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Health and Human Services Committee  
March 22, 2017

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[LB59 LB128 CONFIRMATION]

The Committee on Health and Human Services met at 1:30 p.m. on Wednesday, March 22, 2017, in Room 1510 of the State Capitol, Lincoln, Nebraska, for the purpose of conducting a public hearing on an appointment to the Board of Emergency Medical Services, LB59, and LB128. Senators present: Merv Riepe, Chairperson; Steve Erdman, Vice Chairperson; Sue Crawford; Mark Kolterman; Lou Ann Linehan; and Matt Williams. Senators absent: Sara Howard.

SENATOR RIEPE: We would like to begin our formal hearing. And before we do that, I did want to go around and introduce, or have them self-introduce. Senator Erdman is here, and then we'll go to Senator Linehan, and back to Kristen Stiffler. So would you introduce...I know you like to talk about the Panhandle. [CONFIRMATION]

SENATOR ERDMAN: Thank you so much. Thank you, Senator Riepe. Steve Erdman, District 47; I represent 10 counties in the Nebraska Panhandle. [CONFIRMATION]

SENATOR LINEHAN: Lou Ann Linehan, I'm District 39, which is western Douglas County. [CONFIRMATION]

KRISTEN STIFFLER: Kristen Stiffler, legal counsel. [CONFIRMATION]

SENATOR RIEPE: Thank you very much. Today at these hearings we will take the hearings in accordance with the agenda that's posted. And the first one will be an appointment for the Board of Emergency Medicine. But before we move to that, I did want to share with you that this is your opportunity to participate in the legislative process in this great state. And you will see some of our members, including myself, that will leave to open bills in other committees that's still going on that we're holding hearings. Or they may have something they're going to testify after. Some will work on laptop computers, we encourage that. And so that it's not that they're distracted, they're simply following the bill along. We ask people that will come forward to introduce to please turn off your cellphones or to silence them at least. And if you are testifying, if you would to help us move along if you could move up to the front seats as it gets closer to your time. The process in this committee is the introducer, the state senator, will make that introduction; they are allowed as much time as they want. Following that, we go to the proponents, then we go to the opponents, followed by anyone that's testifying in a neutral capacity. We will then read in any letters that we may have that come in and support, and then we will do the closing. If you're testifying, we ask you to sign in with an orange sheet. And if you have copies that you want distributed, we will need 10 copies of those. If you don't have those copies, our pages are great, and they will zip out of here and come back with your copies. When you come to the microphone we will ask you to state your name and then spell your name

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for the record, because this is all being recorded. We run on a five-minute clock: it's four minutes on the green, one minute on the amber, and then we go to a red. When you see the red, we ask you to try to pull together your remarks. And this is not a just boom, you're cut off, but we try to pull you. And if it goes beyond that too much, I will probably, and I'll be as polite as I can be, to ask you to pull your comments together. If you will not be testifying at the microphone, but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each of the entrances 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, I think we've...everyone has been introduced, so I would like to move along with our appointment, which is Mr. Scott Wiebe. [CONFIRMATION]

SENATOR KOLTERMAN: Senator Riepe? [CONFIRMATION]

SENATOR RIEPE: Yes, sir? Did I forget something? [CONFIRMATION]

SENATOR KOLTERMAN: Well, I just want to make it very clear, this is a good Seward High graduate coming up here. But for the record... [CONFIRMATION]

SCOTT WIEBE: Oh, we should wait for the end for that, right? [CONFIRMATION]

SENATOR KOLTERMAN: For the record, I do get along with most of these people pretty good. But they just don't want to sit by me. Thank you. [CONFIRMATION]

SENATOR RIEPE: I think Senator Kolterman has begun his campaigning for 2018. At least trying to wrap-up one vote here, but you're not committed. [CONFIRMATION]

SCOTT WIEBE: There you go. [CONFIRMATION]

SENATOR RIEPE: Please, Mr. Wiebe, if you would tell us a little bit about your interest in the Emergency Medical Services and what you think you can contribute. [CONFIRMATION]

SCOTT WIEBE: So first off, Scott, S-c-o-t-t, Wiebe, W-i-e-b-e. This will be my third appointment to the EMS board. Just a little bit about myself, I graduated from the Creighton paramedic program in 1990. From there, I spent about six years in Grand Island with the fire department there, transitioned to Lincoln Fire and Rescue in 1996. I've had several different jobs and worked in several different venues since that time. Spent about five years flying with LifeNet air medical transport services out of Omaha and Creighton University, flew both rotor and fixed wing while maintaining my employment with Lincoln Fire and Rescue. Right now, I function in

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the capacity of a fire captain. But as a piece of that, I'm an EMS shift supervisor, so I'm responsible for day-to-day operations in regard to emergency medical services responses for the city of Lincoln, which to date I think is around 278,000. We tier with numerous agencies outside of Lincoln, Lancaster County, and some even outside of Lancaster County where we provide advanced life support services. I know that, based on some previous testimony, there's been a little bit of angst with the EMS board, but I'm certainly supportive of the current chairman, Dr. Jim Smith, from North Platte, who was also reappointed. I think we came onto the board at the same time. He has certainly a professional business acumen. And for the first time ever, I think we have a strategic plan. We have support of several stakeholders throughout the state that are very interested in work that's going on. And I think that, at least my interpretation is, they feel like they finally have a good voice on the direction of where EMS goes in Nebraska. On a side note, two issues that I see compelling in regard to emergency medical services is number one, during my last reappointment there was no one in the state of Nebraska legally responsible for the provision of EMS. So while we would believe that most metro and first class cities would always have services provided, I can tell you that in small town, rural, and frontier area there is no responsibility to provide that service. So I would think that as the requirements to provide and become credentialed for the service...you know, it's a conflicting thing because the spirit of volunteerism, my dad was a volunteer for a number of years--kind of how I got my start. I admire them with the highest regard, but I can tell you they can close up in a small town and no one has to answer the call. So I think one of the things that's going to have to be solved in the state of Nebraska is, the way I understand it, we have law enforcement services for every county, but we have no provision that our citizens or our constituents have the ability or the right to access 911 and have somebody actually answer the call. I think that the majority of the services throughout the state away from the population centers are answered by volunteers. They provide a tremendous service to the state of Nebraska and I would like to recognize them for their tremendous work that they do. On the flip side, for services, not only volunteer but also paid, reimbursement is becoming certainly an issue for all of us. The ability to provide the service and the reimbursements that we get back for the services that we provide are somewhat difficult. In some situations we operate at a loss for those calls, not unlike our hospital partners. But at some point the ability to provide quality service has to be finely balanced with the revenue you can collect in those circumstances. So number one, we got to find out some way to have somebody responsible for the service; number two, we have to at least provide equitable ability to make the system not only sustainable, but to improve. Because as we know, healthcare moves at the speed of light. There's a lot of stuff going on, not only from technology, but care issues that we may need to be able to fund to provide the highest level of care. So thank you. [CONFIRMATION]

SENATOR RIEPE: Thank you. Thank you very much for your service. Senator Kolterman has a question. [CONFIRMATION]

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SENATOR KOLTERMAN: Thank you, Senator Riepe. Scott, can you talk a little bit more...first of all, I appreciate your candor on that issue of who finances EMS. Because we've been looking at that for several years now, and it's a huge dilemma, especially as you said when we get into rural areas. What are your thoughts about...I got my EMS license...or EMT license probably 25 years ago and it took 80 hours to get the training back then. Now that training has gone to 160-some hours and it's a \$1,000 and it's a lot of volunteer time. Is there any indication that that ought to be reduced at all, or is that ample? Now that's outside, that's not even paramedic, that's just EMT type of training. What are your thoughts along those lines? [CONFIRMATION]

SCOTT WIEBE: Well, thanks for that question, Senator Kolterman. As you know, the National Registry of Emergency Medical Technicians is somewhat I would call it the "gateway" for you to gain your EMT license or your paramedic license both at that level. I'm a big supporter of maintaining that requirement because it shouldn't matter whether you're in western Nebraska, eastern Nebraska, north, or south, there has to be some type of standard out there that we subscribe to. The National Registry has been around for a long time. It's a validated test that somewhat verifies that you have the baseline knowledge to provide competent care. I know, Senator Kolterman, that this issue has also come up at the EMS board level, and I think as I recall back in '88, '89, when I went through that, the state sponsored a test. And those are wrought with some challenges for the state. So what I would say is I certainly acknowledge that it is a huge commitment away from your family to become credentialed at the EMT level or whatever level you may subscribe to. But our main charge at the EMS board is public protection, and I think to maintain public protection we have to maintain a professional standard. And that credentialing process, which requires those hours to sit for the National Registry, is imperative for us to provide for the safety of the citizens. [CONFIRMATION]

SENATOR KOLTERMAN: Thank you. [CONFIRMATION]

SENATOR RIEPE: Additional questions? I have a question. Is there a mutual aid agreement between a various...between and among various communities? [CONFIRMATION]

SCOTT WIEBE: So mutual aid, as I understand it, Senator, is there's various components of that. Some are a handshake agreement. Part of the requirement, as I understand it, to be a licensed ambulance service is you have to have a backup plan. And as you know, a while back there was a first responder transport bill that I think was passed into legislation where if there was no one to transport some first responders that don't have an EMT may have a transport vehicle. And to me, the best place for any patient is at the hospital. Now, we have to get them there with some reasonable sense of prudent care. So mutual aid agreements can be somewhat formalized, like we have an agreement with many of the areas immediately outside the city limits, and I would call that a legal agreement to provide services. I can't speak to the specifics of outstate

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agreements, but I do know that I believe to be a licensed service you have to have a backup plan. But if that backup plan, you can imagine for some of the less populated areas, requires a jurisdiction that's 40 or 50 or 60 miles away, you're in this consequence. Do you put them in a car and drive you, like my parents probably did back in the day? Or do you wait for them to drive 60 minutes one way and then 80 minutes back to the hospital? So I think that backup plans are good, and I know that if a call goes unanswered for a period of time from a rural provider then they would activate that backup plan and a jurisdiction close to them would be dispatched. [CONFIRMATION]

