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Transcriber's Office

Appropriations Committee  
February 05, 2018

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[LB944]

The Committee on Appropriations met at 1:30 p.m. on Monday, February 5, 2018, in Room 1524 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on agency budget requests and LB944, Section 71. Senators present: John Stinner, Chairperson; Kate Bolz, Vice Chairperson; Rob Clements; Robert Hilkemann; John Kuehn; Mike McDonnell; Tony Vargas; Dan Watermeier; and Anna Wishart. Senators absent: None.

SENATOR STINNER: I want to welcome everybody to the Appropriations Committee hearing. My name is John Stinner. I'm from Gering and represent the 48th District. I serve as Chairman of this committee. I'd like to start off by having members do self-introductions, starting with Senator Clements.

SENATOR CLEMENTS: Thank you, Mr. Chairman. I'm Rob Clements from Elmwood, represent Cass County, parts of Sarpy and Otoe, District 2.

SENATOR KUEHN: John Kuehn, District 38, seven counties in the south-central part of the state.

SENATOR HILKEMANN: Senator Robert Hilkemann, District 4, west Omaha.

SENATOR STINNER: John Stinner, District 48, all of Scotts Bluff County.

SENATOR BOLZ: Senator Kate Bolz. I represent District 29 in south-central Lincoln.

SENATOR STINNER: As you can see, not everybody is here. They'll be coming in and out. A few people are presenting their bills in front of different committees, so people will be coming in and out. At each entrance you will find green testifier sheets. If you are planning to testify today, please fill out a green sign-in sheet and hand it to the committee clerk when you come up to testify. If you will not be testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. These sign-in sheets will become exhibits in the permanent record at the end of today's hearing. To better facilitate today's proceedings, I ask that you abide by the following procedures: Please silence or turn off your cell phone; move to the reserve chairs when you are ready to testify. Order of testimony is introducer, proponents, opponents, neutral, and closing. When we hear testimony regarding agencies, we will first hear from a representative of the agency. We will then hear testimony from anyone who wishes to speak on the agency's budget request. We ask that you spell your first name and last name for the

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record before you testify. Be concise. It is my request today that our agency testifiers limit their testimony to five minutes. When we get to LB944, Section 71, federal Title X funds, we will be limiting that testimony to three minutes. Written materials may be distributed to committee members as exhibits only while testimony is being offered. Hand them to the page for distribution to the committee and staff when you come up to testify. We need 12 copies. If you have written testimony but do not have 12 copies, please raise your hand now so the page can make copies for you. With that, we will begin today's hearings with Agency 18, Department of Agriculture.

#### AGENCY HEARINGS

SENATOR STINNER: This is the State Legislature, so when I give them 10 minutes they take 20, so we'll have to put up with that. Please take your seats. We do have an overflow room I believe still, Jennifer, don't we? It's (Room) 1023 if you want to go. I hope it's hooked up, I believe it is, with television access. We now have a quorum so I'll start the hearing on LB944, Section 71, restrictions on the use of federal Title X program funds. Again, a reminder that the introducer will have an unlimited amount of time, but after that we're going to limit it to three minutes, obviously because of the size of the crowd. But we do want to hear everybody. So anybody that is a proponent, opponent, neutral, we're going to try to accommodate you. And it's a quarter to 4:00 and I think everybody is prepared to stay as long as necessary. So with that, introducer of the bill. Good afternoon. [LB944]

BO BOTELHO: (Exhibit 1) Good afternoon, Chairman Stinner and members of the Appropriations Committee. My name is Bo Botelho, B-o B-o-t-e-l-h-o, and I am the chief operating officer of the Nebraska Department of Health and Human Services. I'm here on behalf of the department to testify in support of the clarifying language in Section 71 of LB944. The proposed amendment in Section 71 provides further clarity as to the use of Title X funds in Nebraska. As stated in the Federal Register, Title X serves women and men, adolescents and adults. It provides funding for a variety of family planning services, including those to achieve pregnancy and to prevent pregnancy. Federal law states that Title funds are not available to programs where abortion is a method of family planning and regulations require that all pregnancy options counseling shall be neutral and nondirective. The proposed amendment is needed to ensure program integrity through enhanced clarification. In the 2016 and 2017 Statewide Single Audits, the State Auditor found issues. For example, in the 2016 report the Auditor found that Title X funding was used for abortion services. The proposed policy clarification does not take away healthcare from Nebraskans. Currently, there are 42 sites across the state and each organization that currently receives funding can continue to do so as long as their policies and practices are consistent with the adopted language. If a current grantee is not in compliance after the change, they can update their policies and practices and continue to participate. As with any change to statutes, regulations, or rules, it is the responsibility of each

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participating organization to adapt as necessary if they desire to continue receiving program funds. At this point in time, we do not foresee a decrease in available services because of the proposed language. The department believes other facilities would step forward if current grantees choose not to participate. We have been in conversations with healthcare providers about becoming Title X service providers. For the department to assure federal funds are being properly used, a more clear distinction must be made. This is done through the "objective independence" language. As stated on page 46, lines 7, 8, and 9, objective independence includes, but is not limited to, legal, physical, and financial separation between organizations receiving Title X funds and others. The objective independence standard provides the department with more direct parameters on which to determine current or potential grantee's compliance. For example, the department would look for economic, legal, and financial independence from organizations that perform abortions and whether or not organizations have separate facilities. Before concluding, I think it's important to mention two other points. First, it is common to lay out use of fund parameters in the state budget. The state budget is full of instances in which further clarify (sic--clarity) and direction is provided about the way funds are to be used. Second, the amendment we are discussing today was not in our budget request because we did not ask for a change in funding, simply a clarification. It is the mission of the department to help people live better lives. This does not only include those who directly receive our services but also includes stewardship of taxpayer dollars. The amended language in Section 71 provides greater program integrity through enhanced clarity needed to be good stewards. Thank you. I'm happy to answer any questions. [LB944]

SENATOR STINNER: Thank you. Questions? Senator Wishart. [LB944]

SENATOR WISHART: Thank you for being here today. You had mentioned that in 2016 there was a report by the statewide...by the State Auditor that found that Title X funding was used for abortion services? [LB944]

BO BOTELHO: Yes, Senator. [LB944]

SENATOR WISHART: I was under the impression that this...that actually this was a result of clinic staff accidentally miscoding the expenses and no public dollars were actually used. Do you have that audit to provide for us today? [LB944]

BO BOTELHO: I do not have a copy of the 2016 audit. It can be provided. [LB944]

SENATOR WISHART: Okay. Thank you. [LB944]

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SENATOR STINNER: Okay. Any additional questions? Senator Hilkemann. [LB944]

SENATOR HILKEMANN: Yeah. I was going to follow up on Senator Wishart's question there. If indeed Title X funds were used, was that provider then...well, what was the result? What was the result of that audit, because this is an illegal use of those funds? [LB944]

BO BOTELHO: I'm not sure of the specific results, but generally speaking for grants, if they're used impermissibly, those funds would have to be reimbursed back to the federal government. I don't know if there were any other actions taken regarding these providers. [LB944]

SENATOR HILKEMANN: Well, you don't...you don't know what the disposition of this case is then. [LB944]

BO BOTELHO: I do not. [LB944]

SENATOR HILKEMANN: Okay. [LB944]

SENATOR STINNER: Additional questions? Senator Wishart. [LB944]

SENATOR WISHART: I'm going to follow up again. So do you know if then this certain provider was not in compliance with what the federal regulations are were the dollars given back? [LB944]

BO BOTELHO: It wouldn't be the provider that would have to return. The state would be obligated to reimburse the funds if they were impermissibly used. In regards to the provider itself, I don't know. I haven't seen the working papers for the Auditor to see what their bases of their findings were, which I think is what you're asking for, the actual events that led to the finding. And as for what action was taken in regard to the provider, I don't have that information. [LB944]

SENATOR WISHART: So do you have information on whether the state then had to reimburse the federal dollars? [LB944]

BO BOTELHO: I don't, Senator. [LB944]

SENATOR WISHART: Okay. [LB944]

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SENATOR STINNER: Senator Vargas. [LB944]

SENATOR VARGAS: So just to clarify, can you give me, do you have more information on this audit that you're citing in this, in your testimony? [LB944]

BO BOTELHO: I do not personally, Senator. I mean the agency has, obviously, the copy of the audit as well as the Auditor would. [LB944]

SENATOR VARGAS: Okay. But you're stating that in 2016 the Auditor found that Title X funding was used for abortion services. That's fact. [LB944]

BO BOTELHO: That's, yeah, from their audit. [LB944]

SENATOR VARGAS: And there hasn't been anything done as a result of that and there has been clarification on what was used for abortion services and what were the circumstances. [LB944]

BO BOTELHO: No, I didn't say nothing has been done. What I said was I don't know... [LB944]

SENATOR VARGAS: Okay. [LB944]

BO BOTELHO: ...what the agency took in 2016. [LB944]

SENATOR VARGAS: Okay. Did you testify last year when the language was suggested to us during our hearing (inaudible) put this language in for program integrity? [LB944]

BO BOTELHO: No, I wasn't with the department last year, Senator. [LB944]

SENATOR VARGAS: Do you know if anybody in your department sent a letter or came and testified to us that this was something that they needed to put forward to making sure policy was holistic and up to date? [LB944]

BO BOTELHO: I don't know what testimony was provided last year. [LB944]

SENATOR VARGAS: Okay. And can you just walk me through the language you put here: "The proposed amendment is needed to ensure program integrity." Can you walk...so "needed," and when I'm reading that, "needed" is like we absolutely have to do it, and "program integrity," I'm

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trying to understand the line between policy and law versus program integrity. Can you walk me through that? [LB944]

BO BOTELHO: I think I understand your question. What this language would do is prevent Title X funding going to entities which provide abortions, which the abortion itself is prohibited for Title X funding. So therefore, the funds could not be used for that event if those entities are performing that service. So the entities that would receive the funding are those entities which are performing permissible services. [LB944]

SENATOR VARGAS: So you're saying we have to do this. [LB944]

BO BOTELHO: The language would prevent the misuse of the funds. That's the purpose of the language. [LB944]

SENATOR VARGAS: Yes. I'm just...I'm asking, since you're the chief operating officer of DHHS, whether or not we have to include this language and put it into our bill and pass it... [LB944]

BO BOTELHO: Yeah, the agency... [LB944]

SENATOR VARGAS: ...for the DHHS to be able to do its job. [LB944]

BO BOTELHO: The agency believes that the language is necessary. [LB944]

SENATOR VARGAS: Okay. I don't want to feel redundant. I'm mostly just asking because I'm trying to understand whether or not...we make decisions here when we're getting...we're getting guidance from agencies when we have to actually do something or we don't, or whether or not for integrity, for funds, or for federal funds. I'm just wondering if this is something from DHHS, you're telling us, testifying in support, that we have to do because we are obligated to do it or whether or not this is a choice and a suggestion. So I'm asking you which of these is (inaudible). [LB944]

BO BOTELHO: If you're asking if Title X requires this process,... [LB944]

SENATOR VARGAS: Uh-huh. [LB944]

BO BOTELHO: ...I don't believe it does require this process. [LB944]

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SENATOR VARGAS: Okay. So we're not required to do this. Okay. All right. Thank you very much. [LB944]

SENATOR STINNER: Senator Wishart. [LB944]

SENATOR WISHART: I don't mean to be redundant either, but I mean the statement that in 2016 the State Auditor found that Title X funding was used for abortion services, I was under the impression that this was a result of clinic staff accidentally miscoding the expenses. No public dollars were actually used. Is that incorrect? [LB944]

BO BOTELHO: I don't...I don't know, Senator. I mean the audit...the testimony cites the audit finding report from the Auditor. What you're saying now, I don't know. I've never heard that information before in regards to that finding. [LB944]

SENATOR WISHART: Okay. Well, this is definitely...I think this committee will definitely need to get that audit to get...so that would be helpful. Thank you. I have another question too. You stated here that at this time the department does not foresee a decrease in available services because of the proposed language. And you say the department believes other facilities would step forward. It's one thing to believe; it's another thing to be certain about that. What is your level of certainty? I know in Lancaster County, for example, if our Planned Parenthood clinic closed here, what is your level of certainty that there are other providers that would be able to provide Title X services to low-income women and men in Lancaster County? [LB944]

BO BOTELHO: Well, any provider that complies could, but if you're talking about the willingness, we know... [LB944]

SENATOR WISHART: Yeah. [LB944]

BO BOTELHO: ...there's one entity in Lancaster County now that's talking to the Department of Health and Human Services because they have a strong interest in providing Title X services. [LB944]

SENATOR WISHART: And so at this point, because we're going to be making decisions this session, what is your level of certainty that this provider will be able to handle the amount of women and men that will no longer be able to access Planned Parenthood and now will be going to that provider? [LB944]

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BO BOTELHO: As they exist right now, they should be able to handle the volume. That shouldn't be an issue. [LB944]

SENATOR WISHART: And is there a level...is there a guarantee that we can get before we, as lawmakers, make a decision that will drastically affect...that could potentially drastically affect access for low-income women and men to these important services? Is there a level of certainty where we'll be able to see that these other providers will be able to pick up? [LB944]

BO BOTELHO: Based on their capacity, if they desire to, they should be able to. I mean I can't bind them, if that's what you're asking, Senator, but we believe there's ample entities that could provide services if they so choose. We shouldn't have an issue with coverage. [LB944]

SENATOR WISHART: Okay. And the reason I ask that is that Iowa has made decisions similar to what this Legislature may be about to do recently, and they had nearly a 50 percent drop in the number of people enrolled in its family planning services since it switched to a program that excluded Planned Parenthood providers, which resulted in about 4 out of 12 of the Planned Parenthood clinics closing in Iowa. That's a 50 percent drop in the amount of people accessing Title X the year that...the year after Iowa passed legislation similar to what we're looking at doing that went into effect. Are you looking into what has happened into Iowa and ways that Nebraska can make sure that that doesn't happen here? [LB944]

BO BOTELHO: I believe we've looked at the Iowa model as well as the Missouri model. We don't...not sure...what we're doing isn't the same as what happened in Iowa and we don't anticipate that type of level. In fact, we don't believe there will be an issue of coverage with the entities we're speaking to right now... [LB944]

SENATOR WISHART: Okay. [LB944]

BO BOTELHO: ...for the permissible Title X services. [LB944]

SENATOR WISHART: Okay. And I know you can't...I understand that you can't bind a clinic to provide these services. [LB944]

BO BOTELHO: Right. [LB944]

SENATOR WISHART: I understand that. But again, if we as lawmakers are making decisions, especially me as a senator that represents a lot of constituents in Lancaster County, is there more

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than just the department believes that other providers can handle this? Is there more a level of certainty that you can provide us that coverage is not going to be lost? [LB944]

BO BOTELHO: Yes. Like I said, we've been speaking to entities here. I mean you're talking about specifically the entity we're talking to right now... [LB944]

SENATOR WISHART: Yeah. [LB944]

BO BOTELHO: ...is in Lincoln, is either based or primarily in Lincoln. And they have expressed, you know, what they're saying a strong interest in providing these services and applying for the Title X funds. And that entity alone we believe would be sufficient to ensure the needs of Lincoln and Lancaster County. [LB944]

SENATOR WISHART: Okay. [LB944]

BO BOTELHO: If that's...I mean.... [LB944]

SENATOR WISHART: Yes. [LB944]

BO BOTELHO: Okay. [LB944]

SENATOR WISHART: Okay. Thank you. [LB944]

SENATOR STINNER: Senator Bolz. [LB944]

SENATOR BOLZ: I think no matter where you stand on the issue at hand, there's a general recognition that the prenatal care and well women checks and other services that are provided under Title X are important and they're valuable. So I have a couple of questions under that umbrella. And not to belabor Senator Wishart's line of questioning, but is what you're saying that the Department of Health and Human Services would take responsibility for ensuring that no one loses access to those services under Title X? Would that be something that the Department of Health and Human Services would take responsibility for? [LB944]

BO BOTELHO: Well, we'd make every effort to talk to the entities. You know, like I say, I can't force them to apply for these funds but we certainly will communicate with these folks and to make every effort we can that we have sufficient providers. [LB944]

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SENATOR BOLZ: So you'd consider that part of your mission? [LB944]

BO BOTELHO: Yes. [LB944]

SENATOR BOLZ: And along the same lines, you wouldn't be opposed to a language change to reflect that intention? [LB944]

BO BOTELHO: We would have to look at the language, Senator, but certainly if it's, you know,... [LB944]

SENATOR BOLZ: You'd at least be... [LB944]

BO BOTELHO: ...our intent is to make sure that these services are there and available to everyone who wants or needs them. [LB944]

SENATOR BOLZ: Okay. So you'd at least be open to conversation... [LB944]

BO BOTELHO: Yes, Senator. [LB944]

SENATOR BOLZ: ...to tightening up the language to ensure access. A related question I have is that it's somewhat challenging because of some of the changes on the federal level. But it's been brought to my attention that the language relating to referrals might actually be out of compliance with the federal Title X regulations. So as I've...as it's been communicated to me from a couple of different sources, the federal regulations, and I have them in front of me, say that a project must offer pregnant women the opportunity to be provided information and counseling regarding a number of options, including abortion. So again, regardless of where you stand on the particular issue at hand, we all lose access to prenatal care and well women checks if we are out of compliance with the Title X. So can you assure me that we're...that this language is in compliance with the federal regulation? [LB944]

BO BOTELHO: Yes, Senator. [LB944]

SENATOR BOLZ: Okay. And can you provide that to me in writing so that I can cross-reference the other legal information that I've been receiving? [LB944]

BO BOTELHO: Yes, we can get you something in writing, Senator. [LB944]

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SENATOR BOLZ: Okay. I'd appreciate it. [LB944]

BO BOTELHO: And to be sure, like you said, that the prohibition is on providing the services or assisting or that sort of directive referral. The education services and making sure that everyone knows that abortion services are an option, this does not prohibit that. That is required under Title X. [LB944]

SENATOR BOLZ: Okay. If this proceeds, I want to at least ensure that the language doesn't prohibit us from getting Title X dollars as a state as a whole or from losing those dollars as a whole. That's too important regardless of where you stand on this issue. [LB944]

BO BOTELHO: Right. We have no intent to jeopardize the funding. [LB944]

SENATOR BOLZ: My last question is a little bit technical in nature and it might be something we need to discuss further. But I'm a little bit concerned that some of the language might cause a problem in the sad and unfortunate circumstance in which a woman, for medical reasons, might have to terminate an unviable pregnancy, and I want to make sure that no matter what happens on this issue there wouldn't be any challenges for someone who needs to seek further medical attention based on a real medical issue. And I'm a little concerned that some of the language is not clear enough to ensure that that scenario is taken care of. So can we work together on that if this proceeds? [LB944]

BO BOTELHO: Yes, Senator. [LB944]

SENATOR BOLZ: Do you share any of the same concerns? [LB944]

BO BOTELHO: I'm not sure if I understand your concern. Obviously, that's not the intent and I'd have to look at what language you're referring to. [LB944]

SENATOR BOLZ: Yeah. I mean there's intent and then there's statutory language, and so I want to make sure that nothing that...that none of these prohibitions result in circumstances where a woman is in a sad and sick and medically driven state, that they couldn't be referred by a Title X clinic to the right care, right type of healthcare provider in the right circumstance to handle what is a very sad situation. So I want to raise that as a concern and make sure that we follow through. Thank you. [LB944]

SENATOR STINNER: I've been trying to work through this in a logical fashion, which I feel a little inadequate, but April 13 the...under a joint resolution, it was resolved by the Senate and the

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House of Representatives of the United States American Congress that Congress disapproves the rule submitted by the Secretary of Health and Human Services relating to compliance with Title X requirements, but...by project recipients in select...so they've struck down what was in place at that time. Did they not? So now what's in place from the federal side of things? [LB944]

BO BOTELHO: Well, the Title X funding is in place, Senator, but...is that what you're asking? [LB944]

SENATOR STINNER: Yes. What was in place that they struck down in the federal law that they had to pass this joint resolution? [LB944]

BO BOTELHO: I'm not sure specifically, Senator. I know we're waiting on further clarifications from the federal government and it should be coming out soon. The language is changing but we don't know what that is at this time. [LB944]

SENATOR STINNER: Well, isn't the federal government the law of the land? [LB944]

BO BOTELHO: It is. [LB944]

SENATOR STINNER: So are we in compliance or are we not in compliance (inaudible)? [LB944]

BO BOTELHO: We are in compliance, Senator. [LB944]

SENATOR STINNER: Okay. So we are today... [LB944]

BO BOTELHO: Yes. [LB944]

SENATOR STINNER: ...in compliance. Then why do we need to go through this? [LB944]

BO BOTELHO: Well, the language just makes it clearer on who can receive the funding to ensure that Title X funds are not being used for abortion services. [LB944]

SENATOR STINNER: We already have that in our law that no dollars can be used for...in our law, the Nebraska law, as well as the federal law. Is that true? [LB944]

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BO BOTELHO: That's correct, Senator. [LB944]

SENATOR STINNER: So if that's the case, if it's sitting at the federal side, then why do we have to redo, reclarify at this level? [LB944]

BO BOTELHO: Once entities receive the funds, we can't necessarily control what the funds are used for once the entity receives them. So I mean the purpose of this language... [LB944]

SENATOR STINNER: But the federal law dictates they can't use it for abortion. [LB944]

BO BOTELHO: They may violate the law, Senator. [LB944]

SENATOR STINNER: Okay. Then the feds can get them, right? I don't understand why we have to go through this when indeed you could, at Health and Human Services, by administrative action do these changes. Why do we have to codify? Why do we have to go through this whole exercise? It just doesn't make any sense to me why the feds are here with something and we want to replicate it, which we have to anyway. Not being an attorney, I'm just struggling with this whole concept. [LB944]

BO BOTELHO: The language is, in essence, budget language which shows you or explains who can apply for Title X funds. [LB944]

SENATOR STINNER: But don't we know that already? Can't you do that from an administrative side of things? Do we have to put it in law? I mean what's... [LB944]

BO BOTELHO: This gets back to Senator Vargas' question. If you're asking me that is this language required, it is not. This is language that the agency deems necessary to ensure appropriate use of the funds. [LB944]

SENATOR STINNER: Okay. Senator Hilkemann. [LB944]

SENATOR HILKEMANN: So did you...we have in front of us the requirements. Did you write this language for Title...for the state? [LB944]

BO BOTELHO: No, Senator, I did not. [LB944]

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SENATOR HILKEMANN: Okay. So "or refers for abortion," is that what we're...is that the...is that, in essence, what we're talking about here? That's the separation between an entity that would qualify for Title X or an entity that does not qualify for X? It's simply if they refer for abortion. [LB944]

BO BOTELHO: No, if they provide or assist or refer. [LB944]

SENATOR HILKEMANN: So if they refer for abortion then they can't get Title X. [LB944]

BO BOTELHO: Yes. [LB944]

SENATOR HILKEMANN: Okay. So if they...what if...as a healthcare practitioner, if a person came into my office and I...and as a podiatrist I can tell you I never had to deal with this particular issue, but (laughter) I had to outline options to my patients. So if that practitioner even mentions the term "abortion," a possibility to a person that they have as an abortion, that would exclude them as...I'm not saying that they would refer but that that was an option. Does that exclude them? [LB944]

BO BOTELHO: No. That goes back to what Senator Bolz was talking about, the education requirement. You're required to educate and advise that this is an option. The referral is something that goes beyond simply advising that this is an option. It's a directive. That's the behavior which is (inaudible). [LB944]

SENATOR HILKEMANN: So I could say to the patient, you know, well, you have this unplanned or unwanted pregnancy and you can certainly carry the baby to choice or to deliver. You can carry the baby to term and you could...for adoption or you could consider an abortion. Would that then put them out of compliance with this? [LB944]

BO BOTELHO: No. That would not. That would fall under the education requirement of Title X funding. [LB944]

SENATOR HILKEMANN: And it would not get the doctor in trouble with this particular...? [LB944]

BO BOTELHO: No. [LB944]

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SENATOR HILKEMANN: But if that doctor then said, and if the...what if the patient said, well, I would rather...I would...I think I would like to terminate the pregnancy? Is the doctor then at that point to say, you'll have to find someone or what would be a doctor's response? [LB944]

BO BOTELHO: I think then, assuming that the doctor is operating under Title X under this language, I think at that point the doctor would have to...can certainly talk about abortion as an option but then advise that person would have to find a provider that practices those services. The doctor then could not refer... [LB944]

SENATOR HILKEMANN: Okay. [LB944]

BO BOTELHO: ...under this language to a specific entity or provider for that. [LB944]

SENATOR HILKEMANN: Okay. As long as they don't mention the name of a provider or, when I read this is as long as they don't mention XYZ clinic, here's the...I'm going to make a phone call and here, you've got an appointment for Monday. That you couldn't do. [LB944]

BO BOTELHO: That's correct. [LB944]

SENATOR HILKEMANN: But you could say, there's XYZ clinic and here's their phone number, period. [LB944]

BO BOTELHO: I don't know if that would be seen as...I mean if you're giving the name of the clinic and the phone number, I think that could be interpreted as a referral. You're specifying an entity and providing the contact information. I think the doctor has to, under Title X, advise that those services are available. Whether or not the doctor could then recommend or give the name of an entity and a number, I think that may be a referral under this language. [LB944]

SENATOR HILKEMANN: Now as I read through this, these documents that I have on this, you talk about separation of the clinic from the services. Is that correct? In other words I think it said in one point I think in the federal guidelines that they could share a common waiting room but they can't be financially... [LB944]

BO BOTELHO: The objective independence? Yeah, physical location is one thing that you would look at, but physical location in itself isn't a determinant one way or another. [LB944]

SENATOR HILKEMANN: Repeat that for me again. [LB944]

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BO BOTELHO: Physical location is one element of an independence test but in itself doesn't tell you the entity is independent or dependent. It's just one thing that you would look at. When you look at an independent entity, you're going to look at whether or not they're, one, legally independent, they share the same corporate structure. How are their finances? Are their finances commingled? Are they sharing the same staff? There's lots of elements to an independent, if you're trying to determine if an entity is truly independent or some subsidiary thereof. Physical location is one thing you'd look at but that in itself, the fact that they're physically located in the same structure, does not mean that they are independent of each other or the same entity. It's just one element of a test. [LB944]

SENATOR HILKEMANN: That's it for now. [LB944]

SENATOR STINNER: Additional questions? Senator Vargas. [LB944]

SENATOR VARGAS: I'm just trying to help me clarify, that we started to clarify some things. One, this is not needed but you said it's not required but it deems necessary. Is that correct? [LB944]

BO BOTELHO: Yes. [LB944]

SENATOR VARGAS: Okay. I mean I'm having a hard time understanding the difference between required and necessary. Can you tell me a little bit about utilization numbers across the Title X facilities, facilities that use Title X funding? [LB944]

BO BOTELHO: I know I can get you information, Senator. I don't have it. [LB944]

SENATOR VARGAS: Okay. Are there large discrepancies in Title X services that are...that exist right now, Title X funding across the state, do you know? [LB944]

BO BOTELHO: I don't know, Senator. I'm not sure if I understood your question. What do you mean by large discrepancies? [LB944]

SENATOR VARGAS: Are there some areas that have larger amounts of people served in terms of Title X, like they're serving more people with their services? [LB944]

BO BOTELHO: I'm sure there would be. [LB944]

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SENATOR VARGAS: Okay. Are we making any decisions here on Title X funding based on utilization? Is there anything that you're suggesting to do in regards to utilization rates on how we should disburse funding? [LB944]

BO BOTELHO: I don't believe so. I'm not sure I understand, Senator, but our concern is to make sure that we have access and that wherever...I mean we'd look at utilization to see what would be the need in an area and then we would, you know, (inaudible) work to ensure that we could meet that need. So if that's what you mean by utilization then, yes, we do look at that. [LB944]

