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Health and Human Services Committee  
February 03, 2017

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[LB227 LB283 LB323]

The Committee on Health and Human Services met at 1:30 p.m. on Friday, February 3, 2017, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on LB227, LB323, and LB283. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Sara Howard; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: None.

SENATOR RIEPE: Good afternoon. This is the Health and Human Services Committee. We appreciate all of you being here on this Friday. I am Merv Riepe. I am the Chairman of the Health and Human Services Committee. My district is Legislative District 12 which is Omaha, Millard, and Ralston. I'm going to start out with that; I'm going to start out to my right and ask the committee members to self-introduce.

SENATOR KOLTERMAN: I'm Senator Mark Kolterman from Seward, York and Polk Counties, the 24th District.

SENATOR HOWARD: I'm Senator Sara Howard; I represent District 9 in midtown Omaha.

SENATOR ERDMAN: Steve Erdman, District 47; I represent about 80 percent of the Nebraska Panhandle.

SENATOR CRAWFORD: Good afternoon, Senator Sue Crawford; I represent District 45 which is eastern Sarpy County, Bellevue, and Offutt.

SENATOR WILLIAMS: Matt Williams, District 36: Dawson, Custer, and the north part of Buffalo Counties.

SENATOR LINEHAN: Good afternoon, Lou Ann Linehan; I'm western Douglas County to include Elkhorn, Waterloo, and Valley, District 39.

SENATOR RIEPE: Thank you very much. To my right is Kristen Stiffler who is legal counsel for the committee. And Tyler Mahood over here is the committee clerk. We also have pages working with us today and Brienne Hellstrom who is from Simi Valley, California; and we also have Jordan Snader who is from Oakland, Nebraska. And we appreciate all their hard work and effort. The committee is your opportunity to participate in the legislative process of Nebraska and we are glad that you're here and invite you to really participate. At times you will see committee members coming and going, and they're not disinterested in your legislation but rather

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they will have other hearings that they have to open on in other committees or they will be testifying at some of those. You'll also see our people will be using, like Senator Crawford here on her computer, and that means that she is technically ahead of some of us and is very much involved and we do encourage that as well. There a few rules of engagement that we will ask you to participate...or adhere to. The first one is to please silence and turn off your cell phones. If you're going to be testifying, we'd ask you to move forward up to the front seats in order to facilitate the process. The process for testifying today will be first the introducer, followed by proponents, then opponents, and then anyone in the neutral capacity, Tyler will then read in any letters, and we ask the bill introducer, if they're here, that they would come back and close if they chose to. When you're coming up to the mic, we would ask you to spell your name...state your name and then spell your name and be concise. We run on a five minute...four minutes on the green light, one minute on the amber, and then the red light will come on and we ask you to conclude. If you're in the middle of something, we try to be flexible and work with you on that, but if it goes too long, I will ask you to wrap it up. I want to read this one into the record so that we know that it's...that we get it in properly. It says: if you will not, and I repeat not, be testifying at the microphone but want to go on record as having an 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. Also, written material may be distributed to the committee members as exhibits only while testimony is being offered. Hand them to a page for distribution to the committee and staff when you come up to testify. And we will need ten copies for the committee members. That all said, we will open today's hearing with LB227 which is Senator Wishart. Senator, the microphone is yours.

SENATOR WISHART: Well, good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Anna Wishart, A-n-n-a W-i-s-h-a-r-t, and I represent the 27th Legislative District in western Lincoln. This is actually my first hearing as a senator. [LB227]

SENATOR RIEPE: You're doing great so far. (Laughter) [LB227]

SENATOR WISHART: Thanks. So I am here today to introduce LB227, a bill that would establish in statute the Brain Injury Council. This issue was brought to my attention by a constituent when I was going door-to-door last year. In Nebraska, if you experience a brain injury before the age of 22, there is ongoing assistance available through our Developmental Disability System. However, I was disappointed to learn that Nebraskans who experience a brain injury after the age 22 aren't able to go to one specific agency or department for services or assistance. One of the letters of support the committee should have received illustrates how difficult it can be for a family to deal with traumatic brain injury once they get home. In a statewide needs and resources assessment done in 2010 by the Brain Injury Alliance of

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Nebraska, the survey found several areas of concern for individuals dealing with the long-term effects of brain injury. The areas lacking included access to resources, a lack of information about brain injuries, a lack of services, and a lack of awareness. The CDC's National Center for Injury Prevention and Control estimates that 5.3 million U.S. citizens, which is 2 percent of our population, are living with disability as a result of a traumatic brain injury. As of 2010, that was over 36,000 Nebraskans. LB227 would establish in statute the work that the Brain Injury Association of Nebraska is doing by creating the Brain Injury Council and fund to help all Nebraskans dealing with the effects of a traumatic brain injury. The bill, as it is drafted, is currently funded through 2018 through an existing federal grant obtained by the Brain Injury Alliance of Nebraska. The grant is a four-year grant from the federal government that will establish the purposes of this council and this fund. While the council will need to reapply for federal grant funds in the future, LB227 creates the structure for accepting private dollar donations that could help the council leverage potential grant funding by showing that the state is already invested in these efforts. There will be a few people here to testify to the importance of LB227 in how a traumatic brain injury has affected their family. Additionally, there will be testifiers that will be able to speak to the current structure of the Brain Injury Alliance and how LB227 would change their work moving forward. Thank you for your time today. I have to leave as I have another bill right now that I need to introduce in front of the Government Committee. So unfortunately, I don't have...I won't be here for closing. But I would be happy to follow up on any questions asked after this committee process if the following testifiers aren't able to answer those for you. So thank you. [LB227]

SENATOR RIEPE: Thank you, Senator Wishart. Your mentor, Senator McGill, would be proud of you. [LB227]

SENATOR WISHART: Good. [LB227]

SENATOR RIEPE: She was kind of your inspiration. [LB227]

SENATOR WISHART: She was. [LB227]

SENATOR RIEPE: Okay. Thank you very much. You did a nice job. [LB227]

SENATOR WISHART: Thank you. [LB227]

SENATOR RIEPE: Are there questions from the committee? Senator Williams. [LB227]

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SENATOR WILLIAMS: Thank you, Chairman Riepe. And thank you, Senator Wishart, for bringing this to us. My question, whether you can try to answer now or get back to me, is a concern about the fiscal note if we don't obtain the grant in the future. And I would be slightly concerned about that and would like to have your input. [LB227]

SENATOR WISHART: Yeah, and there are different ways that other states are creatively funding these trust funds. But there will be somebody here today to speak to the fiscal note. [LB227]

SENATOR WILLIAMS: Okay, thank you. [LB227]

SENATOR RIEPE: Are there other questions, concerns? Senator Lindstrom...Linehan. I'm going to have to change your name (laughter). [LB227]

SENATOR LINEHAN: This is just because I don't know, so it would be at the State Department of Education, not Health and Human Services? [LB227]

SENATOR WISHART: I believe it would be at the State Department of Education. Yes. It's under Vocational Rehabilitation. [LB227]

SENATOR LINEHAN: Okay, so that's why it's there. All right, okay, thank you. [LB227]

SENATOR RIEPE: Okay. Other questions? Hearing none, thank you very much for your presentation. [LB227]

SENATOR WISHART: Okay. Thank you. [LB227]

SENATOR RIEPE: Are there other proponents here? Those testifying in favor? Okay. [LB227]

MARK SCHULTZ: Good afternoon, Senators. My name is Mark Schultz. I'm the deputy commissioner of Vocational Rehabilitation in the Department of Education. And I'm here on behalf of the State Board of Education and VR in support of this bill today. Since 2008, Nebraska VR has been the designated lead agency for brain injury in the state, and we have a federal grant at this time. And originally it came from Help Resources and Services Administration and now it comes from the Administration of Adult and Community Living. That grant is what you see in the fiscal note. So it's existing funding and it requires a state match. So it's already built into VR's budget and it has been since 2008. That grant provides for a lot of similar activities. It provides for a brain injury council; it provides for education awareness

training activities, as well as resource facilitation. So a lot of those things currently exist. So what LB227 does is it establishes that council in statute and then establishes a trust fund which is the mechanism by which other resources can be brought to bear on this. So private donations, other grants, etcetera, can go into that fund. So to allow for continuation of what's going on, if we do lose the federal grant, but also to enhance it if we continue to get those federal funds. That grant is currently in the third of a five-year grant. It's in the third year of a five-year grant. So we don't know what's going to happen beyond that five years, but we have received continuations in the past. So it doesn't require...if we don't get any other additional private funds or anything into the trust fund, this simply goes away. There's no money to do this at that point. So this note, the bill, in and of itself, really has no cost that it isn't currently already funded. So the actual funding mechanism comes in Senator Bolz's bill which is LB357 which creates a source of funds that will then go into the trust fund if that bill passes. So that will be an additional source. But the way this bill is constructed, it says that any federal grants or other grants that are available would go into this bill. That's why you have the fiscal note because I have to put those...that grant will then go under this council and that bill. So it already exists though, so I assure you that. Nebraska VR and as to why are we the lead agency in the state? We've had a lot of experience working with and serving individuals with brain injuries over the years. And there are a lot of things we can't do in helping them get jobs, that are because there are other resources that aren't available. So we have a lot of experience and we know what those gaps are and who falls into those gaps and we can bring that information to bear on the council and decisions around the use of that trust fund. In addition, we've been working on these issues for a long time, not just since 2008. I've been personally involved in legislation like this and trying to get something passed for over 25 years and remember working with Senator Lynch on the very first bill trying to create a trust fund, and that was a long, long time ago. So I would appreciate your consideration and be glad to answer any questions. [LB227]

SENATOR RIEPE: Thank you, very much. Senator Howard. [LB227]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for visiting with us today. I was curious about your statement that should the federal funds go away, then this council would go away? [LB227]

MARK SCHULTZ: There would have to be funds to operate the council. So whether there would be...that's the purpose of this fund, this trust fund, would be, hopefully, whether private funds, whether the Brain Injury Alliance or other groups would choose to go out and find resources for that fund that would allow for them to be placed in there for operation of the Brain Injury Council or conduct additional activities, depending on how much is in that. But, otherwise, there are no resources if we don't have any state or federal funding. [LB227]

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SENATOR HOWARD: In the language of the bill, is there anything regarding dissolution upon the expiration of the federal grant? [LB227]

MARK SCHULTZ: No, not to my knowledge. [LB227]

SENATOR HOWARD: Okay. Thank you. [LB227]

SENATOR RIEPE: Senator Linehan. [LB227]

SENATOR LINEHAN: So if there was private donations to a trust, then that would come to the department to oversee? Can a department take private funds like that? [LB227]

MARK SCHULTZ: Yes. [LB227]

SENATOR LINEHAN: Okay. [LB227]

SENATOR RIEPE: Additional questions? I have a question. What other requirements to participate in this program? Do you have to be a citizen in the state of Nebraska or do you have to be injured in the state or what are the requirements for participation? [LB227]

MARK SCHULTZ: Under this program, I think that would remain to be determined under this particular trust fund. But the federal grant program, as long as you have a brain injury and establish that you're a resident and available for those services, then we provide those. We do use the VeriSafe System to establish whether or not the individual is a citizen or whether or not they're here under a work visa, etcetera, so. [LB227]

SENATOR RIEPE: Okay. Senator Linehan. [LB227]

SENATOR LINEHAN: Thank you, Mr. Chairman. I know with privacy you can't give us any exact examples, but, so you're already working with people now? [LB227]

MARK SCHULTZ: Yes. [LB227]

SENATOR LINEHAN: Can you tell us kind of the number of people that you're dealing with that are adults? Because I assume there's a counter under 21, so people over 21. [LB227]

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MARK SCHULTZ: Yeah, I can't...I can get that information to you. [LB227]

SENATOR LINEHAN: It doesn't have to be exact. [LB227]

MARK SCHULTZ: Not off the top of my head. I do know there are studies when you look at particular systems, for example, Corrections, high incidence level. I know that when we look at ours anecdotally I can tell you that more than 40 percent of the individuals we have...excuse me, I'm trying to remember how many...it's not 40 percent. [LB227]

SENATOR LINEHAN: You can get us numbers. You don't have to give them to me right now. [LB227]

MARK SCHULTZ: I can get those to you later. Because we do screen, we have a screening process for all the individuals coming into our services where we suspect there might be a brain injury, so I can get those numbers to you. [LB227]

SENATOR LINEHAN: Okay, thank you very much, appreciate it. [LB227]

SENATOR RIEPE: Thank you. Additional...Senator Williams. [LB227]

SENATOR WILLIAMS: Thank you, Chairman Riepe; and thank you, Mr. Schultz. Can you explain to me, I'm missing a piece here, you're already doing this work now, and it would appear to me that the State Board of Education could create your own council to do this. I'm not sure why we need to put it in statute. [LB227]

MARK SCHULTZ: Um-hum. Well, part of this is the trust fund would need to be managed by someone. And the council seems to be the best place to manage that trust fund. The...I guess... [LB227]

SENATOR WILLIAMS: But who is managing the funds that are coming in now? [LB227]

MARK SCHULTZ: Yes, that would be Vocational Rehabilitation. And there is a advisory council that has been established as a part of that federal grant. But they would not have the authority for...to be able to manage a trust fund. And that's why you need that council in statute because the grant...that federal grant does not allow for the use of those dollars for a trust fund. [LB227]

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SENATOR WILLIAMS: So the group that you have right now, the advisory committee, can manage the grant funds... [LB227]

MARK SCHULTZ: Yes. [LB227]

SENATOR WILLIAMS: ...but if you were to attract additional funds, that would be problematic, is that what you're telling me? [LB227]

MARK SCHULTZ: That's my understanding, yes. That's why we would need that also. [LB227]

SENATOR WILLIAMS: Can you also help tell me what services you do provide to people? [LB227]

MARK SCHULTZ: Sure. Through the grant we've established resource facilitation services. We have a pilot going on now that I think is in the second of a three-year pilot. And those services provide information, counseling, and trying to connect individuals to valuable community resources. And that's where the problem comes in is that a lot of times those resources don't exist. And so, ideally, we could build the fund up at some point where we could actually create some resources for those individuals who have dropped...fall through the cracks and provide some gap funding. Because if you can intervene early and provide those supports, then, hopefully, those individuals don't end up in the public system and stay there for a lifetime because there are no services available. [LB227]

