a normative healthy relationship is, around which we can all agree and on which we can base education. This bill as it stands right now, "The curriculum shall provide information relating to healthy relationships," it doesn't even specify sexual relationships. I don't know if that was the goal of the committee people, or not. And it doesn't in any way specify what a healthy sexual relationship is. In short, there's no normative behavior outlined here to which we can agree or disagree, even debate. It doesn't say who will decide this, and it doesn't specify what type of background teachers will bring to these courses. Of course, my last objection is to item (10) of Section 2, and isn't that the bugbear? I agree with others that the section could be improved if we would simply delete "sexual orientation...or gender identity" or "sexually active students" from the section. It's difficult to present a course, I should think, where you have no bias at all against sexually active students. I would think that for most of the grades that are involved here we could agree that sexual activity is inappropriate between these students. And so not to bring a bias against sexually active students seems to me to be contradictory to the very aim of the proposal here. Does this mean I have a certain amount of time? [LB619]

SENATOR SULLIVAN: It's getting close to the end of your time. [LB619]

LOUIS SAFRANEK: Okay. Let me just say in brief, then, that it's difficult to present an ideal of healthy sexual relationships while insisting on no bias against those with certain sexual orientations or gender identity problems. I assume it would permit bias against pedophilia; I assume it would permit bias against polygamy. I would argue--I won't have the time here--that we should also feel free to have a bias against the behaviors of those with certain sexual lifestyles. I hate to end with a generalization like that, but in view of the time, let me go on. The literature documents the widespread promiscuity which is part and parcel of the gay lifestyle. I would argue that in a course on sexual health, an apparent bias against the practices that are involved in a gay lifestyle or other sexual lifestyles is almost unavoidable and certainly should be permitted. In one of the prior talks here, you had a speaker who pointed out that modeling is very important for young people; it was with regard to cigarette smoking. I would agree with this. I think if we love our children, we need to establish a norm for sexual education here. This bill

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

does nothing to establish any type of norm about which we can debate or disagree. Bias against other behaviors should be permitted and not prohibited if our goal is to ensure healthy sexual relationships for our children as they grow into adulthood. [LB619]

SENATOR SULLIVAN: Thank you, Dr. Safranek. Any questions for the doctor? [LB619]

SENATOR SEILER: I do. [LB619]

SENATOR SULLIVAN: Oh, Senator Seiler. [LB619]

SENATOR SEILER: Doctor, not long ago the World-Herald ran an article on sexually transmitted diseases. And I think you were here when they talked about the I-80 corridor. [LB619]

LOUIS SAFRANEK: Yes. [LB619]

SENATOR SEILER: Were you interviewed for that? [LB619]

LOUIS SAFRANEK: No. [LB619]

SENATOR SEILER: Okay. And are you familiar with that study? [LB619]

LOUIS SAFRANEK: I think I saw it in the World-Herald myself. [LB619]

SENATOR SEILER: Okay. And I wondered if you'd read the study and could tell us... [LB619]

LOUIS SAFRANEK: No, I couldn't. [LB619]

SENATOR SEILER: ...why that phenomenon exists along the I-80 corridor. [LB619]

LOUIS SAFRANEK: I can't help you with that... [LB619]

SENATOR SEILER: Thank you. [LB619]

LOUIS SAFRANEK: ...right off the top of my head here. [LB619]

SENATOR SEILER: I have no further questions. [LB619]

SENATOR SULLIVAN: Okay. Any other questions? Thank you very much for your testimony. [LB619]

ANTOINETTE CLARKE: Good evening. [LB619]

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Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Welcome. [LB619]

ANTOINETTE CLARKE: (Exhibit 10) Thank you. My name is Antoinette Clarke; that's A-n-t-o-i-n-e-t-t-e Clarke, C-l-a-r-k-e. I am the executive director for the AAA Center for Pregnancy Counseling in Omaha. A lot of what Gaye already shared applies to our center as well. What I've given you is a ZIP-Code map of the ladies that we serve and also just a brief of what we do at our center. Our center is located in northwest Omaha. We provide a variety of services, to include pregnancy tests; early, limited obstetric and ultrasound services; limited testing for gonorrhea and chlamydia; as well as community referrals, parenting classes, baby and maternity items. And one of the bigger things that we also provide is healthy relationship education inside the Omaha public school systems as well as Bellevue, Papillion, Ralston, Glenwood, and Treynor. We are very active in their middle school as well as their high school classes. They do have a health class that addresses sexual education. So we come alongside those teachers that are already teaching the curriculum that they have set out, to just...to come alongside them as an outside source, I guess, for what they're already teaching in the classrooms. I am opposed to this bill. The other thing I'll tell you is that the program that we use is "WAIT: Why Am I Tempted?" It is a program that has been approved by Nebraska Department of Health and Human Services as an approved curriculum for use in the schools. And so that's what we use. I oppose this legislation for the reason that it may limit or undermine our ability to continue to provide instruction in those public schools. That's my primary reason. And I will say as a mother and a speaker, when I'm in the classroom--I have a daughter that's in high school--I can see sometimes, as the subject matter goes about, that there are some students that are really embarrassed, for lack of a better term. Yes, it's information they need to know, but I have to be very sensitive in how we address that. And I believe the bill that, as it's stated, would...does not take into consideration those that are not sexually active. I believe that there are parts of the bill that would also limit me as a parent expressing or showing my children what I would like for them to learn. So they're going to be exposed to things that I wouldn't necessarily want them, as a parent, to be exposed to, even before they really should be able to be exposed...are at the age that they should be exposed to it. So I'm in opposition to the bill because it, once again, doesn't take into consideration those that are not sexually active, and it also limits us as parents. And as an organization, we're also, maybe, restricted in what we can teach in the schools, as well. [LB619]