SENATOR VARGAS: Okay. I'm trying to understand. You know, I have a couple different clinics that use Title X in my district, well, not my district but in Omaha, and I'm trying to get a better understanding of are we making decisions based off of utilization or are we making decisions based off of, you know, who's providing the best care? And we should be utilizing different factors to make decisions on how we appropriate funding, right? Usually we do that, right, in DHHS? We make better decisions on how to be more efficient with funding, put funding in places where we're seeing the most effective resources being provided. Isn't that right? [LB944]

BO BOTELHO: Yes. [LB944]

SENATOR VARGAS: Is there anything that we're doing here that is enabling you to do more of that? [LB944]

BO BOTELHO: Yes. But I mean Title X funding, any entity who wishes to apply for Title X funding may,... [LB944]

SENATOR VARGAS: Uh-huh. [LB944]

BO BOTELHO: ...but they have to provide those services that are required under Title X. So by the utilization, our concern is to make sure that based on the historical utilization that we have providers that can provide those services at the volume that we believe currently and in the future. So, yes, we work with those providers to ensure, one, that we have sufficient coverage. We work with those providers to ensure that the services that they're providing are not only adequate in volume but in quality as well, if that's what you're asking, Senator. [LB944]

SENATOR VARGAS: Yeah. No, that's helpful. And I'm asking a couple different questions because I'm trying to get a better sense of we usually make decisions or I feel like we make more decisions in this body around funding, to then figure how to make cost efficiencies, because this

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is the Appropriations, you know, hearing, right? We're not in DHHS or Health and Human Services Committee. We're making decisions on where to reappropriate funding based off of our reason to improve efficiency, to provide better services. And I'm concerned that we're not making a decision grounded in that and I'm not hearing a reason that is grounded in trying to improve efficiencies for some services and that we're also not required to do it. And then I'm also hearing that federal Title X funds can't be used for abortion-related services and that there already is federal law that says that and we have flexibility to do what's needed within federal law. So I'm trying to have a better understanding on why we need to do this and also for Health and Human Services telling us that it's deemed necessary. So that's a rhetorical question. You don't have to answer it. But you can answer it if you want. It would be very helpful to answer that question. But that's what I'm trying to get at. This is our Appropriations Committee and we're trying to make decisions on where to put funding that's going to better meet the needs of Nebraskans. And we live a little less in policy than the other committees, right? We're trying to figure out efficiencies. So I'm assuming this is about efficiencies but I'm hearing it's not. [LB944]

SENATOR STINNER: Additional questions? Seeing none, thank you. [LB944]

BO BOTELHO: Thank you. [LB944]

SENATOR STINNER: Any additional proponents? [LB944]

MARION MINER: (Exhibit 7) Good afternoon,... [LB944]

SENATOR STINNER: Good afternoon. [LB944]

MARION MINER: ...Chairman Stinner, members of the Appropriations Committee. My name is Marion Miner, M-a-r-i-o-n M-i-n-e-r, and I am the associate director for pro-life and family for the Nebraska Catholic Conference, which represents the mutual public policy interests of Nebraska's three Catholic bishops. I want to touch on three issues in my testimony this afternoon. The first, really briefly, is why it makes sense for the Appropriations Committee to address appropriation of federal Title X funds in our state, and I'm going to touch on that really briefly but I'm happy to take questions on it afterward. The second and third issues are legal issues, which were touched upon in the last gentleman's testimony. So as far as the process is concerned, right, as far as why Appropriations is a good committee to hear this, it does not...this provision, this language does not introduce any new substantive policy. It does, however, bring Nebraska's budget into compliance with the express will of Congress on Title X. Rust v. Sullivan, which is a 1990 U.S. Supreme Court case, said that if one thing is clear from the legislative history it is that Congress intended that Title X funds be kept separate and distinct from abortion-related activities. In 1988 the Reagan administration saw the same problem as

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presumably Governor Ricketts' Office sees now, that mere bookkeeping, quote, mere bookkeeping is not enough to make sure the intent of Congress is followed. So this is not a groundbreaking new policy. Money is fungible and objective requirements for program integrity for separation between abortion activity and Title X money are the only way to ensure that the intent of Congress is followed. Second, the measure would bring Nebraska's budget in compliance with the political will of the people of our state. In fact, we have a statute on the books now, Section 28-325(1), which says the will of the people of the state of Nebraska and the members of the Legislature is to provide protection for the life of the unborn child whenever possible. You have an opportunity to do so here. And third, this is not some unprecedented break, I don't believe, with protocol for the Appropriations Committee. You have to make public policy decisions in some way when you appropriate funds all the time and this is just another example of that. I'd also like to point out that there has been abortion language in our state budget since at least 1999. On the legal issues, and again I may run out of time here but I'm happy to take questions, the argument has been made that denying Title X funds to organizations that refer for abortions is inconsistent with federal law. That's based on a mistaken understanding of the law on this issue. It's based on a regulation that was enacted in 2000 by DHHS in what was then a change in federal policy on the referral issue. That has been superseded by Hyde-Weldon, which was passed in 2004, as later in time and higher in authority. I'm happy to go into that further. The last thing, just to wrap up, with regard to loss of access, that the effect of this language, the idea that it would be loss of access to services for thousands of people, I want to be very clear on what the effect of this language is, what it actually requires. It requires physical, legal, and financial separation between abortion activity and Title X funds, which means that no one, including abortion providers, needs to lose access to the Title X money. If they do, it is because they have made a calculated decision to refuse to separate their abortion activity from their Title X activity. And if they decide to cut themselves out of the program for that reasoning, that is something that they are responsible for, not the Appropriations Committee or the Legislature or the Governor's Office. Thank you. I'm happy to take questions. [LB944]

SENATOR STINNER: Questions? Senator Watermeier. [LB944]

SENATOR WATERMEIER: Thank you, Chairman Stinner. Thank you, Mr. Miner, is it? [LB944]

MARION MINER: Yes. [LB944]

SENATOR WATERMEIER: Okay. Thank you. You bring up a point that I'm not really that familiar with but you mentioned a regulation changed in 2000 but an amendment in 2004. [LB944]

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MARION MINER: Uh-huh. Sure. [LB944]

SENATOR WATERMEIER: So an amendment to a statute at the federal level... [LB944]

MARION MINER: Um... [LB944]

SENATOR WATERMEIER: ...which would per... [LB944]

MARION MINER: I'm sorry. Go ahead. [LB944]

SENATOR WATERMEIER: ...would go ahead and trump, how you would say, the regulation that was in 2000. Is that what you were getting at? [LB944]

MARION MINER: Sure. I can flesh that out a little bit. So in 1970, right, Congress enacted the federal Title X program. In 1988 the Reagan administration issued regulations that provided, among other things, that if you were to continue to receive Title X funds you may not refer to abortion. So that was federal policy for...through the Reagan and Bush one administrations. In 1993 President Clinton issued a memorandum requesting that the federal DHHS make a policy change, so he issued a memorandum saying, please, don't implement the separation, this program integrity requirement with regards to referrals anymore, and please make a formal change. So in 2000 federal DHHS, in the last days of the Clinton administration, made that change and they then requested or they required that if you were going to be a Title X clinic that upon request you refer for abortions. So that is the language that opponents of this testimony are bringing up. The problem is, to understand the whole story, it doesn't stop there. In 2004 Congress authorized the Hyde-Weldon Amendment, okay? That's a federal budget rider and it has the force of federal statute. And in the Hyde-Weldon Amendment it said that Title X, among all the other programs funded by the Consolidated Appropriations Act, you may not discriminate against a healthcare entity on the basis that that entity refuses to refer for abortions. Okay? So what that means is you have a later in time and higher in authority provision in federal law than the regulation in 2000 that was issued, saying if you discriminate against a clinic because they don't refer, you're in violation of federal law. That...the consequence of that is, for us, if a Nebraska clinic complies with the language in the budget, they are not at risk of losing federal Title X funds. [LB944]

SENATOR WATERMEIER: Appreciate that, but it's just the chronological order impact. [LB944]

MARION MINER: Sure. [LB944]

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SENATOR WATERMEIER: That's what I understand a little bit better when you're saying it in that regard. [LB944]

MARION MINER: Sure. [LB944]

SENATOR WATERMEIER: I served on HHS for two years my first year in the Legislature. I probably should get the Title X funding better than I do. Is it a fixed amount based off of our FMAP, based off our population, or is it just wide open as far as to the need? [LB944]

MARION MINER: Yeah, that's a good question. I'm not actually sure about that right offhand. [LB944]

SENATOR WATERMEIER: Okay. [LB944]

MARION MINER: But my understanding is that if somebody decides to cut themselves out of the federal Title X program because they don't want to comply with the requirements, I don't know why they would do that but if they decided to do that then it's not going to make that funding all of a sudden unavailable. What that would do is open up an opportunity for the other clinics participating in the Title X program to receive more funding than they were before. There's a bigger slice of the pie available if that's what, you know, somebody decides to do, if they want to get out of the game. That would be their decision. [LB944]

SENATOR WATERMEIER: But I guess my question is, is it a fixed amount? And maybe I'll follow up if I hear somebody talk about it after you. [LB944]

MARION MINER: Yeah. There would be...I'm probably not the best person to answer that question. [LB944]

SENATOR WATERMEIER: They were talking about concerns about do we have enough providers, and I don't think that's an issue at all from the number of letters that I've received, just being on four years of Appropriations:... [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR WATERMEIER: ...we need more, we need more, we need more. We don't need more providers; we need more funding... [LB944]

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MARION MINER: Uh-huh. [LB944]

SENATOR WATERMEIER: ...to take care of what we want to provide. [LB944]

MARION MINER: Right. [LB944]

SENATOR WATERMEIER: Okay. I think that (inaudible). Thank you. [LB944]

SENATOR STINNER: Thank you. Additional questions? Senator Hilkemann. [LB944]

SENATOR HILKEMANN: In your testimony you said that even people who presently provide abortions could become in compliance if they change their method of doing business. Is that correct? [LB944]

MARION MINER: Yeah, that's one way to put it, yeah, soon. [LB944]

SENATOR HILKEMANN: Tell me how they could modify their business to comply. [LB944]

MARION MINER: Sure. So the language is explicit and I think the language here that has been proposed is actually really good for this reason because other states have had separation requirements and they can be kind of vague. This one I think is admirably specific actually in that it says if you are affiliated, if so, it requires separation, right, between federal Title X funding and abortion activity, which would include not only performing them but also assisting with them, directly counseling in favor of, meaning something to the effect of after listening to you I recommend that you get an abortion or referring to somebody, right? What you can do if you're engaged in any of those things presently is physically, financially, and legally separate those abortion-related activities from your Title X activities, which are going to be things like the STD and STI screening and treatment and the well woman checkups and all those types of things. So...and the gentleman who testified before me went in a little bit...went into a little bit of detail of what that looks like. What he was referring to was actually a lot of the same stuff that the Reagan administration required, the federal government required during Reagan and...during the Reagan and Bush one administrations, which is things like we're going to look at things like are you sharing the same staff, you know, are you in the same physical space, those types of things. So...but fundamentally what that looks like when you're talking about physical separation from my point of view is when you walk into a Title X clinic, to a Title X participating clinic, you shouldn't be confused about whether you're in a Title X...whether you are there to get STD and STI screening and well woman treatment and cancer screenings and these things. You shouldn't be confused about whether you're there to do...to get those things or whether this is an

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abortion providing clinic that you're sitting in. Does that answer your question? (Laugh)  
[LB944]

SENATOR HILKEMANN: So you're...so you're saying that they would have to have a facility off-site from where they are at the present time? [LB944]

MARION MINER: That's not...that's not how I read it, no. You don't necessarily...the language does not seem to indicate to me that you need a separate brick-and-mortar structure. So, you know, another possible...another possibility is maybe you see some, for example, some health clinics have a setup say like in a strip mall or, you know, they share a larger building with other businesses. I don't know necessarily why, under this language, you couldn't be in that type of setup where you've got the two clinics in the same building. But you shouldn't be confused where you are when you walk into that clinic, is this an abortion clinic or is this a Title X clinic. So, no, I wouldn't anticipate that this would be read to require separate brick-and-mortar structures, to get to the heart of your question. [LB944]

SENATOR HILKEMANN: As long as they're...in other words, if they had two bays of a strip center and one strip center was for the abortion and the other strip center was for their other activities. [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR HILKEMANN: Is that correct? [LB944]

MARION MINER: I think that would be in compliance, yeah. Yes. [LB944]

SENATOR HILKEMANN: So when some of the information that we read said that they could share a waiting room, now how can...you know, how could you go into a facility...well, thank you. [LB944]

MARION MINER: Okay. I'm happy to answer further questions if... [LB944]

SENATOR HILKEMANN: I'm having troubles of how you are going to...so are we going to...are we going to be going about checking on these facilities? Is that what... [LB944]

MARION MINER: Well, as far as what the mechanics look like, I think that's DHHS would have to see. That would be their responsibility to ensure compliance. What that looks like in terms...I

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don't know if they're making phone calls, if they're going to check on these things. I'm not sure exactly what that looks like. But as far as what the language requires, I think that is clearer, which is there shouldn't be any confusion about where you are when you walk in. [LB944]

SENATOR HILKEMANN: Are you saying if they walked into the bay that was for Title X,... [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR HILKEMANN: ...as long as that doctor in Title X doesn't refer them to the bay next to them, they would be in compliance? [LB944]

MARION MINER: Well, that would be another part of that requirement. Yeah, you certainly couldn't refer over to the abortion wing. That's correct. But they could do, and this is important too, they could certainly offer nondirective counseling, nonbiased, factual information about, hey, so these are your options. One of them is abortion. This is what that would entail. You know, these are the possible health risks. These are the possible health risks entailed with childbirth and the other things. These are the legal issues. You know, whatever that case may be. If they want to offer factual, nonbiased, nondirective--not pushing them in a direction--information, they're totally absolutely free to do that and encouraged to do that under the Title X program. [LB944]

SENATOR HILKEMANN: So if a patient asked their doctor, what do you think, that doctor then just has to say, well, these are your options. [LB944]

MARION MINER: Uh-huh. So your...so this is a Title X doctor, right? [LB944]

SENATOR HILKEMANN: Right. [LB944]

MARION MINER: Not a doctor in private practice. She's not a participant in the Title X program. But, yeah, so if a person is talking to a physician or other medical professional in a Title X clinic, yeah, I mean presumably that could...I could see that happening, right? What's your advice on this situation? They could not go to, under the language, they could not go to the level of saying, I recommend or I...I recommend that you get an abortion. That would, by my reading anyway, consist of directive counseling as pushing them in that direction. So they can't push them in the direction of abortion but they can certainly offer them factual information, including the health risks of carrying to term. [LB944]

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SENATOR HILKEMANN: Do you think there's a potential that patients could misconstrue that? [LB944]

MARION MINER: I'm sorry, I'm not sure I understand your question. [LB944]

SENATOR HILKEMANN: Well, in other words, you said as long as they didn't recommend... [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR HILKEMANN: ...but they gave all the options, and as a patient coming in, I mean, you know, whenever I would talk about some procedure they...oftentimes the patient said, well, what would you do if it was your foot, okay? And so you allow that out. So patients always don't hear what doctors say. Did you know that? And so (laughter) what happens is that are we going to have people misconstrue any of this--I went to the A&B clinic and that doctor mentioned that I should get an abortion--even though he may have just mentioned or she may have just mentioned it as an option? [LB944]

MARION MINER: I mean communication, you know, is...unfortunately, that's one of the dangers of communication. I don't know. I don't know what to tell you other than the language seems pretty clear to me that if you are pushing someone towards an abortion or if you are referring them for an abortion you're going to be in violation of the language. But in terms of providing them with factual information, including the risks of abortion and including the risks of termination, that is absolutely allowable and, in fact, Title X, the Title X program federally requires that you will be willing to provide that factual, neutral, nondirective information. [LB944]

SENATOR STINNER: Additional questions? Senator Vargas. [LB944]

SENATOR VARGAS: Thank you for coming and testifying. Can you...so one thing that you mentioned is that this is a good committee to do this to make sure we're in compliance. [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR VARGAS: Can you walk me through what you're...how you're defining this compliance? I ask because in previous testimony we...we're hearing we're not required to do this from our chief operating officer for DHHS. And if we're not required to do this and we're

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federally allowed, then to me the compliance sounds like we have to do it. So how are you defining compliance in the way that you're using it? [LB944]

MARION MINER: Sure. So there's...that's a good question. So I think first of all you've got to make a distinction between compliance with the language in terms of what healthcare entities are required to do and compliance, you know, is the Appropriations Committee or is the Nebraska State Legislature required to do this in terms of disbursement of the funds and making sure that the requirements are being met? So I don't want there to be any confusion about that. But to answer your question, this particular language is very closely related to the language--and I mentioned this earlier--that the Reagan administration implemented on a federal level again dealing with separation. And that issue that you're bringing up was analyzed in this Rust v. Sullivan U.S. Supreme Court case which upheld the separation requirements as being constitutionally valid. And the answer to that question was--and this was the Secretary of DHHS--that, I don't have the exact language in front of me, but that this was a necessary predicate to ensuring that the intent of Congress was followed. In other words, there is no way to make sure that the intent of Congress that none of this money be used for abortion can be followed unless there are objective separation requirements between Title X activity and abortion-related activity. [LB944]

SENATOR VARGAS: So are you saying that we've been noncompliant since the Reagan administration? [LB944]

MARION MINER: I'm saying that it's...(laugh) no. I'm saying that there's certainly a danger that we are noncompliant and the only way to make sure that we are compliant, and this was the judgment of the Reagan administration so it's not unprecedented, is to say we've got to make sure that we've got some objective requirements in terms of separation here. And that's what that does. [LB944]

SENATOR VARGAS: Okay. It sounds like...I mean I appreciate your walking me through that. And I understand that there's been some regulation that came forward in the Reagan administration and there's been an iterative process back and forth with some changes in this but federal...for Title X funding that it can't be used for abortion-related services. It sounds like we have not been out of compliance but we...maybe more, that we're compliant. We just haven't done it but it hasn't been legally...we haven't been doing anything wrong since the Reagan administration. [LB944]

MARION MINER: I don't know that you would say... [LB944]

SENATOR VARGAS: (Inaudible)? [LB944]

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MARION MINER: Oh, I'm sorry, go ahead. [LB944]

SENATOR VARGAS: No. No, I'm just trying to confirm that. Because when you're saying compliance and you're...and you are...and your official title is? [LB944]

MARION MINER: Associate director for pro-life and family. [LB944]

SENATOR VARGAS: Okay. [LB944]

MARION MINER: Yeah. [LB944]

SENATOR VARGAS: And you're a lawyer? [LB944]

MARION MINER: Yes. [LB944]

SENATOR VARGAS: Okay. I'm taking your opinion as compliance from a legal, you know, background,... [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR VARGAS: ...that we are not in compliance with some federal regulations by not doing that. Is that what you're saying? [LB944]

MARION MINER: Not quite, but it's close. [LB944]

SENATOR VARGAS: Okay. [LB944]

MARION MINER: So what I'm saying...what I'm not saying is that Nebraska is not...that the program is not compliant in Nebraska. What I am saying is that we are following the lead of the federal government in the past, which has said there's no way to know and it's important for us to know that the will of Congress is being followed when it comes to appropriation of these funds, because Congress went out of its way to be very specific and say you cannot use this money for programs where abortion is a method of family planning. So we've got to...these are...I think it bears stressing that the requirements here I think set a pretty low bar in terms of what you've got to do to comply. So if you don't comply, I think what you're doing is saying abortion to us is more important than all of these other services combined, okay? And that's something that you're going to have to explain to your clientele if you decide that we're going to cut ourselves out of

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the Title X program just because we're not willing to compromise on the abortion issue, to comply with these requirements. [LB944]

SENATOR VARGAS: Sounds like there's a potential issue but we're not seeing really the issue rise. Maybe there's more that we need to do. And you said mere bookkeeping is not enough. [LB944]

MARION MINER: Uh-huh. [LB944]

SENATOR VARGAS: I don't know if there's something you want more in enforcement or if this is the enforcement you're looking at, but we haven't had to do this for decades and past senators sitting in these seats, even ones that have been here before term limits, didn't deem it necessary or required to do this, so why now? [LB944]

MARION MINER: Uh-huh. Oh, and...so... [LB944]

SENATOR VARGAS: I'm just trying to figure out why now, why do we have to do this now, and I'm still not hearing that we need to do this. [LB944]

MARION MINER: Sure. This actually gets to a point that you brought up as well, Chairman Stinner, which is you talked about something that Congress enacted just recently at the federal level. So what you were referring to there was actually at one point in the Obama administration they made another regulatory change that said, oh, I don't remember exactly what the language was but the effect of it was, I believe, if I remember correctly, that states were not free to implement the federal requirements as they saw fit, regulate the scope of the program, but rather they were mandated to follow the federal government's lead on the issue in terms of they can't enact these separation requirements, for example. That was something that under the Obama administration was a regulation that was passed that said that type of separation is out of bounds. That was a political decision that they made. Congress just recently repealed that regulation and said, no, in fact we're going to go back to the status quo as it was before and say you are free to enact those kind of requirements if you deem necessary in your state. [LB944]

SENATOR VARGAS: I mean that's helpful. This is my last one. Sorry, Dan. [LB944]

SENATOR WATERMEIER: No, you go ahead. [LB944]

SENATOR VARGAS: Sorry, Senator Watermeier. [LB944]

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SENATOR WATERMEIER: I don't know what I'm going to ask anyway. [LB944]

SENATOR VARGAS: (Laugh) It sounds like the regulation changes, and now there's regulation changing, but individuals are asking, not requiring, us to do it to change this language and codify it into statute. You've walked us through a history. This has been changed back and forth. We didn't codify Obama's regulation change into statute when it happened because it wasn't required of us and it doesn't seem like this is either. I'm still just trying to get a sense of...if something is required of us in Appropriations because we're going to lose out on federal funding, then I'm all about it. But if it's not and we're talking about services are still being provided, then why are we doing it? So I'm still not hearing that, but I appreciate you answering your questions to the best of your ability. [LB944]

MARION MINER: Sure. Absolutely. And again, I think this is more a question of not does the Title X program...not is are we in danger of losing Title X funds if we don't do this? I don't think that's the question. [LB944]

SENATOR VARGAS: That's good. [LB944]

MARION MINER: The question is, are we doing what we're supposed to be doing regardless of whether they're going to follow up and crack down on us for not being compliant with the statute which says this is not to be used in programs where abortion is a method of family planning? [LB944]

SENATOR VARGAS: And it can't be used right now and we are not having evidence that it is being used outside of the audit now. [LB944]

MARION MINER: Well, I mean that's what's at issue, I understand, in that audit, which I don't know the details about. [LB944]

SENATOR VARGAS: Yeah. First time I've heard of it. [LB944]

MARION MINER: And the other thing that I think is...bears repeating is the fact that, again, money is fungible, right? And so these separation requirements are a way to make sure that when this money comes in we understand where it's going. We understand where it's going and that it's not going for abortion-related services directly as in the case of an actual violation or indirectly because you can move funds to abortion services that you wouldn't have had access to before receiving the Title X funding. [LB944]

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SENATOR VARGAS: Okay. Thank you. [LB944]

SENATOR STINNER: Senator Watermeier. [LB944]

SENATOR WATERMEIER: Thank you, Chairman Stinner. Mr. Miner, you won't be able to answer this, I doubt, but I'm just going from memory. And I hate to do this but there was an audit that showed something in two thousand, I'm going to say, fourteen or fifteen. And I will do my best to find that. It was from the State Auditor. It was not from my office as far as a Performance Audit issue, but it may have fit better in a Performance Audit issue now that I think about it. But I will get to that point and I'll make it available to the...I'm sure it's available on-line anyway. I'll make it available to the committee. But if there was something, I'm just going from memory, that the Auditor has really stressed, as far as number of auditors he has, he can't audit everything. They'll just pull a sample out, I'm assuming, and audit that. And if they find a discrepancy that something was maybe not documented properly and/or they really didn't do it properly, I'm not sure what the avenue was, if that's actually now in the department's hands where they're supposed to be a police agent. I doubt if that's actually the case. [LB944]

MARION MINER: Yeah, I don't know the answer to that. But again, if there is...if there was misappropriation of funds, to use Title X funds to directly pay for abortion services, then that again speaks to the need to address this issue to ensure compliance with the will of Congress. [LB944]

SENATOR WATERMEIER: I'll look into it further. [LB944]

MARION MINER: Okay. [LB944]

SENATOR WATERMEIER: Thank you, Mr. Miner. [LB944]

MARION MINER: Thank you. [LB944]

SENATOR STINNER: Any additional questions? Senator Hilkemann. [LB944]

SENATOR HILKEMANN: I'm sorry, Senator Stinner. How are we going to ensure that providers who presently do not provide abortion services that in no way that they're going to place themselves in jeopardy with this language? [LB944]

MARION MINER: How would they be placed in jeopardy? [LB944]

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SENATOR HILKEMANN: Well, if a patient goes in and says, you know, that doctor recommended that I have an abortion, would that put them in jeopardy? [LB944]

MARION MINER: I don't know what the...what DHHS or whoever is in charge of, you know, ensuring that the program requirements are being followed, I don't know what that process is going to look like. But I would very sincerely doubt that hearsay from an individual patient that makes it's way to an abortion provider is going to lose to that Title X clinic losing its Title X funding. [LB944]

SENATOR HILKEMANN: Is...okay. [LB944]

SENATOR STINNER: Senator Bolz. [LB944]

SENATOR BOLZ: One of the drawbacks of a citizen Legislature is that some of us have to pay our bills. So I'm sorry to take up the committee's time saying this, but I have to go teach the class that helps me pay my bills. Your voices are important. I will read your testimony. This is not a political commentary. Please stay and I'll come back if the hearing is still going when I'm finished. Thank you. [LB944]

SENATOR STINNER: Thank you. Any additional questions? Seeing none, thank you. [LB944]

MARION MINER: Thank you, Chairman. [LB944]

SENATOR STINNER: Any additional proponents? I would ask you to limit your testimony to three minutes. Thank you. [LB944]

RICHARD COLLIN MANGRUM: Maybe I'll be even shorter. [LB944]

SENATOR STINNER: (Laugh) Okay. Thank you. [LB944]

RICHARD COLLIN MANGRUM: My name is Richard Collin Mangrum and I was asked to look at the constitutionality of the issues. Let me go back, though, and just look at, in the Rust case, Rust v.... [LB944]

SENATOR STINNER: I do need you to state your name and... [LB944]

RICHARD COLLIN MANGRUM: Richard. [LB944]

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SENATOR STINNER: ...spell it... [LB944]

RICHARD COLLIN MANGRUM: Richard. [LB944]

SENATOR STINNER: ...for the record. [LB944]

RICHARD COLLIN MANGRUM: Richard Collin Mangrum, M-a-n-g-r-u-m, Mangrum. [LB944]

SENATOR STINNER: Okay. Thank you. [LB944]

RICHARD COLLIN MANGRUM: Right. The...in the Rust v. Sullivan case, which is the case you've referenced before, the regulation that was at issue there reads as follows: Counseling, you know, they proscribe getting counseling concerning referrals for and activities advocating abortion--the very language we're looking at in this particular bill. So the original regulations...and Mr. Miner did a very good job. I don't want to repeat all of that regulatory analysis. But as administrations go through different...from Republican to Democratic, some pro-abortion, some anti-abortion, however you want to characterize it--abortion divides parties and people oftentimes--the regulation changes and the integrity of the program is still always at issue. And so in this particular case, the language is designed to replicate the original language that relates to what was authorized and validated by U.S. Supreme Court in Rust v. Sullivan. I think that's the first point. So why do it, Mr. Vargas? This is for program integrity. Now if in fact the program is being administered properly, the language doesn't hurt anything because the language is actually clarifying and validating what Congress originally did and what they initially set up. So it doesn't change any outcome. All it does is makes it more accurate and reflective of the original intent. Now if it's not happening that way, if there is abortion...money being spent for abortion, it is being spent because the language is not precise enough, is not clear enough. Then the state risks the loss of federal funding under the Trump administration. It would not have risked the loss under the Obama administration because the DHHS was not going to enforce it under those broader rules. That's the basic idea that was tried...looks like I'm on yellow. I'm not sure if that means I'm supposed to shut up or not. [LB944]