SENATOR WILLIAMS: Can you tell me in the projected fiscal note on the expenditure side of this, it appears the total there projected for the 2017-18, 2018-19 are \$375,000 and \$220,000-plus of that is going to something called "operating." Can you explain to me what the operating portion is? [LB227]

MARK SCHULTZ: Yes. Yeah, okay. The operating portion for those particular services, so resource facilitation has significant amount of funding is going to that and we have several pilot sites--Omaha and Lincoln primarily. So when you start getting out into central and western Nebraska right now, there's nothing. So that would be the purpose of enhancement if we were able to get additional funding. The other part of this goes for education and awareness activities. We work with the Brain Injury Alliance and they can describe some of those activities more specifically for you. But that's the bulk of that funding out of operations. [LB227]

SENATOR WILLIAMS: But the portion under operating is truly going to programing or services for those that are receiving benefits? [LB227]



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MARK SCHULTZ: That's correct. Yes. [LB227]

SENATOR WILLIAMS: That's not part of the administration costs. [LB227]

MARK SCHULTZ: No, it's not, no. [LB227]

SENATOR WILLIAMS: Okay. Thank you very much. [LB227]

SENATOR RIEPE: Additional questions from the committee? Seeing none, thank you very much for being here. [LB227]

MARK SCHULTZ: Thank you. [LB227]

SENATOR RIEPE: We'll take more proponents, please. [LB227]

LORI TERRYBERRY-SPOHR: (Exhibit 1) Good afternoon, Senators. My name is Lori Terryberry-Spohr, spelled T-e-r-r-y-b-e-r-r-y hyphen S-p-o-h-r. I am the director of rehabilitation programs at Madonna Rehabilitation Hospital; I'm also a board-certified clinical neuropsychologist. I've worked in the field of brain injury for over 20 years. I'm here on behalf of myself, as well as Madonna, to state our support of LB227. This bill is important because it provides a mechanism to help improve the efficiency and efficacy of our government resources in multiple important ways, two of which I would like to highlight today. First, it would establish a permanent brain injury council which would serve as an ongoing mechanism for a public/private partnership to promote prevention, awareness, education, treatment, and research for the brain injury population. Second, through resource facilitation, it would, at the individual level, provide knowledgeable people to assist those with brain injury to navigate our complex public and private systems and access the services they need to live and thrive in the community. Let me first address the issue of government efficacy and the role of public/private partnerships in maximizing the impact of resources dedicated to this population and services provided to persons with brain injury. Brain injury affects more persons than breast cancer, HIV/AIDS, MS, and spinal cord injuries all combined. In addition, many don't realize that 5.3 million Americans live with a long-term disability as the result of a brain injury, with at least 36,000 of those living in Nebraska, which is data as of 2010. It is clear from these numbers that a coordinated effort to provide for the needs of persons with brain injury is necessary in our state. Establishment of a permanent brain injury council, even if federal support is no longer available, is the mechanism for providing that coordinated effort. Madonna has very actively participated in the Brain Injury Advisory Council since its inception, because we believe that by working collaboratively with other providers, family members, and state agencies, we are better able to meet the needs of the

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over 800 patients per year that we serve with brain injury; and our outcomes for these patients are improved as a result. Participation in the council allows Madonna to stay informed and better partner with others in serving the needs of those persons with brain injury in our state, as well as allows all of us to readily identify the gaps in services that we can then problem solve how to fill with private/public partnerships. If the council were to cease to exist, coordinated efforts would likely end and services for this population could become increasingly siloed, decreasing both our proficiency and impact. Secondly, we need this legislation to better serve those individuals with brain injury throughout their lifespan. Our state needs a permanent mechanism for providing a one-stop shop for individuals with brain injury to get help finding what they need. Individuals with brain injury frequently struggle for the rest of their lives with organization, memory, problem solving, and reasoning skill issues. Their frustration tolerance is often impacted so waiting on hold, making multiple calls to try to get to the right place and person is more than they can manage. They struggle with expressing themselves and are repeatedly misunderstood. Past needs assessments, commissioned by the Legislature, have revealed a lack of awareness of available funding sources, a lack of knowledge of services and resources, and access to case management as large barriers to obtaining appropriate services. Even physicians often do not know how to access services like employment support, respite care, or housing, and they certainly don't have the time to help their patients track down those types of services and supports. While our state has outstanding acute care, acute rehabilitation, and post-acute care, we lack the supports to help individuals with brain injury to navigate our systems once they discharge from those facilities. Furthermore, some individuals with milder injuries never seek care through an emergency department and may not have the opportunity to connect with anyone who is knowledgeable about what to expect from their injury and the supports available to facilitate continued employment, counseling, or treatment. Many individuals with brain injury flounder around, struggling with physical, cognitive, and psychological symptoms that impact all aspects of their life including work, home, and school. The divorce rate is high, and homelessness, and in some cases jail, is the result. Resource facilitation across our state can help these persons in many ways including educating existing providers of healthcare, mental health, and agency services how to identify these individuals and get them to the appropriate service sooner. When Madonna has been able to work with the BIA to utilize resource facilitation, we feel it has benefited our patients in improving outcomes, decreasing the likelihood they will end up in programs inappropriate for those with brain injury such as our judicial system or long-term care. A number of states have shown it to be cost effective and significantly reduce the burden on other public services. This is an investment that will pay off in better care for persons with brain injury and decreased burden for our state. I ask you to support LB227. Thank you. [LB227]

SENATOR RIEPE: Thank you very much. Are there questions from the committee? Senator Williams. [LB227]

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SENATOR WILLIAMS: Thank you, Senator Riepe; and thank you for being here today. Could you describe, from Madonna's standpoint, what services you are able to help these people with, with the money that you are receiving from this benefit? [LB227]

LORI TERRYBERRY-SPOHR: I think resource facilitation has been a huge benefit, but it's isolated right now pretty much to residents of Omaha and Lincoln because that's all the funds for the pilot will support. And so when we've had people come through us that maybe aren't eligible, actually, for actual medical services, but their needs are much broader than that. Their needs are for respite care; their needs are for housing; their needs are for employment, support, the types of things Madonna can't provide. We now have a partner, if that person is a resident of Omaha or Lincoln, to say--work with them and they will help you find those things; they will help you get those supports. Families come to us frequently asking for assistance with behavioral issues and things; they're fearful they can't keep that person in the home anymore. And being able to help find... [LB227]

SENATOR WILLIAMS: And what I am specifically asking is what do you do for that person in that case then? [LB227]

LORI TERRYBERRY-SPOHR: It's not what we can do, it's what we can do in partnership with the other people on the council and through resource facilitation because they are case managers essentially. They know all the services in our state for brain injury, all the agencies, everything that's available, and they help link them to that. Does that make sense? [LB227]

SENATOR WILLIAMS: We were just told that, roughly, \$220,000 of the money is going to actual programs that are helping these people. [LB227]

LORI TERRYBERRY-SPOHR: Right. [LB227]

SENATOR WILLIAMS: That's what I'm trying to find out, what those programs are. [LB227]

LORI TERRYBERRY-SPOHR: Yeah, that's the resource facilitation piece that we're talking about, which is like the case management piece. And so those funds are given to, basically, case managers, resource facilitators who know all the resources and they can help those residents of Omaha or Lincoln right now, to link up... [LB227]

SENATOR WILLIAMS: So the \$220,000 is not directly going to programing, it's going to assist them in finding programing, is that a better way to describe it? [LB227]

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LORI TERRYBERRY-SPOHR: In my view, that would be accurate; although that might be a better question for a later testifier. [LB227]

SENATOR WILLIAMS: And I think you testified that in Madonna you handle 800 per year. [LB227]

LORI TERRYBERRY-SPOHR: Last year, we had 800 patients with brain injury come through our system in both inpatient and outpatient services. [LB227]

SENATOR WILLIAMS: But there are 36,000 in the state. [LB227]

LORI TERRYBERRY-SPOHR: Yeah. And 36,000, that number is those living with brain injury not per year, but are living ongoing with brain injury. [LB227]

SENATOR WILLIAMS: Right, right. [LB227]

LORI TERRYBERRY-SPOHR: So it would be cumulative after that. It's probably greater than that given those numbers were 2010. [LB227]

SENATOR WILLIAMS: Okay. Thank you. [LB227]

LORI TERRYBERRY-SPOHR: Yep. [LB227]

SENATOR RIEPE: Good line of questioning, Senator Williams. Senator Linehan. [LB227]

SENATOR LINEHAN: Thank you, Mr. Chairman. Would these numbers include VA, veterans? Probably not, right? These are not...because you...obviously, over the last two decades, we've had a lot of traumatic brain injuries in the service, but these numbers, that would all be at the VA, right? [LB227]

LORI TERRYBERRY-SPOHR: The 36,000 living in our state would include veterans. [LB227]

SENATOR LINEHAN: They would, okay. Okay. [LB227]

LORI TERRYBERRY-SPOHR: But the 800 served at Madonna, only a very few of those are veterans because most of those are now currently served through the VA system. Back in 2008

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through about 2010, we had a contract to serve veterans, because the VA had to build up to be able to provide those services. [LB227]

SENATOR LINEHAN: Right. [LB227]

LORI TERRYBERRY-SPOHR: But as of recent years, now the VA is serving most of those. [LB227]

SENATOR LINEHAN: Okay, thank you very much. [LB227]

LORI TERRYBERRY-SPOHR: Yes. [LB227]

SENATOR RIEPE: Are there additional questions? Senator Crawford. [LB227]

SENATOR CRAWFORD: Thank you, Senator Riepe. And thank you for your work and for being here. So just to clarify, as your testimony notes, you are currently active in the Brain Injury Advisory Council currently. [LB227]

LORI TERRYBERRY-SPOHR: Madonna is. I was a member of the council for several years and now that role is fulfilled by Brooke Murtaugh. [LB227]

SENATOR CRAWFORD: Okay, but Madonna is, right? [LB227]

LORI TERRYBERRY-SPOHR: Um-hum. [LB227]

SENATOR CRAWFORD: And so the bill, primarily, ensures that a mechanism would exist to maintain that activity from your perspective. [LB227]

LORI TERRYBERRY-SPOHR: I believe that is one of the important points of the bill is that that not just go away because the grant goes away, that we are allowed the opportunity to seek out other mechanisms for funding that to continue because I feel like that work is very, very important. [LB227]

SENATOR CRAWFORD: Do you see opportunities to expand that work by seeking other funding, even if a federal funding continues? [LB227]

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LORI TERRYBERRY-SPOHR: I would certainly like to see research facilitation expanded across out state. Whether the activities of the council itself would have to be expanded, that would require larger discussion. [LB227]

SENATOR CRAWFORD: Okay. [LB227]

LORI TERRYBERRY-SPOHR: We meet quarterly and then divvy out a lot of things which are done volunteer by the members of the council. [LB227]

SENATOR CRAWFORD: Right. Oh, but the services that we're talking about. We definitely (inaudible). [LB227]

LORI TERRYBERRY-SPOHR: But the services, I think, could definitely be bolstered. [LB227]

SENATOR CRAWFORD: Bolstered, if there were more funding coming in. [LB227]

LORI TERRYBERRY-SPOHR: Yes. [LB227]

SENATOR CRAWFORD: Thank you. [LB227]

SENATOR RIEPE: Additional questions? I already asked this: given the fact that Madonna is possibly doubling its capacity by being in Omaha, what are the implications on the council, any? [LB227]

LORI TERRYBERRY-SPOHR: Yes. I think the implications are likely to be directly on resource facilitation. We currently have participants in the council who are from both locations, and so we will, I hope, be able to, on the council, represent the needs of both those patients that we admit from the Lincoln facility as well as the Omaha facility. But I think as those...we have identified part of the reason why Madonna went to Omaha is we identified that Omaha was underserved in terms of rehab. And if individuals come through our system that need then services after discharging from us, the implications on resource facilitation there may even be more individuals who have that need. [LB227]

SENATOR RIEPE: Okay. Thank you. Seeing no other questions, thank you very much for being here. [LB227]

LORI TERRYBERRY-SPOHR: Thank you. [LB227]

SENATOR RIEPE: We'll take additional proponents. [LB227]

JIM PETERSON: (Exhibit 2) Good afternoon. My name is Jim, J-i-m, Peterson, P-e-t-e-r-s-o-n. I'm here to speak in support of this bill. And my primary function is to talk to you today about a real life example of a citizen that's had a traumatic brain injury. On January 12, 2007, a newly-engaged, 31-year-old man, after just stopping to see his future bride, was driving his car down Highway 34, heading towards Lincoln, when his vehicle crossed the center line towards an oncoming semi. A closely following vehicle was unable to get stopped and also ended up in the ditch on top of his body. Meanwhile the semi lies in the opposite ditch in flames. And the life flight soon came to rush his near-death body to Bryan West. With the help of the emergency medical team, the vehicle was lifted off of his body and then rushed into the helicopter. During this flight his body coded three times and was brought back to life. He suffered multiple fractures, the loss of one of his kidneys, as well as other internal injuries and, most harrowing, a traumatic brain injury. He lay in a coma for several days with machines attached to almost every part of his body. He remained in the ICU for the next five weeks before being transferred to the TBI unit at Madonna Rehabilitation. When arriving at the rehab facility, he was unable to speak, recognize people, and had very little movement in his body. Due to the capable staff at Madonna, he was able to make great improvements in his mobility, as well as relearning to speak. After being treated at Madonna for two months, he was moved to an inpatient rehab facility in Omaha called Quality Living. Although still in a wheelchair, he was able to interact with other patients and have more freedom. He continued working on his speech and learning how to do everyday tasks such as making a phone call, doing laundry, helping to learn how to keep a bank account. After three months, he was finally able to return to Lincoln where he would continue with outpatient rehab for three additional months at Madonna. His therapy ended in September of 2007, and he was released back into the care of his parents where he had been living. Although it was a lengthy recovery, he appeared to be as close to his old self for at least what his body had endured. He went on to get married in August of 2008 and his family grew with the arrival of a beautiful daughter in October of 2010. Soon after, he began to have struggles with his behavior and substance abuse. His behavior was becoming very unpredictable and eventually led to encounters with law enforcement. This caused a lot of strain on his wife and family and soon led to the separation of the marriage. His wife and family strived to find him help wherever they could go. However, the search led to many dead ends. Several agencies were contacted for assistance, however none showed support and had no interest in recommending other agencies. His parents searched for a managed-care facility for him to live, but none were available. It was not until he ended up in the Lincoln Crisis Center that he was able to receive care through the Lutheran Family Services and the Lancaster County Health Department. He was diagnosed with bipolar disorder and received and was placed on medication. Although improved, he still continues to have behavioral issues related to his brain injury. The search for help has been a long and stressful experience for everyone involved. His mother was able to become his legal guardian and he is currently living in an apartment by himself with parental supervision. I have