SENATOR RIEPE: If someone's injured, do you take them to the nearest? Say that it's serious enough for hospital. Take them to the nearest hospital, or if they say, well, we want to go to Seward or someplace, you know, would you take them to the hospital of their request? Or how do you do that? [CONFIRMATION]

SCOTT WIEBE: Well, great question. So hospitals have different capabilities. And I'll give you an example. Brian Health West is recognized as a level 2 trauma center, so if you meet certain trauma criteria we would take you there. You still have the right, but we would advise you of the risk and consequences of going to a different facility. Much like Brian Health East or Nebraska Heart Hospital or St. E's, if you are actually having a heart attack they have the ability to put a catheter in your heart and basically open up that artery. We do not transport to hospitals such as if we ended up on the west end of our district we don't go to Seward or we don't go to Crete. It's kind of our medical director, who we work under his license, determines which facilities we're going to transport to. On the flip side, in the air medical world that gets a little convoluted. I've transported patients to Mayo Clinic, I've gone down to New Orleans, I've flown patients back to the Lied Transplant Center in UNMC. As far as flying in a helicopter, usually you're going out to a smaller facility, whether it be a critical access hospital and you're bringing them back to a specialized area like Children's, University, or Creighton Medical Center. [CONFIRMATION]

SENATOR RIEPE: One of the concerns that I always have is depth on the bench. That whenever you're out of the community for a prolonged period of time it may mean you have little or no coverage back in the community while you're all down in Lincoln or wherever you're at, transporting and such. [CONFIRMATION]

SCOTT WIEBE: Sure. So I think there's some compelling evidence, and some of this has been played out in a professional journals. For instance, Nebraska City has a great relationship with some of the centers that do heart cath here and open up that blocked artery. And there was a recent situation that was well publicized I believe of a sheriff's deputy or a retired sheriff's deputy where it was actually in cardiac arrest, that bypassed the local hospital and transported him here so he could receive those specialized services. But not only in rural areas do we have

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that issue, also in the metro areas. So Lincoln is obviously growing geographically. If we take one piece out of the puzzle in far south Lincoln, another piece of the puzzle has to come from the core to answer that call. And obviously in a certain population of the incidents, it's highly...time counts, seconds count. You know, there's a large number of calls where it's about being nice and holding somebody's hand and taking them to the hospital; but there truly are a percentage of these calls that are very time-sensitive, such as cardiac arrest, stroke, heart attack, severe trauma. [CONFIRMATION]

SENATOR RIEPE: And emotional. Thank you very much. Are there questions from the...we would invite you, do you have questions of us? [CONFIRMATION]

SCOTT WIEBE: No, sir. [CONFIRMATION]

SENATOR RIEPE: Okay. We were going to give all the hard ones to Senator Kolterman. Okay. Thank you so much for being here. [CONFIRMATION]

SCOTT WIEBE: All right. [CONFIRMATION]

SENATOR RIEPE: That concludes our appointment process, and we appreciate your time, your service, your being here today. [CONFIRMATION]

SCOTT WIEBE: Thank you. [CONFIRMATION]

SENATOR RIEPE: Thank you. We're now going to move on with LB128, Senator Groene. And I am waiting, I may have to leave. And if I do, Senator Erdman can take over. And if he has to leave, then Senator Groene. Senator Kolterman's going to take over. [CONFIRMATION]

SENATOR GROENE: Do you want me to leave? [LB128]

SENATOR ERDMAN: Not yet. [LB128]

SENATOR RIEPE: Not yet. So if you'll just give us your name, Senator, and then we'll go. [LB128]

SENATOR GROENE: Thank you, Senator Chairman Riepe and members of the Health and Human Services Committee. Senator Mike Groene, M-i-k-e G-r-o-e-n-e. Last year we debated a bill on drug felonies, people who had drug felonies receiving food stamps. And then I made the

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mistake of standing up that I had a better idea, and I said I'd bring a bill this year. So I keep my promises. So that brings me to LB128, which sets requirements for eligibility in the Supplemental Nutrition Assistance Program. A person that has been convicted of a felony for the possession of a controlled substance or a person with one or two felony convictions for the sale or distribution of a controlled substance shall not qualify for SNAP assistance unless they: one, participate in or have completed a state-licensed or nationally accredited treatment program since the date of his most recent conviction. Determination of participation or completion of such a treatment program will be certified by the treatment provider administrator administering the program. Or two, voluntarily submit to a drug test verified by a laboratory approved by the Department of Health and Human Services and test negative prior to receiving benefits. The applicant must continue to agree to drug tests at random intervals thereafter, but no less than every six months. The approved laboratory will verify the drug test to the department. The bill provides that persons who have been convicted of three or more felonies involving the sale or the distribution of a controlled substance shall be ineligible for the program. This bill is meant to serve as incentive for those who want to remain eligible for the SNAP program to get treatment or remain free of controlled substance in the future. Present law, of course, says back in the 1990s...let's go back a little history, 1990s, when Newt Gingrich and President Clinton got together and redid welfare. One of the restrictions was that if you had a drug conviction you were not eligible for food stamps. We opted out of that in 2009 I think and made some different requirements. And what it was, where if you had two or less convictions of drug possession you could get food stamps, but you had to be taking courses, treatment. If you were...once third time, you were out, couldn't do it, couldn't get food stamps or SNAP. And also, if you had even one conviction of dealing drugs, you were out. Senator Morfeld at that time last year brought a bill that said they could get food stamps, so I brought an amendment, which is the basis of this bill, last year where, in the spirit of LB605, where we start believing in rehabilitation and giving people the chance to become better citizens. I brought this bill because peer pressure is the number one thing that causes recidity (sic) of drug use and other uses. Once they get let out of prison they gather with the same folks they did before. What I'm trying to do here is say here is an excuse you can tell your friends: I have a drug test, I need my food stamps for my family. I cannot take drugs because I have a drug test next week. Or instead of being hanging around with your friends, you're at an AA meeting or the drug-equivalent meeting, I can't think what it is right now. And then if you're there, whoever is running that meeting signs off and you take that down to the social services and prove that you're in treatment or you can opt to take a drug test every six months at your cost, not at the government's cost. I just believe people need a chance; and to tell somebody you have somebody looking over your shoulder, it helps you stay clean. That's what we were trying to do to (inaudible) the prison system last year with LB605, by making sure once people were let out of jail that they were still responsible to somebody. In the same spirit, that's where I came up with LB128. I forget all the numbers and statistics of other states, what they do, but at this point I'm working with Senator Morfeld on his LB311. And as far as I'm concerned, I would just as soon leave this in committee this year, work on it on the

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interim, and see if we can come to some understanding. But I do like the drug testing. So with that, I close my opening. The appropriations bill, I was surprised it was that many said that 649 individuals were denied last year. And I figure it would be a 15 percent increase of folks who just didn't even apply because they knew the restrictions would make it 746 individuals in the state of Nebraska, and I believe the cost was like \$19,000 or \$16,000...\$33,000 or \$38,000, \$19,000 of state funds to have these folks on food stamps. And one thing we did learn, if a parent is a drug dealer or is convicted of drugs, their children still get food stamps. They go down and apply and they got three children, the mother does, and she's got a drug conviction, they prorate it for the children. But do the children get all the food? So anyway, that's where I'm at on it, and we'll see how many testify and see if I'm here to close. Any questions? [LB128]

SENATOR RIEPE: Okay. Let's see if we have any questions from the committee. Senator Crawford. [LB128]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you, Senator Groene. So one of the issues that we heard about as we were discussing this, the idea about trying to buy incentives for people to have treatment was a concern about access and waiting lists for substance abuse treatment. So have you given any thought to that in terms of if there isn't access to the treatment or how perhaps people might be using the treatment if it's not as necessary, but they're using it get their food stamps? [LB128]

SENATOR GROENE: With LB605 I think we're going to have more treatment available. We have to out in rural areas. We've...AA meetings and what's the name of the group that does the drug...I can't think of it. [LB128]

SENATOR WILLIAMS: Drug Court. [LB128]

SENATOR GROENE: No. [LB128]

SENATOR CRAWFORD: Or narcotics... [LB128]

SENATOR GROENE: There's an AAA group that handles narcotics instead of alcohol. But they're available. And probation takes...if the leader of that group signs off, that's considered treatment. They're in every community, they're well organized. As far as drug tests, I would like to see this committee or some committee take a look at we have a new center in North Platte that's opened from 6 to midnight or something so that they can be drug tested because at 6:05 they don't have to take off work. Why can't we put a fee on that, that individuals can come in and get drug tested instead of having to go to a private lab? Put a basic fee on it, it would help fund

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the lab, plus it would be access to any individual who is already in treatment. A lot of these individuals with LB605 now will be, when they get out of jail, prison, they will be on parole or probation yet, and will also be in that process of treatment. So it all ties together I believe, and to give incentive to stay out of trouble is what I'm trying to do here. Then there's always that drug test. If you've lived in Florida and 10 years ago you had a drug conviction for dealing and you move to Nebraska and that follows you, it's pretty hard to say you're in treatment or prove you were. You could just go down and get a drug test and not have...and if you pass, you could get your SNAP program. Any other questions? [LB128]

SENATOR RIEPE: Where are you at in your conversations with Senator Morfeld? [LB128]

SENATOR GROENE: He's running this way, I'm running this way. I said let's meet in the summer. He brought some ideas and I told him I just don't have the time this year to address it. It will be there for next year. [LB128]

SENATOR RIEPE: I'm looking forward to a Groene-Morfeld or a Morfeld-Groene... [LB128]

SENATOR GROENE: Groene comes first in the alphabet. [LB128]

SENATOR RIEPE: Oh, okay. We'll go with your word. Are there other questions from the committee? Did you say you would be staying for closing? [LB128]

SENATOR GROENE: That depends how long. [LB128]