SENATOR STINNER: You can hurry and conclude it. How's that? [LB944]

RICHARD COLLIN MANGRUM: Yeah. Here's the conclusion, is the language tracks the original regulation, tracks verbatim the original regulation. That regulation has gone back and forth over a period of time. That regulatory language has been validated by the U.S. Supreme Court in Rust v. Sullivan, and a number of other courts, as constitutionally permissible. This...the

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intent of the bill is clear and that is to prevent money being spent to abortion. This language, if anything, it helps Nebraska become...have more integrity in administering the processes by which they're receiving money and administering them. If in fact it's being done anyway, it may be redundant but at least it is more focused on the compliance with the original intent. And if it's not redundant then it will help Nebraska keep money that would otherwise go away if in fact it turns out, whether the audit or not, I don't know anything about the audit...whether the audit in the past or the future. If there are monies going to abortion clinics, they may lose federal funding. If you lose federal funding then family planning goes down. That's my... [LB944]

SENATOR STINNER: Okay. Thank you for that. [LB944]

RICHARD COLLIN MANGRUM: I'll answer any questions. Yes. [LB944]

SENATOR STINNER: Senator Clements. [LB944]

SENATOR CLEMENTS: Thank you, Mr. Chairman. Thank you, Mr. Mangrum. I did have a clarification on the Rust v. Sullivan. [LB944]

RICHARD COLLIN MANGRUM: Yes. [LB944]

SENATOR CLEMENTS: It validated...was it validating prior law or prior regulations? [LB944]

RICHARD COLLIN MANGRUM: Both. Okay, so the regulation that was in place under Rust v. Sullivan had the language in it "counseling concerning referrals for and activities advocating abortion." That was the language of the regulation that Rust v. Sullivan validated. So the language that is being proposed for Nebraska is the language that was in place at the time Rust v. Sullivan was decided in 1990. [LB944]

SENATOR CLEMENTS: So it was both the law and the regulation. [LB944]

RICHARD COLLIN MANGRUM: Right. Well, there's a statute, Article X is the statute, and then there were regulations that would implement the statute. The statute is broad; the regulation is more specific. [LB944]

SENATOR CLEMENTS: Very good. Thank you. [LB944]

SENATOR STINNER: Thank you. Senator Hilkemann. [LB944]

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SENATOR HILKEMANN: Thank you, Senator Stinner. So in your mind there's no ambiguity in this? [LB944]

RICHARD COLLIN MANGRUM: Excuse me? [LB944]

SENATOR HILKEMANN: In your mind, the change that is being...that's not ambiguous at all. [LB944]

RICHARD COLLIN MANGRUM: Well, I'm a lawyer. I'm an academic. All words are ambiguous, right? You can interpret words in different ways. So I'm not sure I can answer that question. This decreases the ambiguity. This increases the clarity of the purpose under which the federal funds are...that Nebraska is obligated to administer the federal funds. It puts more specificity which makes it clearer to clinics. So if, for example, Planned Parenthood has been mentioned more than once, it makes it clear to them if you're going to operate under Title X money then have one office here with separate bookkeeping and separate operation, one office here providing abortions and you can keep every penny. There's no problem at all, right? So it doesn't preclude Planned Parenthood from having abortions. It just requires more specificity about the relationship between the two so that the federal funding will not be left. That's the point. It's an issue of clarity and for lawyers, which is what I am, I'm an academic, I look at words all the time and I'm telling you this increases the clarity... [LB944]

SENATOR HILKEMANN: Okay. [LB944]

RICHARD COLLIN MANGRUM: ...of something that Nebraska is obligated to do without the clarity. But it makes it clearer for providers so that they know what to do and what they can't do to decrease the likelihood the money is going to be pulled. [LB944]

SENATOR HILKEMANN: And as I had mentioned to the last testifier, you don't think that clinics now that do not provide abortion could get caught up into this thing by using wrong language, for example? [LB944]

RICHARD COLLIN MANGRUM: Well, they'll have better insight about what they can or cannot do and make it more difficult for them to do it unintentionally. [LB944]

SENATOR HILKEMANN: Okay. So we're not creating a problem. [LB944]

RICHARD COLLIN MANGRUM: I think you are solving the problem or at least...I don't...I couldn't say you solve a problem because there's always going to be a problem whenever there's

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controversial issues. It makes it easier to be in compliance by having more specificity. And it's not Nebraska creative language. It is the original regulatory language that's already been upheld by the U.S. Supreme Court. It's not words that are ambiguous, no one has ever seen before. It's the same regulatory language that has always been in force by the U.S. Supreme Court dealing with this very same issue. [LB944]

SENATOR STINNER: Senator Vargas. [LB944]

SENATOR VARGAS: Thank you very much for being here. And you said you do constitutional law, right? [LB944]

RICHARD COLLIN MANGRUM: I'm mostly an evidence professor but I have taught constitutional law, yes. I'm at Creighton University School of Law. [LB944]

SENATOR VARGAS: Oh, fantastic. It's...so I love words and... [LB944]

RICHARD COLLIN MANGRUM: Yeah. [LB944]

SENATOR VARGAS: ...obviously it's one of the reasons why we're here. We're trying to figure out what are the right terminology. And you talk a lot about decreased ambiguity, so I'm trying to wrap my head around this because ambiguity makes the assumption that something is not clear. It's not clear for those that are executing on a program or executing their interpretation of what they should be doing. And to my knowledge, we haven't had ambiguity in the distribution of Title X funds, who administers it, the program itself, you know, who's been served by it. And that kind of assumes that there's an inherent problem that we need to solve to clear up the ambiguity. So if there is an inherent problem that we're seeing, DHHS hasn't brought to us an inherent problem. We haven't seen any reports that there's a problem with this specific program and hasn't happened for years, since the Reagan administration. And so I'm trying to figure out what we're trying to then clear up for individuals if there's no problem. [LB944]

RICHARD COLLIN MANGRUM: Okay. That's a very good question. And looking backwards, if you're talking about eight years of Obama administration,... [LB944]

SENATOR VARGAS: Uh-huh. [LB944]

RICHARD COLLIN MANGRUM: ...of course it would be no problem because their policy perspectives are going to be different from a regulatory perspective than a Trump administration. So the Obama administration, who has different...pushing different policies and procedures with

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regard to and working through their own language, regulatory language, is going to be far less anxious about enforcing strict abortion provisions than a Trump administration with the Hyde-Weldon Amendment that's already mentioned by Mr. Miner. So that you say in the past we haven't had any problem, the last eight years, Obama administration has been running the DHHS for the last eight years. Obama administration is no longer running the DHHS and the regulations are no longer the same. Okay. [LB944]

SENATOR VARGAS: Okay. [LB944]

RICHARD COLLIN MANGRUM: Put that on...just put that to the side for a moment. [LB944]

SENATOR VARGAS: Okay. [LB944]

RICHARD COLLIN MANGRUM: Let's assume that were true. This language would do nothing other than make it clearer exactly what we're obligated to do by the state by giving more specificity about what you can and cannot do. [LB944]

SENATOR VARGAS: Yes. [LB944]

RICHARD COLLIN MANGRUM: Now there's no, from my perspective as a lawyer, there's no downside in making it more specific because by making it more specific people either know or do not know that they're not going to be in compliance. [LB944]

SENATOR VARGAS: I'm trying to wrap my head around bringing up the administrations. Administrations have changed. They come and go, you know? [LB944]

RICHARD COLLIN MANGRUM: No question. [LB944]

SENATOR VARGAS: And you're talking about that there was less regulation during Obama administration or more regulation in this arena now,... [LB944]

RICHARD COLLIN MANGRUM: Right. [LB944]

SENATOR VARGAS: ...which doesn't seem to really play a role, because there might have been more regulation beforehand in the '90s or less,... [LB944]

RICHARD COLLIN MANGRUM: I understand. [LB944]

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SENATOR VARGAS: ...depending on the administration. That seems like it's more politics rather than... [LB944]

RICHARD COLLIN MANGRUM: Right. [LB944]

SENATOR VARGAS: ...what we're talking about here as policy. And by that same argument then we probably should have codified into law or into our statute, you know, less lessening regulations, quote unquote, in your interpretation during the Obama administration. We didn't do that then and we didn't do it previously during any other administrations. Even though it's constitutionally permissive to do this, or permissible to do this, I'm still not hearing that we... [LB944]

RICHARD COLLIN MANGRUM: Yeah. [LB944]

SENATOR VARGAS: ...we have to do this... [LB944]

RICHARD COLLIN MANGRUM: No. [LB944]

SENATOR VARGAS: ...or it's required or that there's a problem, and that's what I'm really trying to wrap my head around as we're trying to solve a problem, not find a problem. [LB944]

RICHARD COLLIN MANGRUM: Okay. And I think you have a very good question, very...my answer to the question in part is this. You don't have to do anything, right? [LB944]

SENATOR VARGAS: Okay. [LB944]

RICHARD COLLIN MANGRUM: You don't have to do anything. The Legislature doesn't have to do anything. [LB944]

SENATOR VARGAS: Okay. [LB944]

RICHARD COLLIN MANGRUM: But by not doing anything you are creating a potential problem in the future. [LB944]

SENATOR VARGAS: So by not doing anything the last 20 years, we've been creating a potential problem. [LB944]

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RICHARD COLLIN MANGRUM: Well, when you say (inaudible), again, we're talking about different regulatory provisions. You have to go down different periods of time. And you also have, why are we doing audits if there's a possibility, if someone is using money for abortion, that would jeopardize the financial integrity of the program? [LB944]

SENATOR VARGAS: Well, we do audits regularly (inaudible). [LB944]

RICHARD COLLIN MANGRUM: Assume the following facts: I may have, you know, assume that you do nothing and the next audit shows up that a lot of the money is going to abortion providers and you lose the abortion funding, the federal funding as a consequence. Assume the contrary facts... [LB944]

SENATOR VARGAS: Uh-huh. [LB944]

RICHARD COLLIN MANGRUM: ...that you passed the statute so it clarifies the position. People are in compliance with it and they don't lose the federal funding and there's no effect because everyone is doing it anyway. [LB944]

SENATOR VARGAS: Yes. [LB944]

RICHARD COLLIN MANGRUM: What's the downside to having clarity? [LB944]

SENATOR VARGAS: I mean there's a big what-if. We don't go down that route of just pass (inaudible). We do audits on purpose and not in just this program. Obviously, I'm talking we do audits in general to make sure that the integrity of all of our...everything we do. But we're not...I'm still trying to find a reason why we should be doing it or data that's telling us we have to do it or federal compliance telling you have to do it, because that's most important in this committee. [LB944]

RICHARD COLLIN MANGRUM: And I think that the word "integrity," your very first question is the reason why. You do it because this demonstrates the integrity that you use when you use the money to do what was intended to do that was given to you by the federal government. If you ignore that what you're doing is perhaps letting in the backdoor some federal funding of money being spent for things that was not authorized to do it. So from my perspective, you increase your integrity by being more specific about what the Congress wanted to do all the time. [LB944]

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SENATOR VARGAS: Well, it's good that we...we have a lot of conversations on how to increase integrity. Sometimes it's through procedure and things of that sort, making sure we improve staffing and support mechanisms. It's not always in statute. But I appreciate your testimony. Thank you. [LB944]

SENATOR STINNER: Excuse me. I wanted to see, is there additional questions? [LB944]

SENATOR WISHART: Yeah, I did. Yeah, I have a question. [LB944]

SENATOR STINNER: Senator Wishart. [LB944]

RICHARD COLLIN MANGRUM: Oh, I'm sorry. [LB944]

SENATOR WISHART: I just wanted to be clear here. Throughout many different administrations it has always been pretty clear federally that Title...no Title X dollars can go for abortion services. [LB944]

RICHARD COLLIN MANGRUM: That's what the statute says. [LB944]

SENATOR WISHART: Yes. And that is... [LB944]

RICHARD COLLIN MANGRUM: (Inaudible). [LB944]

SENATOR WISHART: Yes. So...and then also there was brought up that concern about a 2016 audit by the State Auditor and I do have the audit here and, again, I just want to clarify for the record because, I mean, this is an important issue that we need to get to the bottom of. But I believe that looking at this, and again I have to digest this audit, but looking at this, that audit, it was a result of clinical staff accidentally miscoding expenses. No public dollars were used for abortion services. [LB944]

RICHARD COLLIN MANGRUM: And thank goodness. [LB944]

SENATOR WISHART: So I just wanted to clarify that. [LB944]

RICHARD COLLIN MANGRUM: Okay. [LB944]

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SENATOR STINNER: Any additional questions? [LB944]

SENATOR HILKEMANN: Not a question. Thank you for coming. [LB944]

RICHARD COLLIN MANGRUM: Thank you. [LB944]

SENATOR STINNER: Thank you. Any additional proponents? And I will ask you to limit your testimony to three minutes. Thank you. [LB944]

PAIGE EDWARDS: (Exhibit 2) Might read a little bit fast. [LB944]

SENATOR STINNER: Okay. [LB944]

PAIGE EDWARDS: All right. Good afternoon, everyone. My name is Paige Edwards. That's P-a-i-g-e E-d-w-a-r-d-s. I am the president and representative of UNL's Students for Life and I'm a human rights activist. We are a nonsectarian and politically unaffiliated pro-life organization on campus. We seek to educate others about pro-life issues, support rights for mothers and the unborn, and support pregnant and parenting individuals. I have some of my fellow students with me here today, although most of us have class and work and couldn't make it, unfortunately. But we're here to discuss the distribution of Title X funds. We ask that the state dissolve its financial affiliation with the abortion industry. We'd first like to thank Senator Vargas for his work last session to provide high school mothers with private breastfeeding and changing rooms. We fully supported those efforts and think it was a fantastic first step in creating a life-affirming culture, and that's a culture that supports pregnant and parenting women. The UNL Pregnancy Center on campus is a nonprofit center that provides this culture of life. They provide love and support. They offer free pregnancy tests, free ultrasounds, free counseling, post-abortive services, and connections to lots of different resources, like housing and education. This center provides support and education to women so they can make informed, pressure-free decisions. I am the target of the abortion industry. Forty-four percent of abortions are performed on women 18 to 24 years old. This industry wants me to know that I can do as I please without consequence, that I need abortion to lead a successful and fulfilling life, that parenthood and following your dreams are mutually exclusive, and that supporting mother and baby is not worth the work. Our state government is responsible for funding this industry. It is insulting to be told as a woman that I need abortion. It is equally appalling that my state government funds this industry that perpetuates these sideways values. Abortion providers have a financial incentive to steer women like me toward abortion rather than healthcare at a time when women are especially vulnerable. Abortion providers perform one unique service--abortion. Abortion is not healthcare and vulnerable women need healthcare, not abortion. Nebraska's tax dollars should be supporting healthcare, not abortion. An industry that misleads women to believe they are not strong enough

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and not worth the effort should not be supported by our tax dollars. Today, as the president of UNL Students for Life, as a woman, as a target of the abortion industry, I ask the members of this committee to vote for the language requiring separation between Title X and abortion. Thank you. [LB944]

SENATOR STINNER: Thank you. Questions? Seeing none, thank you very much. [LB944]

PAIGE EDWARDS: Thank you. [LB944]

SENATOR HILKEMANN: Thank you. [LB944]

SENATOR STINNER: Good afternoon. [LB944]

TERESA KENNEY: Thank you. My name is Teresa Kenney, T-e-r-e-s-a K-e-n-n-e-y. For the last 18 years I have provided women's healthcare to women throughout their life span. I received a women's health nurse practitioner degree from the University of Nebraska College of Nursing in Omaha. I believe in partnering with women to provide comprehensive, compassionate, and high-quality care and medical services. The standards of the services that I believe are important for all women to have access to in a clinic providing women's healthcare are gynecological and obstetrical services that are on-site, including basic preventative health services, well women exams with cervical cancer screening, STD testing and treatment, clinical breast exams, and on-site or nearby referral for mammograms; depression and anxiety treatment; clinic referral for alcohol, tobacco, and other drug screening, prevention, and treatment. It is essential to have maternity care, including prenatal pregnancy testing; ultrasounds, preferably on-site; miscarriage support; postpartum treatment, including treatment for postpartum depression; and breastfeeding support. It is essential to offer family planning services, including fertility care education and consultation as well as infertility consultation and referral. When I became a nurse practitioner I knew that I was upholding myself to the very highest standard of the Hippocratic Oath. The first principle I uphold is to first do no harm. It is never healthcare to intentionally kill a human being. Abortion is the intentional killing of a human being. There is no argument regarding whether an unborn baby is a human being. Ultrasound and science continue to give evidence of the truth that the unborn baby, unborn child is a baby, separate and in need of care just like its mother. Healthcare never includes the intent to kill. Elective abortion is the intent to kill an unborn human person. Elective abortion, therefore, is never healthcare. When caring for a woman in pregnancy who is abortion vulnerable, I believe that treating her with compassion and providing access to high-quality prenatal care, social services, and mental health services is the best thing that I can do for her and her unborn child. Because elective abortion is not healthcare, taxpayer dollars should never be allocated to services involved in any process or procedure ending in abortion. Recently I took care of a new patient. I will call her Taylor. Taylor was 19 and

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pregnant. Her boyfriend was in jail and she had already one other pregnancy that ended in elective abortion. Taylor was abortion vulnerable. She did not have a stable place to live. She did not have a job, and her relationships were unhealthy. When talking to Taylor, she did want to keep her baby but she did not know how she would take care of her baby in her situation. I believe in life-affirming medicine so I gave her all the medical care, emotional support that she needed. She was given high-quality prenatal care, ultrasounds, STD testings, and other direct medical services she needed. She was also put in touch with a beautiful pregnancy home called the Bethlehem House where she decided to live through her pregnancy and up until her child turned one. Not only did she give birth to a healthy child, she was able to go back to school. She is currently supporting her family as a CNA and this is the type of high-quality, compassionate healthcare that I think every woman deserves. Thank you. [LB944]

SENATOR STINNER: Thank you. [LB944]

SENATOR HILKEMANN: Thank you. [LB944]

SENATOR STINNER: Questions? Seeing none, thank you. [LB944]

TERESA KENNEY: Thank you. [LB944]

MONICA OLDENBURG: My name is Dr. Monica Oldenburg, M-o-n-i-c-a O-l-d-e-n-b-u-r-g. I'm an anesthesiologist practicing here in Lincoln, a mother of four daughters, and a Nebraska taxpayer. I can speak to healthcare as a physician but also in layman's terms. It is defined in The Merriam-Webster Dictionary as the maintaining and restoration of health by treatment and prevention of disease, especially by licensed professionals. Abortion is not healthcare and our tax dollars should not be affiliated with abortion facilities. As a conscientious taxpayer, I believe our precious dollars should go toward healthcare, ensuring that women receive services at facilities independent from abortion. Women deserve access to competent and holistic healthcare and should be able to receive family planning from providers and facilities geared toward the maintenance and restoration of health and prevention of disease. This bill is about transparency and taxpayers and women deserve to know that their family planning services are not tethered to abortion. Thank you. [LB944]

SENATOR STINNER: Thank you. Questions? Senator Hilkemann. [LB944]

SENATOR HILKEMANN: Doctor, thank you for coming. And have you read the statute that we're talking about? Do you see any...as a practicing physician, do you see any...earlier in the day I...do you see any ambiguity when you're visiting with a patient that they may misconstrue

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what you're talking about and think/say he recommended or she recommended an abortion?  
[LB944]

MONICA OLDENBURG: You know, I'll be honest, I'm an anesthesiologist and I typically will speak about anesthetic risk. I do have an OB colleague who's going to be following me that can speak more with that. And I typically wouldn't be having a discussion like that. I do agree with you that patients oftentimes do not hear what we say. [LB944]

SENATOR HILKEMANN: Okay. [LB944]

MONICA OLDENBURG: And sometimes I've actually...they've told me what I've not said later.  
[LB944]

SENATOR HILKEMANN: Right. Okay. Thank you. [LB944]

SENATOR STINNER: Additional questions? Seeing none, thank you. Good afternoon. [LB944]

NAOMI WHITTAKER: Hello. Afternoon. I'm Dr. Naomi Whittaker, N-a-o-m-i W-h-i-t-t-a-k-e-r, and I sit before you as a former Medicaid recipient, a woman, and an ob-gyn physician. As an ob-gyn, I have one of the most ethically complex specialties of medicine because I take care of women as my first patient and unborn children as my second patient within the same unit. Let me quote the original Hippocratic Oath: With regard to healing the sick, I will take care that they suffer no hurt or damage. I will give no sort of medicine to any pregnant woman with a view to destroy the child. I recited the Hippocratic Oath in medical school and vowed that as a physician I would first and foremost do no harm to patients under my care. After attending Creighton Medical School, I completed my ob-gyn residency training through University of Illinois College of Medicine where I worked 80 to 100 hours a week taking care of patients of all backgrounds. My own clinic patients were mainly Medicaid patients at our federal health clinic. I've delivered over 600 babies and took care of thousands of patients. The main hospital at which I perform surgery and deliveries was a referral center receiving life-flighted, high-risk cases flown in from all over the state. We received high-risk pregnancies, which often threaten the life of the mother. I've seen dozens of ectopic pregnancies where the baby implants outside of the uterus and usually on a Fallopian tube. It can cause the Fallopian tube to rupture and cause the mother to bleed internally to death. In my most memorable ectopic pregnancy, the fetal sack fell out of the Fallopian tube into the mother's abdomen and the entire operating room froze. No one took a breath. We were in awe of this perfectly formed tiny human in a quiet moment of reverence. Another time I had a patient bleeding profusely internally. Her uterus had ruptured at only 20 weeks. She was minutes from death and underwent a lifesaving hysterectomy. Her beautiful twin baby girls were too early to survive. I once had a woman come in at 21 weeks with cervical

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incompetence so her cervix could not hold the baby in. When I was called to the room, the baby's hand had delivered while the rest of his one-pound body was still warm and secure in his mother's womb. I touched his tiny hand during my exam. I knew his death was inevitable. It was a privilege for me to be the only direct human touch he would ever have. He then clasped my finger in his tiny hand. I walked out of that room as tears filled my eyes, knowing that little boy who grabbed my hand would not know what it was like to be held, hugged, or kissed. I share these stories with you to show that in all the high-risk pregnancies I have taken care of, not one required a termination of pregnancy. We had the utmost duty to first and foremost save the mothers' lives and we did that successfully. In the process of saving many women, I have never directly stopped a heartbeat. As a part of the Hippocratic Oath physicians take, we promise to first and foremost do no harm. Instead, it is my job to ensure a safe and healthy pregnancy to give the best outcomes for Mom and baby. As a physician, I am morally responsible for standing up for the defenseless. We are their advocates. So any act with the intent of stopping a heartbeat, thus intentionally ending a life, directly violates the fundamental principle of medicine of do no harm. If the fundamental ethical principle of medicine is do no harm, how could a clinic that performs abortion termination procedure, which means directly stopping a human's heartbeat, provide the best medical care? Excellent medical care requires knowledge. However, just as important as knowledge is kindness, compassion, and empathy, which leads one to care for the patient as a close family member and not just a medical record number procedure. These values are critical for medical providers who should be defending the defenseless, caring for the sick and impoverished. All of these fundamental values are compromised in a clinic that performs abortion that directly kills unborn patients. By directing its financial support away from abortion clinics, Nebraska could incentivize potential Title X recipients to offer comprehensive healthcare services with the money they received to the benefit of low-income women. Thank you so much for your time. [LB944]

SENATOR STINNER: Thank you. Questions? Senator Hilkemann. [LB944]

SENATOR HILKEMANN: Thank you, Dr. Whittaker, for coming. You were here earlier when I asked that question. [LB944]

NAOMI WHITTAKER: Yes. [LB944]

SENATOR HILKEMANN: And you've read...you've obviously read this. Do you ever feel that there's ambiguity that what you say to a patient and what a patient hears is different? [LB944]

NAOMI WHITTAKER: I think in any aspect that's possible unless anything is written in language, and that's why we have the law, right, as far as things that are written down? So I guess what is your point with that? Anyone can say what, you know,... [LB944]

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SENATOR HILKEMANN: What I'm concerned about is people saying... [LB944]

NAOMI WHITTAKER: ...or misunderstand. [LB944]

SENATOR HILKEMANN: ...you know, I'm concerned about those clinics that do not presently provide abortion. Someone goes into there to the clinic and they say, that doctor recommended I get an abortion, and they may have not. They may have talked about it but they heard it as a sense. And then we have...that opens that clinic up for some punitive damage from the state. I'm concerned. What I'm a little concerned about is, is our language too vague? However the attorney, I have to say, has helped me a little bit on understanding of this but... [LB944]

NAOMI WHITTAKER: Sure. I think it's important to be objective, so if someone is to be investigated, I don't think they should have a problem with that. I guess personally, as a medical provider, if I feel like I'm providing good counseling, which I believe in very thorough counseling of all the options, I believe in complete education of patients and giving them all the resources, and maybe even, you know, people can protect themselves. I mean I guess, I'm not a lawyer, but they could give a handout and say, look, I give the same handout to everyone and perhaps that would be one way to protect themselves. Since I'm not a lawyer, I'm not sure. [LB944]

SENATOR HILKEMANN: Uh-huh. [LB944]

NAOMI WHITTAKER: But I know if, let's say, I...if you're a good doctor, I believe you shouldn't be concerned that someone would report that because I have nothing to hide. So, please, come and talk to me and make sure I'm compliant. [LB944]

SENATOR HILKEMANN: Doctor, thank you for your service to the high-risk. As the grandfather of a beautiful granddaughter who was born at 23 weeks at one pound and survived, I am grateful,... [LB944]

NAOMI WHITTAKER: Okay. [LB944]

SENATOR HILKEMANN: ...grateful that physicians helped her. [LB944]

SENATOR STINNER: Additional questions? Seeing none, thank you. [LB944]

NAOMI WHITTAKER: Thank you. [LB944]

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SENATOR STINNER: Good afternoon. [LB944]

SANDY DANEK: Good afternoon. [LB944]

SENATOR STINNER: Kind of getting toward evening so I probably ought to stop that. [LB944]

SANDY DANEK: It's good to get up and move. [LB944]

SENATOR STINNER: Yeah. [LB944]

SANDY DANEK: (Exhibit 3) Mr. Chairman and members of the Appropriations Committee, my name is Sandy Danek, S-a-n-d-y D-a-n-e-k, and I am president of Nebraska Right to Life. We are the state affiliate to the National Right to Life Committee in Washington, D.C. I appear before you in support of the language within LB944 which seeks to guarantee that federal Title X tax dollars are separated from entities that are in the business of promoting and performing abortions. The stipulations contained in the language that an entity must financially and physically separate its abortion business from Title X funded services such as wellness checks, cancer, and STD screenings is a reasonable expectation to ensure that tax dollars are not used within the promotion and performance of abortion. As we have stated multiple times in previous settings before this Legislature, funds are fungible. The abortion industry is the first to say that no tax dollars are used for abortions, but what they don't address is the shell game that can happen behind the walls of a provider. If X number of tax dollars comes in, currently the taxpayer has no real certainty of how those tax dollars are kept from being used for abortion-related purposes such as advocacy. Under the language in LB944, a physical, legal, and financial separation between the use of Title X dollars and abortion performance and advocacy are delineated. If the abortion provider wants to continue to receive Title X funds for the purpose for which they are intended, they only have to act in good faith to comply with the stipulations set forth in this language. We urge you to pass LB944 with this language intact. Thank you. [LB944]

SENATOR STINNER: Thank you. Questions? Seeing none, thank you. [LB944]