SENATOR SULLIVAN: Thank you, Ms. Clarke, for your testimony. Now you represent the...is it called the AAA Center for Pregnancy Counseling? [LB619]

ANTOINETTE CLARKE: Yes, ma'am. [LB619]

SENATOR SULLIVAN: Is that a local organization? [LB619]

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Transcriber's Office

Education Committee
March 12, 2013

ANTOINETTE CLARKE: Yes, it's at 65th and Sorensen in Omaha. Yes. [LB619]

SENATOR SULLIVAN: Okay. [LB619]

ANTOINETTE CLARKE: So the ZIP-Code map that you have are just young ladies that come to our center from those ZIP-Codes. And we are in the high schools and the middle schools that are represented on that map, as well. [LB619]

SENATOR SULLIVAN: Okay. So is your...has this organization been around for a long time? [LB619]

ANTOINETTE CLARKE: Yes, ma'am, since 1985. [LB619]

SENATOR SULLIVAN: Okay. [LB619]

ANTOINETTE CLARKE: Yes. [LB619]

SENATOR SULLIVAN: Private funds? [LB619]

ANTOINETTE CLARKE: Yes. [LB619]

SENATOR SULLIVAN: Okay. And you said something about your curriculum being approved or supported by the Department of Health and Human Services? [LB619]

ANTOINETTE CLARKE: Yes, ma'am. It's "WAIT: Why Am I Tempted?" [LB619]

SENATOR SULLIVAN: Okay, so... [LB619]

ANTOINETTE CLARKE: Yes. [LB619]

SENATOR SULLIVAN: ...apparently the Health and Human Services Department weighs in on curricula that relate to health and sexuality? [LB619]

ANTOINETTE CLARKE: Yes. [LB619]

SENATOR SULLIVAN: Okay. [LB619]

ANTOINETTE CLARKE: Yes, it does. [LB619]

SENATOR SULLIVAN: Okay. Thank you. Any other questions? Senator Davis. [LB619]

SENATOR DAVIS: Ms. Clarke, is there more than one site for your program? [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

ANTOINETTE CLARKE: As far as our center? Right now there's only one center. We are in talks about maybe expanding. [LB619]

SENATOR DAVIS: And is that where the star is? Is that where your... [LB619]

ANTOINETTE CLARKE: That's where we're located, yes. [LB619]

SENATOR DAVIS: That's where your location is. [LB619]

ANTOINETTE CLARKE: Yes. [LB619]

SENATOR DAVIS: Okay. [LB619]

ANTOINETTE CLARKE: Yes. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you for your testimony. [LB619]

ANTOINETTE CLARKE: Thank you. [LB619]

SENATOR SULLIVAN: Good evening. [LB619]

GREG SCHLEPPENBACH: (Exhibit 11) Good evening, Senator Sullivan, members of the Education Committee. My name is Greg Schleppebach; that's S-c-h-l-e-p-p-e-n-b-a-c-h. And I am here on behalf of the Nebraska Catholic Conference and urge you to oppose LB619. The conference represents the mutual interests of the Catholic bishops of Nebraska. The Catholic Conference certainly agrees with Senator Haar's stated desire to reduce unintended pregnancies and sexually transmitted diseases but believes that LB619 is the wrong approach to address the problem. Our concern with so-called "comprehensive sex education" is that, in general, it gives a dismissive nod to abstinence while emphasizing and sometimes promoting contraception. We think this approach embodies a defeatism that is insulting toward young people because it dismisses their capacity to control themselves sexually. This approach reduces expectations and education to the lowest common denominator rather than inspiring and assisting young people to postpone using this sacred and special gift until marriage, which is what most of them desire and is in their best interests physically, emotionally, and spiritually. The approach in LB619 also presumes that communicating, directly or indirectly, an expectation or acceptance of out-of-wedlock sexual activity will have no effect on increasing that activity. This is contrary to some evidence in other areas of risky behavior. For example, a Nebraska Risk and Protective Factor Survey--and this is 2005, I don't know if there's been one since, I haven't been able to find one--found that, quote, young people are two to four times more likely to use alcohol and other drugs if parents show any acceptance of alcohol use, unquote. It's highly improbable that this phenomenon applies only to

Education Committee
March 12, 2013

alcohol and drug abuse but not to sexual activity. In fact, the bill itself acknowledges the interconnectedness of alcohol and drug use with sexual activity. It's worth noting here that I found this Risk and Protective Factor Survey on the Nebraskaprevention.gov Web site, which also provides what it calls three key protection principles. And this "Nebraska Prevention" apparently deals with drug and alcohol abuse primarily. The first key principle, it says, in prevention is, local people solve local problems best. The second principle is that people support what they help create. It seems evident that a state-mandated curriculum violates both of these principles. Young people, today and always, are clearly capable of, and ultimately they desire, self-control in this important area of their lives. And they want and deserve their parents' and society's help to achieve self-control rather than be abandoned to the mediocrity and heartache of risk-reduction strategies, strategies that don't even purport to address the emotional, psychological, and spiritual dimensions of sexual activity. We believe that abstinence-centered education is the truly comprehensive approach to human sexuality, conforms better to human dignity and nature. This approach recognizes and addresses all the dimensions and consequences of sexual activity: the physical, the emotional, psychological, spiritual, social, economic, and educational consequences. True abstinence-based education does not simply tell students to avoid sexual activity until marriage; it teaches them and supports them in achieving this goal. Finally, we believe that any serious effort to reduce the consequences of teen sexual activity must work to reduce the activity that produces these consequences. No program or curriculum alone can do this. Whatever one believes about the best way to teach students about sexuality, it seems evident that we need a commitment by all sectors of society in order to counter powerful cultural forces that exploit and cheapen sex, usually portraying it without consequences. This kind of "counter-cultural" effort is clearly achievable, as illustrated by our society's success in making tobacco use culturally unacceptable. But it takes our commitment and, we believe, a different approach than is embodied in LB619. Thank you. [LB619]