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just given you a real-life story that my family has lived for the last ten years. This young man's name is Ben; and it was my office that he left that day visiting my daughter, his fiance. The struggle to find help for Ben has affected his parents, his siblings, my wife, myself, my daughter, as well as my granddaughter, and I feel that LB227 is a necessary program that is the beginning of finding hope for all families in Nebraska that are currently going through these same experiences. In closing, I've been a Cass County Commissioner for 11 years and I represent Cass County on the Region VI board of directors and so I did have an opportunity to be somewhat on the inside track of programs that were available and I can never say enough about the quality of the people that we have on Region VI. The directors have been outstanding and they currently are. But there were not any programs for my son-in-law. And most of the problem that...in the time that they were in effect comes from about age 22 on up where the programs are not available. However, if you're injured from a war injury, we have plenty of programs. But it's those citizens that are in that gap that don't have the opportunity to find additional help. [LB227]

SENATOR RIEPE: Okay. Thank you, thank you very much. Are there questions? Senator Kolterman. [LB227]

SENATOR KOLTERMAN: Thank you, Senator Riepe. Jim, I just want to thank you for your testimony. [LB227]

JIM PETERSON: Thank you very much. [LB227]

SENATOR KOLTERMAN: It's important to hear that. [LB227]

JIM PETERSON: Thank you. [LB227]

SENATOR RIEPE: Are there...Senator Howard. [LB227]

SENATOR HOWARD: Thank you, Senator Riepe. Thank you for visiting with us today. This is a really important story and it takes a lot of bravery to tell this type of story. When you're referring to the difficulty in finding support for your son-in-law, was it more once his behavioral issues kind of got out of hand and his substance abuse? Or was it more around his traumatic brain injury? [LB227]

JIM PETERSON: It's more around the traumatic brain injury. What I find is, is really disheartening is that it takes more behavioral issues in order to get the individual into the system. I believe that in both Lincoln and Omaha where you have a very high rate of institutionalized people in the Lincoln center...all of a sudden I can't think of our Lincoln center's name all of a



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sudden...anyway, it seems like a shame that someone would have to be committed, jailed, and that's what happened in this case, before anything really happens. As soon as he was, basically, in prison, then we were finally able, the family, was finally able to get him the proper examinations and to get the proper medication to get him under control. And there was an immediate change in his behavior. So it's just too...we need to have something to prevent that from happening. We don't need to have our courts filled up with more and more situations like this. We can't handle what we have now. [LB227]

SENATOR HOWARD: And how old is your granddaughter? [LB227]

JIM PETERSON: Ten years old. [LB227]

SENATOR HOWARD: Oh, that's wonderful. Thank you so much for visiting with us today. [LB227]

SENATOR RIEPE: Okay. Thank you. Are there any other questions? Senator Erdman. [LB227]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you, Mr. Peterson, for coming. So is Ben employed today? Does he work? [LB227]

JIM PETERSON: No, he can't work. Ben...his father had a retail business, a hardware store, and once in a while he helps out there, but it's...the injury is severe enough where it makes it difficult on asking him...to put very much responsibility on him. [LB227]

SENATOR ERDMAN: The next question is pretty subjective, but have you been able to get the kind of treatment that he has...that you found later, do you think the outcome would have been the same? [LB227]

JIM PETERSON: I don't know. [LB227]

SENATOR ERDMAN: It's hard to say that. [LB227]

JIM PETERSON: It's just really hard to say. [LB227]

SENATOR ERDMAN: Once they fall through the cracks and they get that far down... [LB227]

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JIM PETERSON: I just think it's...I'm not even sure, Senator Erdman, that it's a situation of falling through the cracks because there just aren't any cracks there to fall through. [LB227]

SENATOR ERDMAN: Okay. [LB227]

JIM PETERSON: And, Senator Howard, before I get in trouble here by my granddaughter, she's eight. (Laughter) And I'm going to be with her in about an hour so I'd better straighten that out. [LB227]

SENATOR RIEPE: Skip out on a couple of birthdays. [LB227]

JIM PETERSON: She acts like she's ten sometimes. [LB227]

SENATOR ERDMAN: That's okay. Thank you. Thank you. [LB227]

SENATOR RIEPE: Okay. Any additional questions? Senator Linehan. [LB227]

SENATOR LINEHAN: Thank you for your testimony. I just think...I know you're not a medical doctor, but...so I understand, physically he...everything seemed like it was going to be fine, but it was not understood how much damage was done to his brain. I think that's kind of...it looked like everything was going fine, but then as the nurse...or doctor, I'm sorry, said there's all the difficulties with memory and having patience and...that you don't see that right away until you start living with him, isn't that kind of... [LB227]

JIM PETERSON: I didn't have any background. I'm an insurance professional and I was selling a lot of auto insurance and seeing a lot of claims, quite frankly, in this type throughout my whole career of 40-some years, and you don't experience what your insured are going through unless you're a part of it. But this...to look at Ben, and it's immediate, in the first two to three minutes, the situation here was that you wouldn't have realized that he had traumatic brain injury. That part of it, the initial part of a conversation, somewhat similar to a stroke victim, would be carried on. But then when the conversation got more detailed, then it became difficult then for him to carry on. His injuries, physical injuries, left part of his body two inches shorter than the other. And even that, though, was hidden with clothing, his actual face, visible parts of his body did not show those damages that he experienced. So it's just tough. [LB227]

SENATOR LINEHAN: Thank you very much for being here today, appreciate it. [LB227]

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JIM PETERSON: Thank you. [LB227]

SENATOR RIEPE: Thank you. Are there additional questions? If not, thank you very much. [LB227]

JIM PETERSON: Thank you. [LB227]

SENATOR RIEPE: We will now take additional proponents. [LB227]

TIFFANY ARMSTRONG: (Exhibit 3) Good afternoon, Senator Riepe, and members of the Health and Human Services Committee. My name is Tiffany Armstrong, spelled T-i-f-f-a-n-y A-r-m-s-t-r-o-n-g. I am here to testify today in support of LB227. I am here representing myself as an individual with a brain injury, as a family member of individuals with brain injuries, as a registered nurse who works with individuals with brain injuries, and as the chairperson of the Nebraska Brain Injury Advisory Council. My experience with brain injury started almost 17 years ago when I was involved in a motor vehicle accident during my freshman year of college. My physicians initially focused on treating the pain I had after the accident; however, when I had no significant improvements from their treatments, the specialist told me there was nothing more they could do for me. At 19 years old, I was not satisfied with that answer so I sought treatment outside the state of Nebraska. I couldn't imagine living my life with the pain I had and more importantly I didn't like what my life had become. I had graduated as valedictorian of my high school class, but at this point I could barely pass most of my classes. After only a few minutes with the out-of-state specialist, he recognized I had a traumatic brain injury and referred me to a behavioral optometrist to address my vision issues. I was then also referred back to the Madonna Rehabilitation Hospital's mild TBI clinic where I completed an evaluation and subsequent therapy treatments. After finally receiving the appropriate services, I was able to go back to college to obtain a bachelor's of science in nursing degree, work as a registered nurse, get married, return to school again to obtain a master's of science in nursing degree, and have two amazing little boys. If my brain injury had not been recognized and if I had not received appropriate services, I know I would not have been able to accomplish everything I have been able to thus far. It saddens me to think that other individuals in our great state of Nebraska are facing similar situations. This has driven me to become an advocate for individuals with brain injuries and their families with the goal of not having another person have to experience the same difficulties I did when there are services that could be available with the right education, awareness, and funding. As chairperson of the Nebraska Brain Injury Advisory Council, I am able to serve as this advocate by fulfilling the council mission to advocate for the best possible system of support for individuals with brain injury by promoting prevention, awareness, education, research, and effective public policy. The council was created in 2000 when the Nebraska Department of Education, Special Education Office received a planning grant to

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establish a culturally competent state system for TBI services. The state of Nebraska has continued to receive TBI implementation partnership grants with the goal of expanding and improving local capability, enhancing access to comprehensive and coordinated services for individuals with TBI and their families, and to generate support for sustainable activities that lead to the incorporation of services for individuals with brain injuries and their families into the state service delivery system. It is vital that this council continue its work and follow our mission to ensure individuals with brain injuries are identified and have the opportunity to receive the best possible care within our state without adding undue financial burden on the state of Nebraska. I am confident that if the council were to continue its mission, we will make great strides toward achieving an improved system of services for individuals with brain injuries. We must have this group of dedicated individuals pushing toward changing our current system to avoid any more citizens of Nebraska from losing hope, losing valuable time in their recovery, and ultimately facing a need to become dependent on state assistance. I urge you all to join me in support of LB227. Thank you for your time and consideration of this very important bill. [LB227]

SENATOR RIEPE: Thank you very much. Do we have questions from the committee? My question would be this, how far out of state did you have to travel to get your diagnosis at the age of 19? [LB227]

TIFFANY ARMSTRONG: Denver, Colorado. [LB227]

SENATOR RIEPE: Denver, okay, just curious. Okay. Any other questions? Hearing none, thank you very much for being here. [LB227]

TIFFANY ARMSTRONG: Thank you. [LB227]

SENATOR RIEPE: Next proponent. [LB227]

PEGGY REISHER: (Exhibit 4) Good afternoon. My name is Peggy Reisher, it's spelled P-e-g-g-y, Reisher is R-e-i-s-h-e-r, and I'm the executive director of the Brain Injury Alliance of Nebraska. We're also sometimes just shortened and called the BIA, so if you hear me say that, that means the same thing. I'm here today to request your support for LB227 and creation of the Brain Injury Advisory Council and the Brain Injury Trust Fund. The Brain Injury Alliance of Nebraska, we are a nonprofit whose main mission is to create a better future for Nebraskans through brain injury prevention, education, advocacy, and support. We meet our mission by providing statewide brain injury trainings, resource facilitation, and outreach. Those who we serve and represent are Nebraskans of every age, gender, race, religion, socioeconomic status as brain injury certainly does not discriminate. Individuals with brain injuries and their families

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come to us looking for assistance with things like housing, transportation, insurance, education, finances, legal needs, as well as mental and physical health issues. We don't provide that direct service, but we help link them to those services. What we find in our state is there's not one designated brain injury resource center so we end up kind of shuffling folks throughout the different systems that are available in the state. And the partners that we'll often look to are programs that you've heard of already from today like places like Voc Rehab; we oftentimes hook people up with Medicaid and getting them coordinated with the age and disabled waiver, the Medicaid waiver. We also work a lot with behavioral health, as well as developmental disability programs. Those are kind of the state programs, but also in partnership with Madonna and Quality Living, League of Human Dignity are also partners of ours. Individuals with brain injuries get lost in the silos of services, but have a lot of different rules and oftentimes those different service programs or service silos lack understanding of those specific needs of those with brain injury. The council, as we've already heard, can focus on helping to create and develop services between public and private entities so there's increased communication and breakdown in the silos. The council can help represent the interest of individuals with brain injury and their families by encouraging the participation of the public through public hearings and focus groups. Another focus area of the advisory council is to help assess and study the needs of individuals with brain injuries and their families through the development of a needs and resource assessment, as well as the development of a state plan. So you heard folks comment about the 2010 state plan. That's seven years ago; that's an old plan. The advisory council could assist with making sure that those...that plan is updated and that we continually look at the needs of our individuals with brain injury in our state. Additionally, the creation of the Brain Injury Trust Fund for which appropriations and grants and private contributions would certainly be a plus to our state. That way the council can take a look at that needs and resource assessment and figure out where are those gaps and what do we need to fill those. In a state filled with systems and silos, it is oftentimes difficult for even the most resourceful person to navigate. The establishment of the Brain Injury Advisory Council and the Brain Injury Trust Fund in state statute is just one step in the right direction to help ensure individuals with brain injury and their families will encounter a service delivery system which can help meet their unique needs. I know you heard a handful of different things today, one of the...so you heard folks talk about resource facilitation. And actually resource facilitation is Brain Injury Alliance of Nebraska that actually hires or brings on those resource facilitators. And again, we connect...the resource facilitators connect people with services. One of the things I also wanted to clarify is the federal dollars that you've heard us also talk about, they don't provide actual dollars to individuals to say here's \$50 go buy yourself something that's going to help you get through the day. But those federal dollars are really meant to provide and create systems change in Nebraska. So I just wanted to clarify that. [LB227]

SENATOR RIEPE: Okay, thank you very much. Are there questions? Senator Williams. [LB227]

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SENATOR WILLIAMS: Thank you, Senator Riepe. Could you explain that last part again? I didn't quite catch what you meant by that. [LB227]

PEGGY REISHER: So Mark had made reference to the HRSA dollars, and now it's the ACL dollars. Again, that federal grant that is given to us is a federal grant that is given to Nebraska to help create systems change. It doesn't provide a direct service other than through a resource facilitation where we're providing case management. Does that clear it up? [LB227]

SENATOR WILLIAMS: I go back to my question that I've asked about the...in the fiscal note, the \$220,000-plus that we were told by one witness that that went for programming for those people. [LB227]

PEGGY REISHER: Programming would be the hiring of the resource facilitators which, again, provide the connection. [LB227]

SENATOR WILLIAMS: Okay. I have one question about your testimony and I'm looking at your written testimony where it says--additionally, LB227 creates a brain injury trust fund for which appropriations, common grants, would you describe to me what you would consider is the appropriations portion of that? [LB227]

PEGGY REISHER: So...and I think Mark had made reference to it, or maybe Senator Wishart did, but LB357, we're hoping...we'll see where that bill goes, but that would create funds to go into a brain injury trust fund through the titling bill. So that's what I meant by appropriation. [LB227]

SENATOR WILLIAMS: The coordination with that bill. [LB227]

PEGGY REISHER: Um-hum. [LB227]

SENATOR WILLIAMS: Thank you. [LB227]

PEGGY REISHER: Yep. [LB227]