SENATOR RIEPE: Okay, okay. Are there proponents, please? Please come forward if you would. If you would be kind enough to give us your name and then spell it, then proceed on with your testimony, please. [LB128]

JEFF KANGER: (Exhibit 1) You bet. Excuse me. My name is Jeff Kanger, K-a-n-g-e-r, the associate director for pro-life and family at the Nebraska Catholic Conference. And the Catholic Conference represents the mutual public policy interests of the three Catholic bishops serving in Nebraska. And we're here to support LB128. And we've previously expressed our support for Senator Morfeld's LB311, which you have already heard. Though I do want to be very clear, we do not have a position as to whether or not the compromise should be Groene-Morfeld or Morfeld-Groene. We would be neutral in that hearing. [LB128]

SENATOR RIEPE: Alphabetical. [LB128]

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JEFF KANGER: Adequate nutritious food is a basic need that is integral to protecting life and dignity of the human person. And SNAP provides a government program that assists in meeting this basic need to combat hunger in the nation by feeding millions of persons a year. Eliminating access to SNAP for people who have at some point in their lifetime committed certain crimes repeatedly, as Senator Groene alluded to earlier, creates risks to successful reentry into society. Balancing rehabilitation of offenders and managing state resources is a noble effort, and we thank both Senators Groene and Morfeld for undertaking that. Knowing that there are two varying policy proposals on this issue, we hope a satisfactory, prudent, and just policy is advanced out of committee. And we see wisdom in both proposals, in terms of granting broader access to the benefits. Importantly, we recognize, the NCC recognizes, the value of Senator Groene's legislation to encourage self-responsibility and provide the proper assistance necessary to those who may be overcoming previous drug-related convictions or addictions. The Catholic Church and our many parishes, organizations, and programs across the state of Nebraska remains an avenue, among many others, in providing private assistance to those who have difficulties in their present circumstance accessing the basic need of food. Thank you for your time and consideration and I would be happy to answer any questions. [LB128]

SENATOR RIEPE: Thank you very much. Are there questions from the committee? Senator Crawford. [LB128]

SENATOR CRAWFORD: Thank you, Senator Riepe. And thank you for being here today. [LB128]

JEFF KANGER: You're welcome. [LB128]

SENATOR CRAWFORD: Would you speak to any substance abuse services that you know are provided in communities through Catholic networks? [LB128]

JEFF KANGER: In terms of specific names of the programs, you know, I don't know what they're labeled. But through counseling services here in Lincoln, and at least up in Omaha, sometimes the counselors there are involved with substance abuse situations. The Blessed John XXIII Center here in Lincoln has counseling services available as well. The extent though that they treat individuals on the narcotics scene, I can't really speak to that. But I could try to reach out to them and get someone in touch with your office that could provide more detail. [LB128]

SENATOR CRAWFORD: My concern would be that there would be an effective and adequate...enough opportunities if people were required to show that they are engaged in these activities to make sure that that's an option that would be available to people at prices they could afford. [LB128]

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JEFF KANGER: Sure. [LB128]

SENATOR CRAWFORD: Thank you. [LB128]

JEFF KANGER: Thank you. [LB128]

SENATOR RIEPE: Additional questions? Seeing none, thank you very much. [LB128]

JEFF KANGER: Thank you. [LB128]

SENATOR RIEPE: Other proponents? If you would be kind enough to state your name, spell it, and then proceed on. [LB128]

DAVID LARSON: My name is David Larson, D-a-v-i-d L-a-r-s-o-n. I represent the Reentry Alliance of Nebraska. We have more volunteer organizations in the RAN program than any place outside of Omaha. We probably work with more prisoners who are getting...in the process of getting out, or who are out. And I personally also take people to NA and Alcoholics Anonymous. So I think I have been working with this type of person for long enough that I'm starting to get to know what their life is like. One of the things that happens when people have food insecurity and they're trying to get their life going, they'll get food any way they can. And sometimes that's the wrong way. So the food security is a very important thing. And as I read this bill, I thought this rewards people, encourages people in their first two convictions to really work on their programming, to really get it right. It also has a discouraging thing saying the third conviction will not...they won't be able to get food stamps then. And I think that's a very good thing. It was mentioned earlier that people would be under supervision. Under LB605 everybody will be under supervision when they get released, so there's a lot of checks and balances here. I really support this program and think that food security for individuals and for their families is most important. [LB128]

SENATOR RIEPE: Okay. Are there questions from the members of the committee? Seeing none, thank you very much for being here and for your effort. Are there more proponents? Are there opponents? Is there no one testifying in a neutral capacity? If you would, sir, just state your name and spell it and proceed on. [LB128]

KEN SMITH: (Exhibit 2) Thank you. Good afternoon, my name is Ken Smith, that's K-e-n S-m-i-t-h, and I'm a staff attorney with Nebraska Applesseed. I appreciate the opportunity today to testify in a neutral capacity. I know that there are some mixed feelings on the committee about the utility of neutral testimony, but we feel compelled to kind of speak our piece on what we see

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as a very important issue without actively opposing Senator Groene's bill. And so my statements will be brief. We want to thank Senator Groene for taking action in this area. I think easing the ban on receiving critical nutrition benefits for certain former offenders is a very important objective because, as we've heard from testifiers before me, it enables people reentering society to meet their basic needs and reduces the risk of reoffending. We do have some concerns with LB128 as it is written, which I briefly summarized in my written testimony. As this committee may recall, and has been brought up before me, we worked with Senator Morfeld on LB311 this session, dealing with the same issue. And we understand that Senator Groene and Morfeld have been in touch, and as we've heard, continue to discuss their bills and potentially finding common ground on this issue. We certainly appreciate Senator Groene's and Morfeld's efforts in this regard, and we would be happy to help in any way we can, and have communicated that. So with that, I would just invite you to read the written testimony we submitted and I would thank you for your time. And I can answer or try to answer any questions you may have. [LB128]

SENATOR RIEPE: Thank you very much. Senator Erdman. [LB128]

SENATOR ERDMAN: Thank you, Chairman Riepe. Mr. Smith, I see you're an attorney. And your concerns on paragraph three, it says you have concerns about the eligibility requirements. So you have concerns about this bill? [LB128]

KEN SMITH: We do have some concerns, yes. [LB128]

SENATOR ERDMAN: So then how do you propose to come here and be neutral when you have concerns? [LB128]

KEN SMITH: Well, I think we are firmly behind Senator Groene's efforts and his intent. And so we didn't want to come in and say, you know, we are dismissive of or actively opposing what he's trying to do. And so we thought that, you know, the neutral capacity was well-suited for agreeing with the importance of something without wanting to actively oppose it. [LB128]

SENATOR ERDMAN: That's your opinion. I disagree with the neutral testimony. People come in here with neutral testimony trying to be on one side or the other, or think they are. And when they're against the bill be in the opposition category. And that's what you said, you have concerns. If we pass this bill as it is today, are you okay with it? As it is written, are you okay with that? If we would vote this bill to floor today, and the body would approve it, would you be okay with this bill? [LB128]

KEN SMITH: It would be better than the status quo. [LB128]

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SENATOR ERDMAN: No, would you be all right with it? Would you have an objection if we pass this bill as it is? [LB128]

KEN SMITH: I think we think it could be done in a better way. [LB128]

SENATOR ERDMAN: So then you don't agree that it should be passed like it is, so you object to the bill. So you're in the wrong category, you would be in opposition. [LB128]

KEN SMITH: And I respect that that is your opinion of what neutral testimony means, and would submit to you that I have a different conception of its utility. [LB128]

SENATOR ERDMAN: And I'm the one that will determine whether you're neutral or not. [LB128]

KEN SMITH: That's fair. [LB128]

SENATOR ERDMAN: Okay, thank you. [LB128]

SENATOR RIEPE: Okay. Are there other questions? Senator Crawford. [LB128]

SENATOR CRAWFORD: Thank you, Chairman Riepe. And thank you, Mr. Smith. I do appreciate your being here and sharing your support for moving forward with expanding access, but you're concerned about exactly how we might move forward in that way. The sites in your testimony are helpful in terms of seeing the existing treatment and drug testing that may be already out there. That's actually I think interesting, you know, important for us in terms of thinking through how we'd actually have this work and how people might have the opportunity to have access to that. So that's interesting that you bring that up. Have you done any research to know about access to substance abuse for individuals who are not required to do it through these mechanisms that you outlined in your testimony? Do you have any idea of access issues that there may be for those individuals who are no longer under supervision or probation? [LB128]

KEN SMITH: Yeah, and I don't think at this time I could provide precise numbers. What I can tell you is that we have an intake line with our organization where we hear from a lot of community members. And from speaking with those who have called us that have those types of needs, we understand that there is a capacity issue, that there oftentimes is a wait list to get into programs that offer this type of treatment or counseling. As far as quantifying that in terms of percentages or what the average wait time is, I wouldn't be able to do that right now. I would be more than happy to try to be able to quantify that and submit that to you. [LB128]

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SENATOR CRAWFORD: Excellent, thank you. I appreciate that. [LB128]

KEN SMITH: Absolutely. [LB128]

SENATOR RIEPE: Okay. Are there any other questions from the committee members? Seeing none, thank you very much. [LB128]

KEN SMITH: Thank you. [LB128]

SENATOR RIEPE: Is there anyone in additional people that are testifying in the neutral capacity? Thank you. If you would be kind enough to state your name and spell it. And then the microphone is yours. [LB128]