SANDY DANEK: Thank you. [LB944]

SENATOR STINNER: Good afternoon. [LB944]

JAMES JOHN BROWN: (Exhibit 4) Good evening. My name is James John Brown, J-a-m-e-s J-o-h-n B-r-o-w-n. I am an officer and member of the University of Nebraska-Lincoln Students for

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Life and a human rights activist. Today I am here to ask the members of this committee to vote for the language requiring separation between Title X and abortion. As a taxpayer, I reject abortion as a human rights violation. Our tax dollars have been used to perpetuate this blatant violation in our state and it is time to end it. I have compiled this information in the hope that you understand, just as the rest of humanity understands, that human rights violations will not be tolerated. This afternoon I will discuss the problem of personhood, I will explain how the issue of slavery is shaping this argument, and I'll finally give an anecdote about Chief Standing Bear. What are human rights? Human rights are believed to belong justifiably to every person. This seems like a noble cause at the surface. But when one tries to define what a person is, society runs into trouble. Without a clear definition of what a person is, it is left for interpretation of someone in power. They are the ones that have the final say. This always leads to systematic discrimination, whether it's based on sex, marital status, pregnancy, family, responsibilities, sexuality, race, disability, political or religious belief, or age. This is exactly what my tax money is going to: the perpetuation of a human rights violation. Biological humanness is the only proper definition of personhood. An unborn human is definitively biologically human. Now I will give an example of violations from our own history. No man today can successfully argue for the need of slavery and for good reason; you can't. I made the argument that true human equality is based solely on humanness. Black slaves in early American history are a clear example of a human rights violation. These humans were treated as property and the state recognized them as such. Black slaves had no right to vote, they had no voice, no representation, no self-determination. They had nothing. Slave owners could beat slaves, they could rape them, they can murder them, because after all they were property under the law. These humans were suffering. Today we still have the human rights violations in another form, abortion. Human life in its very early stages, at its most vulnerable, is being treated as property. And now I will reach my third and final point. In April 1879, a Ponca Native American named Chief Standing Bear fought in U.S. District Court in Omaha, Nebraska. He sued for a writ of habeas corpus, the right to be seen before a judge for unlawful detention. During the trial, he stood and made a speech on his own behalf. Here are some of his words. "That hand is not the color of yours, but if I prick it, the blood will flow, and I shall feel pain. The blood is of the same color as yours. God made me, and I am a man." Standing Bear and his tribe were just as human as any other person. In May 1979, sorry, 1879, Judge Elmer S. Dundy ruled that "an Indian is a person." This was a landmark case that set a precedent that Indians were recognized as persons under the law, thus entitled to rights and protection. Standing Bear remains a voice for the destruction of discrimination and was elected to the Nebraska Hall of Fame. [LB944]

SENATOR STINNER: You're on red right now, James. Please conclude. [LB944]

JAMES JOHN BROWN: Thank you. I began this testimony by explaining the issue of personhood and that all humans should be protected under the law, even the unborn, thus he or she ought to be granted the same rights as anyone else without regard to age. Our tax dollars are

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being used to perpetuate the violation of human rights of the unborn. Title X funds should not be appropriated to abortion providers on the grounds of many reasons but specifically human rights. Abortion is a grave human rights violation to humanity itself. I ask the members of this committee to vote for the language requiring separation between Title X and abortion. Many other human rights activists have spoken out against injustice, and I expect you to uphold the same standard. Thank you. [LB944]

SENATOR STINNER: Questions? Seeing none, thank you. [LB944]

JAMES JOHN BROWN: Thank you. [LB944]

SENATOR STINNER: Is there any additional proponents? [LB944]

SAVANNAH FALTER: Thank you all. My name is Savannah Falter, S-a-v-a-n-n-a-h F-a-l-t-e-r, and I'm here just to speak on the federally qualified health centers and exactly what we have here in Nebraska that can assist. And I do believe that the funding will not be restricted based on this. And so according to Health Center Association of Nebraska, there are centers that make tremendous economic impact on the communities they serve. Federally qualified health centers provide comprehensive primary care services to high-need areas and populations. Federally funded nonprofit centers or clinics serve medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of your ability to pay. Services are provided on a sliding fee scale based on your ability to pay. And so, for instance, this is a list of the federally qualified health centers in Nebraska alone. We have 15 here: Blue Stem Health located in Lincoln Nebraska. In 2016, they served 10,785 individuals. Community Action Health Center located in Gering, Nebraska. They served 6,540. Charles Drew Health Center located in Omaha served 11,671. And so these are just a list of the different thousands of people that were serviced by these federally qualified health centers. And so women facing crisis pregnancies do have options. There are over 3,000 non-for-profit pregnancy health centers across America that provide free pregnancy tests and ultrasounds, counseling, parenting classes, mammograms, material support for young mothers and couples and so including 15 across the state of Nebraska. So tax dollar funding should go towards federally qualified health centers and that funding would not be restricted based on this language change. Thank you very much. [LB944]

SENATOR STINNER: Thank you. Questions? Senator Watermeier. [LB944]

SENATOR WATERMEIER: Please help Liz. That looks like she's having a hard time. [LB944]

SENATOR STINNER: I didn't know what was happening. [LB944]

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SENATOR WATERMEIER: Thank you, Chairman Stinner. Thank you, Ms. Falter, appreciate that. Just for the record, I heard you talk about your experience in the federally qualified health centers. If funding is made available because someone else can't use it, there's plenty of providers to use the funding to do what you are used to doing and what you're...do you want to address that any further? I mean, I appreciate your testimony here so. [LB944]

SAVANNAH FALTER: Yes. And so, yeah, my intention in being up here is simply to state that that funding will be redistributed to those. [LB944]

SENATOR WATERMEIER: Right. [LB944]

SAVANNAH FALTER: So that's in my experience working with...I work with federally qualified health centers, with the Bethlehem House and other centers for mothers as well all across the board. [LB944]

SENATOR WATERMEIER: Okay. And I missed what your...I mean, what's your position today? Who do you? [LB944]

SAVANNAH FALTER: I am the Midwest regional coordinator for Students for Life of America. [LB944]

SENATOR WATERMEIER: Okay, thank you. [LB944]

SAVANNAH FALTER: And so I serve 70 student groups across four states... [LB944]

SENATOR WATERMEIER: Okay. [LB944]

SAVANNAH FALTER: ...and work to get them referred to locations of federally qualified health centers and different resources that they need. [LB944]

SENATOR WATERMEIER: And the coordination of all those with the students. [LB944]

SAVANNAH FALTER: Um-hum. [LB944]

SENATOR WATERMEIER: Thank you, appreciate it. [LB944]

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SAVANNAH FALTER: Yep. [LB944]

SENATOR STINNER: Thank you. Additional questions? Seeing none, thank you. [LB944]

SAVANNAH FALTER: Thank you. [LB944]

KAREN BOWLING: Good evening. [LB944]

SENATOR STINNER: Good evening. [LB944]

KAREN BOWLING: (Exhibit 5) It is evening. Good afternoon, Chairman Stinner and members of the committee. My name is Karen Bowling, K-a-r-e-n B-o-w-l-i-n-g. I am the executive director of Nebraska Family Alliance and represent them in my testimony. We are here in support of LB944, Section 71, the restriction on use of federal Title X program funds. Every Nebraskan should have ready access to critical healthcare services. The proposed change in Section 71 does not prohibit any provider from applying and receiving Title X funding as long as they do not provide abortion services or refer or provide directive counseling for abortions. If a clinic remains objectively independent and neutral, they are eligible for funding. Section 71 proposed changes of the Title X regulations is not about restricting access to healthcare services. Clinics and health centers that are separate from the abortion industry will remain fully eligible for Title X funds under the new provision. If a clinic is involved in abortion-related activities and chooses not to follow the guidelines, they would no longer be eligible. However--and I think this is very important--there will not be fewer funds distributed across the state to eligible clinics. The same amount of government funds will remain available for women and men who use Title X services. When Congress initiated the Title X grant program, its expressed will was that funds would not be used in programs where abortion is a method of family planning, pursuant to the requirement of 42 U.S.C. 300a-6, and you'll see my endnote. Section 71 proposed language changes mirrors such intent, ensures providers keep their Title X services separate from the abortion industry, and adds an accountability safeguard that taxpayer dollars are not used in support of abortion. In 2017, Congress passed and President Trump signed H.J. Res. 43 into law, giving states the power to divert Title X funds away from clinics that perform, counsel in favor of, or refer to abortion. I see my light is on so the next paragraph I'll skip. I've presented to you an Attachment A that gives you all the HCAN providers as well as the federally qualified healthcare centers in Nebraska that I do not think we will be in jeopardy of serving our citizens. Historically, the Nebraska Legislature has recognized the will of its citizens to protect unborn life whenever possible, Nebraska Revised Statute 28-325(1). I respectfully urge each committee member to support Section 71 , LB944 to ensure that all Title X grant recipients continue to provide high-quality, low-cost healthcare to low-income Nebraskans and medically underserved

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communities who provide affordable, integrated care without funding the abortion industry.  
Thank you for your time. [LB944]

SENATOR STINNER: Thank you. Questions? [LB944]

KAREN BOWLING: Yes. [LB944]

SENATOR STINNER: Senator Hilkemann. [LB944]

SENATOR HILKEMANN: On this list that you provided us... [LB944]

KAREN BOWLING: Yes. [LB944]

SENATOR HILKEMANN: ...at the present time all of these clinics would qualify with this new language with the exception of Planned Parenthood of Lincoln and Planned Parenthood of Omaha? [LB944]

KAREN BOWLING: And I'm assuming you're looking at attachment 1 with the Title X delegates, the top sheet. [LB944]

SENATOR HILKEMANN: Yes. [LB944]

KAREN BOWLING: Yes. That would be correct. [LB944]

SENATOR HILKEMANN: Okay. [LB944]

KAREN BOWLING: The second sheet then is the Health Center Associations of Nebraska and they too would qualify. So I think in scope here what you see is the broad scope of where it reaches geographically in our state and to being able to service thousands and thousands of deserving low-income citizens to care for their health needs. [LB944]

SENATOR HILKEMANN: And you're also saying that...or you didn't say it but it's been said here today and I've seen you here (inaudible) testimony. [LB944]

KAREN BOWLING: Yeah. [LB944]

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SENATOR HILKEMANN: If Planned Parenthood of the Heartland changed its method of operation, it, too, would qualify. Is that correct? [LB944]

KAREN BOWLING: Yes. I would concur to that statement. [LB944]

SENATOR HILKEMANN: Thank you. [LB944]

SENATOR STINNER: Senator Wishart. [LB944]

SENATOR WISHART: Thank you so much for being here today. You know, one of my concerns is access for people that I represent in Lancaster County to these important healthcare services. In doing your research, if there are clinics that close down because of the changes in this regulation, have you looked into whether these...I mean, these are all wonderful healthcare clinics, but whether they would be able to handle some of the specifics of Title X services? [LB944]

KAREN BOWLING: I actually got on the phone and started making phone calls. I'm not through the list, but I would be glad to follow up. At this point, I do not have concerns or I would not be present here testifying. [LB944]

SENATOR WISHART: Okay. Thank you. [LB944]

KAREN BOWLING: Thank you. [LB944]

SENATOR STINNER: Thank you. Any additional questions? Senator Clements. [LB944]

SENATOR CLEMENTS: Thank you, Mr. Chairman. Thank you, Mrs. Bowling. Would you describe the difference between the first page of clinics and the following pages? [LB944]

KAREN BOWLING: Yeah. The first page is noted as federally qualified health clinics and so they have different specifications in order to get that classification where our healthcare associations is--let's see, how would I describe it--is not as intense. It's not as broad. But they all do provide services regarding STD testing. Some of the services with the health centers do not provide what you would call a full panel of STD testing. [LB944]

SENATOR CLEMENTS: So the later pages do not receive Title X funding? [LB944]

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KAREN BOWLING: They currently do not. [LB944]

SENATOR CLEMENTS: But they provide services similar. [LB944]

KAREN BOWLING: They would be available or they would be eligible to receive such funds should they choose to apply. [LB944]

SENATOR CLEMENTS: Oh. All right. Thank you. [LB944]

SENATOR STINNER: Thank you. Additional questions? Seeing none, thank you. [LB944]

KAREN BOWLING: Thank you. [LB944]

SENATOR STINNER: Any additional proponents? Proponents? Seeing none, any opponents? Good afternoon. Just a reminder, we're trying to limit, been a little bit loose with it, but trying to limit to three minutes. It is a little bit late. [LB944]

JULIE RENO But a try. [LB944]

SENATOR STINNER: We'll try. Good afternoon. [LB944]

JULIE RENO: (Exhibit 6) Good afternoon, almost good evening. My name is Julie Reno and that is spelled J-u-l-i-e R-e-n-o, and I served as the manager of the Nebraska Department of Health and Human Services Title X program until retiring in December. I'm testifying to explain the impact of the services Title X clinics provide Nebraskans, how they benefit our communities, and the harm LB944 will cause the most marginalized Nebraska citizens. My testimony is based on my 11 years directly overseeing the program and 26 total years working with the state's Title X grant and its recipient agencies. The Title X program was created in 1970 through bipartisan federal legislation. It was signed into law by President Nixon. Title X clinics provide extensive healthcare services and for many people it is their only source of primary healthcare. Congress included in this legislation that Title X clinics are legally required to provide neutral and nondirective counseling. In the case of a positive pregnancy test, staff are required to provide information when requested by the client about prenatal care, adoption, and pregnancy termination. Only if the patient requests information about an abortion is it shared. All services are client driven. Under the provisions of LB944, Nebraska's Title X clinics would lose all their Title X funding because they are required to provide abortion information when requested. Every county in Nebraska is assigned to 1 of the 13 administrative sites which operate 40 clinic sites, meaning dollars, jobs, clients, and their healthcare needs will be negatively impacted by this bill.

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Please refer to the information that I've shared with you about the clinic sites. Clinics from Omaha to Scottsbluff provide our low-income citizens healthcare services they could not access elsewhere. In 2016, Nebraskans made 55,000 visits to Title X clinics and received over 15,000 gonorrhea tests, more than 14,000 chlamydia tests, 8,000 Pap and HPV tests, 9,300 breast exams, and 5,000 HIV tests. In 2016, Title X clinics served a total of 28,000 nonduplicated clients, 11 percent of those were men. From a public health perspective, this is an impressive record. Also in 2016, Title X services prevented 6,100 unintended pregnancies, 990 miscarriages following unintended pregnancies, 420 unplanned preterm births, and 2,080 abortions. Title X funds ensure that these avoided additional costs to individuals and taxpayers don't become a reality. In 2016, 70 percent of all Title X clients were at 150 percent or below of poverty, which for a family of four would be a total household income of less than \$37,000. A typical client can't afford a private healthcare provider and 8,000 of them in Nebraska are uninsured. If Nebraska Title X funds go back to Washington, you strip the most marginalized Nebraskans of cancer screenings, STI testing, sexual and reproductive healthcare, and for clients at one quarter of our administrative sites their only access to a variety of other primary care services not related to Title X funds where that and WIC are the only services provided. [LB944]

SENATOR STINNER: We do have a red light so. [LB944]

JULIE RENO: Okay. I will stop then and I will say that I'd be happy to answer any questions and in particular I'd be glad to answer any questions on your single audit issues. [LB944]

SENATOR STINNER: Actually, if you'd like to use my time to finish your testimony, that would be great because I'm enthralled with your numbers. [LB944]

JULIE RENO: Okay. [LB944]

SENATOR STINNER: But it says economic benefits of Title X, do you want to kind of enlighten us on that? [LB944]

JULIE RENO: Well, particularly it's important that people have control of their sexual and reproductive healthcare and that they can make those decisions and then they can choose when they go to school, what career is best for them, when it's time to start a family instead of taking low-wage jobs to support children they didn't plan for. And when Nebraskans have the tools to plan their futures, they stay off public assistance, obtain the resources to care for their children, and have the means to give back to their communities. I'll just end by saying if you're worried about Nebraskans being able to receive STI treatment, if you're concerned about children in poverty, if you care about Nebraska women suffering from cancer, if you'd like to see fewer

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children in foster care, you must be against LB944. And I'll just conclude there and say thank you and again I'd be glad to answer any questions. [LB944]

SENATOR STINNER: Any questions? Senator Kuehn. [LB944]

SENATOR KUEHN: Thank you, Chairman Stinner. And thank you. I appreciate your passion and I fully agree with you that making sure we maintain the flow of Title X funds into the state is critical. So we've not met before so I just want to kind of clarify you were in charge of the program so you would have been the individual responsible for the administration of the Title X grant for the year ending June 30 of 2015. [LB944]

JULIE RENO: That is correct. [LB944]

SENATOR KUEHN: Okay. So I do want to dig into the audit issue here a little bit. And since you opened the door to that... [LB944]

JULIE RENO: Um-hum. [LB944]

SENATOR KUEHN: And I'm just going to read directly from the Auditor's report. It says: the agency did not require subrecipients to submit invoices or detail supporting documentation. So you were not requiring that agencies receiving Title X funds submit and retain...the audit report later goes on and says: the agency did not retain supporting documentation such as invoices, general ledgers, etcetera, to document what procedures were performed or to substantiate that the expenditures were in accordance with state and federal requirements. Is that... [LB944]

JULIE RENO: Well, that's not entirely true because we did send people out to do financial reviews so we did do that. We didn't have them submit them to us. That's before I left in the last two years that has changed. We have...are compliant with the State Auditor and we've changed our policies and procedures that were on that so that's being done. We were audited for three years in a row, and the first year was 2015 and that was supposed to be for fiscal year 2014. And in fact, the auditors not only went through 2014, they went back clear to 2008. You know, it's a little bit of a different kind of way to do a single audit but that's what happened. And they didn't just take a sample. They looked at every month from every one of our subrecipients. [LB944]

SENATOR KUEHN: Okay. So I mean I just want to...there's been some concern that no problem has been identified and part of that is because during, as has been stated, the previous presidential administrations over the last eight years... [LB944]

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JULIE RENO: Um-hum. [LB944]

SENATOR KUEHN: ...they weren't looking for it. And one of the concerns is now that given the current status, regardless of your political affiliation, that potential enforcement become into a problem. And so we really can't say we haven't had a problem because there was no documentation that was retained by the department for the purposes of ensuring that these funds did not go. In fact, again, I'm going to read directly from the Auditor's report so my words are not misconstrued. It says: the error rate of the sample was 98.48 percent which estimates the potential dollars at risk for the fiscal year to be \$1.787608 (million). So my concern is as we're looking at this particular statute to provide clarification, and I absolutely agree 100 percent with your passion and exactly what you testified, it would seem that based on your testimony that in absence of a critical distinction and separation of these dollars we're putting \$1.8 million of vital healthcare funding to the most vulnerable Nebraska women at risk. Yet you oppose that. So...and this is what happened under your watch. So I'm curious as to how to explain that. [LB944]

JULIE RENO: We're not at risk. We're not at risk. [LB944]

SENATOR KUEHN: So when the State Auditor... [LB944]

JULIE RENO: The main focus of these audits was Planned Parenthood. [LB944]

SENATOR KUEHN: Okay. [LB944]

JULIE RENO: And every year they were the only one that was consistently audited every year. The first year, and I think Senator Wishart brought this up, they found \$1,500 that they said they thought looked like there was a problem that they were using it for Title X and it was all coding errors. What it was after deep investigation which we were required to do, we went in. They had a newer staff member that wasn't as attuned to some of those coding issues. And if any of you are familiar with any kind of a medical practice, coding errors are pretty easy to do. They're pretty darn easy. And if you aren't tuned in to doing good coding and haven't been trained well, this can happen. This was remedied. They went back and they went back through everything and took care of it and everything was clean and the auditors affirmed that. [LB944]

SENATOR KUEHN: Okay. Can you provide documentation of that because, again, I'm going back to the Auditor's report, which is publicly available... [LB944]

JULIE RENO: Um-hum. [LB944]

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SENATOR KUEHN: And I think there...I'm unaware of any of the other Title X recipients other than Planned Parenthood that provides abortion services. [LB944]

JULIE RENO: They're the only ones. [LB944]

SENATOR KUEHN: So it would stand to reason that they would be the only ones audited for the use of Title X funds for abortion services because they're the only ones who provide it. You wouldn't audit... [LB944]

JULIE RENO: Yeah. [LB944]

SENATOR KUEHN: ...Hastings Family Planning because they're not performing audited services. [LB944]

JULIE RENO: Right. [LB944]

SENATOR KUEHN: So you're... [LB944]

JULIE RENO: But we were consistently told that they were not targeting Planned Parenthood. [LB944]

SENATOR KUEHN: Well, you're not targeting when they're the only one providing the services. But I just want to go forward. You've referenced this \$1,500 expenditure, but it's much more broad than that. I have not been able to find on the Auditor's Web site any documentation that supports your claim of this miscoding error because it also states there were five different...five each from two different pay periods where there were hours reallocated. There's a \$1,970 fee directly to a physician related for abortion services. There is a vendor of \$1,260 for products of conception which, and I'm quoting again from...reading directly from the Auditor's report, we inquired as to whether some of these charges resulted from miscarriages, however, the subrecipient replied that all of the questioned charges should have been coded to abortion services. So that would actually contradict your assertion... [LB944]

JULIE RENO: Well, it really, excuse me. [LB944]

SENATOR KUEHN: Excuse me, and then furthermore goes on to state that there are travel reimbursements. So if your testimony here before this committee and on the record is that this Auditor's report is inaccurate as this is the public record of the State Auditor, that directly reports

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that Title X funds were appropriated for the purposes of abortion services through Planned Parenthood of the Heartland, if there is documentation that contradicts that, we need to see that documentation. And what concerns me the most, quite frankly, is an error rate of 98.48 percent with the sampling of invoices. That jeopardizes the entire program. And so while I respect your passion, absolutely support it, but everyone here is looking for the best path forward and clarity to preserve access and dollars that go to vulnerable Nebraskans. And in my region of the state, some of the service providers on this list, it's the only service provider that the low-income individuals have. And so if I as a policymaker have an opportunity to provide clarity which is going to ensure that these funds remain intact and that we can overcome because clearly under your tenure there was not complete separation financially, I'm going to take that step. [LB944]

JULIE RENO: Well, there was. And when you're talking about those products of conception, you have to remember they send their product...any kind of samples that they have to go to a laboratory, Planned Parenthood uses a laboratory out of Texas called CDD, and what happened was when those were being sent back as rebills from Texas, they combined them all. So therefore, then it looked like it was part of Title X. [LB944]

SENATOR KUEHN: So you've just illustrated the point that we're trying to prevent here... [LB944]

JULIE RENO: No, no, I didn't. [LB944]

SENATOR KUEHN: ...is we have...you're talking about... [LB944]

JULIE RENO: I'm talking about another vendor and their issue and how they were sending them back to Planned Parenthood. [LB944]

SENATOR KUEHN: Correct but... [LB944]

JULIE RENO: That wasn't Planned Parenthood. [LB944]

SENATOR KUEHN: But when we have organizations that there is not a clear delineation within the organization... [LB944]

JULIE RENO: But there is. [LB944]

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SENATOR KUEHN: ...of how the funds are used, we open ourselves up to these potential mistakes and these mistakes are costly. [LB944]

JULIE RENO: No, they're not. [LB944]

SENATOR KUEHN: And so what we're attempting and what's being looked at in this particular statute is to delineate that separation. And I think that's ultimately what we're trying to get at. No one is wanting to restrict access. No one is wanting to eliminate a provider. We're trying to ensure the absolute separation and clarity and integrity of these programs. And ultimately when I read this report, I'm incensed. I'm incensed that we have a state agency and state dollars, we're not even retaining invoices for follow-up audits years follow. As a businessman, I find it completely unacceptable. As a taxpayer, I find it offensive. So as we're proceeding forward, I think we need to have greater clarity. If you have a different version of events, I think you definitely need to provide factual information. Because right now, the public record is that of the State Auditor's report and I've been given no contradictory evidence that this does not stand. You would have had an opportunity, correct, as the agency director, to respond to these audit findings in writing. [LB944]

JULIE RENO: We did respond to all of them and they were given to them. [LB944]

SENATOR KUEHN: Okay. [LB944]

JULIE RENO: So if you don't have them, that is not my issue. [LB944]

SENATOR KUEHN: So if they weren't included in the Auditor's report, it was because the Auditor chose not to... [LB944]

JULIE RENO: Obviously. [LB944]

SENATOR KUEHN: ...include them or didn't find that they were a valid... [LB944]

JULIE RENO: That's right, because we made follow-up visits on-site to every site that they went to. [LB944]

SENATOR KUEHN: Okay. [LB944]

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JULIE RENO: And we wrote...we provided all of their changes in their policies and procedures and we followed up on all of those things. So, yes. And I take great offense to anyone saying I didn't do my job because we did, and these agencies all do a wonderful job. [LB944]

SENATOR KUEHN: And I agree. I'm concerned about an audit report like this coming out... [LB944]

JULIE RENO: That's right, so maybe you need to talk to them. [LB944]

SENATOR KUEHN: ...for the fiscal year ending 2017 jeopardizes the entire program. That's ultimately what we're getting at here so. [LB944]

JULIE RENO: No, because the federal government has never had a problem. The problem has been here because it's been a constant witch hunt against birth control and family planning. And now you're trying to put something in an appropriation that is part of a policy. This doesn't have any place here at all. This is women's healthcare and men's healthcare and people's lives. And you're trying to muck this up. And talking about where these funds go, we currently fund five community federally qualified health centers. They're part of the system. [LB944]

SENATOR KUEHN: Again, I want to...I'm just going to end my questioning with that trying to read and understand an official document produced by the Auditor of Public Accounts, which is a constitutional officer of the state of Nebraska, and his staff... [LB944]

JULIE RENO: Um-hum. [LB944]

SENATOR KUEHN: ...is not mucking something up. It's trying to understand. And given that this is specifically dealing with how dollars are spent, it's absolutely under the jurisdiction of this committee. We've held hearings on disallowances for HHS issues. We've handled all of that. And so I look forward after the hearing, I definitely want to sit down with you and I want to understand your perspective of the story because when I read this audit report it reinforces exactly why we're here and why this language is necessary. So with that, thank you. [LB944]

JULIE RENO: Well, anything else? Fine. [LB944]

SENATOR STINNER: Senator Hilkemann. [LB944]

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SENATOR HILKEMANN: In your testimony and first you said under the provisions of LB944, Nebraska's Title X clinics would lose all Title X funding... [LB944]

JULIE RENO: They could potentially. [LB944]

SENATOR HILKEMANN: ...because they are required to provide abortion information when requested. [LB944]

JULIE RENO: That's right. [LB944]

SENATOR HILKEMANN: So... [LB944]

JULIE RENO: And I have heard over and over again today, Senator Hilkemann, people saying things like, you know, if somebody provides abortion information that they could lose their money, from other people that have been testifying. And that isn't right, you know, because we are required by the federal government to provide that. [LB944]

SENATOR HILKEMANN: To... [LB944]

JULIE RENO: ...provide information if we're requested for it. [LB944]

SENATOR HILKEMANN: ...provide information. And in your opinion, does providing information and sending someone for a referral, is that different? [LB944]

JULIE RENO: We do not call up and make an appointment for people. We give them information about where they might be able to go and they walk out with it, same with any other services they might be interested in. [LB944]

SENATOR HILKEMANN: Now you also have probably been here for the rest of the testimony. It's been said that if Planned Parenthood were to change their method of operation that they could qualify for this. [LB944]

JULIE RENO: They currently have that operation. I don't know how many of you have ever gone to a Planned Parenthood clinic. If you walk into Planned Parenthood, you will find when you walk in the abortion services are on one side. It has its own waiting room. It has its own facilities. And if you were to go there, you would find out that they also have a place where people can get adoption counseling, where someone that's been raped can get care there. And,