SENATOR SULLIVAN: Thank you very much for your testimony. Any questions of Greg? Thank you very much. And I should note, after this I think we...this will be our fifth testifier, then we'll go back to proponent testimony. Welcome. [LB619]

FEMI AWODELE: Thank you. Good afternoon. My name is Femi Awodele, F-e-m-i A-w-o-d-e-l-e. I am a parent of three OPS students: a soon-to-be valedictorian, very proud of him; a soon-to-be high-schooler; and a 11-year-old who has Daddy wrapped around her finger and has Mommy screaming. And very proud of them. I speak for a living and travel a lot. I flew over Omaha many times going internationally to speak on relationships, and about seven years ago I decided I need to do this locally. I got involved with many people, particularly in north Omaha. After hearing my good friend at Charles Drew talk about the STD, STD, STD, what do we do? After looking at the numbers, I came to my conclusion that two things are the problem: the lack of a cohesive family unit and a culture of sex. And I don't have the time to break those down.

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

Having said that, I got down to working with other people. I created two programs, one called Grand-friends...Grandmas for Grass-roots Friends; we've changed the name a few times. Basically, it's taking retired people to...female to help a younger female, based on a biblical principle. And the second one is called Marriage Is Cool. Marriage Is Cool is a program we had in high school. It's still going on; I don't run it anymore. But the idea is to present to the students what a real family looks like, to encourage them in terms of education and to keep themselves. And I frequently use a statistic from Rutgers University that was done in 2006. I am opposed to...oh, I've got to say something here. Somebody said earlier that we have to be a certified sex educator, and I just said to myself: Wow, 21 years of marriage, 3 kids: I think somebody needs to give me a certificate to be a sex educator. So I just think I need to plug that in there. The reason I oppose LB619 as it is written is basically Section 2, subsection (10), which is the gender, sexual orientation, and gender identity. I think, in my opinion, this is really why we're having this discussion to include in the language "comprehensive," because I think we already have a comprehensive program. I have spoken in all high schools in OPS, I think with the exception of Bryan, but in a couple of middle schools, and we've had all this discussion. As a parent who has faith, I use "Focus on the Family" curriculum for my own children. I've had all this (inaudible) whatever curriculum with my kids as well. So I think I agree with everybody that we should...we should keep...we should give school choice in terms of the curriculum that you have. Parents are the primary custodian of their kids, and they should do that; we should encourage parents to do that. I have personally for five years now pushed to have a pre-marriage education bill out of Judiciary; unfortunately, it keeps getting stuck in Judiciary. So I'm not against education, but what type of education are we giving the kids? Are we going to give them education that some other people oppose already? One of the language here is "medically accurate." And I find putting Section 2, subsection (10), sexual orientation and gender identity, as not being medically accurate. So we don't have the time to go into that here. So going by "medically accurate" and some of the language, I oppose this as it's written. Yes, we need to educate, but not what majority or a large section of society still opposes. Thank you very much. [LB619]

SENATOR SULLIVAN: Thank you very much for your testimony. Any questions? Thank you very much. [LB619]

FEMI AWODELE: Thank you. [LB619]

SENATOR SULLIVAN: I apologize for this ongoing cough I have. May I have a show of hands of how many want to testify as proponents. And opponents. Okay, let's take the proponent now. And I will have Senator Scheer take over. [LB619]

SENATOR SCHEER: Welcome. [LB619]