KATIE NUNGESSER: (Exhibit 3) Good afternoon. My name is Katie Nungesser, K-a-t-i-e N-u-n-g-e-s-s-e-r. I am a SNAP outreach coordinator for the Food Bank of the Heartland and Food Bank of Lincoln. I am responsible for outreach surrounding food stamps in 93 counties in Nebraska, and I spend the majority of my time in the rural communities working with seniors and other vulnerable populations. I also work with the homeless in Lincoln and Omaha areas. First, I would like to thank Senator Groene for bringing this bill and for seeking ways to provide a stable food source for persons who have drug felonies in their past. The mission of the Food Bank is to eliminate hunger in Nebraska. The Supplemental Nutrition Assistance Program, known as SNAP, is vital to achieving that mission and is one of the many reasons the food banks are grateful to serve as the SNAP outreach coordinators for the Department of Health and Human Services. Together, the two food banks provide SNAP application assistance or food stamp assistance, education, case management, and SNAP support for those in need across the state. Our scope of work and clients that we engage with is varied. We work with homeless individuals, families, seniors, individuals with disabilities, students, young people, people that are employed, and everything in between. One thing that continues to come up is those with felony drug convictions being turned away. We are testifying in a neutral capacity today because we do appreciate the intent of LB128 and believe LB128 could be a step forward towards the goal of eliminating hunger and providing stability to our clients and their food source. And more to allow people to reestablish themselves and their lives in our community. However, we do have concerns about the specifics of how LB128 would work and if it would reach the intended goals as currently drafted. Specifically, we believe there are many ways to leverage the work already being done by the Department of Corrections and Parole and Probation to avoid duplication among the departments with regard to requirements for treatment and drug testing. We would also want to make sure that the requirement for treatment is achievable and allows for affordable and accessible options. We would also like to consider different options for the person we often see...sorry, whose felonies are far in the past and who have long been productive members of

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their communities. We have detailed some of these thoughts in our written testimony. We'd like to thank Senator Groene again for the continued conversation on this important issue, and we appreciate the opportunity to work with Senator Groene over the interim to talk about these ideas and to be a resource in any way that we can, since the work will definitely affect our clients and this ban is really important. Thank you for your time, I would be happy to take any questions. [LB128]

SENATOR RIEPE: Thank you. I did notice in paragraph two there's the word concerns. Are there any questions of the committee members? Senator Linehan? [LB128]

SENATOR LINEHAN: No. [LB128]

SENATOR RIEPE: Okay. [LB128]

SENATOR ERDMAN: Mr. Chairman. [LB128]

SENATOR RIEPE: Senator Erdman. [LB128]

SENATOR ERDMAN: Thank you, Senator Riepe. Thank you for coming. Are you a paid lobbyist? [LB128]

KATIE NUNGESSER: No. [LB128]

SENATOR ERDMAN: I'm going to give you a pass. Thanks for coming. [LB128]

SENATOR RIEPE: Any additional questions? Thank you very much. [LB128]

KATIE NUNGESSER: Thank you. [LB128]

SENATOR RIEPE: Are there any other testifying in a neutral capacity? Okay, let's...do we have any letters of support or opposition or neutral? [LB128]

TYLER MAHOOD: (Exhibits 4, 5, 6) Yes, I have a letter signed by Mary Sullivan of the National Association of Social Workers Nebraska Chapter in support. A letter signed by John Else and Sherry Miller of the League of Women Voters of Nebraska in opposition. And a letter signed by Amy Miller of the ACLU of Nebraska in a neutral position. [LB128]

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SENATOR RIEPE: Okay, thank you very much. With that, Senator Groene, you are welcome to close if you like. [LB128]

SENATOR GROENE: Thank you, Chairman. Narcotics Anonymous, I heard the testifier say, was the term of that other group. Existing law says anybody with one or two convictions has to be proved that they've taken treatment. So apparently our forerunners of us in 2009 thought there was treatment centers out there that people could access. So I believe there's going to be more programs now with LB605. But I happen to believe our judiciary system shouldn't be for vengeance, it should be for rehabilitation. It's a lot cheaper. So if we're going to combine it with our social services, I happen to believe a home with children and food stamps with a negative drug test results is a lot better than a home with children, food stamps, and vial of methamphetamines. So this bill is meant to help people, not punish them. Thank you. [LB128]

SENATOR RIEPE: And it is your request that we hold this in committee? [LB128]

SENATOR GROENE: Can't do it justice this year. [LB128]

SENATOR RIEPE: Okay. [LB128]

SENATOR GROENE: And we have another year this interim to look at it and focus on it better next year if we decide to do that. [LB128]

SENATOR RIEPE: Fair enough. We appreciate your interest and your hard work. [LB128]

SENATOR GROENE: Unless you want to pass it out and then it just can be the Groene bill. [LB128]

SENATOR RIEPE: Groene first. Are there any questions of the senator before he...okay. Thank you very much. Okay, we're going to move on to LB59, which is Senator Murante. And I am going to go over to Revenue for an opening, so I'm going to turn this over to Senator Erdman. We have referred to LB59 as our "Lazarus bill," it's back from the dead. It was in Executive Committee and came back alive. [LB59]

SENATOR MURANTE: So what does that make me, Senator Riepe? [LB59]

SENATOR RIEPE: Jesus, I guess. That's scary, getting close to Easter. [LB59]

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SENATOR MURANTE: You said it. [LB59]

SENATOR RIEPE: So Senator Erdman, please. [LB59]

SENATOR ERDMAN: Thank you, Senator Riepe. Senator Murante the mic is yours. [LB59]

SENATOR MURANTE: Thank you, Senator Erdman, Senator Riepe, and members. For the record, my name is John Murante, J-o-h-n M-u-r-a-n-t-e. I am the state senator for District 49, which includes Gretna and northwest Sarpy County. And I am here today to introduce LB59. And may I say, I think...I appreciate the work of this committee. I think this is an important bill, and a bill that is important to a lot of people. And it's very important that it has its public hearing. And I thank you for your patience and your work in the very unorthodox way that we came to be here today. So I thank you for allowing this public hearing to happen and for allowing people's voices on this to be heard. I believe LB59 is a pretty simple concept and I believe that what we're talking about with this bill...and I will start by saying obviously I didn't write this bill and I believe there are some technical deficiencies that are contained within the bill. And to the extent that this committee would like to work with me on those, I am happy to talk about those with you. But rather than talk about that, perhaps it would be better to talk about the broad, philosophical approach to LB59; which really is, in my view, a question of we have a state law relative to information that the Department of Health and Human Services is required to produce relative to abortions and their alternatives. We already have a state law that says that the Department of Health and Human Services is required to publish these printed materials. The question really is in the 21st Century how is that information disseminated to the public. Obviously in the 21st Century, doing things technologically is the way of the future. So the first part of this bill simply takes the part of the law which already exists and says that that information that the Department of Health and Human Services has created in printed form they need to put on a Web site, which to me seems simple enough. The second is that for abortion providers that they on their Web sites provide a link to the Department of Health and Human Services Web site which contains that information. So I don't view this as a bill which in any way restricts or limits or even addresses the right to have an abortion performed, that's not really the question on the table. The question on the table is we have a state policy, we've already had a law passed which says that that information needs to exist and the Department of Health and Human Services needs to come up with it. The question is how do we disseminate it. In my view, doing this electronically makes a lot of sense. And with that said, I will be happy to answer any questions that you may have. And again, just want to again extend my appreciation and gratitude to all of you for your courtesy in allowing this public hearing to take place. [LB59]

SENATOR ERDMAN: Thank you, Senator Murante. Any questions? I may have one. [LB59]

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SENATOR MURANTE: Okay. Yes, sir? [LB59]

SENATOR ERDMAN: Can you share with us what technicalities need to be changed in the law? Are you able to do that? [LB59]

SENATOR MURANTE: Well, there are some references in the bill where we're talking about where the bill makes reference to the section of statute that I previously mentioned that exists. And I'm not sure that the Web site that would be...that DHHS would need to create, it makes a lot of sense. For example, the Web site would need to contain "the printed materials shall be printed in a typeface large enough to be clearly legible." That is the cross-reference from the bill that cross-references the existing statute. I'm not sure that makes any sense to put in the law as it exists, as it would exist under LB59. There are just technical problems that I have that I think could be addressed. I could keep going, but you get the gist. [LB59]

SENATOR ERDMAN: Yeah, that's all right. Senator Crawford. [LB59]

SENATOR CRAWFORD: Thank you. Thank you, Senator. And thank you, Senator Murante. So what I heard from your introduction is that it sounds like a key priority that you would have would be the Web access to materials that are currently printed materials required by the department. Is that fair? [LB59]

SENATOR MURANTE: Yes, that's fair. [LB59]

SENATOR CRAWFORD: And so some of the concerns there might be about being able to link to videos or, you know, concern about impact that it may have on Web sites, that's less important to you than these printed materials and some way in which people can access the printed materials. [LB59]

SENATOR MURANTE: Well, it just seems to me that deciphering the...or disseminating this information on a Web site, if we've established the policy is appropriate for printed materials I don't know how it could be inappropriate for a Web site. It seems to me a logical extension, or at least a 21st Century evolution of the same policy that already exists. [LB59]

SENATOR CRAWFORD: To have it on their Web site, right? [LB59]

SENATOR MURANTE: Sure. [LB59]

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SENATOR CRAWFORD: So the bill though goes beyond that in the sense of requiring health entities in the state to then put a link to that on their own Web site. Is that... [LB59]

SENATOR MURANTE: Yes, if those healthcare entities perform abortions. Yes. [LB59]

SENATOR CRAWFORD: Yes. [LB59]

SENATOR MURANTE: That's correct. [LB59]

SENATOR CRAWFORD: Thank you. [LB59]

SENATOR ERDMAN: Any other questions? All right. Will you be around for closing? [LB59]

SENATOR MURANTE: I have an Executive Session in Government, across the hall, when we're done. So it just depends on how long the hearing runs. So I'll stick around as long as I possibly can. [LB59]

SENATOR ERDMAN: All right, thank you so much. Appreciate it. Any proponents? Thank you for coming. Please state and spell your name if you would. [LB59]