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you know, everything gets so skewed in these hearings about what they do. On the other side is their Title X services and their regular healthcare. So that's what Planned Parenthood offers. So it is all divided and it's monitored. And our last federal review we had absolutely zero clinical findings, zero. So, you know, it depends on if you have state people going in to look at things or if you have the federal government coming in. The federal government didn't have any issues with how we're providing services. [LB944]

SENATOR HILKEMANN: Okay. [LB944]

SENATOR STINNER: Let's explore that just a little bit. [LB944]

JULIE RENO: Okay. [LB944]

SENATOR STINNER: Now the federal government does come in and do a different type of audit or is it the same audit that our state does? [LB944]

JULIE RENO: They do a...the same type of audit. They do an audit of our administrative. They look at our financial. They do a financial audit to make sure that it's meeting their standards. And everybody has a different standard. And sometimes our state auditors have a little bit different standard because they've been told what they need to do. And then they will also be looking at clinical issues and... [LB944]

SENATOR STINNER: Okay. Do they get down to that invoice level that we're talking about? [LB944]

JULIE RENO: Oh, absolutely they do, um-hum. [LB944]

SENATOR STINNER: Okay. So... [LB944]

JULIE RENO: And the year that some of these things came up, they found some of those exact same things. But they didn't have the uproarious issue with it that our state people did. [LB944]

SENATOR STINNER: Okay. So... [LB944]

JULIE RENO: They said that they see this often because that's human errors. That's what happens. [LB944]

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SENATOR STINNER: Your testimony is that you have looked at this audit report. You have responded to it. [LB944]

JULIE RENO: Um-hum. [LB944]

SENATOR STINNER: That to your knowledge and to the department's knowledge we are in compliance with Title X. [LB944]

JULIE RENO: Absolutely. Absolutely we are. [LB944]

SENATOR STINNER: Okay. [LB944]

JULIE RENO: We've never had an issue. And this program has been working here in Nebraska since 1970 and all at once now it seems that we need to have some kind of a change and I don't know why. I think it's so politically and religiously driven that it's inappropriate. [LB944]

SENATOR STINNER: Okay. Senator Watermeier. [LB944]

SENATOR WATERMEIER: Thank you, Senator...Chairman Stinner. Thank you, Ms. Reno, for your service, number of years of service in HHS. [LB944]

JULIE RENO: Thank you. [LB944]

SENATOR WATERMEIER: I know it's a difficult job and a big job. I really appreciate it. A couple of things. I was glad to have the chance to run upstairs and get the audit when we had our little break. And clearly it looks to me like the 2015 was actually not just coding issues but the audit of 2016 was coding issues. So there's probably been some improvement been done, but clearly there was issues before that. And I guess I take exception to what you just said, that it's all skewed. [LB944]

JULIE RENO: Well,... [LB944]

SENATOR WATERMEIER: Your testimony here clearly says we will lose all of our funding. But then in answering Senator Hilkemann's question, you said potentially. So are we skewing the issue or not? [LB944]

JULIE RENO: I think it goes both ways maybe a little bit. [LB944]

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SENATOR WATERMEIER: I think we are. I think we are (inaudible). [LB944]

JULIE RENO: Because \$1,500 when Planned Parenthood gets 300-and-some-odd-thousand dollars. [LB944]

SENATOR WATERMEIER: How many dollars does it take to lose all the funding? [LB944]

JULIE RENO: When you come in and you look... [LB944]

SENATOR WATERMEIER: Not much. [LB944]

JULIE RENO: Well, no. But if you go in and you find these things and they answer your questions and they remedy it, then it shouldn't be a problem. That's no different than any of our other agencies. Some of them had issues as well and we took care of them. [LB944]

SENATOR WATERMEIER: I appreciate you answering the question, but let's just make sure we don't skew things as you just mentioned because you...clearly your testimony says we will lose it if we pass LB944. [LB944]

JULIE RENO: Well... [LB944]

SENATOR WATERMEIER: And then you said we potentially could. So let's keep it straight, all right? Thank you, Ms. Reno. [LB944]

JULIE RENO: Sure. [LB944]

SENATOR STINNER: Senator Wishart. [LB944]

SENATOR WISHART: So again I'm concerned about potential of women and men, low-income women and men in Lancaster County and the state losing access to this important service. If we do have certain providers close because of these changes... [LB944]

JULIE RENO: Um-hum. [LB944]

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SENATOR WISHART: ...and we're requiring then those men and women who once visited those providers to find another provider, what are...are those new providers really able to take up the services that those other providers once provided? [LB944]

JULIE RENO: Right. What we found in the past, Senator Wishart, is that we've had discussions with other folks within the Lincoln community and, no, they can't. They don't have enough facilitywise. They don't have enough staff, all those kinds of things. And also we ran into some issues with people that were not willing to abide by the Title X guidelines. And if you're not going to follow the Title X guidelines and what they direct us to do, then you can't be a Title X provider. And so...and when people...when agencies apply, they have to give us a full budget and tell us how they're going to use the money. And in no case was anyone ever...do they ever have a line item that says I'm going to use it for abortion. So we know they're not using it that way because they're using it...usually it's primarily used to fund staff time and, you know, those kinds of basic things just to keep the doors open. [LB944]

SENATOR WISHART: Okay. [LB944]

JULIE RENO: But in Lincoln in particular and Omaha, you would see 8,000 clients that people would have to pick up because that's how many we see between Lincoln and Omaha from Planned Parenthood alone. [LB944]

SENATOR WISHART: And then from your experience in this field, what I'm hearing, just to clarify, is that Lincoln...the providers in Lincoln you're uncertain as to whether they would be able to... [LB944]

JULIE RENO: Well, one has point blank told me that they could not do what Title X requires and... [LB944]

SENATOR WISHART: Can you explain what that means? [LB944]

JULIE RENO: All options counseling. They wouldn't do it. [LB944]

SENATOR WISHART: Okay. [LB944]

JULIE RENO: They wouldn't provide...if somebody said they needed information about termination, they wouldn't provide it to them. So that would keep them from being a Title X provider. [LB944]

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SENATOR WISHART: Okay. Because to be clear, that is a requirement of Title X. [LB944]

JULIE RENO: Yes, it is. Yes, it is. [LB944]

SENATOR WISHART: Okay. Are there any other services that are specific to Title X that other clinics just may not have the capacity or the healthcare providers to serve? [LB944]

JULIE RENO: Well, it really does need to be someone that, and particularly since most of our services, over 90 percent, usually are women, it's important for them to be...have a strong background in women's health issues. So most of our providers are mid-level practitioners and it's mid-levels that are trained in women's health and particularly ob-gyn. [LB944]

SENATOR WISHART: Okay. Thank you. [LB944]

SENATOR STINNER: Thank you. All I'm trying to...this is really...this is a difficult subject. [LB944]

JULIE RENO: Yeah. [LB944]

SENATOR STINNER: And I think what we're trying to do is find truth, find a pathway forward that makes sense for everybody. I've got my good friend Jeff Tracy over here all the way from Gering. They do good work. [LB944]

JULIE RENO: Yes, they do. [LB944]

SENATOR STINNER: Excellent work. [LB944]

JULIE RENO: Yes, they do. [LB944]

SENATOR STINNER: They do Title X work. [LB944]

JULIE RENO: Yes, they do. [LB944]

SENATOR STINNER: And so I am absolutely focused on the fact that we need to maintain Title X. And what I'm understanding is that based on what Congress did that we now are going to take a more active approach I guess based on where they've been versus now. And we need to have

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some clarity as to what we're allowed to say in order to stay in compliance with Title X. So to my mind, that's education. It might be a form. It might be whatever. But I need to have certainty about what I tell him and what...making sure that we're in compliance. [LB944]

JULIE RENO: Right. [LB944]

SENATOR STINNER: That's one of my main focuses here. When you look at this, when you look at where the regulation is at, what would you tell Jeff today? [LB944]

JULIE RENO: To keep doing exactly what he's been doing because they've been doing it correctly. [LB944]

SENATOR STINNER: Now if there was a pattern in practice that was uncovered, not just one single incident, a pattern in practice would be probably the reason they'd lose their Title X. Is that...or is it one incident where you have one...? [LB944]

JULIE RENO: It depends on (inaudible). [LB944]

SENATOR STINNER: ...one person working in there that gave the wrong information out, made the wrong statement... [LB944]

JULIE RENO: Uh-huh. [LB944]

SENATOR STINNER: ...and it became public and all of a sudden, bam. [LB944]

JULIE RENO: Well, yeah. [LB944]

SENATOR STINNER: Is that how it works? I mean, I'm... [LB944]

JULIE RENO: Absolutely, but that can happen with any medical professional. [LB944]

SENATOR STINNER: Um-hum. [LB944]

JULIE RENO: You know, that isn't just our sides. [LB944]

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SENATOR STINNER: But is it one incident that does that or is it a pattern in practice that has that? [LB944]

JULIE RENO: We did not have a policy and procedure that would have addressed that particularly. But I think that we need to be very careful that we don't become too punitive in the way that we handle these things because we need to be flexible and understand that we are human and that these agencies are running in a very precarious situation most of the time. [LB944]

SENATOR STINNER: Well, not the agencies. [LB944]

JULIE RENO: Well... [LB944]

SENATOR STINNER: But my clinic is. [LB944]

JULIE RENO: Exactly. But the agencies themselves, though, what I'm saying is are Title X agencies. And, you know, having worked with them, they all struggle all the time to keep their heads above water. [LB944]

SENATOR STINNER: Okay. Thank you. [LB944]

JULIE RENO: And that includes Planned Parenthood. [LB944]

SENATOR STINNER: Senator Watermeier. [LB944]

SENATOR WATERMEIER: Thank you, Chairman Stinner. I appreciate it again, Ms. Reno. I have to get this straight. Your testimony is, is that if we take this funding that these providers in Lincoln will not be able to do that, even though in the last four years of serving on Appropriations, two years before that in HHS, I'm sure that most of these providers have asked, begged, pleaded for more dollars through the Title X program. Now you're saying they would not be eligible, they would not be able to make that work. That's your testimony. You just said that. If we pass this LB944 today in the session, they will not be able to qualify for it. [LB944]

JULIE RENO: Well, Planned Parenthood (inaudible). [LB944]

SENATOR WATERMEIER: It will be a choice that they make in your saying. [LB944]

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JULIE RENO: Well, depending on how you write your legislation and what you do and how you approach it, it could happen. [LB944]

SENATOR WATERMEIER: Ms. Reno, I have to ask. Do you have experience with Planned Parenthood? You speak to them very clearly. Have you been employed by them or do you lobby for them? [LB944]

JULIE RENO: No. [LB944]

SENATOR WATERMEIER: You've never? [LB944]

JULIE RENO: I worked for them 30 years ago. [LB944]

SENATOR WATERMEIER: Okay. Thank you very much. [LB944]

JULIE RENO: And I was a community educator. [LB944]

SENATOR WATERMEIER: Thank you very much. [LB944]

SENATOR STINNER: Any additional questions? Thank you very much for your testimony. [LB944]

JULIE RENO: You bet. Thank you. I'll be glad to answer any further questions if you have any. [LB944]

SENATOR STINNER: Jeff, I hope you're not driving home tonight. [LB944]

JEFF TRACY: Well, I thought I might but we'll see. [LB944]

SENATOR STINNER: Just six and a half hours, that's all. [LB944]

JEFF TRACY: Yes. [LB944]

SENATOR STINNER: For you it's actually longer because you've got to go to Wyoming. [LB944]

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JEFF TRACY: (Exhibits 8, 9) Senator Stinner, members of the Appropriations Committee, my name is Jeff Tracy and that's spelled J-e-f Tracy, T-r-a-c-y, and I'm the health center director at Community Action Health Center located in Gering, Nebraska. I'm here today on behalf of the Health Center Association of Nebraska, HCAN, and the seven health center members to testify in opposition of the Title X provision in LB944. So I'm going to deviate just a minute from my language that I've handed out. Just I want to acknowledge that, as I think a couple of you have already said, this is a difficult issue and it's been a long day. And I appreciate all of you still being here and hearing us out because I know this is hard for you as well as members of the committee. Our concern with LB944 as drafted is that potentially all existing Title X clinics potentially could lose funding depending on how certain aspects of the language are interpreted. And I think that's what we would like to have is clarification either from the state or from the department or from you as the Appropriations Committee in helping make sure that existing Title X clinics are not at risk of losing funding. As has been pointed out by several different people, Title X funding is the primary source of funding for several entities that provide Title X services to low-income women and men in our rural communities; and we don't want to put that at risk. Nebraska's health centers, and there are seven of us in the state, serve nearly 85,000 patients annually; 70 percent of our patients are racial or ethnic minorities; 93 percent are at or below 200 percent of poverty. Our health centers are safety net clinics that provide care regardless of insurance status and half of our patients are uninsured. Our uninsured patients pay a nominal fee using a sliding fee scale based on income and number of people in the household. Title X funding does play an important role in the finances and services provided at a majority of Nebraska's community health centers. Five of the seven community health centers currently in the state of Nebraska receive Title X funding to support the provision of reproductive health services. This funding supports services such as cervical cancer screenings; breast exams; contraceptive services, including education and counseling; pregnancy testing and counseling; and STI/STD education, testing, and counseling. Last year Nebraska's FQHCs served over 12,000 patients through the Title X program and received approximately \$530,000 in Title X funding. Particularly in rural areas in Nebraska, Title X grantees are often the only providers of reproductive health services to low-income or uninsured patients. As you can see from the attached map that I have provided, Title X recipients, including health centers, span the state but are already few and far between in rural communities. The current language in LB944 and in particular the language regarding referrals raises concerns about the ability of any existing Title X provider to qualify for Title X funding. And again, I think this is at the crux for us as community health centers is how would this potentially be interpreted down the road? We are kind of caught between a rock and a hard spot here. As currently drafted, LB944 prevents granting funds to an entity that performs, assists with the performance of, provides directive counseling in favor of, or refers for abortion. However, Title X regulations require that Title X grantees offer pregnant women the opportunity to be provided information and counseling regarding prenatal care and delivery, infant care, foster care, or adoption and pregnancy termination. Furthermore, this information and counseling must include referral upon request of

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the patient. Strict policy guidance surrounds the counseling and referral requirements and our health centers have detailed policies in place to ensure the services are provided in line with that Title X guidance. The referral language in LB944 appears to be or potentially could be in direct contradiction to those federal Title X requirements. We are concerned that the proposed Title X language will not only prevent current Title X providers from being a qualifying entity but could deter providers from applying altogether. Such a situation would devastate access to reproductive health services in the state, particularly in rural areas. With many miles separating Title X providers in rural Nebraska, the elimination of even one provider would severely limit access to reproductive healthcare. Given those concerns, we respectfully request that the proposed changes to Title X be removed from LB944. Thank you. And I'd be happy to answer any questions that you may have. [LB944]

SENATOR STINNER: I forgot to announce he's from western Nebraska so lights don't pertain to him. Anybody drives seven, eight hours in here we're not going to cut off. So is your testimony saying that the current situation you feel comfortable with or do you need further clarification or where are you at with this whole subject? [LB944]

JEFF TRACY: We have been...many of the community health centers have been providing reproductive health services through Title X for a number of years, and I think that we're comfortable with how things currently are. The concern with the proposed language is that potentially the word "referral," depending on how it is defined, could be a problem. Because as was pointed out earlier, I think actually from both sides, that we are required to provide referral options. It doesn't mean that we make the referral, but it means that we provide that information if somebody says, for whatever reason, that I feel like I need to terminate this pregnancy. So our concern as an association and then for our particular agency is that if that word "referral" is interpreted broadly, it could mean that somebody could accuse us of having referred a patient for an abortion when, in fact, we were providing that information to them to let them know where they could receive an abortion if they chose to do so. [LB944]

SENATOR STINNER: Senator Kuehn. [LB944]

SENATOR KUEHN: Thank you, Chairman Stinner. So I just want to make sure I understand your position. So if the word "referral" were struck from this language, you would be okay with the rest of it. [LB944]

JEFF TRACY: I think we would have to take a look at the language in terms of how that came out. But that, from the association's perspective, is one of the primary issues. And again, I think going back to what you have said a couple of different times, that making sure that women, and particularly low-income women and men, have access to care is the real issue for us. [LB944]

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SENATOR KUEHN: Right. So let's just say that last phrase--I got to grab my sheet here exactly--so if the last phrase were to be stricken and so it were to just remove the referral language, your testimony is, is that you would still potentially have concerns. So what I'm trying to get at is... [LB944]

JEFF TRACY: Sure. [LB944]

SENATOR KUEHN: ...I've been around this business long enough to know that rather than come out and just get to the crux of it, whether it is that you don't want it, you find a wedge, and that wedge is what you hang your hat on. And then when you resolve that one issue, then it's, well, we don't know. So I'm trying to identify if your concern really is the issue of that word "referral" or if we were to further clarify language that specifically delineated the difference between an education function, which is the physician's duty to provide options, versus an active referral. If we're to define that further, would that eliminate your opposition? Or does it still throw it back into, well, we don't know; we might have other concerns after that? [LB944]

JEFF TRACY: That's a hard question and a good question. From the agency's perspective and from the association's perspective, the Health Center Association of Nebraska, we really would need to look to see if that language...if you took "referral" out of that, we would need to look to see, okay, so are there other potential implications? But I think in all fairness that if that was taken out that would alleviate a lot of the concern that some of us have. [LB944]

SENATOR KUEHN: Okay. That's helpful. Thank you. [LB944]

SENATOR STINNER: Senator Hilkemann. [LB944]

SENATOR HILKEMANN: You were here earlier for the testimony that the attorney came in. [LB944]

JEFF TRACY: Yes. [LB944]

SENATOR HILKEMANN: And he said we need to change this to be in compliance with the new guidelines from this administration. Do you see that as necessary? [LB944]

JEFF TRACY: Well, I'm not an attorney. And so a lot of what the gentleman said sounded good as I think most attorneys' language does sound good. So I'm going to plead ignorance, which is truth. I don't know. [LB944]

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SENATOR HILKEMANN: Now you drew the short straw and had to come all the way from western Nebraska now. But you are representing all the other providers here of... [LB944]

JEFF TRACY: I'm representing the community health centers, the seven community health centers. [LB944]

SENATOR HILKEMANN: Okay. [LB944]

JEFF TRACY: So the map that you have is much broader than just the community health centers. [LB944]

SENATOR HILKEMANN: Okay, okay. Because you're kind of getting to one of the things that I'm most concerned about here is, is that are we going to mess up providers who do not perform abortions with this language that you're going to be cut out of the service. Is that a concern? [LB944]

JEFF TRACY: Yes, depending, again, I think in terms of how that word is interpreted, yes. [LB944]

SENATOR HILKEMANN: Yeah. And so, okay, I'll leave it at that. Thank you. [LB944]

SENATOR STINNER: Any additional questions? Thank you for your testimony and thank you for sticking around all day. [LB944]

JEFF TRACY: Thank you very much and thank you all for doing the same. Thank you. [LB944]

DANIELLE CONRAD: Hi. Good evening, Mr. Chairman, members of the committee. [LB944]

SENATOR STINNER: Good evening. [LB944]

DANIELLE CONRAD: (Exhibit 10) My name is Danielle Conrad. It's D-a-n-i-e-l-l-e, it's Conrad, C-o-n-r-a-d. I am here tonight as mom, as an attorney, but as the executive director of the ACLU of Nebraska in opposition to the language on pages 45 and 46 and LB944 as proposed. And I know I only have three minutes and so it's hard to get constitutional law treatise on the record in lightning speed so I'll just hit the top line. They've passed around my written testimony for additional deliberation and consideration, look forward to your questions as well. To reiterate, this provision of LB944 is unnecessary. Federal law already requires a separation

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between the types of healthcare providers that provide abortion services and those that do not in the Title X program. That piece is clear. And what I think that is important to take away from Rust v. Sullivan, which has already been talked about here today, is that the Supreme Court has been crystal-clear in saying in upholding a gag rule, mind you, in that provision that you can't carve out the abortion providers. You can't single them out. And that's really what the holding, not the dicta that was quoted to you earlier, but the holding really stands for. And I think the other thing, which in fairness the attorney from Creighton did note, federal law and federal regulations regarding Title X have changed subsequent to the Rust decision as well. So that's important for everybody to have a good handle on. But under the existing federal law and federal regulations and the healthcare providers already was crystal-clear here, it requires the Title X projects to offer "pregnant women the opportunity to be provided information and counseling regarding...the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination." That's a direct quote from the federal law and the federal regulations. And it's patient-centered counseling and best practices, right? So if a patient asks for more information, it requires the provider to provide neutral factual information with nondirective counseling on each of those options and upon request, except with respect to any options about what the pregnant woman indicates she does not want to have information about. So it really leaves the choice where it should belong, to the pregnant woman to decide what kind of information she needs from her healthcare provider. If you pass this provision in LB944, it puts the providers in a position of kind of that rock and a hard place that you heard about earlier of either complying with state law or complying with federal law, which I think would be problematic. And we also believe from a policy consideration that LB944 really does violate medical ethics. Informed consent means that the individual patient should have all the information available to them that they want to have information about the types of programs and services that they may need to pursue what's best for their healthcare needs. And it's wrong to put the government in between that relationship and that dialogue. And then finally, I see that my time is up. It goes so quickly. We do believe that there are aspects of the language in LB944 because they specifically target one provider that may run afoul of the special legislation prohibition in the Nebraska State Constitution as well. So with that, I want to refer, of course, any questions that the committee might have. And the other sheet that we passed around was based on some story banking that our office and my colleague, Scout Richters, performed at a Title X clinic right here in Lincoln, Nebraska, this last year, talking to patients who were waiting for services about why they were there and why Title X was important to them so that you can have an understanding up close and personal about who relies on these services. And it's a lot of low-income women and men who need preventive care. And I'm delighted to hear that there's such strong support for preventive care because I think that is an area of common ground that we should be able to figure a forward path on together. [LB944]

SENATOR STINNER: Thank you. [LB944]

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DANIELLE CONRAD: Happy to take any questions. [LB944]

SENATOR STINNER: Questions? Senator Wishart. [LB944]

SENATOR WISHART: Well, thank you so much for being here. Could you speak a little more to some of your concerns with special legislation? [LB944]

DANIELLE CONRAD: Sure. So this is an area in the Nebraska Constitution that's a restraint on legislative power and the citations in there. But essentially what it is, is in many ways it's like an equal protection issue; but it is a little bit separate and distinct from that, a little bit more potentially robust or complex, dependent upon how your analysis of the case law might be. But what it says essentially is that you can't treat similar folks in a dissimilar way, kind of like a traditional equal protection analysis. So what the state constitution is meant to do is to be really a restraint on legislative power and there's few because the people's house has the ability to legislate on a broad array of things. But what it's saying to the Legislature, if the people are saying through this constitutional prohibition is you can't single folks out for different treatment. You can't create a closed class, for example, a permanently closed class. And as you've heard before, you know, this legislation, this proposal targets one healthcare provider that provides Title X services and that's really Planned Parenthood of the Heartland. We do believe it does put at risk additional Title X services perhaps with the existing language. Now Senator Kuehn brought forward I think a very interesting idea to try and work on some potential language changes there. But I think what you'll do there, Senator Kuehn, is that the concerns would really be threefold. So if you would strike the referral component to ensure that you don't have a conflict with state and federal law, that may address that. But what it does then in turn is strengthens, I think, a case for special legislation by further targeting one type of provider under the proposal so is something that you would...the committee would want to think about if they decided to move down that path and we believe would actually potentially strengthen a special legislation clause. And then the issue to capacity which I'm not a healthcare provider. There's plenty of folks here that can speak to. And it's our understanding you mentioned earlier the experience to our sister state in Iowa and we can see also what happened down in Texas with very similar proposals is it's not academic. Health centers closed. People lost care. And it's I believe wrongheaded for this committee to risk that care and that future for Nebraska. [LB944]

SENATOR STINNER: Okay. [LB944]

DANIELLE CONRAD: Does that cover it? [LB944]

SENATOR STINNER: Senator Vargas. [LB944]

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SENATOR VARGAS: I'll defer to you. [LB944]

SENATOR STINNER: Oh, Senator Kuehn. [LB944]

SENATOR KUEHN: Okay, all right. So as you brought up the Iowa example and this is something that I continue to struggle with because the very basis of the argument that if a provider which provides abortion services as well as Title X...receives Title X funds no longer receives Title X funds, then it is going to close because it is no longer financially viable. Does that not just prove the point that Title X funds are being used to subsidize abortion services? [LB944]

DANIELLE CONRAD: I don't think so, Senator. I think it proves the point that every penny counts, right? And that people are already losing money in providing subsidized care to a lot of low-income Nebraskans, right? You hear that a lot about reimbursement rates. We're not even coming close, whether it's in this program or any other aspect of healthcare of actually covering the cost of services, right? And so I think that's something that we need to absolutely keep in mind. [LB944]

SENATOR KUEHN: So if the biggest concern... [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR KUEHN: ...and we'll just call it, just name it, so if the biggest concern with Planned Parenthood of the Heartland is ensuring access of care for Title X recipients, they are making a choice then regarding what services they offer and how they differentiate them. So, you know, we had the earlier testifier talked about it's very clear when you walk into a Planned Parenthood that this is the abortion services and that this is the Title X services. If that clarity already exists, if that separation... [LB944]

DANIELLE CONRAD: Right. [LB944]

SENATOR KUEHN: ...physically already exists, then that should be an easy lift to achieve. So the choice not to codify that, whether that's with accounting principles, to ensure that federal funds are not subsidizing the services which Ms. Reno identified are clearly delineated, I don't see what the opposition is. [LB944]

DANIELLE CONRAD: Senator, I agree it is redundant. That's one reason why I think LB944 is unnecessary. But it doesn't mirror the exact language in federal law or in federal regulation about

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the separation. And if that was your intent or the Governor's intent, then the legislation should be redrafted to do so. [LB944]

SENATOR KUEHN: Okay, that's helpful in terms of understanding that. [LB944]

DANIELLE CONRAD: You know, also, Senator, again, I'm not a healthcare provider, but I can tell you that I trust Nebraska women and men and that Nebraska women and men are very smart and adept at making their healthcare choices. And they make a patient-centered choice about which healthcare provider they trust when they seek services from them. I've not heard any widespread reports about Nebraska women or men being confused about what type of services they want to receive when they go to Planned Parenthood or any of the other wonderful health clinics that are providing these services across the state. [LB944]

SENATOR KUEHN: No, but what I worry about is something my...and I'm sorry, I'm going to get folksy here but... [LB944]

DANIELLE CONRAD: That's okay. [LB944]

SENATOR KUEHN: ...my grandpa, God bless his soul, said he never lost money feeding cattle but he fed a lot of cheap corn. And so I'm well aware of how you can use subsidized inputs on one side... [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR KUEHN: ...to show a profit or keep the lights on in another. And that ultimately is one of the questions I have. [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR KUEHN: And again, going back to the audit reports, I have concerns over how we're demonstrating that, how we're documenting those expenditures. Now budget as we know here is very different than an expenditure. You can budget a million dollars, but what you actually spend it on and how you demonstrate those expenditures is very different and that ultimately is my concern. [LB944]

DANIELLE CONRAD: Sure. [LB944]

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SENATOR KUEHN: And again, and I haven't disclosed it here, but I have volunteered at a Title X clinic assisting with...it's hard to find men to assist with those clinic services. I have seen firsthand my constituents utilize these services. And so I'm an absolute believer in access to this care. But I want to ensure with absolute certainty that accounting issues and this kind of movement of funds around and blending of funds does not ultimately jeopardize that care. And I realize that in the past that separation has potentially not been enforced by previous administrations. And my concern is I do not want increased supervision of those funds from this administration to jeopardize the entirety of the program. [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR KUEHN: So it's ultimately what I'm trying to get at. And if there's a language fix to this that accomplishes that separation and that goal and that accountability, I'm certainly open to it. So thank you. [LB944]