JORDAN DELMUNDO: (Exhibit 12) Thank you. Good evening, Senators. My name is

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Transcriber's Office

Education Committee
March 12, 2013

Jordan Delmundo; that's J-o-r-d-a-n D-e-l-m-u-n-d-o. I am the policy and program director at Nebraska AIDS Project. Nebraska AIDS Project is a statewide organization leading the fight to overcome HIV-AIDS and its stigma through education, supportive services, and advocacy, with offices all across Nebraska. The risk of sexually transmitted infections, including HIV, shadows the health and future of every adolescent. LB619 and its emphasis on medically accurate, age-appropriate, and research-supported education programs will equip our youth with the necessary knowledge to protect themselves from HIV. According to the Centers for Disease Control and Prevention, 26 percent of the 56,000 annual new cases of HIV infection in the United States are in youth ages 13 to 24. That was just last year, 2012. Comparatively, the most recently released data in Nebraska, from 2010, showed 31 percent of all new HIV-AIDS cases diagnosed in that same group, 13 to 24. Note that this is three times the number of diagnoses in that age group from 2008. In 2008, I believe, we had 8 diagnoses; now we're up in the 30s. Nebraska AIDS Project, with offices in Scottsbluff, Kearney, Norfolk, Lincoln, and Omaha, conducts one of the largest HIV testing programs in the state. In 2012 we tested over 2,000 individuals for HIV, and almost one-third of those are between the ages of 13 and 24. As a component of our program, we ask each individual a basic question: Can you name the four fluids that transmit HIV? Over two-thirds cannot correctly name those fluids. We ask the same question as a component of our education program as we engage the community at health fairs, public events, and guest lectures. In our experience, 8 out of 10 individuals across the state incorrectly name saliva as a fluid that transmits HIV. Our staff and our volunteers throughout the state are constantly frustrated by the lack of basic sexual health knowledge among young individuals seeking HIV or STD testing. A medically accurate and research-based curriculum ensures that basic information, like the fluids that transmit HIV, will be effectively communicated to students. There is a need for better education in regard to sexual health for our youth. The statistics concerning our youth and HIV are just some of the many reasons to pass LB619 and its emphasis on age-appropriate and medically accurate curricula. Research-based approaches to sexual health education have proven to reduce the behaviors that lead to HIV infection. Similar research has shown that medically accurate sexuality education does not increase the likelihood of sexual activity among youth. Abstinence is a key component to any sexual health curriculum, but it cannot be the only component. There is little, if any, evidence showing abstinence-only programs as effective, even at achieving abstinence among teens. It is clear that people disagree on what approach we take based on their personal morals, their ethics, their politics: either the abstinence-only approach or the comprehensive, medically accurate approach. But just because an educational philosophy reflects an individual's personal beliefs does not make it effective. We have a problem: we have STDs, we have pregnancy...unwanted pregnancy rate, and we have HIV. Should we not be compelled to use the kinds of education programs that are proven effective in lowering the rates of STD infection, teen pregnancy, and HIV? The focus should be on providing young people the tools and information they need to protect themselves, their health, and their future. Please

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

advance LB619. [LB619]

SENATOR SCHEER: Are there any questions? Thank you, Jordan. [LB619]

JORDAN DELMUNDO: No problem. [LB619]

SENATOR SCHEER: And were there any more proponents? I was not paying real close attention, but I think he was the last proponent. Okay, we will shift back to opponents then. [LB619]

MARK BONKIEWICZ: (Exhibit 13) Good afternoon, Senators. My name is Mark Bonkiewicz, M-a-r-k B-o-n-k-i-e-w-i-c-z. I live in Omaha, Nebraska, originally from Sidney. I'm here to ask you to vote no for LB619. One of state government's most important duties is to promote public policy that benefits its citizens. Promoting positive public policy touches all facets of each citizen's life. Examples include minimal government regulations so the private sector can grow and provide jobs in a wide variety of industries to citizens. Public policy should also encourage strong traditional families of one man and one woman. This has proven for countless centuries to provide the safety and security for multiple children to be reared to adulthood who then pay taxes so government can continue. Traditional families also provide soldiers, police officers, and firemen for the security of all citizens. LB619 is not good public policy from a health perspective, especially in the area of stored blood needed for surgeries, accidents, and emergency needs. The inventory of stored blood in Nebraska and the entire United States is only three days' supply. When the supply of stored blood dips below three days', America's blood centers and the American Red Cross issue alerts to donors to rebuild existing inventory. Volunteer blood donors are critically important to all families and citizens because the vast majority of blood comes from volunteers. We volunteer donors know that the questions asked of us each time we donate are increasingly more intrusive about our lifestyle because homosexual activity and illegal drug use have significant correlation to HIV and AIDS virus. Here are 2 of the 24 questions that are typically asked of us each time we donate. Question number 1: Male donors, from 1977 to the present, have you had sexual contact with another male even once? Question 2: From 1977 to the present, have you received money, drugs, or other payment for sex? Employers can verify the fact that students who graduate use the instruction they received in reading, writing, and math when they become employees. If the state were to make comprehensive sex education in public schools mandatory, it would imply that the behavior is good for the citizenry. Then a significant number of students will begin gay, lesbian, bisexual, and transgendered sexual activity. This will reduce the number of volunteer blood donors and automatically reduce the inventory of stored blood needed by all Nebraska citizens. For these reasons, LB619 is obviously bad public policy. For the sake of your spouse, your children, and your grandchildren who may someday need a blood transfusion, vote no to LB619. Your family needs more blood donors, not fewer blood donors. [LB619]

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

SENATOR SULLIVAN: Thank you for your testimony. [LB619]

MARK BONKIEWICZ: Um-hum. [LB619]

SENATOR SULLIVAN: Are there questions? Yes, Senator Davis. [LB619]

SENATOR DAVIS: Are you telling me that you think LB619 is going to steer people towards homosexuality that aren't already gay? [LB619]

MARK BONKIEWICZ: Well, if you read the material that comes from the LGBT Web sites, that's...it's all part of a learned process. [LB619]

SENATOR DAVIS: I just...thank you. [LB619]

MARK BONKIEWICZ: Um-hum. [LB619]

SENATOR SULLIVAN: Any other questions? Thank you for your (inaudible). [LB619]

MARK BONKIEWICZ: Oh, sure. Thank you much. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