SANDY DANEK: (Exhibit 1) My name is Sandy Danek, and that's D...excuse me, S-a-n-d-y D-a-n-e-k. Good afternoon, Mr. Chairman and members of the committee. I'm appearing before you in my capacity as president of Nebraska Right to Life in support of LB59. LB59 is a simple, common sense bill that seeks to strengthen Nebraska's informed consent on abortion statute. The aim of our existing statute, passed in 1993, is to provide information to women and teenage girls who may be seeking an abortion, so they may make a fully-informed decision prior to an invasive medical procedure or chemical process which takes the life of their unborn child. Some of the information the law is to provide is a list of methods and complications of abortion; a list of pregnancy help centers around the state, where alternatives to abortion can be discussed; and a list of agencies around the state where free ultrasounds of a pregnancy can be obtained, among other things. The initial statute was passed before the advent of technology which has now allowed everyone to use their smart devices to Google information. One of the methods for supplying information at the time was a booklet developed by the Nebraska Department of Health and Human Services. A key element of this booklet was to provide accurate information at two-week gestational increments of the development of the unborn child, from fertilization through birth. The process laid out in 1993 has never really provided all the information stipulated under the law in an easily accessible fashion. Abortion facilities were to inform women seeking counseling that, by law, DHHS had information that they could access to help

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make their decision. The abortion facilities were supposed to have booklets on-hand to give to people in counseling or to mail them in a timely fashion. Some abortion facilities would have women listen to a recording directing them to contact DHHS at a 1-800 number to request information. The original toll-free number set up by DHHS is not working, and the new toll-free number under the Nebraska resource and referral system guides the caller into prompts so that they may leave a message with no human contact. We started discussion with DHHS about four years ago, and we are encouraged at their willingness to listen to suggestions. And they have made some improvements. For instance, one can now keyword search abortion on the DHHS homepage, and abortion informed consent comes up through a link to separate the page. Although they have put some of the information on that page, not all of it is actually accessible. For instance, a list of pregnancy help centers located around the state are not found located by search, and not all of the pregnancy help centers that offer free ultrasounds are listed. LB59 would take advantage of current technology by providing a link of DHHS's choosing on the informed consent page, which would connect to an unbiased, scientifically-accurate Web site of fetal development images and videos. In the attached handout from the Kansas Department of Health informed consent on abortion Web page, you will see that the 4D ultrasound videos pop up automatically. The key component of requiring abortion facilities to provide a link on their Web pages to the DHHS informed consent page is the hammer that would ensure that the abortion facilities are also fulfilling their duty to provide access to information under the law. Concerns about directing private entities to link to the DHHS page can be addressed by the fact that Kansas and Louisiana laws do have abortion facilities that are linking to their DHHS page. Currently, Planned Parenthood of the Great Plains provides a link to the Kansas informed consent page, as does South Wind Women's Center in Wichita. Hope Medical Center abortion facility in Louisiana links to that state's Web page. Planned Parenthood of the Heartland's questions about being able to link to the Nebraska DHHS site when it covers multiple states appear to be moved, considering Planned Parenthood currently handles business on its Web page for several other states by linking directly to information in those specific states. We ask your help in bringing needed updates in technology into the informed consent process with the passage of LB59. Thank you. And Senator Erdman, I am not a paid lobbyist. [LB59]

SENATOR ERDMAN: And you're not neutral, so you're okay. [LB59]

SANDY DANEK: I'm not neutral. Shoot, so he's still open. [LB59]

SENATOR ERDMAN: I can tell from your testimony, you're not neutral. Any questions? I have a question. So who dropped the ball here? DHHS or the clinics or both? [LB59]

SANDY DANEK: Probably a combination of both, I think. You know, as I said in my testimony, DHHS has shown a willingness to, you know, to work at some level with making these

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improvements. But, you know, everything is a little sketchy when you're talking about abortion facilities because, you know, you're hoping that they are compliant with the law. But there isn't much scrutiny to that, so sometimes our only avenue of knowing what is happening is by talking to women who have been in the facilities. [LB59]

SENATOR ERDMAN: So I'm not familiar with the law that was passed back in 1993, but did it say they "shall" or they "may?" [LB59]

SANDY DANEK: I believe shall. [LB59]

SENATOR ERDMAN: Okay. So if they say shall, there should be some repercussions from not doing that. [LB59]

SANDY DANEK: I agree. [LB59]

SENATOR ERDMAN: So somebody dropped the ball, not enforcing what was passed back in 1993. [LB59]

SANDY DANEK: Probably so, and I think that's why, you know, we're seeing that with technology giving us an ability to make this a better access for women then this is the time to do that. I know Senator Riepe, you know, made a joke about resurrecting this, but I do think with technology being as it is now, you know, young women are going to look for these resources on a Web page. And I think wherever we're at on each side of the issue, we can all agree that more information is fair to a woman. [LB59]

SENATOR ERDMAN: Any other questions? I don't think we should read into anything that Senator Riepe said about resurrection. [LB59]

SANDY DANEK: No, I knew he was joking. [LB59]

SENATOR ERDMAN: Okay. Anyone else? Proponents? Thank you for your time. [LB59]

SANDY DANEK: Thank you, Senators. [LB59]

SENATOR ERDMAN: Please say and spell your name if you would. Thank you. [LB59]

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KAREN BOWLING: (Exhibit 2) Good afternoon. I'm Karen Bowling, K-a-r-e-n B-o-w-l-i-n-g, and I'm the executive director of Nebraska Family Alliance. NFA supports LB59 because we believe providing access to information empowers women to make quality and informed healthcare decisions. Every woman considering an abortion deserves access to medically-accurate and relevant information to assist her in making an informed choice. A women has a right to know. In healthcare, we require information for disclosure purposes all the time to assist patients when making well-informed healthcare choices. LB59 provides a reasonable, excuse me, reasonable framework for Nebraska women to make a well-informed decision by requiring the Department of Health and Human Services to maintain a dedicated Web page providing video of ultrasound images of an unborn child with two-week gestational increments and requiring any abortion provider to link their Web site directly to the DHHS Web page. In 1992, the U.S. Supreme Court noted in their Planned Parenthood of Southern Pennsylvania v. Casey decision, "though the woman has a right to choose to terminate or continue her pregnancy before viability, it does not at all follow that the state is prohibited from taking steps to ensure that this choice is thoughtful and informed. Even in the earliest stages of pregnancy the state may enact rules and regulations designed to encourage her to know that there are philosophic and social arguments of great weight that can be brought to bear..." and I'll discontinue reading there, but that's there for your information. What I wanted to state I stated. In Webster v. Reproductive Health Services court Opinion, quoting from the Poelker v. Doe 1977 decision: states are free to enact laws to provide a reasonable framework for a woman to make a decision that has such a profound and lasting meaning. This, too, we find consistent with Roe's central theme, and indeed the inevitable consequence of our holding that the state has an interest in protecting the life of the unborn. LB59 does nothing to limit or restrict women's access or right to abortion. If a woman has a right to abortion, she should also have the right to know medically-accurate information on the gestation of the unborn child, in order to make both a thoughtful and informed decision. States have an invested interest in both the mother and the unborn child. Both sides can agree that access to information is essential for women to make an informed choice. It's difficult to argue that when a woman has more information prior to making a decision they are at a disadvantage. Women have a right to know. Part of the two-week gestations would include information such as from conception the unborn child has its own unique DNA from the mother. At just five weeks, a baby's heart begins to beat, and all major external and internal structures are established during the fourth and eighth weeks. When the unborn baby is 7 to 10 weeks gestation, their brain forms into five different areas. More than 1 million heartbeats have occurred, rapid brain development continues, the hands move, the neck turns, hiccups begin, all fingers and toes are free and fully-formed, and several hundred muscles are present. Starting at week 11 to 14, the baby's jaw actively opens and closes; the fetus periodically sighs, stretches, and yawns. The face, palms, and the hands and soles of the feet are sensitive to light touch. Thumb-sucking and swallowing begin. The lips and nose are fully-formed, and taste buds are present all over the mouth and tongue. In closing, we encourage the committee to advance LB59 and provide Nebraska women the opportunity to access medically-accurate information to assist

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them in making personal healthcare decisions regarding abortion. Thank you, and I'll take any questions. [LB59]

SENATOR ERDMAN: Thank you for your testimony. Are there any questions? Seeing none, thank you very much. [LB59]

KAREN BOWLING: Thank you for your time. Appreciate it. [LB59]

SENATOR ERDMAN: Thank you. Any other proponents? Welcome back. [LB59]

JEFF KANGER: Thank you. Just like church, I refuse to sit in the front row, so I crawled up. My name is Jeff Kanger, K-a-n-g-e-r, I'm the associate director for pro-life and family at the Nebraska Catholic Conference. The Catholic Conference represents the mutual public policy interests of the three Catholic bishops serving in Nebraska. And we're here to support LB59. I'd like to begin my remarks today with a quote from Cardinal Bergoglio, who would later become Pope Francis. And I share this to show kind of the broad definition of pro-life and what that means in some of the things we're talking about today. And he says pro-life is "part of the battle in favor of life from the moment of conception until a dignified, natural end. This includes the care of the mother during pregnancy, the existence of laws to protect the mother postpartum, and the need to ensure that children receive enough food, as well as providing healthcare throughout the whole length of life..." Private groups are tirelessly at work to promote a comprehensive support system for the mother, child, and family in Nebraska. Catholic Social Services, Catholic charities, essential pregnancy services, and other groups strive to serve mothers in a caring, nonjudgmental manner. Care of the person and dignity of life are core principles many of us hold, and it logically follows our government should reflect those same values. What we're discussing today is the development and distribution of truthful, nonmisleading information by the government to uphold care of the person and dignity of life. LB59 is an attempt to increase information available to women. There are a few functions of the bill I would like to highlight in my comments today, particularly around the areas of updating the existing Web site and information there and, you know, address the requirement an abortion facility provide a link to the DHHS Web site on their homepage. LB59 contains several provisions that ease a person's experience while they search the Department of Health and Human Services Web site. User-friendly search capabilities, printable information, and clear instructions are components of LB59 that should make it easier for a person on the Web site to obtain the information they desire and they seek. A woman contemplating a decision such as abortion should have easy access to information as she considers that decision. Additionally, LB59 requires the department to include a video of ultrasound images, using the best available ultrasound technology, of an unborn child at two-week gestational increments. The addition of video imagery on the department Web site is a positive update that is consistent with social trends in how people are