SENATOR RIEPE: Are there additional questions? I have a question and this goes to...I think follow...or maybe parallels Senator Williams and that is on these \$223,000 that we see on the fiscal note, what I think I heard was there are no direct services provided for the \$223,000. It's kind of a triage or facilitation process, is that correct? [LB227]

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PEGGY REISHER: I guess it depends upon what you...how you define services. Our resource facilitators, whether you call that a direct service or not, they are working individually with folks with brain injury. We're going into their homes and saying--what is it that you need help with? And if they say--gosh, today I need help with applying for Medicaid or I need to figure out how I can get transportation lined up. That's an example of things that we're assisting them with. So we're not taking them to point A and point B; we're not helping them with their daily cares, but we're linking them with resources. So, again, it depends upon what you call a service and how you define that. [LB227]

SENATOR RIEPE: Okay. So your function is to kind of go in and assess the situation and then, I'm assuming here, that they either go then to Madonna Rehab, the League of Human Dignity, or the QLI. [LB227]

PEGGY REISHER: Yeah. We can connect them. [LB227]

SENATOR RIEPE: So those are the people that do the hands on. [LB227]

PEGGY REISHER: Yes. [LB227]

SENATOR RIEPE: Okay. [LB227]

PEGGY REISHER: So if somebody needs...if they're having difficulty...sometimes we'll get calls from people who will say--I don't have a...I've had a brain injury, I never really went to the hospital before; and we kind of say, you know, you probably need to get that checked out. So tell us more about your injury and here's what we would recommend. So for example, Madonna has a mild TBI clinic. We'd suggest you go to that mild TBI clinic. These are the things that you say; these are the things that are going to kind of help get you to that next step. [LB227]

SENATOR RIEPE: Okay. Would I be wrong in saying that you're the middle man, if you will? [LB227]

PEGGY REISHER: We are the middle man. We are the middle man. But we're sometimes that glue that keeps it together, too, because folks are out there floundering and not finding the services. If they weren't...80 percent of those injuries that are...of traumatic brain injury are mild in nature; they're not going to the ERs, they're not knowing...they're not having a doctor tell them--okay, this is what you do next. They're kind of out there floundering. Another thing, there's...through some legislation in the past, there's a brain injury registry bill, so an individual goes to the hospital or is seen in the ER, their name gets put on this brain injury registry. And

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that brain...the trickle effect, they get a letter that says it's been identified that you've had a brain injury, it's been coded that you've had a brain injury; it doesn't say it just that way, but get my point. And what then happens is they...we send out...or with help with voc rehab funds a letter gets sent out to them that says, you know, you've been identified as having a brain injury and here's some things to be looking for. If you're having difficulty with any of these kind of things, please let us know and we'll help you kind of renavigate the system. I think last year there was over 10,000 letters that went out. We did not get 10,000 calls for that, we're thankful because we wouldn't have been able to manage that. We're a staff of three full-time and three part-time people. But we did get a...we still get a lot of calls from people that it's like even though they've been within the ER, maybe you're still kind of walking out of there like I still didn't get the information I needed. We're doing a lot more education outreach and concussion...sports concussion, trying to build that awareness. Also in our world, you've heard folks talk today about the Corrections system; we're hoping to work a little bit more in that. Other states are...their brain injury alliances are spending a lot more time working in Corrections and I think they're finding 60 to 80 percent of their individuals are actually screening positive for brain injury. [LB227]

SENATOR RIEPE: Okay. Thank you. I also have to admit, when I hear a trust, I think of Warren Buffett... [LB227]

PEGGY REISHER: Yeah. [LB227]

SENATOR RIEPE: So I think of a whole bunch of money in some pile someplace that (inaudible). [LB227]

PEGGY REISHER: I'd sure like to find that truck of money. [LB227]

SENATOR RIEPE: You're saying that we don't have that yet. [LB227]

PEGGY REISHER: No, no. If you know of anybody, we'd be happy to talk to them. [LB227]

SENATOR RIEPE: You will be the first we send them to. [LB227]

PEGGY REISHER: That would be good. [LB227]

SENATOR RIEPE: Are there other questions? Hearing none, thank you very much for being here. Other proponents. Good afternoon. [LB227]



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KIM ROBAK: Good afternoon, Senator Riepe and members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k, I'm here today on behalf of the Nebraska Medical Association in support of LB227. As you've heard, brain injuries are very emotional and they're very difficult injuries and they're very difficult to diagnose and brain injuries are tremendously underserved. Part of that problem is that people don't realize that they have a brain injury and therefore don't seek treatment. And often times when they do seek treatment, physicians or those who are treating them don't have the resources to treat them. The thing about when you break a leg or if you have a surgery, we know the steps to what's going to happen next. I know that I'm going to get a cast; I know that my knee is going to heal. I know that I'm going to start walking; I'm going to get physical therapy. With a brain injury, it's not black and white and it's not linear. And so the frustrations come down the road when these people end up in services that cost the state money. The Nebraska Medical Association supports this bill because it helps to provide services, it helps to provide resources, and education not only to the patients and their families, but also to the medical community. And so with that we hope that you would advance the bill, and I would be happy to answer any questions. [LB227]

SENATOR RIEPE: Governor (sic) Robak, did you spell out your name when you came up? [LB227]

KIM ROBAK: I think I did. [LB227]

SENATOR RIEPE: I had a senior moment. Thank you. I just want to make sure that we got it on the record. [LB227]

KIM ROBAK: You're so used to hearing me... [LB227]

SENATOR RIEPE: We see you enough times, so we know who you are. [LB227]

KIM ROBAK: There you go. I'll be back, Senator. [LB227]

SENATOR RIEPE: I know you will. Additional proponents? Okay, any opponents? Any in opposition? Hearing none, are there any who wish to testify in the neutral capacity? Okay, hearing none, Tyler, do we have any letters? [LB227]

TYLER MAHOOD: (Exhibits 5-11) Yes, the following letters are in support: Michael Chittenden of the Arc of Nebraska; Julie Huckins, representing herself; Katherine Lesiak, representing herself; Tiffany Armstrong, with the Nebraska Brain Injury Advisory Council; Kristin Mayleben-Flott of the Nebraska Planning Council on Developmental Disabilities;

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Danielle Kleber of the Nebraska State Athletic Trainers Association. And I have a letter from the Department of Health and Human Services signed by Director Sheri Dawson and Director Thomas Williams with a neutral position. [LB227]

SENATOR RIEPE: Okay. Senator Wishart was not able to stay for closing so with that we will close out this hearing on LB227. Thank you very much. Thank you. We're going to go ahead with Senator Kolterman who is going to introduce LB323, the adopted Palliative Care and Quality of Life Act, so Senator Kolterman. [LB323]

SENATOR KOLTERMAN: Good afternoon, Chairman Riepe and fellow members of the Health and Human Services Committee. I am Senator Mark Kolterman, M-a-r-k K-o-l-t-e-r-m-a-n. I represent the 24th District of the Nebraska Legislature. I am here today to introduce LB323, a bill that will create the Palliative Care Consumer and Professional Information and Education Program and the Palliative Care and Quality of Life Advisory Council. Palliative care is an approach that improves quality of life for patients and their families facing the problems associated with life-threatening illnesses. Through the prevention and relief of suffering by means of early identification and treatment of pain and other problems besides physical, such as: physical, social, and spiritual concerns. Integrating palliative care into mainstream medicine for all patients and families facing serious illness offers an essential opportunity to deliver person-centered and family-focused care, achieving better health, better care, and lower cost. Despite the rising amount of evidence showing its benefits, many professionals mistakenly equate palliative care with end of life and hospice. Because of this lack of understanding, both of what palliative care is and when it should be provided, this lack of understanding remains one of the chief barriers to preventing access to it. The purpose of LB323 is to improve quality and patient-centered and family-focused care in Nebraska. LB323 creates two entities. The first is a Palliative Care Consumer and Professional Information and Education Program. And this program relates to information sharing about palliative care, by the department's Web site. It would include continuing education opportunities for professionals around palliative care, delivery of palliative care in the home, information about best practices, educational materials, and referral information. The purpose of the education program is to maximize the effectiveness of palliative care initiatives in the state by ensuring the comprehensive and accurate information is available to the public, healthcare providers, and healthcare facilities. The second piece of LB323 is a Palliative Care and Quality of Life Advisory Council. This council brings together health professionals that have palliative experience and/or experience in palliative care delivery models in a variety of inpatient, outpatient, and community settings with a variety of populations. The Advisory Council will consult with and advise the Department of Health and Human Services on matters relating to palliative care initiatives, especially the educational components that would go on the Web site. Significant progress in advances in medicine have meant many of us will no longer...will live longer and also live better, even in the face of serious illness. Helping patients and their families achieve these dual outcomes, longer life and higher

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quality of life, is really the key objective of palliative care. Following my testimony, there are several people here to testify in support of LB323. I will give you my personal perspective on this during my close, but I would be willing to answer any questions that you might have at this time. Thank you for your attention to this important issue. Also thank you to Senator Howard for asking me to carry this bill this year. It was her bill last year. It's pretty personal for me, and I appreciate that. And I am happy to answer any questions you might have. [LB323]

SENATOR RIEPE: Thank you, Senator Kolterman. Are there questions? [LB323]

SENATOR KOLTERMAN: Boy, you guys are easy on me. [LB323]

SENATOR RIEPE: Let me ask this question. [LB323]

SENATOR KOLTERMAN: Yes, sir. [LB323]

SENATOR RIEPE: Why was it that it fell short of being approved last year? [LB323]

SENATOR KOLTERMAN: I don't...I don't think...it didn't get out. [LB323]

SENATOR HOWARD: We didn't add a priority to it. [LB323]

SENATOR KOLTERMAN: Yeah, it didn't get a priority. [LB323]

SENATOR RIEPE: It didn't get prioritized? [LB323]

SENATOR HOWARD: In a short session? [LB323]

SENATOR KOLTERMAN: Yeah. [LB323]

SENATOR RIEPE: Okay, okay. Very good; thank you very much. [LB323]

SENATOR KOLTERMAN: Just like a lot of the others were (inaudible) last year. [LB323]

SENATOR RIEPE: Proponents on the...speaking in favor. [LB323]

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NICK FAUSTMAN: (Exhibit 1) Good afternoon. Thank you, Senator Riepe and members of the committee. I am Nick Faustman, N-i-c-k F-a-u-s-t-m-a-n, representing the American Cancer Society Cancer Action Network. The ACS CAN is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, and we support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. I am here today to express our support for LB323, which seeks to improve healthcare quality and outcomes, the delivery of patient-centered and family-focused care by establishing a state advisory council on palliative care and a palliative care consumer professional education program. As Senator Kolterman explained, palliative care is a type of coordinated care that is designed to work alongside curative care by treating the patient and not just the disease. This is the key for Nebraskans diagnosed with cancer. Palliative care helps improve the quality of life for a cancer patient, and by extension their family and caregivers, by providing an extra layer of support. That patient's palliative care team focuses on things such as relieving pain in managing treatment, related physical, emotional, social, financial, and spiritual needs. The team itself might include a social worker, an occupational therapist, a physical therapist, a mental health professional, a dietician, and, if appropriate, a chaplain. Each team is designed to treat a specific patient but, whatever the particular case, the goal is to improve quality of life and help reduce healthcare costs. According to a 2010 study published in the New England Journal of Medicine, early palliative care provided alongside cancer treatment resulted in patients living longer. They study examined introducing routine palliative care evaluations and ongoing support for patients newly diagnosed with lung cancer. The results were that patients felt better, were less depressed, were less likely to die in the hospital, and were less likely to be in the hospital in their last month of life. Patients who got palliative care at the same time as their cancer treatment lived nearly three months longer than similar patients getting only cancer care, but not receiving palliative care. Four other studies have shown that, when palliative care teams work together with oncologists, patients are able to remain at home and not end up in the ER, in hospital, with pain and symptom crises. As a result, they go through fewer unnecessary tests and procedures which, in turn, leads to lower cost. In short, palliative care programs provide higher quality care for patients and a better bottom line. As members of the Health and Human Services Committee, you are keenly aware of how public policy plays a large role in helping patients, not just cancer patients, gain access to the care they need. But while palliative care is a rapidly-growing specialty, it still is not found in all areas of the state, which is why it's important to identify existing barriers to this care and make sure that accurate, comprehensive information and education about it is made available to the public, healthcare providers, healthcare facilities. The ACS CAN contends that LB323 is key in doing this, and we urge the committee to advance the bill to General File. [LB323]

SENATOR RIEPE: Okay, thank you. Are there questions? Seeing none, thank you for being here. [LB323]

NICK FAUSTMAN: Thank you. [LB323]

SENATOR RIEPE: Additional proponents? [LB323]

DR. AMY GESCHWENDER: Chairman Riepe, members of the committee, my name is Amy Geschwender; that's A-m-y G-e-s-c-h-w-e-n-d-e-r. I am here today to put a personal face on palliative care. I am a nine-year survivor of brain cancer, and I have been a caregiver to a parent with cancer. So I'd like to voice my support for LB323 from the perspective of someone who's really seen the impact palliative care can have in someone's life and also seen the struggles that can happen without access to palliative care. If any of you have a chronic illness, or a loved one does, you know that chronic illness brings a lot of baggage into your life. Most people assume they'll have cancer treatment, they'll get done with it, and they'll move on with their lives. They don't realize that their old normal might be gone, and their new normal might involve fatigue and pain and treatment-related, long-term side effects, financial hardship, and just the fear and anxiety about cancer occurrence that we all deal with when this happens to us. What I am hoping to do today is to help you see palliative not as end-of-life care and pain relief, but much more as quality-of-life care focused on making every day as good as possible for someone who struggles with a chronic illness. So my first experience with cancer was when my dad was diagnosed with prostate cancer. He had radiation therapy treatment for that, which stopped his cancer, but which caused really severe damage to his bowel and his bladder. And the long-term damage was actually far, far worse than the treatment for my dad. He essentially became homebound because he couldn't be away from his bathroom, and he lost the ability to do the things that he enjoyed. When my parents asked for help managing these horrible symptoms, my dad's urologist and his primary-care physician both said: Oh, man; we're sorry, but nothing can be done for you. And my parents believed that, and my dad went home to struggle and endure these awful symptoms because he didn't believe that he had another option. And the thing about palliative care is that it cannot help people who don't know that it's available. It can't help people who don't know to ask for it. And, like many Nebraskans, our family had no idea that this type of care even existed. We didn't know that it was something that we should be chasing down for my dad. And that fundamental lack of understanding is one of the largest barriers to access to palliative care. And this legislation would address that barrier by providing educational materials and opportunities, both for consumers and for medical professionals in Nebraska, because it's not only consumers who don't know, it's people like my dad's urologist and his primary physician who had no idea that there might be a different level of service available to help him cope. Now my own personal cancer story worked out a little bit differently. I was diagnosed with a brain tumor about nine years ago and, after my brain surgery, life was really pretty awful. I was a mother of two young children; I had a two-year-old and a four-year-old at home when I had my brain surgery. And what I hadn't expected was that crippling fatigue, debilitating daily headaches, and extreme hypersensitivity to noise would make it almost impossible to spend quality time with my kids because two-year-olds and four-year-olds...let's face it; they're exhausting and they're noisy. And it was horrifying to me that it was so unpleasant to be around my kids and that I couldn't stand the noise. It was...it was a really rough experience. And I am going to hearken back to our