MARIS BENTLEY: (Exhibit 14) Thank you. Thank you, Senators. My name is Maris Bentley, M-a-r-i-s B-e-n-t-l-e-y. I currently reside in Omaha but am originally from the central rural Nebraska area, for the first 50 years. I am here to testify against LB619. As a parent, grandparent, and former public schoolteacher and counselor, I am very concerned about this bill and the impact it will have on our young people and upon our state if it is passed. Since learning about this bill two or three weeks ago, I have spent many hours calling, e-mailing, and visiting friends and colleagues. And I can tell you that I represent many hundreds of people who are also in opposition to this bill but could not be here today. I have encouraged them to contact all of you, as I have done, with their concerns. I have to tell you, I'm shocked by what I see happening around me. I am shocked to see the kinds of bills, of which LB619 fits the category, that promote gratuitous recreational sex. And make no mistake, that is what this bill does. While giving lip service to the idea of abstinence, the bill then hypocritically proposes to teach children, and I quote, the consistent and correct use of all contraceptive methods approved by the federal Food and Drug Administration. What a mixed message this mandatory sex education, if passed, will give to our young people. We're saying to them, essentially: Students, it's best not to engage in sexual activity; but if you do, then don't forget to take your pills or wear that condom. Honestly, where else do we see this mentality? Do we say to young people: Don't drink alcohol until you reach the legal age of 21; but since we know you can't control yourself, here's what you can do to reduce

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

the consequences. As a school counselor I can tell you there are no best practices or model programs from SAMHSA, the federal Substance Abuse and Mental Health Services Administration, that advocate this kind of approach to substance abuse prevention. We must teach our children the ideal of abstinence until marriage because that is the best plan for human beings. Abstinence means no sexually transmitted diseases or unwed pregnancies. Abstinence protects young people, not only physically but emotionally, socially, and spiritually. Just because human beings can and do fall short of the ideal, that doesn't mean we should lower our standards. Another hugely concerning part of this bill is the provision, and I quote: Instruction and materials shall be appropriate for use with and shall not promote bias against students based on sexual orientation, or gender or gender identity. In other words, instruction and materials about so-called safe sex methods for heterosexuals must also include instruction and materials for homosexuals or, for that matter, any other individuals who identify themselves with any number of other sexual variations. Do we really want to go down that road? And finally--you've heard this already--the issue of local control. Neither the state nor the federal government should ever mandate sex education for young people. This is the responsibility of parents and local school boards. For all of these reasons LB619 is bad for Nebraska, and I urge you to vote against it. Thank you. [LB619]

SENATOR SULLIVAN: Thank you, Ms. Bentley. Are there questions for her? Thank you for your testimony. [LB619]

MARIS BENTLEY: Thank you. [LB619]

SENATOR SULLIVAN: Is there further opponent testimony? [LB619]

NANCY RUSSELL: (Exhibit 15) Nancy Russell. Thank you, all. Thank you, Madam Chair. I'm going to take a little different tack on the education. There is a study in the [American Journal of Health Studies](#), 26(4) 2011, by Kenneth F. Ferraro, Ph.D., and Karis A. Pressler, M.A.: "Purdue Finds Abstinence Program Positively Impacts Academics." "WAIT," another lady testified about the WAIT Training program; that's out of Denver, Colorado: "Reduces Sexual Activity of Teens, Studies Show." I didn't give you the complete report, but if you go to the Web site at the top of your page, you can access the complete report by Dr. Ferraro. "Abstract: Objectives: To determine if implementation of an abstinence education program is associated with academic performance. Methods: Using a longitudinal design, this study compares the academic performance of 21 high schools with an abstinence education program to 21 matched schools without such a program. Results: In comparison to matched controls, receiving the program was associated with a higher percentage of sophomores passing the state math achievement exam but was not associated with either percent passing the English exam or the attendance rate." That could be because of those with language learning, like people from other countries. "Among the schools receiving the program, years of program intervention was associated with higher rates of passing both the state math

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Transcriber's Office

Education Committee
March 12, 2013

and English achievement exams. Conclusions: Sustained offering of abstinence education programs is associated with improved academic performance, especially on standardized math exams." I've read another research that if you...when little...young children were introduced with sex education, at young ages, that their academic also fell...that their achievements. It's basically because most little children are concerned about jump ropes and marbles and jacks and really don't want to be bothered with the parts between male and female. And I think this is a terrible mistake to take their innocence and start doing this, which is the prerogative of the parent, to start with. But we need to understand that...I would like an interim study. Planned Parenthood...one lady testified she's been teaching sex ed for 14 years. Senator Haar testified that the sexually transmitted diseases were at an all-time high. So what is happening here? Are we going to just go ahead and continue to throw good money after bad? If what's going on and if Planned Parenthood is involved in teaching these classes and it's not resulting in any positive things, then I think we need to continue with the abstinence program and reinforce it and give it time, because there are more studies coming out that this is the way to go. [LB619]

SENATOR SULLIVAN: Thank you, Ms. Russell. [LB619]

NANCY RUSSELL: Any questions? [LB619]

SENATOR SULLIVAN: Are there questions for her? Thank you for your testimony. [LB619]

NANCY RUSSELL: Thank you. [LB619]

SENATOR SULLIVAN: Welcome. [LB619]

KARIETA JOHNSON: Thank you. Good evening. My name is Karieta Johnson; I'm the director of relationship education at the AAA Center for Pregnancy Counseling in Omaha. I am actually standing in opposition of LB619. And at our center, in my department, I oversee a department of 7 speakers, and we speak in over 9 school districts, in over 40 public schools in the Omaha metropolitan area, at no cost to the schools. Abstinence education, as Ms. Toni said earlier, we do use WAIT Training curriculum, which is based out of Denver, Colorado. It is very effective and informative. And I actually want to read a letter I just got from a student. It said: Thank for you coming to our school and talking about the risks of sex; it really opened my eyes to how a physical act can affect someone's life in more ways than one; I really admire how you are changing people's lives by talking about this; you showed me to wait until marriage for sex. And that was from an eighth-grader at Beadle Middle School in Millard. By promoting abstinence in schools, we help the total person. WAIT Training, our interactive and nonthreatening curriculum, teaches that sex is not only physical but completely intellectual, emotional, social, and spiritual. According to the Heritage