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searching and reviewing information these days. More people are turning to videos, and updating government Web sites to better serve the public is a positive impact of LB59. The bill also contains, Senator Crawford, as you alluded to earlier, a provision that a healthcare facility that provides abortion to include a link to the department's Web site on their homepage. And that Web site includes the ultrasound video. Providing that link enhances the chances the video and additional information will be seen. A woman could view the information on her conditions without judgment. In summary, LB59 enhances the DHHS Web site and increases the channels and forums for their information to be seen. Providing truthful and nonmisleading information is an important function of the state, particularly in regards to abortion, and we support LB59 as it attempts to improve the quality and quantity of information. Thank you. [LB59]

SENATOR ERDMAN: Thank you for testimony. Are there any questions? Seeing none, thank you. Appreciate you coming. [LB59]

JEFF KANGER: Thanks. [LB59]

SENATOR ERDMAN: Any other proponents? Anyone else in favor of the bill? How about opponents? Are there opponents? Thank you for coming. Please state and spell your name, please. [LB59]

DANIELLE CONRAD: (Exhibit 3) Good afternoon. Hi, my name is Danielle Conrad, it's D-a-n-i-e-l-l-e, Conrad, C-o-n-r-a-d. I'm here today on behalf of the ACLU of Nebraska. And it must be Seward Blue Jay day in the committee this afternoon. So a little shout-out to Senator Kolterman and my fellow Seward folks that were here beforehand. But I'm passing around a copy of our testimony to the committee. This is not new legislation before the Nebraska Legislature. We've had an opportunity to debate these issues but, for the first time now, before the Health and Human Services Committee. So new to all of us here today. And we have some new senators on the committee as well, so appreciate the opportunity to provide a few points. And I won't belabor the issue, but we do have a variety of policy and legal concerns about the legislation as it is written. And they are grounded in the First Amendment, and they're also grounded in reproductive rights. Both of course, those areas which are well established and highly protected, in the United States Constitution. We provided you some sites about some of those relevant cases and issues. And the bottom line is really, you know, from the ACLU's perspective in our reproductive justice lens, we support all women and all choices. And we want them to be empowered to make the right decision for them and their families, as protected by a clear liberty interest in our United States Constitution. The text of this legislation we believe does little, if any, to improve informed consent or to enhance patient safety, and is really just a classic trap law; that's a targeted regulation of abortion providers law that does not serve a medical purpose. The legislation is to us more about politics rather than about healthcare. And we commend you

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to take a look at some of the case law that we've cited in regards to the forced speech components that come with the state mandate and law that private entities link to information on a state Web site. We think that's particularly concerning from a First Amendment forced speech perspective. And then we also commend your attention to very recent, very strong case law emanating from the United States Supreme Court just over the last year in the Texas case, the Whole Woman's Health v. Hellerstedt case, which provided really not only a reaffirmation of a woman's constitutional right to access legal abortion but also, for the first time, established a very clear precedent that state-imposed medically-unnecessary restrictions on healthcare centers and clinicians are legally suspect unless you can prove and provide in the record that there is a medical necessity to those kinds of requirements or mandates. So I'll leave it with that. I've got a little bug, so I apologize if I was going fast or something was not clear. But I'll do my best to answer questions, and I thank you for your time. And we did reach out to Senator Murante and provide our opposition testimony in advance and appreciate always his willingness to work on things if the bill would move forward. [LB59]

SENATOR ERDMAN: Any questions? [LB59]

DANIELLE CONRAD: Okay, well, thank you for your time. [LB59]

SENATOR ERDMAN: I have some. [LB59]

DANIELLE CONRAD: Yes, Senator Erdman? [LB59]

SENATOR ERDMAN: So in 1993 they passed this legislation that required that information to be printed and distributed. [LB59]

DANIELLE CONRAD: You know, that was a little bit before my time in the Legislature, so I'm not quite familiar with the legislative history. But what I do know is this, is that Nebraska does have a very robust informed consent law--in some respects, I think, a little bit too burdensome. But that is available on-line on the Department of Health and Human Services Web site, and there are significant requirements for healthcare providers to share certain aspects of that information with people who are pursuing their healthcare options. [LB59]

SENATOR ERDMAN: So do you think they're adequately sharing that? [LB59]

DANIELLE CONRAD: You know, I can't speak to the practice on the front lines of the clinics, because I'm not a provider. I know there are some folks in the audience here today who can probably share some more detailed information about how that works in practice. But what I do

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know is that if people are interested in getting more information, it's already available on the Health and Human Services Web site. And you don't actually need a state law for Health and Human Services to update that according to whatever content they see fit. So I think our main concern from the ACLU's perspective is the forced speech with the linkage. And that's something that we see as problematic and has played out in other states, resulting in litigation as well, so. [LB59]

SENATOR ERDMAN: So is your organization opposed to women having more information? [LB59]

DANIELLE CONRAD: Oh, of course not. As I noted, the ACLU supports all women and all choices. And we want women and healthcare providers to be fully empowered to make the best decisions that are right for them. But we also respect the medical opinion of medical professionals that frequently oppose legislation that seeks to interfere in that doctor/patient relationship with sometimes biased counseling or other superfluous information. [LB59]

SENATOR ERDMAN: We do that all the time here. We interfere all the time. We've done that three or four times since I've been here. [LB59]

DANIELLE CONRAD: Okay. [LB59]

SENATOR ERDMAN: We tell the medical profession what to do and what to notify people of. I find it a little troublesome that an organization that says they want to have women know certain things and have information have a problem with something as simple as this, that's distributing information so they can make a better informed decision. That seems to be kind of a conflict of interest there with your position. I don't understand why someone would have a conflict with this. That bothers me. [LB59]

DANIELLE CONRAD: Yeah, I disagree with your assessment of our position. [LB59]

SENATOR ERDMAN: That's fine. [LB59]

DANIELLE CONRAD: And I think we'll have to agree to disagree in that regard. But we do support the right for all women to make informed decisions that are best for them and their family. What we disagree about is whether or not state mandates about what is appropriate for informing that consent I think is where we have a disagreement. And our preference is to allow that relationship and the content of that information to be governed by the sacred attorney...or I'm sorry, the doctor/patient relationship and medical science. [LB59]

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SENATOR ERDMAN: I think we have a disagreement on what we disagree on. [LB59]

DANIELLE CONRAD: Okay. Well, very well. Just to point out for you though, Senator Erdman, I do know from my time in the Legislature that there was an effort that my good friend, Senator Cap Dierks, brought forward that really sought to even further enhance informed consent information that was provided to women. And that was quickly struck down by the courts, because not just in our opinion, but according to best practices in law and policy it actually wasn't medically or scientifically accurate. And so there's going to be some disagreement based on, I think, philosophical differences surrounding reproductive health. Yeah. [LB59]

SENATOR ERDMAN: Thank you. Senator Linehan. [LB59]

SENATOR LINEHAN: Thank you, Senator Erdman. So one thing I just want to clarify. [LB59]

DANIELLE CONRAD: Sure. [LB59]

SENATOR LINEHAN: You said we didn't need a law for Health and Human Services to put information on their Web page. [LB59]

DANIELLE CONRAD: To update their Web site, that's right. [LB59]

SENATOR LINEHAN: But if there's not a law, it's not in statute, then who would decide what's on there? [LB59]

DANIELLE CONRAD: Well, as you know, Senator Linehan, the Department of Health and Human Services is a code agency, so they're directly responsible and accountable to the Governor. [LB59]

SENATOR LINEHAN: So if the Governor changed, the message could change. [LB59]

DANIELLE CONRAD: Yes, absolutely. [LB59]

SENATOR LINEHAN: Okay. I just wanted to clarify. Thank you very much. [LB59]

DANIELLE CONRAD: Sure. Yes, thank you. [LB59]

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SENATOR ERDMAN: Any other questions? Thank you. [LB59]

DANIELLE CONRAD: Thank you for your time. [LB59]

SENATOR ERDMAN: Any other opponents? Thank you for coming. Please state and spell your name when you get a chance. [LB59]

MEG MIKOLAJCZYK: (Exhibit 4) Sorry, I have a lot of stuff. Good afternoon, Chairperson and members of the committee. My name is Meg Mikolajczyk, M-e-g M-i-k-o-l-a-j-c-z-y-k, I'm the public affairs manager for Planned Parenthood of the Heartland, and we are testifying in opposition to LB59. I've given you some written testimony with some footnotes, but I really would like to take some time to address things that have actually been said today. You can find it in my testimony. The first thing I want to focus on is the idea of informed consent. Planned Parenthood of the Heartland of course wants women to know all of the information about this healthcare procedure. Nebraska law defines what informed consent is in medicine. It requires a doctor/patient relationship and it requires some sort of medical expert to say that in this locality these are the standards. We've had no medical expert here today saying that this is something that would be required, that this is the standard of care. And if we're required to put this on our Web site, that's foreclosing the patient/doctor relationship in the first place. So I would say to you today that what we're talking about is a step prior to informed consent because there's no doctor/patient relationship and nobody said that this is what's required or that this is the norm. And I think that that's really important. Who better to have these medical conversations and to have a meaningful conversation about your own individual health than you and your healthcare provider. I think there's some concern that I have thinking even about my own health. I am the queen of Googling my own health ailments, and going from having a cold to being on my deathbed. If we are inviting people to go to the internet and simply Google search someone else's ultrasound, they may put off going to the doctor at all. They don't know what their own individual pregnancy looks like. We are encouraging people to diagnose themselves and not have these conversations and not actually get informed consent with their healthcare providers. Senators, Danielle Conrad did a really great job of talking about our position on the commerce clause and some of the other legal arguments; the forced speech. Of course, we have a problem putting on our Web site words like "unborn child," since that is not a medically recognized term, and it's offensive to the work that we do. It shames women, those sorts of things. So that kind of compelled speech, and that verbiage within the statute we are against. Additionally, the statute requests that we have a list of people who are providers who have free ultrasounds available. Nebraska statute already requires the DHHS Web site to list everybody who under the statute complies with medical licensure and has ultrasounds, and then they rank how those ultrasounds are available: if they're free, if your insurance covers it, whatever. But Nebraska Revised Statute 28-327.01, which I believe is cross-referenced in the statute and we've already talked about today, requires DHHS only to list those providers that have a registered nurse license under the