DANIELLE CONRAD: Sure. Well, that's very admirable, Senator, and we would always be open to working with this committee or any members of the body to try and draft potential solutions to allay some of those concerns. So my contact information is provided here, definitely send out a bat signal anytime and I'll try and get over here as quickly as possible. But the fungibility issues that you mention, those policy concerns and considerations, those have been brought forward in other jurisdictions and they've been rejected by the courts very clearly. I'd be happy to provide you the citations in that regard. And I think what's important to take away here is, and this is really confusing stuff, right? You've got the federal rules, you've got the federal law, you've got executive orders being issued and being repealed; and, you know, I think there's been a little fruit salad here tonight, a little cherry-picking and a little mixing of apples and oranges all at the same time, okay? And it's going to take probably a lot more deliberate explanation beyond what's sometimes available in this kind of environment to really break it all down. We can provide you additional detailed memos in that regard. We'd be happy to, to help provide additional clarity. But I think the bottom line takeaway which proponents of this measure struggled to answer clearly on the record here tonight is that there is no requirement that the Nebraska Legislature pass this legislation to maintain the existing Title X program or funding. That's a policy choice that the Governor has put before you. And that's fair game, right? You're sent here to make policy. But to be clear, it's not a federal mandate or requirement. This is a policy choice that you have before you about how the Title X program operates in Nebraska. We believe that this policy choice presented in its current form is problematic because it does run afoul of federal law as it currently stands today and would put at risk, potentially risk, I can't say with any certainty what a court will do or when they would do it, Senator Watermeier. I learned that in law school 101. But, you know, who's on the receiving end of that? Nebraska taxpayers. Who picks up the tab for costly, lengthy civil rights litigation that's played out in other jurisdictions? And if you guess wrong, it's the Nebraska taxpayers. And look no further than

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your state claims bill this year or any other year where the state is picking up some pretty hefty tabs that the ACLU and other public interest groups for civil rights litigation when the state violated civil rights. And not to mention the care of tens of thousands of low-income Nebraskans which hangs in the balance as well beyond just the dollars and cents that they hear. So again, I think that prevention is an area where there's a lot of common ground and that people of goodwill can have disagreement about abortion as an issue and about abortion care. And I am delighted that so many Nebraskans came down, even though they hold different viewpoints than me on that issue, to engage with this body and to share their passions and their ideas. That's exactly what this body was meant to do is to sharpen the issue to give the citizenry an opportunity to come in and engage with you as policymakers. So, you know, even though I disagree with some of the testimony that was provided, I'm so glad it was provided here today so that everybody has a better understanding about preventive, lifesaving care and Title X services. [LB944]

SENATOR STINNER: Senator Vargas. [LB944]

SENATOR VARGAS: Thank you very much. Apologies, everyone. I was in a hearing across the way so I'm coming back in on a different side now. I just had a question. First, thank you very much, Danielle Conrad, for being here. [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR VARGAS: And I have questions a little bit just around...a little bit of your experience... [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR VARGAS: ...not just in, you know, as the ACLU representative executive director but also as a former senator. [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR VARGAS: Because there was a dialogue earlier where some of the individuals around, you know, this has been around for a while and we kind of should have codified this in statute now because we really need to for program integrity, for...because it's constitutionally permissible. And I'm just curious in your time have there been problems that have existed in Title X that warranted us making this change, different administrations? [LB944]

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DANIELLE CONRAD: You know, I don't pretend to remember every bill that came before this committee... [LB944]

SENATOR VARGAS: No, I was just curious. [LB944]

DANIELLE CONRAD: ...in my eight years on the other side of the table. But I don't remember Title X being an issue for our Appropriations Committees that I had an opportunity to serve on. Typically we got to focus on budgetary issues a little bit more than some of the eligibility and service issues that I think maybe are contained herein. And again, you know, there were no less than two interim studies on this topic that you yourself, Senator Vargas, and I believe Senator Riepe introduced to do a deeper dive on Title X and to really look at eligibility and programs and services and all of the things that were contemplated after the Legislature struggled with this issue last year in the context of the budgetary discussion. To my understanding and knowledge, there wasn't a single hearing held on either of those proposals this interim; and I think that's to the detriment of this committee now when you're being asked to again take this up in the course of your budgetary deliberations. So my heart goes out to you. I know how hard it is to budget...to balance a budget, particularly when times are tight and then adding an abortion fight in on top of it is a next to impossible task. So I hope you continue to strive for clarity and for consensus in the budget-making process. And I hope that you leave some of these policy decisions to other committees of jurisdiction. [LB944]

SENATOR VARGAS: Well, I appreciate that. I wanted to make sure I asked, given your experience,... [LB944]

DANIELLE CONRAD: Sure. [LB944]

SENATOR VARGAS: ...but also assumed you would remember if there was this big of a group and there was this big of a controversy over something that we were not doing and DHHS was coming and saying that this is something that they need (inaudible). [LB944]

DANIELLE CONRAD: No, I don't believe so. And in fairness, I mean, again, I have a disagreement with Governor Heineman on a lot of these reproductive justice issues; but I think that he was equally strong in his pro-life values as our current Governor Ricketts is. And I think if there was an issue I think that his administration would have brought it forward very clearly. [LB944]

SENATOR VARGAS: Yeah. Well, thank you very much and I think you nailed it on the head that it's been a mixed salad somewhat. But the one thing that is still clear and I'm trying to

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constantly root back to as this committee, do we need to do something? We get agency, you know, requests. We have to change things to then make sure we're not losing out on funding or there's been a really big problem where we're reappropriating funds because there's some efficiency. And I still have yet to see that there's a reason for us to do this or that we're required federally. And it's just helpful to hear that the opposite is a little bit true. We actually could be creating sort of a closed class, potential opening us for litigation in another way. So I appreciate it. Thank you very much. [LB944]

DANIELLE CONRAD: Yeah. And in fairness, I think it's appropriate that this committee as, you know, the stewards of the taxpayer dollars really...you do dig into those audits, right? I mean, that's a critical tool to helping you do your job. But I would challenge you to ask yourself if you're adhering the same level of scrutiny to other audit findings, whether it's in the Department of Corrections, whether it's in the Department of Roads, whether it's in any number of state agencies that might be before you. Have they been singled out for separate distinct hearings in relation to audit findings? I don't think that they have. Now that doesn't preclude them from being treated that way moving forward. But if we do want to strive for equitable treatment and trying to remove the politics from it, we do have to rely on the process, right? And that's important too. Yeah. [LB944]

SENATOR STINNER: Senator Hilkemann. [LB944]

SENATOR HILKEMANN: Senator... [LB944]

DANIELLE CONRAD: Yeah, well, I'm in retirement now but. [LB944]

SENATOR HILKEMANN: Okay. [LB944]

DANIELLE CONRAD: I understand you retain the title for life so. [LB944]

SENATOR HILKEMANN: You mentioned Texas. [LB944]

DANIELLE CONRAD: Yeah. [LB944]

SENATOR HILKEMANN: They changed their language in Texas? [LB944]

DANIELLE CONRAD: Um-hum. [LB944]

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SENATOR HILKEMANN: I know we talked about Iowa. [LB944]

DANIELLE CONRAD: That's right. [LB944]

SENATOR HILKEMANN: When did Texas change its language? [LB944]

DANIELLE CONRAD: I don't know off the top of my head, Senator, so I would be happy to find that for you. I know that it was contemplated in one of the footnotes that I provided in my testimony. There is a report from the Guttmacher Institute which I think most folks, regardless of how they feel about abortion policy or reproductive justice, acknowledge is a credible, objective source of information and they have a really nice, very recently updated kind of delineation on potential Title X restrictions across the country. And so we could definitely pull that out for you. I believe the Texas experience is a bit longer than the Iowa experience, but I know the result was the same. [LB944]

SENATOR HILKEMANN: But did...and was it structured so that it would penalize Planned Parenthood again? [LB944]

DANIELLE CONRAD: My understanding, Senator, is that the proposal in Texas and Iowa very closely mirrors what is proposed in this aspect of LB944. But I'd be happy to provide you an exact side-by-side comparison of all three if that would be helpful to your consideration. [LB944]

SENATOR HILKEMANN: And if I understand on that, we probably still have Planned Parenthood in Texas but we've lost some of the other smaller clinics. [LB944]

DANIELLE CONRAD: I think that's right. And it's also my understanding that that Planned Parenthood affiliate has had to also close some clinics perhaps as a result as was the experience in Iowa. [LB944]

SENATOR HILKEMANN: As they've done in Iowa. [LB944]

DANIELLE CONRAD: Yes. But if that's wrong, I'd be happy to correct the record. [LB944]

SENATOR HILKEMANN: If you have that information, I'd appreciate seeing that. [LB944]

DANIELLE CONRAD: You bet, absolutely. [LB944]

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SENATOR HILKEMANN: Do we know of other states other than Iowa and Texas? [LB944]

DANIELLE CONRAD: Those were two that popped out pretty quickly, but I'd be happy to provide you a more robust analysis of what's happening in the 50 states. And I think that Guttmacher report from January 2017 is a pretty up-to-date, credible resource. We'd be happy to run that off in its entirety or see if there's something to supplement that. [LB944]

SENATOR HILKEMANN: Okay. Thank you. [LB944]

SENATOR STINNER: Additional questions? Senator Vargas. [LB944]

SENATOR VARGAS: This is just a follow-up to the Texas example. [LB944]

DANIELLE CONRAD: Yeah. [LB944]

SENATOR VARGAS: From what I remember, as a result of the loss, what they implemented, there was actually an increase in the teen births and the abortions that were, right? [LB944]

DANIELLE CONRAD: Yeah. [LB944]

SENATOR VARGAS: Is that correct? [LB944]

DANIELLE CONRAD: I think that and it's sometimes hard to exactly draw a correlation, but I think that some of those statistics do speak for themselves. When you remove education and you remove preventive services and you remove contraceptive services, you increase unintended pregnancies and you increase then the number of abortions. That's a direct correlation to the number of unintended pregnancies. [LB944]

SENATOR VARGAS: Okay. All right. Thank you very much. [LB944]

DANIELLE CONRAD: Yeah, okay. Well, maybe I'll be able to make it home in time for bedtime with my littles. So thank you for your service... [LB944]

SENATOR STINNER: Thank you. [LB944]

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DANIELLE CONRAD: ...for your time and attention and would be delighted to work with any of you on this issue moving forward. [LB944]

SENATOR STINNER: Thank you very much. [LB944]

SOFIA JAWED-WESSEL: (Exhibit 11) Hello. My name is Dr. Sofia Jawed-Wessel, J-a-w-e-d-W-e-s-s-e-l. I reside at 2002 North 53rd Street. I'm not here representing the University of Nebraska but I am an assistant professor in public health in the school of health and kinesiology at UNO. My testimony does not in any way reflect any official position of UNO. I think some of you all will be happy with some of what I have to provide because I've got some facts for you. My team has assembled a fact sheet that will provide some answers to the questions that you all have been asking. So I'm going to answer a question that Senator Watermeier asked earlier of the gentleman from Health and Human Services who could not answer the question. So there is not a set amount of Title X funding for each state. The federal government sets the budget each year and then clinics can apply for funding and the amount that they get is based off of the number of patients that they see who seek out family planning services that Title X offers. So if, say, a Title X clinic were to close, that money doesn't immediately go to another Title X clinic in that state. So the other clinics then have to make a case say we are seeing more patients, X clinic closed, we need more money. And they have to apply for that process and that takes time, typically the following fiscal year. Based off of what Title X provides, a lot of those services are very time sensitive. So waiting a year, waiting months, say like two months, to have a cervical cancer screening that could be the difference between a precancerous situation to stage one or two; same with breast cancer; same with STI screenings as well as contraception, right? So we want to make sure that Nebraskans have the ability to get these services as soon as possible. And the language in this bill does put us at risk for being noncompliant, right? So it does have the potential of eliminating all Title X. Even if we remove the referral aspect, we would still be in jeopardy. So Texas, let's talk about Texas, okay. So I have some data here for you. If you look at the bottom section, there's some of that information there. So in 2011, the Texas Legislature cut their budget for funding family planning from \$111 million to \$38 million. So we don't need to blindly guess what might happen in Nebraska if we started to cut some of our Title X dollars because we have precedence for this. So they did this initially to try to defund Planned Parenthood, but they took with them several other non-Planned Parenthood clinics. So 82 Texas family planning clinics were closed. The majority of those were not Planned Parenthood clinics. As a result, Texas has seen increased unintended teen pregnancies. It's up by about 3.7 percent. Increased maternal deaths--since they changed their funding, maternal deaths doubled. No other state saw that much of an increase in maternal deaths. Rural counties were without family planning services that were at reduced cost, and that's a vulnerability that we as Nebraska have as well. I can stop or I can keep going. We will also see increased state expenses. [LB944]

SENATOR STINNER: If you could conclude, that would be great. [LB944]

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SOFIA JAWED-WESSEL: Yeah. So in terms of rural counties, if we are to close...so if you look to the back of the fact sheet that I gave you, there's a list of all of the Title X clinics that we have. And when I've placed in bold the clinics that are particularly vulnerable to closure because so much of their budget does come from Title X, right? So if you look at some of these clinics that are vulnerable, we could have individuals who need to travel 170 miles to get to Gering, you know, from Grand Island to have the services at the cost that they can afford. And the data from public health studies shows that when people have to travel more than an hour to get healthcare they just don't go. Texas has seen this. This is why we're seeing maternal deaths because women aren't getting their prenatal care. This is why we're seeing more teen pregnancy. This is why we're seeing cervical cancer incidences in Texas going up. I use Texas as an example because we have the longest amount of years of data to look at so it's better data, right? So we have other states that have done similar things, and I don't have the exact provisions with me, but I'm happy to provide it for you before even the end of this hearing. But...so we see like with Missouri, Iowa, right? But because they're so recent, the data is just not as good, which is why I'm providing Texas. [LB944]

SENATOR STINNER: Okay. Thank you. Questions? Senator Kuehn. [LB944]

SENATOR KUEHN: So you're in health policy. Is that correct? [LB944]

SOFIA JAWED-WESSEL: I'm in public health, but I do work (inaudible). [LB944]

SENATOR KUEHN: Public health, okay. So you deal with health policy so epidemiology or what area of... [LB944]

SOFIA JAWED-WESSEL: I'm not an epidemiologist, no. [LB944]

SENATOR KUEHN: Okay, all right. So I just want to refer the bottom of your page says "If Title X is eliminated, Nebraska can expect:" [LB944]

SOFIA JAWED-WESSEL: Yes, yeah. [LB944]

SENATOR KUEHN: So your projection is based on the...your opinion that the referral language jeopardizes Title X. [LB944]

SOFIA JAWED-WESSEL: It's actually not because of that specific. So the reason that we can expect those things is when we try to cut the amount of Title X funding in our state, which a lot of these legislations do. [LB944]

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SENATOR KUEHN: So what in this legislation specifically cuts that? [LB944]

SOFIA JAWED-WESSEL: It could be the referral portion, but I would still as a public health expert still be opposed to this bill if just Planned Parenthood was impacted. And the reason for that is because if you look to the middle of my fact sheet, all right, just Planned Parenthood alone serves a lot of individuals, right? And in places like Texas when they have closed so many clinics saying, well, the other clinics will absorb these patients, it hasn't happened. So they have not been able to absorb the patients either because the amount of money that they got was not enough to take care of the extra patients that they were seeing, the distance was too far between clinics for individuals to get to them. So to me as a public health expert, yes, the referral piece is problematic because they might get rid of all of Title X. But even if we were just closing Planned Parenthood, if you look at that data, you know, contraceptive care over 90,000 times; 47,000 patients in just one year is a lot, right? [LB944]

SENATOR KUEHN: Okay. So I don't disagree but I want to read to you a statement, this is official from the State Auditor, following some of the issues that we discussed with Ms. Reno earlier. I want to read you this and I want you to tell me. This is exact quote: The effect, this is from the State Auditor, increased risk of misuse of federal funds and noncompliance with federal regulations which would result in federal sanctions. And the agency's response to those findings, which Ms. Reno earlier said there was other issues, but the official response from her agency was the agency agrees with the condition reported. So again, my fundamental question is you're proposing to us a hypothetical that may be based on... [LB944]

SOFIA JAWED-WESSEL: It's based on sound data. [LB944]

SENATOR KUEHN: Right. But we have also sound data in the form of a published State Auditor's report... [LB944]

SOFIA JAWED-WESSEL: I'm not sure what that has to do with this particular situation though. [LB944]

SENATOR KUEHN: It has... [LB944]

SOFIA JAWED-WESSEL: It doesn't, right? Because... [LB944]

SENATOR KUEHN: It absolutely does because the misappropriation and the misalignment of funds jeopardizes the entire Title X program in the state and that is written by professional auditors in a publicly released audit. [LB944]

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SOFIA JAWED-WESSEL: Each clinic is audited uniquely, not all of them all together. [LB944]

SENATOR KUEHN: Correct. But I'm saying we have an Auditor's report which gives us specific concerns in a published state audit which lists that the misuse of federal funds can result in federal sanctions. [LB944]

SOFIA JAWED-WESSEL: And this provision also puts us at risk. [LB944]

SENATOR KUEHN: But that is at this point your opinion based on a hypothetical of... [LB944]

SOFIA JAWED-WESSEL: No, it's based off of policy that the federal government has set about what Title X providers have to do. [LB944]

SENATOR KUEHN: Well, and we've heard conflicting opinions today, legal opinions. And you're not an attorney, is that correct? [LB944]

SOFIA JAWED-WESSEL: No, I'm not an attorney. [LB944]

SENATOR KUEHN: Okay. [LB944]

SOFIA JAWED-WESSEL: But I am a public health expert who works in reproductive health. [LB944]

SENATOR KUEHN: So we've heard conflicting legal opinions today as to whether or not that term and we've also discussed the possibility of whether there is additional clarity to this term "referral" that can eliminate that confusion. So again, I think as an objective scientist, an expert, that we also have to look at not only a hypothetical projection going forward but the data retrospectively that we have collected in real time, which is that which is contained into the Auditor's report. [LB944]

SOFIA JAWED-WESSEL: And yet those clinics are open and we have data from other states where they have closed clinics and have had negative public health repercussions. We need not repeat those experiences here. Nebraska does not want that. [LB944]

SENATOR KUEHN: Correct. [LB944]

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SOFIA JAWED-WESSEL: I work in unintended pregnancies. I do not want to see more teen pregnancies. I don't want to see more cervical cancer, do you? [LB944]

SENATOR KUEHN: And neither do I and that is why protecting the integrity of these funds, especially given the strong potential... [LB944]

SOFIA JAWED-WESSEL: This bill does not protect us. [LB944]

SENATOR KUEHN: ...greater potential for federal scrutiny regarding findings like what has been found in the audit is of essential policy importance. So while I respect that we can disagree about...you know, we certainly agree on the importance of Title X and the clinic system and providing access, and while we can disagree about the reference language, I think we need to not lose sight of the fact that there have been identified official misappropriation or misuse of these funds. [LB944]

SOFIA JAWED-WESSEL: And state officials could request an audit at any time. And I think that we should do that. I think that we should have...keep close eye on what we're doing. So I don't think the solution here is this bill. I think the solution is let's do audits. [LB944]

SENATOR KUEHN: Okay. [LB944]

SOFIA JAWED-WESSEL: Let's do that. [LB944]

SENATOR KUEHN: Other question, you mentioned "we" several times so are you using state funds or state resources for the purposes of putting together this data and this handout and... [LB944]

SOFIA JAWED-WESSEL: No. This was volunteer time from me and my team. [LB944]

SENATOR KUEHN: Okay. And how do you account for that volunteer time? [LB944]

SOFIA JAWED-WESSEL: However I want. [LB944]

SENATOR KUEHN: No. I mean in terms of how do you distinguish volunteer time from the use of state resources? [LB944]

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SOFIA JAWED-WESSEL: There is no restriction for me to do that and I'm not required to. There's no current bill saying that I'm not allowed to do...spend my work time on this, but this is volunteer time. It's service that I provide. [LB944]

SENATOR KUEHN: Okay, appreciate that. Thank you. [LB944]

SENATOR HILKEMANN: Are there additional...Senator Watermeier. [LB944]

SENATOR WATERMEIER: Thank you, Chairman Hilkemann. Thank you, Doctor, I appreciate that and confirming what I did learn earlier today that...but you answered my question. You're absolutely right. If someone does not choose to take those Title X fundings, another provider can use those so we do not lose Title X funds. Thank you. [LB944]

SOFIA JAWED-WESSEL: But it takes time. [LB944]

SENATOR WATERMEIER: Thank you. Thank you. [LB944]

SOFIA JAWED-WESSEL: They have to apply for that funding. [LB944]

SENATOR WATERMEIER: Thank you, ma'am. [LB944]

SENATOR HILKEMANN: Additional questions? Seeing none, thank you for coming. [LB944]

JEAN DURGIN-CLINCHARD: Good evening, which it is now. [LB944]

SENATOR HILKEMANN: Good evening. [LB944]

JEAN DURGIN-CLINCHARD: (Exhibit 12) I know you all look pretty wide awake still. My name is Jean Durgin-Clinchard. You need my address as well? [LB944]

SENATOR HILKEMANN: Just your name is fine. [LB944]

JEAN DURGIN-CLINCHARD: I'm from Lincoln. I have lived in Nebraska... [LB944]

SENATOR HILKEMANN: Spell your last name for the... [LB944]

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JEAN DURGIN-CLINCHARD: Durgin, D-u-r-g-i-n, hyphen Clinchard, C-l-i-n-c-h-a-r-d.  
[LB944]

SENATOR HILKEMANN: Okay. Thank you. [LB944]

JEAN DURGIN-CLINCHARD: I have written a brief testimony, it's quite brief so I think we'll be okay. But I heard so much this afternoon that there might have been some things I would have altered somewhat, one of them being as we talk about the micro issues, which are also what...is there an expression, the battle was lost for loss of a shoe? We could lose everything if we don't have the details right and that's what you've been hearing us talk about. But I'm just talking for me, my ownself, and I have no particular expertise as many of these other people have, although I've been around a little bit. So dear committee members, I know that you've heard so much testimony today. I do oppose LB944. It did sound like from a couple of other people today that maybe if there could be a fix in there and that would...but there is a perception--I think this is what I was writing from--a perception that this bill is aimed at harming the funding that would be primarily Planned Parenthood because many of these other clinics are attending to business and keeping things as you say, Kuhn (phonetic)... [LB944]

SENATOR KUEHN: Kuehn, yes, thank you. [LB944]

JEAN DURGIN-CLINCHARD: ...Kuehn, separate, which is awful difficult to do, especially when you're talking about a referral as Senator Hilkemann has asked. So, you know, these things have come back and forth and there were a lot with the lawyers here before that was even so. So I'll try to keep on target here. I'm fortunate in my healthcare coverage, but there are thousands of women in Nebraska, both Lincoln, Omaha, and in greater Nebraska who have only the healthcare that's provided by the clinics, which you all know. The dollar support the clinics receive, Title X funding, are crucial to their existence. And I understand that to be true. You know, if you pull out all the Title X funding and you are a Title X clinic, what have you got left? Yet under LB944, if there is even a referral--this is a little part that I think I would possibly have changed because I think there's some wiggle room there and everybody can be happy hopefully. To me, this sounds like collective punishment, penalizing a whole group for the action of what is perceived to be one. That's my perception of the bill coming in today, that this was aimed at really one organization. It may not be true. I am fortunate and privileged, as I said, in my healthcare so when I found a lump in my breast at age 85, despite a yearly mammogram having been negative, I went to my physician--prompt surgery, radiation, no chemotherapy has taken care of it and I am now only on a preventive medication. Many women my age, nearly 88, single or widowed do not have the medical resources other than the clinics that we are provided. And I do and must...and sometimes they must rely on healthcare clinics. They may well not get the early diagnosis otherwise or any timely care--excuse me, my voice is going--that I did. And we

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all know the outcome of that particular situation. I won't go over more talking points--you've had plenty of those today--in opposition to this potential denial of life-giving funds to health clinics. I simply strongly urge your opposition as well. It is ill-considered and not worthy of our Nebraska values. I'd be happy to answer your questions. I'm sorry for the red light. [LB944]

SENATOR STINNER: Okay. Any questions? Senator Kuehn. [LB944]

SENATOR KUEHN: Are you currently cancer free? [LB944]

JEAN DURGIN-CLINCHARD: That's what they say but you take the pill anyway to keep it that way. [LB944]

SENATOR KUEHN: Congratulations on being a survivor. I appreciate that and keep fighting the good fight. [LB944]

JEAN DURGIN-CLINCHARD: I see other women walking down the street and I sometimes wonder are they as fortunate or as privileged as I am to be able to access care? And so when you have a point of access, even if it's just to see the doctor and they are able then to give you other resources, which you might not have otherwise, I've seen somebody. I'm cared for. That's important and I know that's in all of your thoughts as you go forward. [LB944]

SENATOR STINNER: Thank you. [LB944]

SENATOR HILKEMANN: Thank you coming. [LB944]

JEAN DURGIN-CLINCHARD: Thank you. [LB944]

SENATOR STINNER: Let me see a show of hands on how many more testifiers we have. (Laughter) Okay. Hope everybody packed a sleeping bag. They did shut the heat off in here, by the way, so if it gets a little chilly you'll know what happened. Good afternoon...or good evening. Excuse me. [LB944]

DANIELLE SAVINGTON: Hi. Good evening, yeah. Good evening, Senators. My name is Danielle Savington, that's D-a-n-i-e-l-l-e S-a-v-i-n-g-t-o-n. And once upon a time, I was a recipient of Title X care. I was a young, dumb, in love lady. I had a great boyfriend and we were desperately in love--like I said, dumb. Then I missed a period. Then I missed a second period. My dad was a member...an officer member of the United States Air Force and all I knew was I

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couldn't go to him and tell him that I might possibly maybe have gotten pregnant out of wedlock. So I did the only thing I knew to do and that was to go to Planned Parenthood. Planned Parenthood was the only clinic I was aware of that saw women who didn't have insurance, and unless I was willing to go to my dad's TRICARE clinic, Ehrling Bergquist, I didn't have any insurance. So I went and I got a pregnancy test, brought my boyfriend with me. And if abortion marketing is what Planned Parenthood does, they do a rotten job of it because when the test came back positive I was given information about prenatal vitamins, told the healthy diet that I should be using, and activities that were reckless and harmful to my fetus that I should avoid. We were given information about how to have a healthy pregnancy and sent on our way with a referral to several local doctors that could see me on sliding fee scales and also with an advisement that I should probably tell my dad. We went home. We told our parents. Everyone was fairly excited once they got over the hump of "when is the wedding." A couple weeks went by and I started bleeding. I called my dad in a panic and he said, well, call the hospital. So I called Ehrling Bergquist and they said it's a spontaneous miscarriage, lay down on the sofa, use a heating pad, it will all blow over. [LB944]

SENATOR HILKEMANN: Oh, my gosh. [LB944]

DANIELLE SAVINGTON: I didn't know what to think so I called my dad back and he said, get in the car, have your boyfriend drive you there, you'll be seen. Went, drove, got there, they said the same thing when we got to the emergency room: it's a spontaneous abortion, go home, ride it out. Went back to Planned Parenthood because that was not an answer that I could accept. I didn't feel like I had been given proper medical care. At that time Planned Parenthood explained to me what a spontaneous abortion is, that it's a miscarriage that generally happens very early in a pregnancy when things aren't just right and the conditions are proper. At that time, Planned Parenthood gave me resources. They gave me information about grief, processing the emotions, and how to recover emotionally and physically from a miscarriage. Something that would break up most relationships, especially when you're young, dumb, and broke, became something that became a foundation, an emotional bedrock for a marriage that is now in its 19th year. We have three children. Our oldest is graduating from high school, in National Honor Society, the belle of the ball. You can't imagine how amazing she is. And I credit so much to that for Planned Parenthood providing me factual, competent information in a compassionate and nonjudgmental atmosphere. So while a lot of the discussion today has been about abortions and whether or not they tell women that we need them to be successful, I am here to tell you that was never my experience receiving Title XX (sic--X) care, and if you take away Planned Parenthood, I don't know where I would go if I was in need of that because Planned Parenthood's branding is so strong that everyone knows that's where you can go for help. And I'd be happy to answer any questions. [LB944]