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previous discussion. Nobody offered me palliative care. I was very fortunate because Dr. Terryberry-Spohr, who testified from Madonna earlier, is a personal friend. And I eventually called her and said: I am not myself anymore; I can't function. Do you think I should get brain injury rehab? And she said: Yes, give them my name when you call Madonna. And that put me into the brain injury rehabilitation program at Madonna. So I am a crossover on both bills today, I guess, that I ended up accessing brain injury rehab, and it was everything to me. The care team at Madonna helped me to understand my symptoms, why they were happening. They taught me how to take care of my brain to give it a chance to heal. They showed me how to manage my fatigue, and they taught me ways to compensate for the irreversible neurological damage. And I think they did a good job. I compensate well enough that probably most of you wouldn't have guessed that I'd had a piece cut out of my brain. So that therapy took me from a wreck, who really couldn't function, back to this level of functionality. They also worked closely with my oncologist and my employer to design a realistic strategy for my return to work, one that wouldn't exhaust me and that would allow me to work my way up slowly back to a full-time level. [LB323]

SENATOR RIEPE: Okay, thank you. Thank you. Are there questions from the committee members? I have a question. [LB323]

DR. AMY GESCHWENDER: Yes. [LB323]

SENATOR RIEPE: Who was your provider of palliative care? [LB323]

DR. AMY GESCHWENDER: It was through the Neuropsychology Department at Madonna Rehabilitation Hospital. [LB323]

SENATOR RIEPE: Because I know that, for a fact, that Bergan has physicians who are specifically trained in palliative care. And so, you know, with Medicare, hospitals get penalized for readmissions, unnecessary readmissions, so they have a lot of incentive to try to navigate. And they even have navigators now that are trying...we have social work departments in hospitals to try to make sure that...and coordinators and everything else. And I am trying to say between Bryan and CHI and Methodist and the Med Center...I am trying to...I'll bet you they all have palliative care programs. Is that...is that a wrong assumption? I mean they've come quite a way in the last five years or ten. [LB323]

DR. AMY GESCHWENDER: I'll explain. Location was a factor. I fell through the cracks of it. [LB323]

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SENATOR RIEPE: Where were you located? [LB323]

DR. AMY GESCHWENDER: I live in Lincoln... [LB323]

SENATOR RIEPE: Okay. [LB323]

DR. AMY GESCHWENDER: ...but I actually had my brain surgery performed at the Mayo Clinic in Rochester, Minnesota. I interviewed various surgeons and we selected someone who was really familiar with this type of disease and this type of location in the brain. So I had my surgery done at Mayo and then came home. And I suspect that that jump home caused me to not encounter some of the support services that would have been offered to me if I had had a consistent stream of care at a single hospital. [LB323]

SENATOR RIEPE: So your primary care doctor was not up to that? Or... [LB323]

DR. AMY GESCHWENDER: My primary care doctor was not familiar with brain injuries resulting from brain tumors, yeah. [LB323]

SENATOR RIEPE: Or resources in the community. [LB323]

DR. AMY GESCHWENDER: No...or resources, no. [LB323]

SENATOR RIEPE: Okay. [LB323]

DR. AMY GESCHWENDER: So I worked with my oncologist, by telephone, from Mayo for a while. And then, once I connected with the people at Madonna, then they took the lead in coordinating all of those communications. [LB323]

SENATOR RIEPE: Um-hum, um-hum. How long ago was this? [LB323]

DR. AMY GESCHWENDER: It was nine years ago. [LB323]

SENATOR RIEPE: Oh, okay. [LB323]

DR. AMY GESCHWENDER: Um-hum. [LB323]

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SENATOR RIEPE: Thank you so much. [LB323]

DR. AMY GESCHWENDER: You're welcome. [LB323]

SENATOR RIEPE: Are there other questions? Hearing none, thank you very much. [LB323]

DR. AMY GESCHWENDER: Thank you. [LB323]

SENATOR RIEPE: Are there additional proponents? [LB323]

DR. TODD SAUER: Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Todd Sauer, T-o-d S-a-u-e-r. I am here today, as a physician, to lend my support for LB323. I completed my residency in family medicine here in Lincoln 15 years ago. During my training, I noted, for the first time in my education, how poorly our medical system and medical training prepare physicians to assist families through the end of life. I ultimately felt called to improve this and moved to San Diego for a year-long fellowship in hospice and palliative medicine after my residency. I returned to Nebraska as the first fellowship-trained physician in the state. I was also the first physician practicing this specialty full time in Nebraska. As with many new trends, palliative medicine in Nebraska started in the larger cities of Omaha and Lincoln and has grown significantly in the last decade. Palliative care will continue to grow in the years and decades ahead and, while we have done much, we have much left to do. Palliative medicine and hospice are arguably related, and yet distinct, programs which created a lot of confusion in the medical community and in the public at large. I've spent a lot of time in the last decade teaching at both medical schools in the state, as well as to physician groups, nursing students and groups, and the public. I teach patients and their families every day about hospice and palliative care. Healthcare in the United States is struggling through many transitions, including focusing more on quality, coverage for more people, advancements in technology, and ultimately, in our approach to paying for all of this care. Palliative care is going to be an integral part in each of these transitions. Studies show us that palliative care can prolong life and, more importantly, prolong a better quality of life. Patient satisfaction and nursing satisfaction and, therefore, nursing retention are improved in hospitals and communities with palliative care. Care systems ultimately save money when they have robust palliative care programs for their patients. Much of this data has been shown through Medicaid programs in New York. Palliative care is struggling to grow and improve care as we attempt to grow in a medical environment of decreasing budgets and belt tightening. To succeed ultimately, our communities, our state, will need to...will need input and opinions from every aspect of our healthcare. We will need input from patients, the healthcare systems, payers, philanthropists, and, for you today, legislatively. As this movement continues to gain momentum, it will be important that our state be able to engage this process. The goal of transforming healthcare can



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likely not be done all at once, but will be a concerted effort of many small steps. This is one of those steps. What questions? [LB323]

SENATOR RIEPE: Thank you very much. Now we're...we're glad that you came home to the good life from San Diego. [LB323]

DR. TODD SAUER: You bet. [LB323]

SENATOR RIEPE: And at...were you at Bergan? [LB323]

DR. TODD SAUER: I started the program at Bergan when I got back in 2006. [LB323]

SENATOR RIEPE: Okay, good. I recall talking to you and, I think, to your wife... [LB323]

DR. TODD SAUER: Okay. [LB323]

SENATOR RIEPE: ...about palliative care at one time in my long life. Senator Crawford, please. [LB323]

SENATOR CRAWFORD: Thank you, Senator Riepe. And thank you, Dr. Sauer, for being here today... [LB323]

DR. TODD SAUER: You bet. [LB323]

SENATOR CRAWFORD: ...and for all of your work to educate people on the importance of this palliative care. I just wonder if you would speak briefly to one or two specific ways you see the bill improving what you're able to do or expanding what you're able to do now, in terms of educating people and improving palliative care in the state. [LB323]

DR. TODD SAUER: So palliative care is struggling to sort of coordinate efforts. Every healthcare system, hospital organization, has...is starting to have more reason to grow and promote palliative care. We are going away from a medical system where you paid for things that you did, but you're now getting paid for overall care of a community. And the...I am a fairly impatient person by nature, and I think we should be able to flip a switch and have this all done. Unfortunately the healthcare systems are realizing that this payment shift is going to happen over a number of years...excuse me, a number of years, not very quickly. And so on this side, where they're getting paid for quality health care, palliative care is going to be robust. In our current

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payment model, in the one in the last several years, there's very little payment for palliative care. So when I showed up in Nebraska, I had to find an institution that wanted palliative care and understood the cost of it would eventually lead to cost savings and benefit. But on this end, they're sort of taking a leap of faith. And we are sort of still in that process of organizations getting ready to take this leap of faith, but not quite all the way there yet. So I see this bill as a way for providers, consumers, people in this state to go to one place and try to find some education, a place where we can have updated information of what's going on in the state. Starting programs in Omaha, we've reached out to Bellevue and Fremont; I've given talks. Different cities in the state...we have stuff going on along the I-80 corridor. There's stuff, and it's changing quickly. And I think the bill offers a place--a one-stop shopping for information, if you will, that would help educate our state. [LB323]

SENATOR CRAWFORD: Thank you. [LB323]

SENATOR RIEPE: Senator Erdman. [LB323]

SENATOR ERDMAN: Thank you, Senator Riepe. Dr. Sauer, thank you for coming. I don't know exactly how to phrase this question, lest people think I don't care. But the statement here says: the state advisory council on palliative care and quality of life identifying barriers preventing access to palliative care. What barriers do you see that this legislation is going...to overcome? [LB323]

DR. TODD SAUER: So again, the barrier of coordinating some of our efforts for education. I also think, for me, part of this bill...there may be a committee that comes out of this bill that the Legislature can, the DHHS can come to, to talk about things. There's a lot of barriers to getting good quality healthcare, and some of those are regulatory barriers, you know, through Medicaid on the state level. Audits and, for lack of a better term, investigations into the type of care that Medicare pays for, I think, potentially looks for fraud and waste, but also can, on the flip side, waste taxpayers' money when it's not necessary. So that there's, in the hospice world right now, there are all sorts of regulatory issues that we're dealing with. And so, if I was DHHS and we had issues or a problem related to end-of-life care, I would find it comforting that we've got...we're engaged in this process on some level where we can go to somebody, some committee, to get answers or ask questions. [LB323]

SENATOR ERDMAN: Okay. So the fiscal note only says \$2,000. So someone has to print up the information and distribute this and get this information to everybody so they'll understand what it is. Wouldn't it make sense just for the medical community to send out information to those people who have an opportunity to handle palliative care, to take care of that? Why do we always have to have a statute or a law to allow people to do what they could do on their own, by just

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bringing people in and talking to them about what things we need to distribute and what's important? And if, in fact, it is a cost savings to those hospitals and those medical providers, they'll all, by intuit, very readily, once you get that information to them...and I don't see where a \$2,000 fiscal note is going to distribute much information to anybody. Does that make any sense? [LB323]

DR. TODD SAUER: So I am going to, for a joke, I am going to plead the Fifth. I am not sure I am the best person to answer that question. I think my experience...you know, in my practice there's four physicians in my practice now. And we serve the...Nebraska Medicine, we serve Methodist Hospital System. And so I am on the insides of a lot of organizations that are trying to figure this out. And everybody is struggling. And who's going to leap first? We're...I don't think any one thing is going to solve this; I think it's a bunch of little actions that are going to help this swell into some momentum. And so I think, on the state level, the state being engaged in this is what I am encouraged by. [LB323]

SENATOR ERDMAN: And it very well could be that we need help from the state. But I am the kind of guy that believe that government is not the answer all the time. And so when you have the perception that government is not the answer, then somebody in the private sector has to take that on. And so help me, I am trying to get my fingers around and my hands around...why do we always need to change a lot and do things that people can do on their own? So consequently, and I am not saying this is not needed; I am not saying that. But I am just saying is, why is government always the answer? [LB323]

DR. TODD SAUER: I would agree with you. I am also someone that believes that government is not the answer. That being said, I have raised money through philanthropy to pilot projects, and those philanthropists were smart enough to say community money is important, but money from the healthcare system, the organizations, is important and we're not going to fund this unless the systems come to the table as well. I have been banging my head on the wall for ten years, and I just think every little bit of help and support is worthwhile. [LB323]

SENATOR ERDMAN: Okay. Well, I appreciate you taking those questions. [LB323]

DR. TODD SAUER: Yeah. [LB323]

SENATOR ERDMAN: I just...as we go forward, that may be the only answer. [LB323]

DR. TODD SAUER: Yeah. [LB323]

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SENATOR RIEPE: I mean, you know... [LB323]

DR. TODD SAUER: And I don't think we abandon. I think ultimately the engine for this is going to be the healthcare systems; they're going to be the engine. And I just feel like I personally have dealt with DHHS on the hospice level and felt like there's nobody, on the government side, to understand or to go to with questions about this. [LB323]

SENATOR ERDMAN: Okay. And you very well need more than \$2,000. [LB323]

DR. TODD SAUER: I don't doubt that. [LB323]

SENATOR ERDMAN: You never know. [LB323]

SENATOR RIEPE: Thank you, Senator Erdman. Are there other questions? I have a question. [LB323]

DR. TODD SAUER: Yeah. [LB323]

SENATOR RIEPE: My question is this: You've taken special training. The question gets to be is we're a very rural state. How do you disseminate the information, disseminate the programs, out to smaller communities that have maybe even...whether they may or may not have a critical access hospital, they may or may not have more than a primary care doctor? God bless them. [LB323]

DR. TODD SAUER: A good friend of mine from residency drew the short straw in his community and became the hospice medical director. And he called me and said: I am in over my head. What do I do? And I said: You call me anytime. Where I trained in San Diego, they had a grant for a number of years where there was a 1-800 number, where any doctor in this country could call to ask palliative care questions. As the doctor in training, we would take turns each day answering those questions from across the country. And, while that's wonderful, I thought it was a bit impersonal. And I dreamed, in a state like this, of having a centralized education system, where doctors in this community could come and take some CME courses, maybe a week or a couple of days, to get to know the faces of the experts that they're going to be engaging with. We can do a lot with video conferencing nowadays. I think somewhere, at some point, somebody in this state privately, whether it's a philanthropist or the academic medical centers, somebody is going to take this project on and say: Let's build a little institute for the state of Nebraska, where doctors can come and feel like they know the people that they're going to calling with questions. When I got back into Omaha, there were things that I was doing to