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

Foundation, girls who are sexually active are three times as likely to become depressed than girls who are not having sex. Males who are sexually active are twice as likely than guys who are not having sex to become depressed. Also, girls who are sexually active are three times as likely than girls who are abstinent to commit suicide. Boys who are sexually active are eight times...almost ten times as likely than boys who are not having sex to commit suicide. Also, when a girl becomes sexually active, her grades tend to drop. Those are just different ways I've shown you that sex can not only affect us physically but also intellectually. As a speaker for more than three years at the center and someone who is currently practicing abstinence, I do hear the cry of the children for truth. And I do see the light bulb that goes off in their head when we tell them they don't have to have sex, not everyone is having sex. And that's my issue with this bill. We don't need to tell them about contraceptives and all the different things that are offered in this bill, because if they're practicing abstinence, they would not have need for these. When students hear our message, and when we offer the message of restoration and new beginning, something does happen. The passing of this bill could affect our ability at the AAA Center for Pregnancy Counseling to share this life-giving message. Also, if it is state-mandated, our message is actually...we come in at no cost, and it is teacher-driven, so only the teacher comes in. Or even in Millard, it's in every school district...every school in Millard, in sixth grade, eighth grade, and tenth grade. If this was mandated by the state, this would affect our ability for the teachers to invite us in. I just am asking that you would consider not passing this bill, because it will affect our ability to give life to other people. I will say in the last bit, in our presentation, I am a witness that this has affected me. I was in an abusive relationship. And after speaking to the students, I found myself saying, wow. The light bulb, at 23, went off for me. Because of this message, I can say for sure that this is what has helped me get out of that abusive relationship and help me start over again and maintain my record of 25 years of being abstinent. Thank you for this time. [LB619]

SENATOR SULLIVAN: Thank you for your testimony. Any questions? Senator Davis. [LB619]

SENATOR DAVIS: Ms. Johnson, thank you for your testimony; it was very worthwhile. What group of students do you visit with, then, when you do your presentations? [LB619]

KARIETA JOHNSON: In Millard we're currently in 6th, 8th, and 10th grade. And our WAIT Training, as far as the sexual relationships, is in 7th through 12th grade. So Omaha Public Schools, Bellevue, Papillion, Ralston, Millard, Fort Calhoun, Plattsmouth, Platteview, those are just a few of the schools that we're in. [LB619]

SENATOR DAVIS: And the school board at Millard has asked you to come into the schools. [LB619]

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Transcriber's Office

Education Committee
March 12, 2013

KARIETA JOHNSON: Yes. Our, like, the director, Toni Clarke, and I have met with the curriculum director, and she has asked us to come in 6th, 8th, and 10th grade. [LB619]

SENATOR DAVIS: So is there other...are there other programs in the Millard school that you know of? [LB619]

KARIETA JOHNSON: As far as I know, they are abstinence only. [LB619]

SENATOR DAVIS: Okay. Thank you. [LB619]

SENATOR SULLIVAN: Senator Kolowski. [LB619]

SENATOR KOLOWSKI: Thank you, Madam. Ms. Johnson, I'm very familiar with the Millard program since I was very involved in designing it. And why do you think that your program would be in jeopardy when it's very conducive to the values and the standards of the Millard program? As an abstinence-only program, do you think you'd be exited out of that? You wouldn't be asked to come to that... [LB619]

KARIETA JOHNSON: Well... [LB619]

SENATOR KOLOWSKI: ...in the future if... [LB619]

KARIETA JOHNSON: Go ahead. [LB619]

SENATOR KOLOWSKI: ...if some of this was...impacted some of the Millard programs? [LB619]

KARIETA JOHNSON: Yes, because I think that if it would be state mandated, that could affect the ability for the districts to decide who they would invite. We're not only in Millard, but we're also in OPS and the other school districts in the area. So I do feel like that could threaten our chance of coming and being invited in, if the state had control of who the speakers were, because we're not the ones teaching it; we are guest speakers invited in by the teachers and the principals. [LB619]

SENATOR KOLOWSKI: Well, I saw nowhere where the speakers would be chosen by the state. The selection process would still be at the basic district level and at the building level, as far as my interpretation of what I see in this bill. I think it's very complementary of what your values are and what your standards have been as far as the excellent work I'm sure you're doing in the Millard program. And again, I know that inside out, because I was involved in it. So I don't think you'd be in conflict or be threatened by that kind of program. [LB619]

KARIETA JOHNSON: Well, that's...our interpretation is there may be a chance, so we

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Transcriber's Office

Education Committee
March 12, 2013

just...that's why we're here tonight, just in case there's any chance that we would not be welcome back into the schools. [LB619]

SENATOR KOLOWSKI: Thank you. [LB619]

SENATOR SULLIVAN: Any other questions for Ms. Johnson? Thank you for your testimony. [LB619]

KARIETA JOHNSON: Thank you. [LB619]

SENATOR SULLIVAN: Any other opponents? Welcome. [LB619]