SENATOR STINNER: Any questions? Thank you for that story. [LB944]

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SENATOR HILKEMANN: Thank you. [LB944]

DANIELLE SAVINGTON: Thank you. [LB944]

SENATOR STINNER: I'm going to try to keep as close as we can to these lights. We've got quite a few people and I want everybody to have the opportunity to testify, so. [LB944]

REBECCA WELLS: My name is Rebecca Wells and that's R-e-b-e-c-c-a W-e-l-l-s. I worked for over 40 years in maternal/child health. I'm here today to talk about the budget. And the whole point of this bill seems to be focused on Planned Parenthood and seems to be an anti-abortion type of attempt. What I want to bring out is the budget implications of doing something that would cut out a big provider like Planned Parenthood. And I went through and looked at a lot of this stuff last night as far as research that's been done looking at other states. They look to see what happens when Planned Parenthoods are closed like this, what like they've done in Texas and some of the others. There are not the providers to take up the slack. And there I looked at one article that looks state by state to see, and they just aren't there. What has happened in these other states is there's a big surge in unintended pregnancies. A lot of people don't realize unintended pregnancies, 40 percent of those end in abortion and 60 percent in births, and most unintended pregnancies are in low-income women. It leads to surges in Medicaid spending for births of poor women and it can be a huge budgetary impact in that there was a study that came out in 2016 in The New England Journal of Medicine looking at that. And then we have children qualifying for federal assistance. It could impact...we have 44 percent of our school-age public school children here in Lincoln that are living in poverty. It can have budget implications for years to come. So I'm encouraging you strongly, from a budget standpoint, don't do this to cut out a provider like Planned Parenthood, because we'll suffer financially. And then all the moral implications are there too. [LB944]

SENATOR STINNER: Thank you. Any questions? [LB944]

REBECCA WELLS: Any questions? [LB944]

SENATOR STINNER: Seeing none, thank you. [LB944]

REBECCA WELLS: Okay. Thank you. [LB944]

SENATOR STINNER: Good evening. [LB944]

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MARY BOSCHULT: (Exhibit 13) Senators, my name is Mary Boschult, M-a-r-y B-o-s-c-h-u-l-t. I'm representing the League of Women Voters of Lincoln and Lancaster County. The League of Women Voters was officially founded in 1920. The seeds, however, were planted in 1848 in Seneca Falls, New York. We're a nonpartisan organization that is engaged in the informed participation of citizens in their government. We advocate for public policy but we do not support or oppose candidates for office. Our message today is to oppose this section, is both on the content and the process in Section 71 in LB944. On the content, the League is dedicated to ensuring access to affordable quality healthcare for all Americans. We believe that Americans should have access to a basic level of care, including disease prevention, primary care including prenatal and reproductive health, acute long-term care, mental healthcare, and health promotion and education. The League also supports the 1973 landmark decision of the U.S. Supreme Court in Roe v. Wade. Reproductive health decisions should be a private matter between the patient and their doctor. We are opposed to conditions that would limit access to reproductive healthcare and health screenings for men and women across Nebraska as this language would do. Existing law already prohibits spending on any of these Title X funds on abortion. The conditions of the language in this section, however, seem to indicate that even the whisper of the word "abortion" in a clinic would terminate the funds for all the clinics. Are staff allowed to speak of tubal ligations, vasectomies, or penile implants? When will that be a problem too? Would counseling against getting an abortion be prohibited as well? On the process, we thank Chairman Stinner and the committee for raising this issue to a public hearing. Nebraska is known for having an open and accessible legislative process. The Unicameral was designed and structured to not be ruled or controlled by a partisan political party. We were disappointed to see that this policy proposal to limit access to healthcare was again buried in a budget bill, as was done in the past. The League believes open democratic government depends upon informed and active participation at all levels of government. The League further believes that governmental bodies must protect the citizen's right to know by giving adequate notice of proposed actions, holding open meetings, and making public records accessible. I learned how to do county budgeting in the '70s. I learned how to do state budgeting in the '80s. I read countless books, articles and essays on public budgeting in graduate school, and in the '90s I taught public administration classes for the university. I learned that we do not put policy issues in budget proposals as it is not expected and it will limit the public awareness and discussion. In the largest sense, budgets are the politics of who gets what, of course. They are not, however, the vehicle for the fair and open discussion of public policy. Budgets should follow policy. I was not around for the ratification of the 19th Amendment in 1920 for women to vote in all elections. It moved forward to be ratified with the vote of one man, urged on by his mother. We know that women vote. We have recently witnessed an increased awareness and participation by women in the public policy process in the Women's Marches and in filing to run for office. Women are voting. Thank you. [LB944]

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SENATOR STINNER: Questions? Seeing none, thank you. Again, I ask you please to watch the lights. I might have to... [LB944]

SHANNON CORYELL: I'm going to make it so quick because I'm so hungry and I got to drive back to Omaha, so. [LB944]

SENATOR STINNER: Yeah. We're hungry, too, but that's okay. [LB944]

SHANNON CORYELL: (Exhibit 14) Yeah. And it's getting nasty outside. Shannon Coryell, S-h-a-n-n-o-n C-o-r-y-e-l-l. All right. On January 15, 2007, I woke up with horrible pain in my head. I was on my way to the hospital when I felt something start to burst so we pulled over to a gas station and called an ambulance. I could tell something had burst in my head and they said they knew it was a brain injury because my eyes were going back and forth really fast. I was immediately taken to an MRI and they found bleeding on my brain from an AVM burst. Fast forward, I ended up going in for surgery to have the rest of the AVM removed. It was sitting on the part of my brain that controls my left side. When I woke up from surgery, I was paralyzed on my left side. I couldn't move my left arm and my left leg and the left side of my face was drooping. After months of physical therapy, I got my leg back but not my arm. During my recovery and after, I was receiving the Depo-Provera shot because I had enough to deal with in terms of figuring out how to get through daily routines with one arm. It is incredibly difficult to deal with a period when you are hemiplegic, paraplegic, or quadriplegic. Some years later my primary doctor let me know that he wasn't going to be ordering the Depo shot anymore because I was his only patient that was getting it, and he told me that I should look for alternative places, like Planned Parenthood. So I went to Planned Parenthood. Because I am on a fixed income, I qualify for Title X, which is incredibly important for me being a single parent on a limited income. Ever since then I have been going to Planned Parenthood for my annual exams, Paps, breast exams, and Depo shot. Since my brain injury, I have been working really hard to become as independent as possible and, last, this past year I had two surgeries on my arm to straighten it. The tendons had shortened and really contracted. They put two pins in my fingers, fused my wrist straight, and lengthened the tendons. Like I said, it's not easy to deal with a period and everything that goes with that when you are partially paralyzed. Most things that people take for granted are difficult for me: tying shoes, zipping a coat, flossing, putting my hair in a ponytail. Not having to deal with a period doesn't make my whole life easier but it makes an already difficult life way easier in one way. All right, I'm good. [LB944]

SENATOR STINNER: Thank you. [LB944]

SENATOR HILKEMANN: Thank you. [LB944]

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SHANNON CORYELL: Uh-huh. [LB944]

SENATOR STINNER: Questions? Seeing none, thank you very much. [LB944]

SHANNON CORYELL: Going to go home and go eat. Thank you. [LB944]

SENATOR STINNER: Thank you. [LB944]

SENATOR HILKEMANN: Have a safe trip back. [LB944]

SHANNON CORYELL: Thanks. [LB944]

SOPHIA OLSON: Good evening. [LB944]

SENATOR STINNER: Evening. [LB944]

SOPHIA OLSON: My name is Sophia Olson, S-o-p-h-i-a O-l-s-o-n, and I'm a junior at Lincoln High School. I'm in opposition of the portion of LB944 which restricts the use of Title X funding. I'm testifying today as a young female high school student who is concerned about the health of my peers. As a high school student, I spend 40-plus hours a week observing the many different decisions that my peers make in their daily lives, one specifically being the decision of whether or not to be sexually active. Despite the different opinions we all may have regarding teen sexuality, me and my peers are regularly sexually active. In 2015 the National Center for Disease Control reported that 30 percent of all high school students had reported being sexually active and had engaged in sex in the previous three months. I attend Lincoln High School and applying this data to our student population means about 630 students are sexually active. I know that many of these students are sexually active regardless what their parents or charge tells them. If we want to reduce teen pregnancy and prevent the spread of STIs and STDs, we must make sure young people have access to affordable, quality, nonjudgmental healthcare. Title X allows young people, especially high school students, to have access to healthcare providers who can give them information and services with the promise of confidentiality and compassionate care. I have been fortunate to have parents who have discussed the risk of sex and safe practices to use when I do decide to be sexually active, but many of my peers do not have that privilege. That is why Title X is essential. It allows my peers to access a space where they can get free confidential care and information. I'm asking you today to stand with young people in Nebraska and in opposition of Title X...voting...Title X language in LB944. Voting against Title X language ensures the services and information that keep high school students safe, healthy, and able to pursue their educations and future goals continues to be available. Thank you. [LB944]

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SENATOR STINNER: Thank you. Questions? Seeing none, thank you. Good evening. [LB944]

JANN DAPPEN: (Exhibit 15) I'll keep this shorter than the written portion, I promise. [LB944]

SENATOR STINNER: (Laugh) Okay. [LB944]

JANN DAPPEN: My name is Jann Dappen, J-a-n-n D-a-p-p-e-n. I'm from Omaha. You'll see this. This is why I'm here. My daughter's name is Chelsea Dappen. Five years ago she was raped while she was a student at Nebraska Wesleyan. She spent the next month on and off not in class, not leaving her room, didn't shower. She liked to keep her hands like this and she often sat like this and had her hair in front of her. And a friend of hers noticed that her room was filled with Chinese takeout boxes. It was the only place that delivered to her dorm and she didn't want to run into her rapist, so that's what she ate for almost a month. Her friend then took her to Planned Parenthood because she was a rape survivor as well. She had been raped in high school and she went to Planned Parenthood because that's where they felt safe. They had to test her for STDs. They had to test her for AIDS. She had to go back and get another AIDS test in six months because you're not sure. They tested her for pregnancy. Over the last five years she has been suicidal twice. She's been in Bryan Hospital. If it wasn't for Planned Parenthood telling her about Voices of Hope, which is the only place in Lincoln that works with rape and abuse victims, survivors, she wouldn't be here. And today I heard so much about Planned Parenthood bad and if it closes there will be other clinics, but I will tell you when I spoke out at a town hall for Deb Fischer last spring I asked Chelsea because somebody...a man there had said, your daughter could have just gone to the ER. And I said, what's your response to that? I didn't know what to say. And she said, you know what, tell the senators this too, you don't go to the ER when you were raped a month ago. You don't even think about it because you don't know who those people are. And are you going to get a woman? Planned Parenthood, they understand. She was walked in, she wasn't asked for her insurance, she wasn't asked anything about where she lived, if she had talked to her parents. She just said she had been raped and they walked her through step by step. She will forever have PTSD. It is very hard for her. We don't get hugs. It's one of the things I put in there. I got a hug for Christmas this year and it was like my best present. And I was so excited I said, you gave me a hug, I didn't even have to ask or okay it. And she said, it took me five days to work up to that. She can't go to the dentist because being in that chair with someone above her is a trigger. So when you say other clinics will take the place of that, she's not going. The five other girls from Wesleyan that she knows were raped, and there were probably more and how many at Lincoln and Doane and all the other colleges, they're not going and they're not going to a clinic that says anybody who even thinks about an abortion belongs in hell. I don't care about the philosophy. I want a safe place for her. And they saved her life. Thank you. [LB944]

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SENATOR STINNER: Thank you. Questions? Seeing none, thank you. [LB944]

JANN DAPPEN: Thank you. [LB944]

ABIGAIL GARDEN: (Exhibit 16) Hello. My name is... [LB944]

SENATOR STINNER: Hi. [LB944]

ABIGAIL GARDEN: ...Abigail Garden, A-b-i-g-a-i-l G-a-r-d-e-n, and I will be reading testimony written by Dr. Libby Crockett, who is not able to attend today due to the lovely Nebraska weather we are currently experiencing. So the following is the testimony of Dr. Libby Crockett, who is opposed to LB944, Section 71: Good evening. My name is Dr. Libby Crockett and I'm a practicing, board-certified obstetrician-gynecologist with a master's degree in public health, from Grand Island, Nebraska. I'm a current board member of the Choice Family Health Care, which I represent today. Choice Family Health Care is a 501(c)(3) organization established in 1975. We have a main office in Grand Island, Nebraska, and a satellite office in Kearney. Our mission is to provide affordable, caring, and quality healthcare and health education to women, men, and children. We accomplish this goal by providing preventative healthcare services, such as annual examinations, screening and treatment for sexually transmitted infections, and by providing contraceptive counseling and services to our patients. We also have health educators that go out into the community, not only to provide health education on these topics but to educate all members of the community regarding this critical need of these services in central Nebraska. Choice Family Health Care opposes LB944, Section 71. It would adversely affect the distribution of Title X funds and ethically violate the provider-patient relationship, and jeopardize the future of Title X funds to all clinics who serve patients benefiting from these funds. Because Choice Family Health Care serves patients at every level of financial need, we rely heavily on outside funding sources to provide these critical services. For many, many years Title X has been the main source of funding. Without it, no doubt our clinic would not be able to keep our doors open to serve the people of central Nebraska which, as you know, would be a tragic loss of these necessary services. According to our clinics' family planning annual report, in 2017 alone we provided these services to 3,426 people from 38 different counties in Nebraska. Some of these people are traveling well over 200 miles to see our providers. One thousand eight hundred and forty-two of these individuals were at or below the federal poverty level, which is increasing from the previous year. And finally, 2,172 of those served had no public or private health insurance. In my clinical practice, I routinely take care of clinical complications and see the social implications related to untreated sexually transmitted infections, unplanned pregnancy, and the delay in diagnosis of breast or cervical cancer, conditions that Title X clinics work to provide and diagnose and treat. One of the most frustrating of these conditions for me as a physician is ectopic pregnancy. I am grateful to have the skills to competently care for women

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experiencing this pregnancy complication, but I have lost count over the years how many times I've had to remind my operating room crew, when they are grumbling about having to pull themselves out of bed at 2:00 in the morning, that the person who wants to be there least of all is the woman lying on the table who could very well bleed to death without our intervention. Many times her situation would have been prevented had she been able to access screening and treatment for STIs or affordable and effective contraception. [LB944]

SENATOR STINNER: You have the red light on, please. [LB944]

ABIGAIL GARDEN: With respect to Dr. Crockett, I finish up by saying while most of you do not hold medical degrees, you do hold the power to improve and even save the lives of Nebraskans by opposing LB944, Section 71. Thank you for your time. [LB944]

SENATOR STINNER: Thank you for being here. Any questions? Seeing none, thank you very much. [LB944]

ABIGAIL GARDEN: Okay. Thank you. [LB944]

SENATOR STINNER: Did you come in from Grand Island? [LB944]

ABIGAIL GARDEN: No, I'm a former resident of Kearney, schooling in Lincoln. [LB944]

SENATOR STINNER: Okay. Thanks. [LB944]

ABIGAIL GARDEN: Yes. [LB944]

SENATOR STINNER: Thanks for coming. [LB944]

RAEHEL KRAMER: (Exhibits 17, 18, and 19) Good evening, Chairperson... [LB944]

SENATOR STINNER: Good evening. [LB944]

RAEHEL KRAMER: ...Stinner and members of the committee. My name is Raechel Kramer. That's R-a-e-c-h-e-l K-r-a-m-e-r. I want to tell you first, before starting I guess, that I have provided materials on behalf of Omaha Women's Fund, who could not be here this evening due to weather. And I am the assistant center manager of Planned Parenthood of the Heartland, Lincoln's South Health Center, and I am here today to voice my support to continue Title X

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funding at Planned Parenthood of the Heartland in Nebraska, as well as the other health centers throughout the state that receive Title X funding. Therefore, I stand in opposition to the current language in LB944 as it could lead to the loss of healthcare for roughly 28,000 Nebraskans. I'm going to give you kind of an idea of what services we offer and who benefits from Title X and Planned Parenthood of the Heartland. But for the sake of brevity, I'll kind of cut that short as I have provided an exhaustive testimony that's written. Planned Parenthood of the Heartland serves a large and diverse group of patients in Omaha and Lincoln that include, but are not limited to, women, men, transgender individuals, and teens. Our patients travel far and wide in order to receive unmatched quality of care and customer service. It is not uncommon for us to see patients traveling from a 100-mile radius at our Lincoln and Omaha health centers. In fact, over 13 percent of patients served through Title X of Planned Parenthood of the Heartland specifically at our Lincoln health center live in counties that fall outside of Lancaster County. The patients that we serve are in need of STI testing, birth control, pregnancy tests, and preventative exams, as well as cancer screenings. Last year we saw over 1,000 Title X patients for Pap smears, which is a screening for cervical cancer. For patients who receive an abnormal result that denote precancerous cells, we are able to provide follow-up care through another Title X service called a colposcopy. For these patients, having access to this diagnostic service is a matter of life or death in detecting early cervical cancer. Furthermore, as part of Title X requirements, we offer chlamydia, gonorrhea, and HIV testing to every patient, regardless of the service that originally brought them through our doors. During our last fiscal year, Planned Parenthood provided testing and treatment under Title X for 501 unique male patients in Omaha, and 392 unique male patients in Lincoln. With Title X we were able to provide 17,000 STI checks this past year at Planned Parenthood alone, and thousands of additional Nebraskans rely on their local Title X health centers for that routine STI testing and treatment. Through Title X, patients gain access to a wide variety of affordable family planning services that decrease the number of unplanned pregnancies in Nebraska. Planned Parenthood offers pregnancy testing, natural family planning, and contraceptive options ranging from condoms, the pill, the Depo shot, to the implant and IUD. Regardless of insured status, our patients are able to choose which method works best for them without the burden of financial limitations. As part of the Title X requirement, women are presented all of their pregnancy options: parenting, adoption, and abortion. All Title X health centers, not just Planned Parenthood, are required to give this client-driven information to the patients that want it. These women come to us trusting their choice will be met with support and not judgment. A majority of nearly 8,000 Title X patients returned for additional care during this last fiscal year, as shown by the amount of unduplicated Title X encounters, which was about 11,000 at that time. If these 7,608 patients were to lose access to their Planned Parenthood health center, other safety net providers in the area would not be able to absorb the amount of patients in need of service or provide the wide range of services these patients need. Many family planning services are time sensitive. Forcing our patients to relocate to different providers for affordable services would mean waiting weeks or even months for a new appointment at a different health center. In conclusion, I implore you to protect Title X funding for Planned

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Parenthood of the Heartland and all other Title X health centers across the state to ensure a healthier Nebraska. Excluding any provider, including Planned Parenthood, from Title X funding would leave thousands of Nebraskans without vital healthcare services and would saddle them with crippling medical bills. Nebraska is stronger when our citizens are healthy and protected, and we work every day at Planned Parenthood of the Heartland to ensure that our patients leave happy and healthy with the services they receive so that they can continue their work, education, and parenting their children in this great state. [LB944]

SENATOR STINNER: Thank you. Questions? Senator Wishart. [LB944]

SENATOR WISHART: Well, thank you for being here today. Are you able to speak at all to the audit that we've been talking about? [LB944]

RAECHEL KRAMER: I am not able to speak to that. That was before my time at Planned Parenthood and I believe... [LB944]

SENATOR WISHART: Okay. [LB944]

RAECHEL KRAMER: ...Julie Reno covered most of the audit information that I would have available to me. I would be happy to reach out to others to get more information on that for you though. [LB944]

SENATOR WISHART: Yeah. This is...again, this is an issue that for me has come to light in this hearing. We have been provided--and again, I haven't been able to digest this yet, read it fully--with the State Auditor's report and I would like to know, you know, after the State Auditor's report, you know, what are we...we heard that there was a response that I don't have in front of me that I'd like to see. And also I'd like to know were there any return of federal dollars in lieu of the State Auditor's report. I'd like to get to the bottom of this so any of the information that you can find us would be helpful. [LB944]

RAECHEL KRAMER: Yeah. Not being present at that time, I am certainly unsure if... [LB944]

SENATOR WISHART: Yeah. [LB944]

RAECHEL KRAMER: ...of what the logistics were after that audit had happened. [LB944]

SENATOR WISHART: Okay. [LB944]

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RAECHEL KRAMER: But again, would be happy to get more information for you on that. [LB944]

SENATOR WISHART: Okay. Thank you. [LB944]

RAECHEL KRAMER: Yeah. [LB944]

SENATOR STINNER: Senator Hilkemann. [LB944]

SENATOR HILKEMANN: Are you...yeah, we...I know you've been here a lot. We've talked about that Iowa has changed their regulations, Texas have. Are you aware of any other states that have tried... [LB944]

RAECHEL KRAMER: Um... [LB944]

SENATOR HILKEMANN: ...to defund Planned Parenthood? [LB944]

RAECHEL KRAMER: I know of other states attempting to defund Planned Parenthood outside of those, but I suppose not in this same way, the threat to like Title X as opposed to limiting like abortion services and how abortions are provided. But not at this same level that I'm familiar with, no. [LB944]

SENATOR HILKEMANN: Different from that this is. [LB944]

RAECHEL KRAMER: Uh-huh. The most that I would be familiar with would be the case in Iowa. [LB944]

SENATOR STINNER: Additional questions? Seeing none, thank you. [LB944]

RAECHEL KRAMER: Thank you. [LB944]

SENATOR STINNER: Good evening. [LB944]

BILLIE DOUGLASS: (Exhibit 20) Good evening. Chairman Stinner and members of the Appropriations Committee, my name is Billie Douglass, B-i-l-l-i-e D-o-u-g-l-a-s-s, and I'm here today to testify against the restriction on the use of Title X funds. These restrictions would

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directly affect Planned Parenthood, an organization I have been using for my healthcare since I was 14 years old. They've always been an easily accessible health center that has allowed me to get the help I needed without betraying my trust and "comfortability." My mother at the time was uncooperative to talk to me about any health issues and frequently emotionally neglected me during this time of puberty in my early to mid-teen years. Along with that, my father was a recovering, and sometimes an often relapsing, alcoholic that did not allow him to be any sort of help for my health and who also teetered on emotional abuse. Any mention of my sexual health caused an uproar and increased tension in my home. With this increased tension and feeling of isolation, my trust and "comfortability" was important to me so as no information would get relayed back to my parents, and Planned Parenthood provided this for me when other providers could not. Along with that, I unfortunately found myself in an abusive relationship. My boyfriend frequently sabotaged my birth control in an attempt to put my life...I did not want. I felt trapped. Planned Parenthood provided me with birth control methods that he wouldn't find out about so I no longer had to worry about the possibility of unintended pregnancy. They also connected me with the proper resources to get help out of this abusive situation and provided referrals to anything else I needed. They gave me a sense of control and power over my own body that other providers were unable to give me. Attempting to reach out to other clinics in the past, I have been turned away due to an extensive wait list as providers were not accepting any new patients in my area. Along with wait lists there was also demands of hundreds of dollars which I did not have. Where other clinics failed, Planned Parenthood was there to get me through. As of right now, I no longer require a sliding scale. I donate my own time and my own money to Planned Parenthood to make sure the women and men who need this facility can get it without stress. Without Planned Parenthood, thousands of Nebraskans, including many of those I know and care about, would be without vital healthcare they rely on in order to live a healthy lifestyle when they cannot afford to do so at other clinics. I urge you today to please reject these restrictions on the use of Title X funds as it is directly affecting the health center that helps so many stay healthy every day. [LB944]

SENATOR STINNER: Thank you very much. [LB944]

SENATOR HILKEMANN: Thank you. [LB944]

SENATOR STINNER: Questions? Seeing none, thank you. [LB944]

BILLIE DOUGLASS: Thank you. [LB944]

AUDREY NANCE: Hello. [LB944]

SENATOR STINNER: Good evening. [LB944]

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AUDREY NANCE: (Exhibit 21) Good evening. I'm Audrey Nance, A-u-d-r-e-y N-a-n-c-e, and I will be reading a brief statement from Megan Hunt of Omaha, who could not make it today due to weather, and then closing with some unscripted statements of my own. So I'll start with her letter: My name is Megan Hunt. I live and work in LD8 in Omaha. I am an engaged community member, the founder of the nonprofit Safe Space Nebraska, a trustee of the Board of (sic-- Business) Ethics Alliance, and I'm the owner of Hello Holiday, an Omaha-based start-up that employs 11 young women in Omaha. I am also a single mother to a seven-year-old girl and I'm here today for her just as much as I'm here for myself and everyone else. I am encouraged that the Legislature has the opportunity this session to protect Title X funding, an important tool in our state's toolbox for economic growth and sustainability in small business. I want to talk to you about this from the perspective of a business owner who is on the ground, who is close to your constituents and voters, and who understands personally the importance of accessibility to healthcare in keeping great minds here in our state. I started my business in 2012. We are a profitable company that hasn't taken on any debt to grow and we've brought millions of dollars into Nebraska as well as created jobs, paid internships, and mentorships for dozens of women over the years. All of my employees need reproductive healthcare, and my clientele does too. That's why I'm concerned about a policy that would revoke healthcare access to me, my team, and my customers. This is bad for Nebraska entrepreneurs because it is bad for employees and for our customers. My dream is for all my employees to have the opportunities to move on from my company and start businesses of their own some day or pursue higher education, and to make their own decisions about where their lives are going without those dreams being derailed by the cost of healthcare, especially if that's a problem they only have because they chose to live in Nebraska, especially if that's a problem they wouldn't have if they chose to live somewhere else. I want to be able to continue to hire the best talent and empower my teams. People will not stay in a state that does not support their access to basic healthcare and strips them of their ability to remain healthy and plan their families. This damages my ability to grow as a business owner and to grow talent as a mentor. I wouldn't be where I am today as a community leader bringing millions of revenue into the state each year if I hadn't had access to Title X and Planned Parenthood. I want other people to have the same opportunities I had. I want our state to be as strong as possible. I'm a proud, six-generation Nebraskan, I'm a proud Omahan, and I live here by choice. I live here because I believe in the opportunities we have for progress and growth in this state. I live here because I see we are a state of hard workers, because I am inspired by the spirit of the pioneers who came before me. I live here because I admire so much the work everyday Nebraskans, like those behind me, do to support each other in the face of adversity. That's why I'm asking you to keep Title X funding and take this opportunity to save money for Nebraska and increase positive outcomes for women like me who chose to invest their lives in this state. Thank you, Megan Hunt. And then personally, I would just like to add that the language in this bill is clearly redundant, unnecessary, and an attack on an organization that millions of people like myself across the country and thousands of people in the Lincoln and Omaha area alone and across the state depend on vitally for services. And centers like Crisis

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Pregnancy Center and, you know, other family planning services that proponents have said would step up to take the place just would not provide the same services that Planned Parenthood does, not just services but with the care and compassion and professionalism that they do. And that's all. [LB944]

SENATOR STINNER: Questions? Seeing none, thank you. [LB944]

AUDREY NANCE: Thank you. [LB944]

KELSEY CONNELLY: Hello, everyone. [LB944]

SENATOR STINNER: Good evening. [LB944]