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help people be comfortable at the end of life. And I thought: What did people of the state do before I got back from my training? And to be honest, it makes me...it hurts me to know how people died before this care, if you will, showed up. So I envision, I dream of a situation where we have something local, here in Nebraska, where a doctor from Scottsbluff can call in the middle of the night and say: I have a patient suffering; help me through this. And they will know who they're talking to and be able to have that colleague available. [LB323]

SENATOR RIEPE: Have you figured out how to do the lawyer model so that you can get billable time for every 15 minutes (laughter)? [LB323]

DR. TODD SAUER: So so far, everywhere that I have pitched this dream, they've said: How do we fund this? Where do we get the money? So... [LB323]

SENATOR ERDMAN: That was good. [LB323]

DR. TODD SAUER: ...so that's the question, is: How do we get paid for this? And... [LB323]

SENATOR RIEPE: There is something to be learned there, so... [LB323]

DR. TODD SAUER: Yeah, there is a struggle for, you know, is there a subscription service? Or how do we do this? And...tough questions. [LB323]

SENATOR RIEPE: Okay, any additional questions? Thank you, Doctor. We appreciate your being here. [LB323]

DR. TODD SAUER: All right; thank you very much. [LB323]

SENATOR RIEPE: More proponents. They're fighting to get up here (laughter). Does that sound right? [LB323]

KIM ROBAK: Senator Riepe and members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k. I am here today on behalf of the Nebraska Medical Association, in support of LB323. I first of all want to say thank you to Senator Howard and to Senator Kolterman, for bringing this bill. In Lincoln, there is a program called "One Book-One Lincoln," or "One Lincoln-One Book," and the book this year is a book called "Being Mortal." And if you haven't read it, I highly recommend it. It's a book about palliative care, and I had no idea what palliative care was. And for those of you who drive in every day, it's well worth listening to, as a book on tape. It's a

fast read; it's a fascinating read. It's by an Indian physician. He's actually got...he has an Indian background, and his family has an Indian culture. And he watched the American healthcare system, where we warehoused our seniors in nursing homes and where we do everything we possibly can at the end of life, even if it doesn't provide quality of life. And so his take on this was fascinating. And he said he found himself, many times, saying: But you can do this test and this test and this test, and we'll do all of these things for you. And he said: I'd never bothered to ask the patient; What are your goals? What do you want? Do you want the quality of life? No, I want to live long enough to be able to see my daughter married, and I want to be able to be at the wedding and dance. Well then, let's do things to have that happen, as opposed to giving you all the treatment that may prolong your life another six months, but you have no quality of care. I am sure that's a very simplistic view of what palliative care is, but the idea is that physicians are trained in order to prolong life, to be able to give you a lot of healthcare. And so he said he found himself in that dilemma many times, and he realized he had to pull back and say: What is it that you want? What is it that we can provide? In the long run, I think it saves money. In the long run, I think healthcare will move in that direction. But right now, we're not there. So Senator Erdman, when you ask about whether or not government should get involved, one of the reasons the NMA supports this legislation is it doesn't tell doctors how to practice medicine. What it does say is we're going to encourage the dissemination of information to physicians and the medical community. And the reason that I think it only has a \$2,000 fiscal note is because it does that on a Web site. So it provides that information and it encourages the facilitation of the information. If you're concerned about too much government, you might suggest putting a sunset on the length of this entity so that you can come back in five years or seven years or whatever period of time and say: Has it worked? And does it still need to exist? But overall, the NMA is very supportive of this process, and we hope that, over time, it grows. So I'd be happy to answer any questions. [LB323]

SENATOR RIEPE: Thank you. Any questions? Senator Erdman. [LB323]

SENATOR ERDMAN: Ms. Robak, tell me about the Indian doctor. Like a Native American? [LB323]

KIM ROBAK: No...as in India Indian. His name is Atul Gawande, if I am pronouncing that right; A-t-u-l G-a-w-a-n-d-e. And so it is a wonderful book; I highly recommend it. I know you don't have time to read right now, but maybe in the summer it would be a good book (laughter). [LB323]

SENATOR ERDMAN: Thank you. Should we spend our entire \$2,000 on "Being Mortal," you know, on buying the book? [LB323]

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KIM ROBAK: You know what, Senator? I will bring you a copy (laughter). I'll bring you a copy, and you can pass it around the committee. I'll bring you my version of it. Thank you. [LB323]

SENATOR RIEPE: Oh, you're very kind. Thank you very much for being here. Other proponents. Thank you. [LB323]

HEATH BODDY: (Exhibit 2) Good afternoon, Senator Riepe, members of the committee. My name is Heath Boddy, H-e-a-t-h B-o-d-d-y. I am the president and CEO of the Nebraska Health Care Association. NHCA serves as an umbrella organization for the Nebraska Nursing Facility Association, the Nebraska Assisted Living Association, the Licensed Practical Nurse Association of Nebraska, and the Nebraska Hospice and Palliative Care Association. I am here today in support of LB323. We think that LB323 is a simple, straightforward bill, directing the Department of Health and Human Services to create the Palliative Care Consumer and Professional Information and Education Program. As you've heard, it would involve development of an advisory council and an informational Web site. We feel that LB323 further...that it furthers the important work that's already in process in the private sector, including collaboration of experts and review of the best practices and the dissemination of relevant information to consumers. We absolutely support furthering the palliative discussion. Just worth noting, you've heard a lot today around the word "palliative" care. And this last two weeks I've had the opportunity to be out with our healthcare members across the state, in different parts of the state, and did an informal straw poll and just said: So those in the room...and these are healthcare providers. And so for those in the room, how many of you think you have got a great understanding of what palliative care is? And the amount of hands that went in the air was pretty minimal. I think that's very representative of Nebraska. And in our mind, when we can further the discussion around palliative care, when we can disseminate information, even if it's in a limited way like this, that's better for people to make decisions. As we heard earlier, just understanding what's available to you, as a consumer, would be worthwhile. So thank you. We support the bill; thank you for allowing me to testify today. And I'd be happy to answer any questions. [LB323]

SENATOR RIEPE: Okay. Are there questions? And if the photographer would like to get a shot this way, of this lovely, handsome guy, you may (laughter). [LB323]

SENATOR WILLIAMS: Do it quick. [LB323]

HEATH BODDY: Maybe it was of you, Senator. [LB323]

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SENATOR RIEPE: Oh, no. I just thought maybe she wanted to get it for Facebook or...do you want to do that? You can do that while we're asking questions. Are there questions? Senator Crawford. [LB323]

SENATOR CRAWFORD: Thank you, Senator Riepe. And thank you for being here. When you're talking about disseminating information, I am guessing it's not only the Web site information but just making sure there are people from Nebraska who are coming to this advisory council. That would be important. I mean it's a place for those folks to discuss and decide what information may be best and most valuable for folks in Nebraska. Can you see or would you support someone from your association being a part of that task force, if they were chosen to be so? [LB323]

HEATH BODDY: Absolutely, Senator Crawford. In fact, worth noting, the Hospice and Palliative Care Association, on their strategic plan, has understanding and developing a common working knowledge of palliative care as a part of that plan, trying to get something that works for Nebraska specifically, something that makes sense for us, and to start that dissemination. So we would absolutely support participating in the council. [LB323]

SENATOR CRAWFORD: Thank you. [LB323]

SENATOR RIEPE: Okay. Additional questions? Seeing none, thank you. [LB323]

HEATH BODDY: Thank you. [LB323]

SENATOR RIEPE: The photo op is over (laughter), so we'll go on. Additional proponents? Tom. [LB323]

TOM VENZOR: (Exhibit 3) Good afternoon, Chairman Riepe and members of the Health and Human Services Committee. My name is Tom Venzor, T-o-m V-e-n-z-o-r, and I am the executive director of the Nebraska Catholic Conference. The Nebraska Catholic Conference represents the mutual public policy interests and the three Catholic bishops serving in Nebraska, and we support LB323. Palliative care embodies a truly human response to persons with serious illness. It focuses on the whole person--body, mind and soul--and addresses the pain and suffering that can be experienced as a result of serious illness, not only the physical suffering but suffering that can be emotional, psychological, relational, and spiritual. As the Nebraska Catholic Conference goes around the state undertaking public education efforts, we often give presentations on moral, end-of-life decision-making. Oftentimes, the need for palliative care becomes a theme of the presentation or the questions and answers. Many of those who attend these presentations desire



more information and about access to palliative care. This demonstrates a deeper desire, within the human person, for proper, quality palliative care. We also know that one of the factors tempting people to consider supporting or utilizing assisted suicide and euthanasia is a lack of sufficiently good, quality palliative and end-of-life care and the unnecessary suffering that results. We believe this is the wrong response to the human condition of suffering. And this bill, however, as it bolsters the greater need, education, and access to palliative care, provides the proper human response to bad medical or end-of-life care. We hope that LB323 ultimately provides for an opportunity to continue the much-needed discussion on palliative care and providing greater avenues for access to palliative care throughout Nebraska. And I did just want to raise just one small concern. I know last year, when we worked on this bill, my predecessor, Greg Schleppebach, there was a definition section to the bill, and which wasn't included this year. But it just provided a good definition of palliative care, and I just wanted to read this. It said it's care that provided "relief from pain and other distressing symptoms, affirms life and regards dying as a normal process", and "is intended neither to hasten nor postpone death," and so on and so forth. But it was just a...in that definition, it made it clear that, you know, palliative care had no association, you know, to hastening death or anything like that, which can sometimes blur the lines with one of the other issues that we work on, which is, you know, working against making sure that we don't have doctor-prescribed suicide. But just wanted to put that in on the record, too. But other than that, we just urge the committee to, you know, push out LB323. And we appreciate all the work that Senator Kolterman has done on this, and Senator Howard in the past. And thank you. [LB323]

SENATOR RIEPE: Okay. We will see if we have any questions and...any questions from the committee? Can you help me out a little bit between hospice care, which we had long before, it seems, before we had palliative care. And what is that...I assume it's not a clear line, that it's a blended line? Is that fair to say or is it an additional subset? [LB323]

TOM VENZOR: Well, you know, I know there's a distinction between the two and I am...but I am not an expert, necessarily, to give you the definition on the... [LB323]

SENATOR RIEPE: You're a lawyer, right? [LB323]

TOM VENZOR: ...difference between the two. [LB323]

SENATOR RIEPE: That's what you (inaudible). [LB323]

TOM VENZOR: I am a lawyer, yes. So if anything, I'll just muddy the waters for you. But I know like the Nebraska Hospice and Palliative Care Association...I am sure they probably have

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the proper definitions that they would, I am sure, be willing to offer. But I couldn't give them offhand exactly, no. [LB323]

SENATOR RIEPE: Okay, thank you very much. [LB323]

TOM VENZOR: Yep, thank you. [LB323]

SENATOR RIEPE: Are there other questions? Thank you for being here. [LB323]

TOM VENZOR: Thank you. [LB323]

SENATOR RIEPE: More proponents? No more proponents? Any opponents? None. In the neutral capacity? Any letters, Tyler? [LB323]

TYLER MAHOOD: (Exhibits 5-8) Yes, I have letters. All of the following letters are in support: Andy Hale and Elisabeth Hurst of the Nebraska Hospital Association; Nate Grasz of the Nebraska Family Alliance; Kelly Keller of the Nebraska Association of Social Workers-Nebraska Chapter; and Julie Kaminski of LeadingAge Nebraska. [LB323]

SENATOR RIEPE: Okay. So Senator Kolterman, we're asking you to close. [LB323]

SENATOR KOLTERMAN: (Exhibit 4) Thank you very much, Senator Riepe. A couple things...Senator Erdman, in response to your questions...they're very good questions. Why are they need...why do we need something in government? I can reflect back. When I got here two years ago, I was asked to start participating in an organization that talked about patient-centered medical home. It was introduced in this Legislature about eight years ago, and it was designed to bring people together from the public sector. So at that time we've got insurance companies, we've got HHS, we've got doctors, we've got hospitals. The only way you can do that and avoid fair trade practices--or violation of fair trade practices--in many instances, is have some place like the Legislature that leads the charge. [LB323]

SENATOR ERDMAN: Okay. Thank you. [LB323]

SENATOR KOLTERMAN: That's primarily the reason, the rationale behind this program. The second thing I would tell you is when in 2010, when the Affordable Care Act came into play, palliative care was picked up as a coverage inside the Affordable Care Act, along...and it fits right in there with many of the essential healthcare benefits. I did pass out, because I know

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Senator Riepe is Curious George (laughter), I did pass out a little explanation of the difference between palliative care. And it was a simple explanation I found on the Web site--or on the Internet--that I thought explained the difference really well. So I give you that for your information. Why is this needed, why at this time? I would tell you my wife has been on palliative care since June of this year. I would also tell you that when you get a diagnosis of a terminal cancer diagnosis or you get ALS or MS or some of those diseases that you know are ultimately going to end up in death, many times you don't know where to turn. I've turned to people that I trust. And I will tell you one thing: Senator Riepe has been very helpful for me because he's been through the loss of a wife. And you put your faith and your trust in God; you put your faith and your trust in doctors, family and friends and, in this case, colleagues here. It's remarkable that two of the people on the committee knew that this would be challenging for me, and they came to me and said: I'll carry this for you...if you want to make the opening, or if you want me to make the opening or close today. What you find out is, when the diagnosis comes down, you move into several stages. Shock is one of them. You know you find out, well, your wife might live 60 days. What do you do? Then you find out, well if you do this, we can prolong that death. That was back in May when we discovered this. And I would tell that, in June, my wife was put on palliative care, and it's made all the difference in the world. But you still go through the questioning stage constantly. And then you get associated with your oncology doctor, and they map out a process. But you have hundreds of questions, and you don't know where to turn. So when they tell you you're on palliative care, all of a sudden you start researching that a little bit. And in my case, I knew of palliative care, but I didn't know where to go to find it. I would tell you that we're very blessed to have the Med Center in our lives right now, and they've done a wonderful job in helping us. But one thing I did discover was the Med Center is in Omaha, Nebraska, and we're in Seward, Nebraska, 100 miles apart. There's nobody in Seward, Nebraska, that provides palliative care..because I've looked. I've called my local hospital which I am very familiar with. So when...when I was asked by Senator Howard, not Sara--or Senator Sara Howard--if I would help with this, it was a personal situation. But the reality is, how do we help the people that are in the position that I am in, because isn't that what our goal is here, to help our citizens find, solve problems and get to the bottom of these types of issues? So if you think about this, if we can, for a couple thousand dollars...and then I, you know, I was surprised that the fiscal note is as small as it is. For a couple thousand dollars, if we can bring the professionals together, and they can work hand in glove with HHS and provide avenues for people to be able to find out answers to their questions, and if we can, indeed, do what the good doctor was talking about--start following this down the I-80 corridor and get rural Nebraska as up to speed as urban Nebraska to the east, I think we have an obligation to do that. So with that, I think this is a good program. I am not a big believer in creating new programs. At the same time, I am a believer in helping the people of this state. And so with that I would answer any questions you might have. [LB323]