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Uniform Credentialing Act. So this statute that is being proposed today, LB59, actually takes it a step back and allows anybody, regardless of their credentialing, regardless of whether or not they have a registered nurse, if they're providing free ultrasounds to be listed. And it would be in direct conflict with this other statute, which requires some other licensure involved. And we don't need it. We already provide that information to people. So for a variety of reasons, but mostly that this is a medical mandate that kind of usurps a medical professional's judgment and the ability of a woman and her physician to have those conversations, we oppose this bill. I don't know that we would actually oppose what Senator Murante was saying, putting what is already in existence up on an electronic form. I don't think we oppose that. But everything that is new and additional we do oppose, for the reasons I have stated. [LB59]

SENATOR ERDMAN: Any questions? I guess I have a few. So the comment you made about not having a relationship with a doctor, patient/doctor relationship, and going to a Web site to try to diagnose or look at what the situation you have would prevent somebody from...I have a problem understanding how you have to have a doctor's relationship to go on a Web site and look something up. [LB59]

MEG MIKOLAJCZYK: Well, I agree with you. You can look something up any time. [LB59]

SENATOR ERDMAN: Well, that's what you said. You said you had to have a doctor's relation... [LB59]

MEG MIKOLAJCZYK: But why would you ask a medical professional to link to some other Web site and direct people to get their medical, their--air quotes--medical information from some resource that is not that provider and foreclose them from having the opportunity to actually meet with the patient, figure out what their health is like, what their...how far along they are, what their pregnancy is like, if it's a viable pregnancy at all? Why would we foreclose them and send them to some sort of WebMD Web site? And also, most people don't know how to read an ultrasound in the first place, and so looking at an ultrasound video should, and likely will, be meaningless to a lot of people who are looking at that information. [LB59]

SENATOR ERDMAN: You made a comment in your testimony that you didn't like the word "unborn child." [LB59]

MEG MIKOLAJCZYK: I didn't say I didn't like it, I said it's medically inaccurate. [LB59]

SENATOR ERDMAN: So when we had a bill earlier this year, LB506... [LB59]

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MEG MIKOLAJCZYK: Yes. [LB59]

SENATOR ERDMAN: ...you were in favor of that language. So what has changed? [LB59]

MEG MIKOLAJCZYK: I came in neutral actually, and you questioned me on that. And I believe "unborn child" was a piece of the reason I did not agree on the bill. Our position was that we want women to have all the information, which is why we were neutral. We did have some concerns about it being a medical mandate, which is again why we're opposing this bill as well. And Planned Parenthood's position is we always want medically-accurate terminology to be used when we are creating statutes that govern reproductive healthcare or anything really. We want it to be accurate. And so my testimony has not changed. [LB59]

SENATOR ERDMAN: I probably need to go back and review the transcript to see. I don't remember you coming in neutral and saying you had a problem with "unborn child," but I do remember you being here. So tell me, if a woman comes in, a young woman, whoever it is comes in to your organization, how do you handle that? Okay, who talks to them? What do they tell them? What information do you give them? [LB59]

MEG MIKOLAJCZYK: It depends. What are they coming in for? We provide a variety of services. I mean, are you saying to set up an appointment to talk about...I mean, you need to give me more information. [LB59]

SENATOR ERDMAN: I'm not saying they're going to come there to see if they have pneumonia, they're coming there to see for the reason of they think they're pregnant. What procedures are followed and what information is given to those people? [LB59]

MEG MIKOLAJCZYK: I mean, for each person it's different. If they haven't even confirmed pregnancy, we'll do a pregnancy test and we'll go from there. They receive all options counseling, if that's something that they want to move forward with and they want to learn more about their pregnancy. We can provide ultrasounds if that is something that is requested. We can provide referrals to ob-gyns, we provide referrals for adoptions with our adoption agency. It really depends on the individual person. And I am obviously not a healthcare professional, so I may not be the best person to answer some of these questions. [LB59]

SENATOR ERDMAN: Thank you. Senator Linehan. [LB59]

SENATOR LINEHAN: Thank you, Senator Erdman. So I don't know, you're Planned Parenthood. Planned Parenthood doesn't do abortions in Nebraska, or do they? [LB59]

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MEG MIKOLAJCZYK: They do. [LB59]

SENATOR LINEHAN: So if a patient walks in and they already have decided they want an abortion, is there any counseling done before they're scheduled an abortion? [LB59]

MEG MIKOLAJCZYK: Yes. And there's counseling the day of the appointment, to make sure that they're not being coerced, that this is what they want. That they, you know, if they would prefer to do an adoption or they're not sure. We never provide care to anybody who isn't consenting and isn't willingly consenting. [LB59]

SENATOR LINEHAN: Are you certain that that's the case in every provider in Nebraska? [LB59]

MEG MIKOLAJCZYK: I can only speak to Planned Parenthood. [LB59]

SENATOR LINEHAN: Thank you. [LB59]

SENATOR ERDMAN: Any other questions? Hearing none, thank you. [LB59]

MEG MIKOLAJCZYK: Thank you. [LB59]

SENATOR ERDMAN: Any other opponents? Anyone else? Please step up. Thank you for coming. Please state and spell your name if you would. [LB59]

PAIGE SCHMIDT: Paige Schmidt, P-a-i-g-e S-c-h-m-i-d-t, and I am a private citizen. This is my first time before the Legislature. [LB59]

SENATOR ERDMAN: Thank you for coming. [LB59]

PAIGE SCHMIDT: I come to you today to speak opposed to LB59 because of the verbiage contained therein. We just mentioned the verbiage in LB506, and I looked it up as I was sitting here. I was not familiar with it there as well. To provide a little bit of context for me, I am a nurse. I have no affiliation with Planned Parenthood, although I used their services in 1983, and not for an abortion. My perspective comes from being a Christian and I am pro-life. However, as a provider of healthcare, it's incumbent upon me to be unbiased and nonjudgmental with anyone that I am charged with their care. And I feel very strongly, since the psychosocial component of an abortion has such far-reaching ramifications, I feel very strongly that the verbiage that's used

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three times of "unborn child" has the potential to cause not only scarring for someone who is seeking an abortion, but the potential for leaving a lifelong open wound. And I think it's very important that we consider that we're legislating not one's morality, but that we're legislating procedure. Education is important. And as a nurse, it is my job to impart education, whether I feel that this person is making a decision that I would make for myself. It is not my position. It is my job to provide compassionate care and to be supportive of whatever decisions they make. I am not in any way, shape, or form opposed to providing the information on the Web site linking to DHHS, which is a responsible resource. I appreciate Planned Parenthood's position that it does in some ways potentially circumvent the relationship between the young woman who is seeking care and the medical provider. I think that's absolutely a crucial relationship that should be protected. But my concern is that by interjecting the morality and the suggestion of an "unborn child" that we are imparting shame upon someone who may be otherwise traumatized, victimized, is obviously in distress and in a situation they would not choose to be in. I am a rape survivor, and I use the word survivor and not victim because I think words are very powerful. And I believe that it is not the position of our Legislature to make moral decisions for people even suggestively. I think it's important the information is provided, I think it's important that it does not, in accordance with the bill, that it does not link to any traceable identification factors. I think that protecting that privacy is important. But I also very strongly believe that we need to be very sensitive to the language that we use, which could further distress someone who is already in a grave situation. And with those words, I hope that you all will consider rejecting LB59 as it is written. [LB59]

SENATOR ERDMAN: Any questions? Seeing none, thank you for your testimony. Thank you for coming. [LB59]

PAIGE SCHMIDT: Thank you very much. [LB59]

SENATOR ERDMAN: Anyone else? Hi. Please state and spell your name if you would. [LB59]

NANCY MEYER: (Exhibit 5) Okay. My name is Nancy Meyer, N-a-n-c-y M-e-y-e-r. Good afternoon, Chairman Riepe (sic) and Health and Human Services Committee. On Tuesday, February 12, 2013, I was talking to Senator Bill Kintner here at the Capitol about Medicaid expansion; and I told him that LB577, which was the Medicaid expansion bill at the time, would save approximately 500 lives here in Nebraska. Kintner's response was: well, we just can't afford to save those lives. I said, really? You won't vote in favor of saving the lives of Nebraskans? And Kintner shook his head, he said: we just can't afford it. Now this man, who had just condemned 500 Nebraskans to death because he valued money over life, purported to be pro-life. He was also very publicly in favor of the death penalty. In 2016, it became painfully public that Mr. Kintner had used his state taxpayer-funded computer to film himself masturbating in some kind

of on-line tryst with a prostitute. If this locker room talk is offensive to the people in this hearing, don't blame me, I'm only restating well-known information that was widely reported on in the press. I don't think I need to remind anyone of the embarrassment that Kintner's personal display of "morality and family values" caused our entire state. Bill Kintner's legacy of hypocrisy lives on in the form of LB59, which he originally introduced. One would think that any bill written by that poor excuse for a Christian or a leader would be allowed to die. After all, Kintner himself wished death on at least two classes of Nebraskan adults; two kinds of living, breathing human beings he had judged as unfit to live: criminals and the uninsured. Nebraskans don't need a lecture that LB59's so called pro-life position provides from one of the biggest moral hypocrites to cross the threshold of our state house. We don't need Kintner's shaming, stigmatizing legislation to live on in our history. Instead, anyone who picks up the baton of Bill Kintner's sanctimonious intentions for our state should apologize for continuing a shameful waste of our time. I want to talk about the fiscal impacts of LB59. Fiscal note says that it will use existing resources. I have been employed in the programming field and I am not fooled by that. Using existing resources to change the programming on a Web site means at minimum paying some state employees to make those changes and other employees to review and test those changes. An employees time has a value attached to it, it's not free. So money will be spent on carrying out the intentions of a man who claimed to be pro-life, but wasn't, and who claimed to hold the moral high ground, but clearly did not. That is not what I pay my state taxes for. If you want any aspect of Bill Kintner to live on, you can use his own words to defeat LB59. Acknowledge that in every way this bill should die, because we just can't afford it. [LB59]