KYLE GOMEZ: (Exhibit 16) Hello. I'm up here on behalf of my family and my church, Light of the World Gospel Ministries, that I go to in Walthill, Nebraska. And I'm here in opposition of the bill--my name is Kyle Gomez, by the way, K-y-l-e G-o-m-e-z--for the fact that the bill, to me, seems to be very vague in its explaining on how to do the instruction of the health education. And in that, I believe that it could be open for many different views. And a couple things I'll just bring up on the bill. It says, "relating to schools; to define terms; to require instruction in sexual health education; to provide curriculum requirements." So this bill goes out; to me it's saying that this is what we're going to do, the things in this bill, you've got to do this now. So in that, what the schools are doing now, kind of mandating what they have for, maybe, minimal requirements and what the board of education at the school wants to do, and the parents, we would have this bill. And the bill goes on to say, in subsection (2), "Medically accurate means verified as supported by research conducted in compliance with scientific methods...professional organizations and governmental agencies with expertise in the field of sexual health." What are those methods? What are those professional organizations? That's one of my questions. Another thing, in Section 2, subsection (3), part (a), "The benefits of and reasons for not engaging in shared sexual behaviors that carry risks for pregnancy or sexually transmitted infections." What are they talking about in "shared sexual behaviors"? Heterosexual relationships, homosexual? We don't know, it's so vague. Okay? And in Section 2, part (4), subsection (a), "Side effects, health benefits, effectiveness and safety of abstinence, and the consistent and correct use of all contraceptive methods approved by the federal Food and Drug Administration." In my opinion, as being a Christian, there's abstinence, and then the other part, consistent and correct use of all contraceptives, we don't believe in that. Okay? And subsection (5), "The curriculum shall provide information relating to healthy relationships." What is a healthy relationship to you? What is it to me? That's why I believe this bill is so open, as far as all them definitions, that it's important for me to be in opposition to it, because I feel that I'm better equipped as a dad of five to answer those questions for my children, not requirements by the state or entities that have did testing. Thank you. [LB619]

SENATOR SULLIVAN: (Exhibits 17-23) Thank you for your testimony. Are there

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Transcriber's Office

Education Committee
March 12, 2013

questions? Thank you very much. Any further testimony in opposition? I would like to read into the record...first of all, there were several in support of LB619: Cindy White of Omaha, Nita Lechner of Grand Island, the American Civil Liberties Union of Nebraska, the Nebraska Chapter of the National Association of Social Workers. And in opposition to LB619: Sheryl Alvey of Omaha, Nebraska; Susan Gumm of Omaha, Nebraska; and Bill and Karen Sydow of Sidney. Anyone interested in testifying in a neutral capacity? [LB619]

LAZARO SPINDOLA: (Exhibit 24) Well, good afternoon, Senator Sullivan, other members of the committee. And thank you very much for receiving me at this late hour. For the record, my name is Lazaro Spindola, L-a-z-a-r-o S-p-i-n-d-o-l-a. I am not testifying on behalf of the Latino-American Commission; let's make that clear. I am here testifying as a former physician and public health officer that for ten years supervised the HIV prevention program at one of our district health departments. And I am testifying in a neutral capacity. One of the first things that we ask in public health before developing or implementing programs is: Is there a problem here? I regret to say that indeed there is a problem. In your handouts, on the last page you will find the results of the 2011 CDC youth behavior risk factors survey that was performed on Nebraska high school students. The results of this survey are published by the CDC, and I have some areas highlighted in yellow: 37 percent of our children have had sexual intercourse, 4 percent before the age of 13; 11 percent have had multiple partners; 74 percent did not use any type of birth control; and 38 percent did not use condoms; 22 percent were never taught in school about AIDS or HIV infection. And all of this is happening even though, of the schools, 66 percent taught STD and pregnancy prevention topics; 79 percent taught how to access healthcare information and/or services. Unfortunately, only 19 percent provided parents and families with information on prevention of STDs and/or pregnancy. And if this approach was so successful, I would not be saying anything today, I would not be here today. But I refer you to the two graphs at the end of your handout; they're on the second page. They show the rates of chlamydia and gonorrhea between 1996 and 2011 among Nebraska children between 15 and 19 years of age. The trend is on the uprise. The only place where we saw something positive was in gonorrhea, where for the first time, in 2010, the rate went below 300 per 100,000 individuals, first and only time. I know that I'm beginning to sound more like a proponent than a neutral testifier. But the reason for my neutral testimony is based on these factors. Parental involvement is considered a key factor in the educational process; only 19 percent of the schools provide parents prevention information. Parents cannot teach what they are not taught; they cannot teach what they don't know. Parental denial was perhaps the biggest barrier while I was supervising the prevention program. Senators, we're losing this war. And this afternoon I realized the reason. The battle is being fought between the parents and some organizations and the school system and the public health system on the other side. And we all want the best for our children. Perhaps a large part of the solution lies with the parents and the way the schools could get them involved in the prevention program. I know that the bill has a line that addresses

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Transcriber's Office

Education Committee
March 12, 2013

children seeking parental involvement. That might work. I don't think so. But I think that the parents should be seeking involvement with their children. This approach might be worthy of further study. And if you so decide, I would be more than willing to collaborate with the effort. Thank you. [LB619]

SENATOR SULLIVAN: Thank you very much, Lazaro. Any questions? [LB619]

SENATOR DAVIS: I've got one question. [LB619]