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SENATOR RIEPE: Senator Kolterman, you are a good and courageous man, and many of us know and love your wife and all your family, as well, so. [LB323]

SENATOR KOLTERMAN: I know that; thank you. [LB323]

SENATOR RIEPE: Our heart goes out to you. Are there questions of Senator Kolterman as he closes? Hearing none, thank you very much. God bless. [LB323]

SENATOR KOLTERMAN: Thank you. [LB323]

SENATOR RIEPE: And this closes the hearing on LB323. We will now move into LB283, which is a bill that I am carrying. And it's a change the eliminate provisions relating to the licensed practical nurse. With that, I am going to turn this over to...do you have to leave? Okay. [LB283]

SENATOR ERDMAN: I do. I have another bill. [LB283]

SENATOR KOLTERMAN: I'll be back in just a minute. [LB283]

SENATOR RIEPE: Okay. We will take a little brief here...take a break. [LB283]

BREAK

SENATOR KOLTERMAN: Okay, we're going to get started again. Senator Erdman had to leave but, since Senator Riepe is presenting the bill, I am going to lead the hearing on this one. So, Senator Riepe, you're welcome to open on LB283. [LB283]

SENATOR RIEPE: Thank you, Senator Kolterman, and a thank you for members of the Health and Human Services Committee. I am Merv Riepe, and that's M-e-r-v, and Riepe is R-i-e-p-e. I represent the 12th Legislative District, which is Omaha, Millard, and Ralston. I am coming before you today to introduce LB283, to change and eliminate provisions relating to licensed practical nurses and certified licensed practical nurses, also known as LPNs and LPN-Cs. Today LPNs do not provide intravenous or IV therapy because they are prohibited, based on the licensure limitations and scope of practice. The goal of LB283 is to incorporate Nebraska's current LPN-C requirements into the existing LPN requirements. This would increase LPN education, improve the consistency of intrastate LPN scope of practice, and gradually eliminate the need for dual licenses in LPNs. The bill provides a statutory structure that reflects current practice and focuses on the necessary IV therapy education. The...LB283 recognizes the current

LPN's prior education and work experience. LPNs would be offered the option to complete the didactic education component in person or on-line. This education would count towards the continuing educational hours needed to meet the LPN's biennial license renewal requirements. Under bill, LPNs are allowed five years to complete the didactic education component. It requires the additional in-person, clinical education for those LPNs who will be actually providing IV therapy as part of their employment. Currently in Nebraska, a registered nurse is required to oversee this IV treatment. Because an RN or licensed practitioner must be present at least once during each 24-hour interval, to assess the patient when the LPN is providing the IV therapy, it is not efficient or cost effective, for the employer to have LPNs provide IV therapy. LB283 does not change other components of the scope of practice for LPNs. On February 1, 2017, the director of Public Health, Dr. Williams, concurred with the technical review committee and the Board of Health to the proposed changes in scope of practice. I also want to point out there is a fiscal note. There will be a loss of revenue of around \$45,000 every other year from the--and I want to emphasize from the cash fund. Thank you for your time. I urge you to support LB283. I think it helps to...will help across the state with nursing homes and hospitals. And I am happy to answer any questions you may have. [LB283]

SENATOR KOLTERMAN: Thank you, Senator Riepe. Senator Williams, you have a question. [LB283]

SENATOR WILLIAMS: Yes. Thank you, Senator Kolterman. And thank you, Senator Riepe. Can you help me understand what I am assuming would be some kind of transition period here with the LPNs? And then, what happens to an LPN that does not...decides not to take the training and their ability to continue practicing at the current level? [LB283]

SENATOR RIEPE: Yeah, those that would choose not to take the practice would still be up to the employer, if they were efficient and they could use them in their staffing model. But there is no mandate that they take the training, but it would be to their advantage. It gives them a broader scope of practice. It helps with the shortage of nursing, if you will. And from the transition into it, that would be up to the individual. If they chose not to, but they would have five years, in terms of when they could finish up that didactic side of that and to take, then, some clinical component. [LB283]

SENATOR WILLIAMS: Would you describe to me, because the medical term, what didactic means in that training? [LB283]

SENATOR RIEPE: Yeah, that's the...certainly the academic books part of this. [LB283]

SENATOR WILLIAMS: That's the books part. [LB283]

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SENATOR RIEPE: Yes, sir. The book, the book learning. [LB283]

SENATOR WILLIAMS: Is there a practical or a clinical part of this training, also? [LB283]

SENATOR RIEPE: Oh, yes, there would be. They have to prove clinical efficiency--or proficiency. [LB283]

SENATOR WILLIAMS: Thank you. [LB283]

SENATOR KOLTERMAN: Additional questions? You're off pretty easy...oh. Sue. [LB283]

SENATOR CRAWFORD: Thank you, Senator Kolterman. [LB283]

SENATOR KOLTERMAN: Or excuse me, Senator Crawford. [LB283]

SENATOR CRAWFORD: Thank you, Senator Kolterman. So I just caught, at the end of your introduction, you said something about...did you say some credentialing body or someone had affirmed this strategy? [LB283]

SENATOR RIEPE: Oh, through the 407. [LB283]

SENATOR CRAWFORD: Okay, okay. So we went through the 407 process, and this was the recommendation out of that process. [LB283]

SENATOR RIEPE: Yes. That's correct. [LB283]

SENATOR CRAWFORD: Thank you. [LB283]

SENATOR KOLTERMAN: Any...Senator Howard. [LB283]

SENATOR HOWARD: Thank you, Senator Kolterman. Thank you, Senator Riepe. [LB283]

SENATOR RIEPE: Thank you. [LB283]

SENATOR HOWARD: So when was the 407 initially filed for them? [LB283]

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SENATOR KOLTERMAN: Oh, filing date. I didn't look for the filing date; I just saw a note in there that it had gone through. [LB283]

SENATOR HOWARD: That's okay. [LB283]

SENATOR RIEPE: I might defer on that, because otherwise I am going to...I know it's in my papers, so I am just going to fumble for it if I keep looking. [LB283]

SENATOR HOWARD: No, that's okay. [LB283]

SENATOR RIEPE: And I hope that it...there's a date in there, but I know Dr. Williams did sign off on it. [LB283]

SENATOR HOWARD: So I am trying to get a feel for...I am trying to get a feel for how, how long they've been trying to make this change. [LB283]

SENATOR RIEPE: I want to say this, and there will be people behind me that can, that are probably sitting there saying, trying to whisper that in my ear right now. My sense is that it's...it's been within the last three months. [LB283]

SENATOR HOWARD: Okay. Oh, oh... [LB283]

SENATOR RIEPE: So it's not a...it's not a dated review. [LB283]

SENATOR HOWARD: Okay. And then can...tell me a little bit more about this education component. How many hours does it require? [LB283]

SENATOR RIEPE: I believe it is a...an eight-hour of the didactic side of it. So for that... [LB283]

SENATOR HOWARD: And the...it's in person or Web-based? [LB283]

SENATOR RIEPE: That is, I believe that that eight hours is either face-to-face or on-line. [LB283]

SENATOR HOWARD: Or on-line. [LB283]

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SENATOR RIEPE: Or on-line. [LB283]

SENATOR HOWARD: Are...and the training is for studying IVs? [LB283]

SENATOR RIEPE: For studying IVs and also the...there's some piece in there, a segment of it, that talks about the legal side of and also the techniques and the, you know, when you get a bad vein, how do you...how do approach that? It's almost the training that a phlebotomist would get, if you will. [LB283]

SENATOR HOWARD: Are phlebotomists trained on-line, as well? [LB283]

SENATOR RIEPE: This is not a phlebotomist bill, so I don't know whether phlebotomists...my hospital experience went back when we didn't do on-line at that time. It was always on site, but... [LB283]

SENATOR HOWARD: Okay. [LB283]

SENATOR RIEPE: ...the clinical side would have to be on site or face-to-face. [LB283]

SENATOR HOWARD: And I'll follow up with the next testifier about some of the educational components. Thank you. [LB283]

SENATOR RIEPE: Okay, thank you. [LB283]

SENATOR KOLTERMAN: Additional questions? I assume, Senator Riepe, you're going to stay to close. [LB283]

SENATOR RIEPE: I wouldn't leave; thank you. [LB283]

SENATOR KOLTERMAN: Okay. So now we will listen to proponents. [LB283]

SENATOR RIEPE: Thank you. [LB283]

DR. KAREN WEIDNER: (Exhibits 1 and 2) Good afternoon, Senator Riepe and members of the Health and Human Services Committee. I am Karen Weidner, K-a-r-e-n W-e-i-d-n-e-r. I am the education committee chair for the Nebraska Board of Nursing. I am also the director of nursing



programs at Northeast Community College, Norfolk, Nebraska, which includes a licensed practical nurse, or LPN, education program. I am speaking today on behalf of the Nebraska Board of Nursing, in support of LB283, which proposes to remove the licensed practical nurse-certified, or LPN-C, credential and to create a provision for the practice of the basic IV therapy skills for the LPN in the existing Nurse Practice Act. Interest by the Board of Nursing to remove the LPN-C licensure credential dates back to our strategic planning in 2013. Board members recognized that offering dual credentials for LPNs is out of step with contemporary scope of practice for LPNs. Nebraska is one of six to eight states that offers two licensure credentials for LPNs. There is no reciprocity with other states for certification as an LPN-C, so that Nebraska's dual licensure is an impediment to LPNs coming from other states with IV therapy experience and skills, as well as current LPN-only licenses in the state. The LPN-C Practice Act (sic: Nurse Practice Act) requires licensees to complete a Nebraska board-approved certification course and examination. As of August 2016 approximately 600 of the 6,000 LPNs in Nebraska held LPN-C credentials. LPNs cite travel, time away from work, and additional expenses for education and licensure as deterrents for acquiring dual credentials. As of May 1, 2016, all LPN graduates of postsecondary institutions in Nebraska have completed education and training in IV therapy skills. Testing for the IV therapy has been included in the National Council Licensure Examination, also known as NCLEX, for several years. Applicants must pass the NCLEX exam in order to attain LPN licensure. Modernizing the existing Nurse Practice Act to include IV therapies in the scope of practice is necessary and logical progression. Employers in the critical-access hospitals and long-term care nursing facilities in the state are challenged to recruit and retain nursing staff in their communities. Consumers are more likely to be admitted and cared for in these facilities by having access to LPN...to an LPN workforce with IV skills. As mentioned by Senator Riepe, the proposal has been advanced by both the Technical Review Committee and the Board of Health in the credentialing review with the Board of Nursing as the applicant. And we just learned yesterday that Dr. Williams, the chief medical officer, approved the proposal, as well. During the course of the credentialing review, stakeholders, including the Nebraska Healthcare Association, the Nebraska Hospital Association, Licensed Practical Nurses Association of Nebraska, Nebraska Nurses Association, and Nebraska Medical Association have indicated broad support for a five-year sunset provision for the attainment and practice of IV skills by existing LPN-only licensees that include the following, and there's three items: In the first one, individuals holding an existing LPN-C credential will be required to renew only their LPN license after having met the usual competency requirements for continuing education and practice. 2) Existing LPN-only licensees will be required to submit evidence at the time of licensure renewal of having completed an eight-hour didactic or theory classroom course. And 3) Existing LPN-only licensees who have...who are required by their employers to perform IV skills in the workplace will be required to complete both the didactic and skills training. The didactic and skills training may be applied towards the requirements for 20 hours of continuing education biennially for licensure renewal. These courses will be made available in a variety of teaching-learning modalities, including on-line didactic, and in a various settings, including

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professional continuing education meetings, community colleges, and employer-sponsored staff development programs. I have enclosed a summary of the LPN-only...of the LPN Online Summary (sic: Survey): Mandatory Continuing Education and Mandatory IV Skills Training, which was completed in 2016, that summarizes the LPN responses, across the state, regarding the proposed change in IV therapy. This survey was commissioned by the Board of Nursing and submitted to the Technical Review Committee as at their request during credentialing review. And that is the addendum to my testimony. On behalf of the Board of Nursing, I would like to thank you for your interest and respectfully request your support for the LB283, which removes the LPN-C credential and creates a provision for the practice of basic IV therapy skills for the LPN in the existing Nurse Practice Act. This position represents the position of the Board of Nursing and does not necessarily represent the position of the Department of Health and Human Services or the Division of Public Health. I am also offering a letter of support of LB283 by my employer, Northeast Community College in Norfolk, Nebraska. Graduates of Northeast's practical nursing program, like all other community college programs in the state, are trained for IV therapy and demonstrates that competency by passing the NCLEX-PN exam. In addition, Northeast is prepared to offer continuing education to existing LPNs in seeking the didactic and the skills training related to IV activities. Senators, I thank you for service to the state, and I am happy to respond to your questions. [LB283]

SENATOR KOLTERMAN: Thank you, Dr. Weidner. Are there questions? Senator Howard. [LB283]

SENATOR HOWARD: Thank you, Senator Kolterman. So just to clarify from your testimony... [LB283]

DR. KAREN WEIDNER: Yes. [LB283]

SENATOR HOWARD: This IV training is already now part of all of LPN anyway. [LB283]

DR. KAREN WEIDNER: It is, it is currently, yes. Um-hum. [LB283]

SENATOR HOWARD: Okay, perfect. Thank you. [LB283]

SENATOR KOLTERMAN: Any other questions? Senator Williams. [LB283]

SENATOR WILLIAMS: Thank you, Senator Kolterman. I want to go back to a question that I asked of Senator Riepe, the question of what happens to your LPNs that decide not to go through the training and get the "C" classification? [LB283]