SENATOR ERDMAN: Any questions? Thank you for your testimony. [LB59]

NANCY MEYER: Thank you. [LB59]

SENATOR ERDMAN: Any other opponents? Thank you. Please state and spell your name if you would, when you can. [LB59]

STACY SHUMAN: (Exhibit 6) Yeah. My name is Stacy Shuman, S-t-a-c-y S-h-u-m-a-n. I am a small business owner and a concerned citizen, and I am here to testify in opposition to LB59. This is a bill that would unnecessarily set a precedent of government overreach in businesses and the way that businesses do their work. My concern is that if you are able to force one industry to feature content on their Web site with the sole intent of disrupting their ability to deliver their services, where will that take us next? I am a small business owner and I appreciate the pro-business climate that Nebraska encourages. As a cosmetologist, I gain and maintain my clients based on my own skills and success and I would lose clients if I did a poor job. My clients also trust me and my professional opinion, and part of that includes them knowing the potential risk for certain shampoos and chemicals I may use in their hair. I make sure that they are able to

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understand those risks before I use them, and as a licensed professional it is my responsibility to do so. If I were forced to put images on my Web site of people with burned scalps from chemical lightener burns or scalps of people with lice infestations as precautionary measures, I would lose clients. These are the problems that would never actually happen in my chair, and these cautionary images would only cause unnecessary worry and harm. It is unreasonable for the government to intervene in businesses to this extent. The purpose of the government regulations in this committee are to ensure that businesses are run in a way that is safe, and to solve public health issues. LB59 would not address a public health crisis, but rather serve to add unnecessary restrictions and burdens onto abortion providers. I am strongly concerned about the precedent that this sets. I strongly urge you to consider business owners like myself and vote in opposition to LB59. [LB59]

SENATOR ERDMAN: Thank you. Any questions? Were you here before when we had the cosmetology bill? [LB59]

STACY SHUMAN: Yes, I was. [LB59]

SENATOR ERDMAN: I thought you were. Thanks for coming back. [LB59]

STACY SHUMAN: Yeah, of course. [LB59]

SENATOR ERDMAN: Any questions? Thank you. [LB59]

STACY SHUMAN: Thank you. [LB59]

SENATOR ERDMAN: Any other opponents? Anyone else in opposition? How about neutral? Anyone in the neutral position? Seeing none, how about letters? Tyler, do we have letters? [LB59]

TYLER MAHOOD: (Exhibits 7, 8, 9, 10, 11, 12) I do have letters. I have a letter signed by Mary Quintero, representing herself in support. The following letters are in opposition: Kaleigh Nelsen, National Association of Social Workers-Nebraska Chapter; Jasmine Sheetz, representing herself; Anne DeVries, representing herself; Sarah Hanify of Friends of Planned Parenthood of the Heartland; and Cecilia Rossiter, representing herself. [LB59]

SENATOR ERDMAN: Thank you. Senator Murante, it's yours to close if you would like. [LB59]

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SENATOR MURANTE: Thank you, Senator Erdman and members. [LB59]

SENATOR ERDMAN: Thank you for coming back. [LB59]

SENATOR MURANTE: Happy to be here. Just a couple of points, and I will be brief in my closing. I think what we heard, especially from the opposition, I think it was good opposition testimony. And I think we have a couple fundamental questions to ask as to whether we can support a concept like this. First of all, does...if we were to craft a bill, we were all to sit down at a table and to start drawing up a bill that deals with this subject matter, what are things that we can agree on? And that's I think what we have to sort of develop our way forward, we have to figure that out. First of all, of the existing statute and the information that DHHS is currently required to come up with, is it appropriate that that be put via state law onto a Web site? It doesn't sound...I didn't hear a lot of opposition to that concept. The second is should in some form or fashion abortion providers be required to have a link on their Web site that links to that information? In my view, I heard the term "unborn child" used as...what was portrayed in their view as an emotional term, which I understand. But the fundamental question is, is there language that we can come up with that everyone can agree upon that would make that opposition go away? Is it really just that term, is there a different term that we can use? That's a fundamental question that I don't know the answer to, but just needs discussion, more discussion. I would say, with respect to the breaking of precedence and forcing businesses to have notices and disclosure requirements and things like that, I have also operated a business for a long time. I can tell you there are many instances where the government requires us to post notices conspicuously and so forth, numerous instances in state law where that already exists. So the question is is this an appropriate extension of that same logic? I don't think we're setting any precedent, we're determining whether this subject matter, generally speaking, is something that we should extend that previously adopted logic towards. So I'm more than willing to have a discussion on what the...how the link is written and things like that. To me, that is less consequential than the principled argument that there is information out there, should it be on a Web site; and if it should be on a Web site, should a link on an abortion provider's Web site be linked to it. I think if we can agree with those three things, everything else is details and we can figure that out. So I'm more than willing to have that discussion. This is I think the third time Senator Conrad has testified in opposition to one of my bills this year, which is okay. I very much enjoy working with her. I think I voted for her bills more often than she voted for mine, but that's all right. But I always enjoy listening to her and talking with her about these things. So that was my observation from the testimony, and I would be happy to work with anyone here in the room or on the committee to address those concerns. [LB59]

SENATOR ERDMAN: All right. Senator Kolterman, do you have a question? [LB59]

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SENATOR KOLTERMAN: Yes. Thank you, Senator Erdman. Senator Murante, have you had any talk...you know, it sounds to me if the information is already available and it's available at DHHS, and they're providing it by statute at the abortion clinics, or any clinic for that matter that deals with an abortion, what Senator Conrad talked about and...I can't pronounce her name, but the lady from Planned Parenthood. [LB59]

SENATOR MURANTE: Ms. Mikolajczyk. [LB59]

SENATOR KOLTERMAN: Mikolajczyk. Sorry. Have you talked to anybody at the Attorney General's Office about whether or not that would fly? Because I'm not interested in lawsuits. If we're trying to accomplish something that everybody is kind of open to. [LB59]

SENATOR MURANTE: Right. [LB59]

SENATOR KOLTERMAN: So is that something that could be done? [LB59]

SENATOR MURANTE: Okay, so no, I have not spoken with the Attorney General's Office. I can tell you I have spoken with my own legal counsel, regarding the constitutionality of the bill as it existed, as it currently is constructed, or at least the concept of it more than the details. Because again, the details to me are negotiable. We can work on the details, it's the principle that I'm mostly worried about. Without getting into the legal...I'm just a humble pizza maker, I don't understand the legalise of it. But there is a, what is was I learned a new term, a reasonable relationship test to determine whether laws like this are constitutional. It was in his view that it would conform to the Constitution, and it was not constitutionally suspect. Although, there were...he identified a number of cross-referencing issues and sort of semantic issues that were problematic. But I haven't gotten an Attorney General's Opinion. [LB59]

SENATOR KOLTERMAN: Okay. [LB59]

SENATOR MURANTE: Which I would suggest if we were going to proceed with this we should probably get one. [LB59]

SENATOR KOLTERMAN: And that's kind of why I asked. I would rather be proactive than reactive. [LB59]

SENATOR MURANTE: Understood. [LB59]

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SENATOR ERDMAN: Senator Crawford. [LB59]

SENATOR CRAWFORD: Thank you, Senator Erdman. And thank you, Senator Murante. And I understand...I believe I understood from your opening and from your comments right now that you agree to carry this bill so there's a hearing and a conversation about it, but that you recognize and acknowledge that there are serious concerns with the bill as drafted. So I just wanted to on the record ask, it is not your intent to ask the committee to vote on this bill as drafted...to ask us to exec and vote on this bill as drafted? [LB59]

SENATOR MURANTE: I'll answer that question two ways. First of all, Senator Crawford, I am also a committee chairman across the hall with a committee with 85 bills in it, and many of them are not going to get voted on this year because we are running out of time. This is obviously not a priority bill. I don't see any mechanism or vehicle to have this bill heard on the floor of the Legislature this year, so obviously it's not going to be a consent calendar bill. So there's no...I think we need to take some time to look at it and study it and see if we can't find some common ground on it, but I'm not asking for a vote right now. I think that's premature. Until we have some vehicle or mechanism to get the bill passed, I would prefer to continue working on it. [LB59]

SENATOR CRAWFORD: Would it be fair to say that...would you not be asking for a vote on it unless there were substantial changes to the bill? [LB59]

SENATOR MURANTE: I would say if...I'm not interested in watering down the bill. I think if there are ways to clarify the intent that I think I have articulated, to do that in a way where we are accomplishing the fundamental objectives of the bill while addressing the concern of some or all of the opponents, I'm happy to do that. I'm not really interested in sort of watering down the bill. But so the extent of the changes that are necessary, I don't know if I'm prepared to answer that question right now because I don't how far we can go. [LB59]

SENATOR CRAWFORD: I guess why I was just asking...I'm just trying not to ask what changes you would pursue, just clarifying on the record that you acknowledge that there are concerns with the bill and you would not be asking for the bill to be voted out of committee as is. [LB59]

SENATOR MURANTE: Correct. [LB59]

SENATOR CRAWFORD: All right. [LB59]

SENATOR MURANTE: I should have just said yes, Senator Crawford. I should have just said yes. [LB59]

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SENATOR ERDMAN: Any other questions? Hearing none, thank you for coming. [LB59]

SENATOR MURANTE: Thank you. [LB59]

SENATOR ERDMAN: That will end the testimony on LB59. Thank you. [LB59]