SENATOR SULLIVAN: Senator Davis. [LB619]

SENATOR DAVIS: Thank you, sir. I wonder if there is any data out there that compares states that have mandatory sex education, as Senator Haar has proposed, with states that have not. [LB619]

LAZARO SPINDOLA: I do not know, sir. I do not know. All I know is what I found for Nebraska children between 15 and 19 years of age. [LB619]

SENATOR DAVIS: Thank you. [LB619]

SENATOR SULLIVAN: Your graphs that you have in your handouts, what would you attribute that decline in 2010? Was it lack of data or...? [LB619]

LAZARO SPINDOLA: I have no idea. Maybe it was primary elections. (Laughter) Children were thinking more about the election process than about having sex? (Laughter) I don't know, Senator. But if you look at the chlamydia graph, you will notice that there was a dip in 2010 for chlamydia too. [LB619]

SENATOR SULLIVAN: Um-hum. Right. [LB619]

LAZARO SPINDOLA: I don't know. [LB619]

SENATOR SULLIVAN: Hmm. [LB619]

LAZARO SPINDOLA: I don't know. I'm not sure if anybody has found an explanation, who is interested in that. [LB619]

SENATOR SULLIVAN: Okay, very good. Any other questions? Thank you for your testimony. [LB619]

LAZARO SPINDOLA: Thank you. [LB619]

SENATOR SULLIVAN: Any other neutral testimony? Senator Haar. [LB619]

SENATOR HAAR: I would conclude that if you get young kids involved in political campaigns, it'll keep them out of trouble. (Laughter) Okay. I'd like to just answer a few things; and, by my standards, I won't make this too long. I want to have another...another story to you. When my granddaughter, who's now in high school, was, like, 3 years old, they found her sobbing in a corner, inconsolably. And finally, finally, they found out that one of her teeth was loose. And nobody had told her that you lose your teeth; and being the smart girl that she is, she was worried that she was dying or something. Okay. I don't know if you remember, but coming into puberty has all kinds of surprises to it: the way you think, the way you look at other people, all kinds of things. We all remember that. And children and teens and young adults have a right to know. They have a right to know. It's the only area where I can...you know, ignorance is the enemy...where we're saying we shouldn't tell the kids everything because if we tell kids about sex, they'll have it. And that was said up on the floor a year ago. And then we heard that abstinence-only improves math test scores. I was a math major, so I maybe could have done even better. People kept saying it, "a state-mandated curriculum." There is no state-mandated curriculum; it has to contain criteria. There are a multitude of curricula, and I have no doubt from the way the bill is written that school boards could set up their own sexuality health curriculum. It would have to have the elements in the bill, but it's not a mandated curriculum. It doesn't say, on Day 1 you do this; on Day 2 you do that; here are the things you use. Now it does say, though, that if you're at a school in Ord, as we heard the one young lady say, that if this bill were to go into effect and if the school was providing sexuality education, the parents have a right to see that material. So it's not haphazard either. And the parents then have the right to opt out for their students. There was another program...and the things I hear about: just tell kids what they should do, and they'll do it. There was a big program that the government spent a lot of money on, it said: Just say no to drugs. And the whole premise was you scare the hell out of kids and then they won't use drugs. Well, it didn't work. And the funding for that has fallen through. Saying no is not an answer. Education is the answer to children who are going through these changes. And they have a right to know. There should be no surprises about a young person's developing sexuality. And some of them may make choices we don't like. But just telling them it's a wrong choice may or may not make a difference. So this is really about education. Again, I can't think of any other areas where we say that ignorance is bliss and really mean it. If you look back at those criteria, those are all the kinds of things that young people have a right to know; they have the right to know. And it would be really neat if parents were right there to answer those questions. But as one person testified, and I would guess, if we had just done a little survey here, we'd probably all agree that young people in puberty, in high school, probably the first place they go with embarrassing questions is their peers. And they get a lot of input from the media and their parents, if they're lucky, if they're lucky. And parents have a responsibility, but so do we as educators. So, you know, again, the thing came up earlier about, how would you, you know, how would you ask your parents a question if, you know: Can I make out if I just keep my underwear on? You know, I

Transcript Prepared By the Clerk of the Legislature
Transcriber's Office

Education Committee
March 12, 2013

couldn't have said that to my mom. That was rather embarrassing, my first questions to her. The question came up, does it work? Does age-appropriate, medically accurate, comprehensive sex education work? Well, the U.S. still has the highest rate of teen pregnancies and births among comparable countries. The U.S. teen pregnancy rate is four times that of the Netherlands, three times that of Germany, almost three times that of France. And those countries all have age-appropriate, comprehensive, medically accurate sexuality education. When it comes to STIs, U.S. is nearly twice that the rate of Canada and Sweden, 5 times that in England, 20 times in France. So it does make a difference. There is an answer to that. And we'll try and find it for states that have this kind of thing, but there is an answer. So I guess I'd wrap this up by...don't forget about the Scotch tape; you know, does that really serve any age of kids? True story; it just doesn't stick so well anymore, doesn't stick so well. And I'd just go back...and I'll end with what my friend Senator Tom White said. He said, if you're seriously opposed to abortion, the most dangerous thing you can do is to promote ignorance. So thank you very much for a great session, for listening, and for asking really good questions. [LB619]

SENATOR SULLIVAN: Any other questions for the senator? Thank you. Okay, folks, this closes the hearings for today. Thank you, all, for attending. (See also Exhibits 25-26.) [LB619]