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DR. KAREN WEIDNER: The training includes two components, as you might say: the didactic, the theory portion, the classroom portion, which includes eight hours; and then the skills training. All LPNs would be required to complete the didactic or that eight hours of theory to remain a licensed practical nurse, and they would have five years to do that. We want... [LB283]

SENATOR WILLIAMS: But they...so before we go to the next step of that...but they are required to take continuing ed anyway, right? [LB283]

DR. KAREN WEIDNER: Correct, they are. [LB283]

SENATOR WILLIAMS: So this could be part of the continuing ed that would meet their other requirements. [LB283]

DR. KAREN WEIDNER: Exactly. [LB283]

SENATOR WILLIAMS: So that's...is it...do you feel that's adding an additional burden on them? [LB283]

DR. KAREN WEIDNER: We feel that it is not a large burden on LPNs, because we were very cognizant...aware that we do not want to lose the LPN workforce. LPNs serve a vital role in urban areas, but especially in rural areas. And so we did not feel that that... [LB283]

SENATOR WILLIAMS: Then would you go back and talk about the clinical part of it, too, the training? [LB283]

DR. KAREN WEIDNER: Yes. And the clinical component would be required of LPNs that are not LPN-C or have not had..have not graduated...or graduated from the LPN program prior to 2016 and want to do those skills. They would be required to do the skills-training portion so that they ensure competency. [LB283]

SENATOR WILLIAMS: Where can they take that training? [LB283]

DR. KAREN WEIDNER: We would be offering the didactic and the skills in the multiple areas, like I mentioned, at professional workshops. Community colleges are ideal. They are currently providing the LPN-C course now, and so they're ideally situated. And also, within the healthcare facilities, a lot of larger healthcare facilities have a staff development, and so they would be ideally situated, as well. [LB283]

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SENATOR WILLIAMS: Would we be putting any of our LPNs, that practice in rural areas, in jeopardy because of lack of facilities to train them in? [LB283]

DR. KAREN WEIDNER: I do not believe so. I...because of the various technologies and the way that we can deliver education, we can deliver it face to face, we can deliver it, you know, on-line modality. At Northeast Community College, we have interactive television that reaches a wide part of the state. And the way that the community college system is set up, we have community colleges that stretch across the state, as well. So I do not feel that it would be a burden. [LB283]

SENATOR WILLIAMS: Thank you. [LB283]

DR. KAREN WEIDNER: Welcome. [LB283]

SENATOR KOLTERMAN: Thank you, Senator Williams. Any other questions? Dr. Weidner, thank you for your testimony. [LB283]

DR. KAREN WEIDNER: Thank you. [LB283]

SENATOR KOLTERMAN: Thank you for coming from Norfolk. [LB283]

DR. KAREN WEIDNER: Yes, thank you. [LB283]

CRYSTAL HIGGINS: (Exhibit 3) Good afternoon, Senators. My name is Crystal Higgins, C-r-y-s-t-a-l H-i-g-g-i-n-s. I am providing testimony on behalf Southeast Community College. Dawn Renshaw, the program chair for practical nursing in Lincoln, and myself, the program chair for practical nursing in Beatrice...we have practical nursing students in Beatrice, Falls City, Geneva, and Lincoln. We graduate approximately 100 practical nurses every year from our program. The graduates, upon passing the licensure exam, serve a vital role in healthcare in both the urban and the rural areas. For the past year the Nebraska practical nursing licensure pass rate was 91.67 percent, that which has exceeded that national rate of 83.7 percent, so we're very proud of our LPNs in Nebraska for that pass rate. This national exam was developed by the National Council of State Boards of Nursing. It's based on a three-year job analysis and is inclusive of questions on IV therapy. All states utilize this exam to ensure new graduates are minimally safe to care for patients. Southeast Community College began teaching IV therapy, in June 2015, in our practical nursing curriculum. Our program is an approved provider, by the state, for the LPN-C course. All of Southeast Community College's practical nursing graduates have the knowledge and skills needed to meet the state requirements for the LPN-C. After graduation, with the current law, they

must first pass their NCLEX-PN and receive their license, and then apply to the state to take another written exam for certification in IV therapy. We feel that our graduates are competent, and that the nursing faculty at our college have assessed these skills the same as they have assessed the many knowledge skills and abilities of our graduates. Since the NCLEX-PN already tests minimal skills for IV therapy, we feel this meets the standards for safe care of patients. We support LB283 with the education requirements proposed by the Board of Nursing. Southeast Community College has taught the LPN-C course since 1994, the beginning of that Nebraska certification process. Southeast Community College is ready to provide education for any LPN that would seek to take the didactic and skills training at our college. We currently offer the LPN-C on-line, with hands-on training, and are prepared to modify this to meet the new state requirements. I thank you for your time, and I encourage you to support LB283. [LB283]

SENATOR KOLTERMAN: Thank you, Ms. Higgins. Any questions? [LB283]

CRYSTAL HIGGINS: Thank you. [LB283]

SENATOR KOLTERMAN: Thank you very much. [LB283]

LINDA STONES: (Exhibit 4) Good afternoon; it's not evening yet, I don't think (laughter). Senator Kolterman and members of the Health and Human Services Committee, my name is Linda Stones, L-i-n-d-a S-t-o-n-e-s. And I am a registered nurse and I reside here in Nebraska. And I am here speaking on behalf of the Nebraska Nurses Association, in support of LB283. The Nebraska Nurses Association is the voice of registered nurses in Nebraska, and we are here today to support our LPN colleagues and to recognize the integral role that they play in part of our healthcare delivery system. In today's challenging and rapidly changing healthcare environment, it is important that nurses are in a position to best meet the needs of our patients. In 2010 the Institute of Medicine published a report on The Future of Nursing: Leading Change, and Advancing Health (sic: the title does not include the word "and"). Two key recommendations from that report are as follows: Nurses should practice to the fullest extent of their education and training; and nurses should achieve higher levels of education and training through an improved education system and promote seamless academic progression. And we've been working on that here in the state of Nebraska. While the report itself focuses primarily on registered nurses and advanced practice nurses, LPNs also play an important role in providing care. And the needs...and they...we need their licenses to reflect the care that they are educated to give. LB283 makes important changes to the scope of practice for LPNs in Nebraska. Specifically the bill will allow LPNs to practice to the fullest extent of their education and training. The current requirements for LPNs require that additional credentialing in order to receive IV...to provide IV therapy. With the...with the changes in the education programs, they now have that education, and so we need to allow them to practice to that extent. Senator Williams, I want to clarify a little

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bit of some of your questioning, which was the didactic portion can easily be done on-line, and that's what's required of every LPN today that's not received that training. It's the skills training that would only be required for LPNs that are actually providing IV therapy. And that's where you actually learn to do the sticks and the physical components of it and be able to demonstrate that competency. I, as a registered nurse, have didactic knowledge of IV therapy, but I would need to go back through skills training for to provide IV therapy, because I haven't done it in so many years. So it's really if there's a need in your role, do you need to keep that competency up? And so those nurses, those LPNs that are working in facilities that do not require IV therapy, wouldn't have to do that additional skills check. So that's...that really limits the burden on some of those currently practicing LPNs. This bill was developed in collaboration with many stakeholder groups, and we appreciate the ability to develop a solid piece of legislation that has been reviewed by many groups. We feel strongly that the bill reduces unnecessary regulatory burden and recognizes education skills and talents of our LPN colleagues. The NNA requests that this committee advance this bill. And we would like to Senator Riepe for introducing the bill. And I am happy to answer any questions, if you have any more. [LB283]

SENATOR KOLTERMAN: Thank you, Ms. Stones. Any questions? Senator Crawford. [LB283]

LINDA STONES: Oh, Senator Crawford. [LB283]

SENATOR CRAWFORD: Thank you, Senator Kolterman. So we have a nurse compact across states? [LB283]

LINDA STONES: Um-hum. [LB283]

SENATOR CRAWFORD: Does this have any implication for that compact, or does that apply to LPN nurses? [LB283]

LINDA STONES: Yeah, and that's what Ms. Weidner had discussed, is the reciprocity. [LB283]

SENATOR CRAWFORD: Okay, yeah. [LB283]

LINDA STONES: Right now there are LPNs working in other states that come into our state. They were able to practice IV therapy in another state, but... [LB283]

SENATOR CRAWFORD: Um-hum, okay. [LB283]

LINDA STONES: ...can't practice that IV therapy here. [LB283]

SENATOR CRAWFORD: Thank you. Thank you, Ms. Stones. [LB283]

LINDA STONES: This will help us align. Thank you. [LB283]

SENATOR KOLTERMAN: Additional questions. Hearing none, thank you very much. [LB283]

LINDA STONES: Thank you. [LB283]

HEATH BODDY: (Exhibit 5) Good afternoon again, Senator Kolterman, members of the committee. I am Heath Boddy; that's H-e-a-t-h B-o-d-d-y. I am the president and CEO of the Nebraska Health Care Association. And NHCA serves as an umbrella organization for the Licensed Practical Nurse Association of Nebraska, the Nebraska Nursing Facility Association, Nebraska Assisted Living Association, and the Nebraska Hospice and Palliative Care Association. You've heard a lot of good information today. We've handed out a comprehensive letter. I thought I would just hit a couple of key points and then allow your Friday afternoons to progress. This bill seems to be a reasonable approach to a change in what we're already seeing in the educational process with LPNs. LPNs are key to Nebraska's healthcare system and especially to the members that we represent, mostly in the long-term and the post-acute space--key. We're in a workforce crisis in Nebraska. This makes a lot of sense to Senator Crawford's thoughts about reciprocity and how does that work to be able to recruit people from other states. This really fits that thought process. The Licensed Practical Nurse Association board had some concerns as this rolled out, not necessarily with the bill, but just with the theory of what this would look like and, specifically, it would be to Senator William's thoughts about what happens. There's about 6,000 LPNs in the state, there's about 600 LPN-Cs; what happens to the other ones? And we think this bill makes a lot of sense for the folks that choose not to deal a lot in the IV situations. They can take eight hours of CEs, as you've heard. They can work that in; they get five years to do it. It counts in their normal CE requirements and their license, so it's not an added cost to them. There will be lots of opportunities, as you've heard. The community colleges, the associations also work through those things. I think there's some real opportunities for whichever path somebody would choose, whether they want to be in an IV environment or not. So I would just ask you to support the bill. The Licensed Practical Nurse Association is very interested in it. It's been a good collaborative effort, lots of people around the table, doing the right thing, trying to bring you an effort that makes a lot of sense for Nebraska. And thank you for letting me testify. I'd be happy to answer any questions. [LB283]

SENATOR KOLTERMAN: Thank you, Mr. Boddy. Any questions? [LB283]

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HEATH BODDY: Thank you. [LB283]

SENATOR KOLTERMAN: You're welcome. [LB283]

KIM ROBAK: Senator Kolterman and members of the committee, my name is Kim Robak, K-i-m R-o-b-a-k. I am here today on behalf of the Nebraska Medical Association, in support of LB283. A little tongue in cheek, I will say that I am here to support smaller government with LB283. If you note on page 4 of the bill, we actually strike a credential. That credential will no longer exist. We're going to just actually merge two credentials, so we're making government smaller. So it's a wonderful opportunity to actually appear before you, where a 407 has taken place and we're now creating something easier. Senator Williams, I want to point out to you that, if an LPN does not deal with IV, that individual does not need to take this...this coursework, and that's set out on page 7, lines 23-25. It specifically says you don't need to take the coursework. So it only deals with, right now, they're getting the training, so you don't need the "C" any more. And in a rural area, if you didn't have a "C" behind your name, you couldn't do this anyway, so you would have to take the test if you wanted to. But if you weren't giving IVs, then likely you would still continue with the job that you are doing today. New graduates do the "C" ...do the IVs in their testing, so you don't need this credential. We're reducing the size of government, and we are very much in support. I'd be happy to answer any questions. [LB283]

SENATOR KOLTERMAN: Thank you, Ms. Robak. Any questions? [LB283]

KIM ROBAK: Thank you. [LB283]

SENATOR KOLTERMAN: You're welcome; thank you. Any other proponents? Okay, any opponents? Any neutral? Senator Riepe, you're welcome to close. [LB283]

SENATOR RIEPE: Thank you. I become encouraged more and more when former Lieutenant Governor Robak is inching slowly, but surely, towards becoming a Republican (laughter). It's always encouraging to me. I live...I live for Monday. I'd also like to point out that few LPNs are employed in today's acute-care hospitals. That said, LPNs play a major role in critical-access hospitals and extended-care facilities and long-term care facilities. And Senator Williams, your point is well made, representing Gothenburg and some of the more rural pieces. It's very important that we don't diminish our healthcare labor pool, but that we embellish it, if you will, and allow them to even develop skills that are within their scope of practice. Also, I would say, as a recovering hospital administrator, that oftentimes the burden that's placed on people taking training, that many of the employers will not only pay the fee for enrollment, but many of them-- I know we did--would pay for the time that was required to take the training, because it was to our advantage to have them be able to perform at a higher level and to make sure that they were



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performing at a high level of competency. I would also say, from a hospital administrator's standpoint, that we're constantly exploring opportunities where we can cross-train, where we can expand skills and help individuals work at the top of their...one's scope of practice and also to feel better about themselves. They align then more closely with the organization, and you get that loyalty. I know Senator Howard, having been on the administrative staff at OneWorld, that same principle would apply there. The creation of one LPN category is both efficient and promotes continuity of care. So I am very enthusiastic about this opportunity, and I thank you for your consideration of LB283. All right. [LB283]

SENATOR KOLTERMAN: Any questions for Senator Riepe? Would you read into the record any correspondence? [LB283]

TYLER MAHOOD: (Exhibits 6-11) Yes, I have letters of support from: Dr. Thomas Williams of the Department of Health and Human Services; Kathy Harrison of the Mid-Plains Community College; Andy Hale and Elisabeth Hurst of the Nebraska Hospital Association; Maxine Guy, who is with the Licensed Practical Nurse Association; Barbara Stout, who is representing herself...and a letter of neutral from Diane Jackson of the State Board of Health. [LB283]

SENATOR KOLTERMAN: Okay. That concludes our hearing. [LB283]

SENATOR RIEPE: Thank you. [LB283]

SENATOR KOLTERMAN: Appreciate everybody's input. And we're going home. [LB283]