KELSEY CONNELLY: My name is Kelsey Connelly, K-e-l-s-e-y C-o-n-n-e-l-l-y. And in the months leading up to my college graduation last December, the biggest question I continue to ask myself was not who I wanted to be but where I wanted to be. I've spent my entire life here in Nebraska. I'm a product of Nebraska public schools and the university system. But after 23 years of living here, I honestly have a hard time seeing myself actively push to continue a postgrad life in our state. Why? Because as a woman of reproductive age, I hesitate to put down roots in a state that keeps being persistent in enacting policies that work directly against myself, my body, and my health. Growing up in a county in Nebraska that has averaged over 30 percent higher in comparison to national rates of chlamydia and gonorrhea since the year of 2000, I see no rationality in denying Title X funding to health clinics that offer our communities medically accurate information and assistance, especially considering that the state itself doesn't require comprehensive sexual education to be taught in our public schools. I have used Title X services because, like everyone in this room, I need and deserve access to comprehensive, preventative health services. Title X ensures that I can lead a happy and healthy life and make certain that the people I care about can do the same. If this state wants to take that away from me and thousands of other young Nebraskans, I would guess I'm not the only one who would be willing to apply for jobs out of the state. We've talked a lot about the matter of language today so I'd like to end just by asking you all this: What message will you be sending to the future of your state with LB944? Is taking away basic healthcare from clinics and people they serve worth the mass departure of young Nebraskans that will result? Thank you. [LB944]

SENATOR STINNER: Thank you. Questions? Seeing none, thank you. [LB944]

KELSEY CONNELLY: Thanks. [LB944]

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SENATOR STINNER: Do we have additional opponents? How many more testifiers do we have? We have one, two, three, four, five, six, seven, okay. Good evening. [LB944]

BRYNNE BILES: (Exhibit 22) Good evening, Chairman Stinner and members of the Appropriations Committee. My name is Brynne Biles, B-r-y-n-n-e B-i-l-e-s. I am here in opposition to LB944, the restriction on use of Title X funding. My personal experiences and stories of others have led to me to believe it is a right for all individuals to have access to the expanse of services offered at Planned Parenthood and other Title X health centers regardless of that person's healthcare coverage. Thankfully, access to Planned Parenthood was available to me when I needed it the most. My friends and family would tell you that I'm generally an enthusiastic and positive person. I assume leadership positions through school clubs, work two part-time jobs, volunteer for several local organizations, and maintain a busy social life. And I'm also a foster sister. What most people don't know is that every month I am thrown into a deep depressive episode for the week that many women experience, premenstrual syndrome pain. Because I knew the severe decline in mood was closely related to my menstrual cycle and I was aware of other signs of hormonal imbalance, I decided to go to Planned Parenthood of the Heartland, Lincoln's health center. I was warmly welcomed and kept informed during the entire appointment. I was diagnosed with premenstrual dysphoric disorder, which is characterized by extreme mood changes that are an obstruction to everyday tasks and can even be disabling. The nurse recommended I take birth control and seek therapy to cope with the trauma caused by PMDD. Shortly after my visit I noticed a drastic change in my behavior and I found healthy ways to manage my symptoms. In the past, some have asked why Planned Parenthood is necessary when there are other health centers in town to provide care. Though my parents would support me going on birth control for health reasons, the only option they offered was an ob-gyn who was too expensive and could not see me for several months. Rather than wait and risk worsening my condition, I visited Planned Parenthood and was able to get an appointment right away. Title X was a resource in ensuring confidentiality and providing me with life-saving care. This bill would put thousands of Nebraskans at risk for losing their access to healthcare. While Title X provides family planning services, issues like mine are more about...are more than not getting pregnant "unintendedly." Without being able to get Planned Parenthood...care at Planned Parenthood to diagnose my condition and provide treatment options, I would not be healthy enough to continue earning good grades and being active in my community. There are many young people who have parents like mine. These young people may feel unable to talk to their parents about getting the healthcare they need and so these young people rely on Title X for confidential care and affordable care. This experience has propelled me to advocate for the right of women who are also in need of life-saving treatment and support that is offered at Planned Parenthood. I am asking you to vote against the Title X language in LB944 because all individuals, regardless of their healthcare coverage, need to know that they can receive the healthcare they need. Thank you. [LB944]

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SENATOR STINNER: Thank you. Questions? Seeing none, thank you. Good evening. [LB944]

JUDY KING: Hi. Go Gering. I'm from Gering, so. [LB944]

SENATOR STINNER: Okay. (Laugh) [LB944]

JUDY KING: My name is... [LB944]

SENATOR STINNER: You're a long way from home. [LB944]

JUDY KING: Yeah. You are too. (Laugh) My name is Judy King and it's spelled J-u-d-y K-i-n-g, and I'm in opposition to LB944. Some in the...some of the legislators in the Governor's party have not told the truth. He belongs to a party that has had a hard time with the truth and statistics. They have said that there is federal money being used for abortions, and that is not true. The Governor also says he is pro-life, but he's not telling the truth. Pro-life is not just the act of creating a fetus or stopping an abortion. It means that life is important. The Governor, who is wealthy, used our tax money to buy illegal drugs to murder inmates who may or may not be innocent. He belongs to a party which sent money to support a pedophile, Roy Moore. His party is also showing signs of McCarthyism. It's a party which votes to take away food and insurance for children, and it's a party that votes to cut funding for the disabled and to cut funding for Title X, all of which is going to cause death for some. The Governor's budget includes ambiguous language that may have broader impacts on all Title X health centers, even those which do not provide abortion, potentially jeopardizing access to family planning care across the state. Nebraskans use Title X to receive crucial family planning care and education. Title X is a federal grant distributed to states or other recipients to fund family planning, including contraceptive information and services, annual well-being...well woman exams, cancer screenings, STD testing and treatment, HPV testing and vaccinations, health services for survivors of sexual assault, as well as family planning, education, and outreach. So apparently the Governor and Legislatures he has bought and paid for are not pro-life but only anti-abortionists. That being the case, by cutting funding to Title X and access to birth control, statistics shows that this will increase abortions. So many...so maybe they are not anti-abortionists either. Maybe they are just anti-woman, anti-disabled, anti-children. Or maybe instead of pro-life they are only pro money and pro business. (Inaudible). [LB944]

SENATOR STINNER: Thank you, Judy. Questions? [LB944]

JUDY KING: Any questions? [LB944]

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SENATOR STINNER: You're not driving home tonight, are you? [LB944]

JUDY KING: No, I live here, so I live here now. So... [LB944]

SENATOR STINNER: Okay. [LB944]

JUDY KING: ...thanks. [LB944]

MINA DAVIS: Good evening, everybody. [LB944]

SENATOR STINNER: Good evening. [LB944]

MINA DAVIS: All right. So my name is Mina Davis and that's spelled M-i-n-a and then Davis. And so I am a candidate for Legislature, District 8, and I'm here to speak in opposition of LB944, Section 71. As our elected officials, and hopefully soon to be one, my hope is that each of you is committed to making this state's slogan an actualized promise for all Nebraskans. Think about your districts. Do you believe in your heart that every man, woman, and child should have a good life? I hope so. But what exactly does that mean? What are the essential attributes of the good life in Nebraska? I would suggest to you, in addition to having a safe place to live, enough food to eat, and the ability to get a good education, having access to affordable healthcare is a critical component of the good life. As the saying goes, if you don't have your health you don't have anything. The impact of LB944 will be to derail the good life for thousands of Nebraskans and the impact will be disproportionately felt in the rural parts of our state that are already struggling. The good life will be a little further out of reach for the 4,000 patients and dozens of employees at Central Health Center, who serves Grand Island and Kearney, when they close their doors due to the loss of \$328,000 they receive each year in Title X funds. And what of the People's Family Health Services group in North Platte? There are 1,000 patients who will be turned away and told they have to travel 170 miles to Gering to get their care. How many of them can make the trip? How many will get a late stage diagnosis of cervical cancer or breast cancer because they could not scrape together 50 bucks for gas for a round trip? Where will the 1,500 patients in southeast Nebraska, including Crete and Lincoln, go when family health center services closes its doors and when 8,000 patients who receive Title X-funded preventative and family planning, of which I am 1 because I am currently without health insurance, at Planned Parenthood are turned away? How many will simply not get the care they need? For all these patients and the staff who will lose their jobs when \$1 million Title X funding is lost the good life becomes less attainable. LB944 does not help us get closer to the good life for all of our citizens. In fact, any legislation that limits access to our healthcare for your constituents is going to derail their chance at the good life. I know that this legislation is aimed at undermining abortion. If you restrict or limit Title X funds in Nebraska, the simple fact is that you only

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increase unplanned pregnancies and the spread of sexually transmitted diseases. You will see more women whose cervical cancer is detected only when it is too late. If you want the good life to be more than just a license plate slogan, please reject LB944. And I can also show you, as having knocked on over 3,500 doors, people in LD8 are vastly supportive of this issue and do not want to see this funding go away. [LB944]

SENATOR STINNER: Okay. Questions? Seeing none, thank you. And good luck. Good evening. [LB944]

SUSAN WATSON: (Exhibit 23) Hello. Good evening. My name is Susan Watson, it's S-u-s-a-n W-a-t-s-o-n, and honestly I wasn't quite sure what I was going to say until I got here today, but I realize the best testimony I could give would be my own personal story. I'm in opposition of this bill, so that's the first thing I want you to know. When I was 16, I came to the point where I needed birth control. I didn't feel I could go to my parents for various reasons, but luckily I did have Planned Parenthood to go to. Unfortunately, like the rest of students at this time, we weren't receiving comprehensive sex education, but I was able to find the information I needed because I had an organization like Planned Parenthood in my town that could provide me with this information. It wasn't that my parents didn't have good insurance for our family. They did. But I just wasn't ready to go to them about this subject. When my parents found out that I was sexually active, they were obviously caught by surprise. But as we discussed the issue, they were thoroughly relieved that I had been taking precautions by using birth control. And when, while still in high school, unfortunately, the birth control failed me, I was able to get the pregnancy test and an ultrasound at a Planned Parenthood before I had to face my parents. They gave me information about the pregnancy. They didn't counsel me to an abortion, like you're assuming they do by the wording of this bill. They furnished me with information I asked for. From the way this bill reads, no facility, office, clinic, or organization would be able to discuss abortion with their patient or refer a patient to somewhere for an abortion even when it is requested by and is in the best interest of the patient. That means only those wealthy enough to afford a doctor through insurance or cash will be allowed these lawful services. This is discrimination of the low and lower to middle class women. Restricting legal healthcare information and referrals is a denial of services. I believe this is essentially class warfare directed against women. Title X funds must not be cut. Another section of this Title X funding that concerns me is that they don't even mention HIV screenings or treatments in this bill. They speak about what kind of services are covered on page 45, but it's very specific and so limited. This bill could not have been written by a woman or a doctor. Title X says these services provided by Title X guarantees family planning and provision of contraception, education, and counseling, breast and pelvic exam, breast and cervical cancer screening, screenings and treatments for sexually transmitted diseases, HIV, education and prevention of STDs and HIV, counseling for affected patients, referrals to other healthcare sources, pregnancy diagnosis, and pregnancy counseling. This is going to affect low and middle income women and male clients whose use of these clinics is on the rise. As one

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person reported earlier, that's 11 percent in 2016. Why are you putting restrictions on some of the type of care women can get but there are no restrictions on the services that men can get? And I do have a concern about when you say you cannot refer a women. You can give her information about abortion but you can't refer her for an abortion. What about when her life is at risk? Are you saying you can't refer her for an abortion when that is...when that might possibly be the thing that's going to save her life? That's ridiculous. Whether it's Title X funding or not, in any situation, if that is what is going to save a woman's life, her doctor should be able to tell her so. And that's all I have to say. [LB944]

SENATOR STINNER: Okay. Questions? Seeing none, thank you. [LB944]

SUSAN WATSON: (Exhibit 24) Okay. And I'd also like to hand out some testimony from someone who was here earlier but had to leave sooner today. [LB944]

SENATOR STINNER: Okay. Thank you. Good evening. [LB944]

JENNIFER NORRIS: When you get to this age...my name is Jennifer Norris, J-e-n-n-i-f-e-r N-o-r-r-i-s. I have no facts, I have no figures, I have nothing to do with healthcare. I do note that reading this bill it is definitely against one carrier or one provider and that's Planned Parenthood and I just want to testify that my interaction with Planned Parenthood. I called Planned Parenthood. It wasn't for the Title X. It wasn't for anything like that. I called them to set up for an abortion. My last child was a high-risk child. I went into the doctor's office that I had seen for since I was 12 years old. She walked into the office, talked to me, looked me over and so forth, walked back out, walked back in, handed me a piece of paper. She had already scheduled an abortion for me at the local hospital. And I talked to her and I said why? And she went through some of the healthcare issues but never fully gave me an answer. I said, no, I will not do this, and she refused to ever see me again until I got that abortion. I scheduled appointments with another doctor. Three days before the appointment they must have gotten my healthcare records. They denied seeing me. I went through doctor and doctor and doctor. I don't know what part of Planned Parenthood clinic I called but I did call to talk to them about the possibility of an abortion. When I called they could hear the fear and the anger in my voice of having to be forced into this. They said, let me see what we can do for you. And they contacted me several times over the next three days. It took them a while but they finally found a doctor that would see me. The agreement was that I had to go to the University of Nebraska Med Center to see a specialist and do whatever that specialist said. My husband and I went up there. This was our fourth child. My husband and I went up there. We spent over four hours there. I never got a bill from that. Planned Parenthood set it up so I don't know what agreement they did but they took care of it. We were single income, partially farm income. They took care of it. Went to see the doctor, went back to her. Basically, go back to bed for the rest of your pregnancy, maybe you'll carry her to

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full term. That was my choice. Planned Parenthood made it happen. They made sure I was there. I really oppose the words...the parts of this LB because of the fact that it does go after one carrier. That one carrier brought that child to full term for me. They made sure it happened. I never went into the office but I got calls from them. I got at least three or four calls seeing how the progression was going. So Planned Parenthood saved that child. That child graduated with honors from College of St. Mary in Omaha. She graduated with her master's and honors in occupational therapy, and currently works with special needs children for occupational therapy. Had it not been for Planned Parenthood...and I don't know what side of the clinic it is, I'm not into the numbers. I think you guys maybe can do a better job of just making sure that our budgets are straight, the audits are straight, not going after one provider because somebody thinks that they're into abortion. They made sure I didn't have to have one. Thank you. [LB944]

SENATOR STINNER: Thank you. Questions? [LB944]

SENATOR HILKEMANN: Thanks for sharing your story. [LB944]

JENNIFER NORRIS: Thank you. [LB944]

SENATOR STINNER: Seeing none, thank you very much. Any additional opponents? Do we have any additional ones after this? If you're going to testify, why don't you come up here and sit right in the front row here. [LB944]

HEATHER YOUNGER: Hello. [LB944]

SENATOR STINNER: Hi. Good evening. [LB944]

HEATHER YOUNGER: Good evening. Good evening. My name is Heather Younger, H-e-a-t-h-e-r Y-o-u-n-g-e-r, not real hard. And it is a pleasure to be here because I was a page for this very committee. It was very exciting but it was never this exciting when I was here. We never had a hearing like this and I'm quite confused on why I'm here. I am the mom of three. I worked for the state for 14 years in Health and then I ended up deciding, hey, I wanted to get back in the community, so I am now a community health educator for Family Health Services, which is a Title X family planning located here in Lincoln, Nebraska. Our main office, ironically, is in Tecumseh, and we serve Beatrice, Crete, Peru, and Lincoln. And we serve about 19 different counties who come in. That was our last year; we served 19 different counties, people coming in. So we're extremely blessed and we have a lot of things that we do. We provide risk reduction counseling. We provide all options counseling. We provide outreach testing. And when I'm looking at who we see, we saw 1,400 people last year; 1,000 of those were no pay. So the money

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we receive from Title X basically helps run what we do because the majority of the people we're seeing have no insurance, have no way to pay for the basic services just for their annual exams, for STI testing. We have a lot of students coming in (laugh) who just want to get an STD test. We did a testing event at Doane. We had a 25 percent positivity rate. And these kids needed that help and that's what we do. I was at two different treatment centers today doing testing. So what has been characterized as what we do is not even a smidge of what we do. And when I was looking at the language, I looked at it and it...any provider that would be providing services, you would provide a referral for anything you don't do. So I guess I'm very confused on...I look at that language and I worry about what our clinic...what would happen if someone took something the wrong way. And we...when we provide all options counseling, it is just what it is. I've never had anybody...we...people walk out with prenatal pills and they walk out with slips of paper to ob-gyns, and occasionally they'll walk out with a different kind referral if they need it. So that's what we do. So I'll take any questions. [LB944]

SENATOR STINNER: Thank you. Questions? Seeing none, thank you very much. [LB944]

HEATHER YOUNGER: Thank you. [LB944]

SENATOR STINNER: Good evening. [LB944]

PATRICIA CUEVAS: Hello. Hi. I think I'm the last one here. My name is Patricia Cuevas, P-a-t-r-i-c-i-a C-u-e-v-a-s, and I was going to tell a personal story but I'm not going to because, frankly, it pales. It's nothing compared to some of the stories I've heard today. So I just wanted to kind of sum up my thoughts from the last five hours of testimony that I've been here for. I've heard a lot of discussion, pro and con, with the wording on LB944 in how Title X funds are allocated, but I haven't heard anything that leads me to believe that there's anything broken that needs to be fixed here with legislation. Maybe I'll be proven wrong but I haven't heard a compelling case for why we need to change this language. It seems as if we're in compliance with federal regulations. We're not violating anything in Nebraska law so I don't believe that putting this language into LB944 is going to be in anyone's best interest and it could potentially raise other issues that aren't in the current language. And I just believe that the most important thing is the quality of care that people that don't have the same opportunities, the same financial well-being that I have, those are the people that really should be getting quality care because they can't afford it any other way. And to take even one of the clinics away that they could be getting to, one that is potentially very easy for them to get to if they have to take public transportation because they don't have a car or something that they're familiar with is, to me, just...and when it seems to be performing well for them, it just doesn't make any sense to me. So I urge you to oppose the current wording in LB944 about Title X fund allocation. [LB944]

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SENATOR STINNER: Thank you. [LB944]

PATRICIA CUEVAS: Questions? [LB944]

SENATOR STINNER: Questions? Thank you very much. [LB944]

BOB RAUNER: Neutral. [LB944]

SENATOR STINNER: Okay. Any further testimony in opposition? Seeing none, is there anybody in the neutral capacity? Okay. Good evening. [LB944]

BOB RAUNER: (Exhibit 25) I'm Dr. Bob Rauner, Bob, B-o-b, Rauner, R-a-u-n-e-r. I'm testifying neutral on LB944 from the perspective of a public health physician that is trying to...one of my goals is to decrease the number of abortions in Nebraska. I'd urge you to be very careful about the wording on pages 45 and 46. I do think there are some concerns about how it's written and I'm not sure the intent is just to reduce access to abortion. I think there's more to it than that. I've put together a couple things. Why am I...see this as such an issue of family planning is one of the evidence-based ways to reduce abortion and actually that studies really do reflect that. I've given you copies of two. Title X has been around from the '70s and has had bipartisan support for 40 years. The two studies I've got (inaudible) are both neighboring states. Wash. U St. Louis did one. They reduced the abortions by around 62 to 78 percent. More recently in Colorado a similar one making more access to birth control and family planning reduced abortions by 42 percent. Additionally, just last month the child mortality statistics came out and I'll just point you to the back here. They compare us to every other developed country in the world and we have the worst infant mortality of all the developed countries in the world. You might ask, well, why should that be? Well, it's basically because it's RTIT (phonetic), our higher teen pregnancy rate. That's why we have the highest infant mortality in the world. Again, why? Because it's our restrictive access to birth control. I am concerned that if this isn't done correctly, yes, money is fungible, what's in this money funds clinics that are on the edge right now in Nebraska. We do have a huge access problem for low-income women in Nebraska, especially given the state of our current Medicaid system in Nebraska. And so messing with that can justify...can jeopardize clinics across the state. Under my day job, I work with clinics across the state, including FQHCs. You heard from Jeff Tracy. I go out to Gering regularly. Formerly in my career I was a small-town family doc, closer to your neck of the woods in Sidney, Nebraska. There is a big issue, access issue in Nebraska for services like this. And so I understand the various issues and hear there's a pro-life versus, you know, pro-choice agenda, but I do think that the big thing you need to be worried about is that you do not jeopardize Title X funding because it's much broader than just abortion. It's family planning. It's STD. We also, I don't know if you know as some people don't know that we have some of the worst STD rates in areas of Nebraska

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for chlamydia, for example. So I'll just leave you with that and if you have any questions I'll answer. [LB944]

SENATOR STINNER: Thank you very much. Questions? Seeing none, thank you. [LB944]

BRENDAN WAMSTAD-EVANS: (Exhibit 26) I think I'm the last person here. Good evening. [LB944]

SENATOR STINNER: Good evening and congratulations. [LB944]

BRENDAN WAMSTAD-EVANS: Ah, to us all. My name is Brendan Wamstad-Evans, B-r-e-n-d-a-n, Wamstad, W-a-m-s-t-a-d, hyphen Evans, E-v-a-n-s. And I am here in a neutral capacity. I was commissioned to do a poll in January 29 through January 31 of 2018. Spartan Polling, an on-line survey firm based in Lincoln, Nebraska, conducted a statewide survey using the Google Consumer Survey Insights instrument. This survey was completed by 500 people across the state of Nebraska. We conducted the survey at the request of a group of private citizens. Spartan Polling is an offshoot of Research Associates, which is another survey firm here. It's the side that does on-line surveying and polls. Research Associates was established in 1975 and is the owner of the Nebraska poll. The first question was: Do you believe there should be a federal program that makes sure that women have access to healthcare for cancer screenings, family planning, and preventative services? Of the people who had an opinion, 68.8 percent of Nebraskans answered yes; 31.2 percent answered no. This is the Title X question. The second question was: Do you believe that birth control should be easily accessible. Of the people who had an opinion, 83.6 percent of Nebraskans answered yes; 16.4 percent answered no. The majority of Nebraskans support Title X funding for women's health as well as continued easy access to birth control. And there's a little bit about the validity of using the Google Consumer Surveys and then there's a bunch of numbers. And I'll stop and answer any questions you might have. [LB944]

SENATOR STINNER: Okay. Thank you. Senator Kuehn. [LB944]

SENATOR KUEHN: A couple questions. [LB944]

BRENDAN WAMSTAD-EVANS: Sure. [LB944]

SENATOR KUEHN: Since you presented this as public testimony, who commissioned the poll? [LB944]

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BRENDAN WAMSTAD-EVANS: It was a group of private citizens that put this together. I don't have their release to sign it. We do confidential work for a variety of clients. [LB944]

SENATOR KUEHN: So... [LB944]

BRENDAN WAMSTAD-EVANS: I'm happy to provide it to you if they want to so. [LB944]

SENATOR KUEHN: Okay. I think that would be helpful... [LB944]

BRENDAN WAMSTAD-EVANS: Sure. [LB944]

SENATOR KUEHN: ...in terms of understanding who paid for the poll. The other is I noticed you removed the "don't knows," which is critical in analyzing a sampling. And... [LB944]

BRENDAN WAMSTAD-EVANS: Sure. [LB944]

SENATOR KUEHN: ...you've got a lot here on terms of the methodology. Could you provide for the committee the full data set and as well as the methodology which (inaudible)? [LB944]

BRENDAN WAMSTAD-EVANS: I can and I'll just talk about it briefly. The Google Consumer Surveys are an on-line poll. They are the ones that you get the question before you go to read a newspaper article. That's where that shows up. [LB944]

SENATOR KUEHN: So those are the ones that on the Journal Star I always answer "don't know" no matter what it is? [LB944]

BRENDAN WAMSTAD-EVANS: Right. So in a phone survey, like in the Nebraska poll, "don't know" means a different thing than it does in the Google Survey. The Google Consumer Survey is interesting because in 2012 and in 2016 Presidential elections, it was the number one most accurate on-line survey and the number two most accurate survey. So it polls a different group of people than just hitting voters. It gets a broader group. And then you have a lot of people, like you, like me, that hit "don't know." And so one way to get better information about that is to take that out. [LB944]

SENATOR KUEHN: So my next question then, since you've kind of alluded to that, since it is an on-line poll, do have any information as far as the demographics of the individuals who... [LB944]

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BRENDAN WAMSTAD-EVANS: Sure. [LB944]

SENATOR KUEHN: ...filled this out or...? [LB944]

BRENDAN WAMSTAD-EVANS: And the basic demographics are provided here in that we've got, first, it says: "Results with 'Don't knows' removed. Female, male, total." Their target was 500. The frequency on the return of Q1 was 250 completes and so that puts it at like basically kind about plus or minus 6 percent with a 95 percent accuracy. That's not totally accurate. We haven't finished. But it's close, you know, (inaudible) close. And then it's got the age breakout so it does...the way they break that information out, the information that they have, is age, gender, and geography, which I've provided here. And then if you go to the second...the next further on, it has Q2 with "don't knows" removed on the birth control question where a lot more people answered. It does the demographics and then it has the full results for both Q1 and Q2. So you can see that of the 500 there were...and this is...this page kind of towards the back, maybe the fourth from the back. There were 411 valid completes on question one and it breaks that down. And then also the Google provides a weighting instrument of what the demographic sample is based off of the most recent census data versus what the returns were. And so weighting was applied to it to basically have it mirror Nebraska's demographics as closely as possible, and it wasn't off by a ton. There was one outlier that was an interesting result which is on the last page...or, I'm sorry, the next to last page and it's the "Q1 Crosstab for Gender." We ran this as a quick poll. We're still doing some of the "crosstabs." We'll find a full data set for you guys to look at. But if you look within gender, there's a couple things highlighted. For women, of yeses...or people within the female demographic, 56.4 were yes; 37.2 were no. For men, 60.2 percent said, no, that there shouldn't be federal funding for...make sure that women have access to healthcare for cancer screenings, family planning, and preventative services; and 43.6 were yes. So that's kind of just an interesting figure. Any other questions I can answer? [LB944]

SENATOR STINNER: Additional questions? Senator Hilkemann. [LB944]

SENATOR HILKEMANN: Did you have a question, did you consider a question: Should the state of Nebraska defund Planned Parenthood? [LB944]

BRENDAN WAMSTAD-EVANS: I did not put that question forward. I mean that would be an interesting one to do. I've got a million interesting questions I'd like to ask about Nebraska if there was somebody who wanted to pay for it. (Laughter) We did do the poll for the last senatorial pay raise 30-some years ago, back then. [LB944]

SENATOR HILKEMANN: Thank you. [LB944]

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BRENDAN WAMSTAD-EVANS: Sure. [LB944]

SENATOR STINNER: Senator Clements. [LB944]

SENATOR CLEMENTS: One question. Thank you, sir. Do you have results by age? [LB944]

BRENDAN WAMSTAD-EVANS: They do. So if we look at...I'm sorry, my page numbering didn't number as I put these out. Well, I haven't run the "crosstabs" for the age. I just ran the one "crosstab" on gender. That's what I had time to do. And I can provide a "crosstab" on age if that would be of interest to you. [LB944]

SENATOR CLEMENTS: Yeah, but it's not in this packet. [LB944]

BRENDAN WAMSTAD-EVANS: It's not in this packet here. [LB944]

SENATOR CLEMENTS: All right. That's all right. Thank you. [LB944]

BRENDAN WAMSTAD-EVANS: Uh-huh. [LB944]

SENATOR STINNER: No additional questions. Thank you very much. [LB944]

BRENDAN WAMSTAD-EVANS: Thank you. [LB944]

SENATOR STINNER: (Exhibits 27-40) We do have several letters. We have one in support from Barbara Gard in support of LB944, Section 71. In opposition we have Susan Wells, Shannon Coryell, Deborah Levitov, Jann Dappen, Clare Coleman of the National Family Planning and Reproductive Health Association, Karen Bell-Dancy of YWCA, Meghan Francis, Doug Evans, Women's Fund of Omaha, Kathie Sparks, Ward Hoppe of Hoppe Homes, and Kathleen Merkel. And that I believe concludes our hearings on LB944, Section 71, federal Title X funds. We are adjourned. [LB944]