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Health and Human Services Committee February 1, 2024  
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**HANSEN:** All right. Sorry for the delay. Good afternoon and welcome to the Health and Human Services Committee. My name is Senator Ben Hansen. I represent the 16th Legislative District in Washington, Burt, Cuming, and parts of Stanton County and I serve as Chair of the Health and Human Services Committee. I would like to invite the members of the committee to introduce themselves, starting on my right with Senator Ballard.

**BALLARD:** Beau Ballard, District 21 in northwest Lincoln and northern Lancaster County.

**DAY:** Good afternoon, I'm Senator Jen Day. I represent Legislative District 49 in Sarpy County.

**RIEPE:** Merv Riepe, District 12, which is metro Omaha.

**HANSEN:** Also assisting the committee is our legal research analyst Bryson Bartels and committee clerk Christina Campbell. And our committee pages for today are Molly and Maggie. A few notes about our policy and procedures. Please turn off or silence your cell phones. We will be hearing 5-- 6 bills. Yes, we'll be hearing 5 bills, and we'll be taking them-- typically, we take them in the order listed on the agenda outside of the room but today we did reschedule. We did reshuffle a couple of them just for-- some of the senators asked if we could for their own agenda. So first we'll be hearing LB1172 instead of LB905, but on each of the tables near the doors of the hearing room you will find green testifier sheets. If you're planning to testify today, please fill one out and hand it to Christina when you come up to testify. This will help us keep an accurate record of the hearing. If you're not testifying at the microphone but want to go on record as having a position on a bill being heard today, there are white sign-in sheets at each entrance where you may leave your name and other pertinent information. Also, I will note if you are not testifying but have an online position comment to submit, the Legislature's policy is that all comments for the record must be received by the committee by 8 a.m. the day of the hearing. Any handouts submitted by testifiers will also be included as part of the record as exhibits. We would ask if you do have any handouts that you please bring 10 copies and give them to the page. We use a light system for testifying. Each testifier will have somewhere between 3 and 5 minutes, which I will specify, to testify depending on the number of testifiers per bill. When you begin, the light will be green. When the light turns yellow, that means you have 1 minute left. When the light turns red, it is time to

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end your testimony and we will ask you to wrap up your final thoughts. When you come up to testify, please begin by stating your name clearly into the microphone and then please spell both your first and last name. The hearing on each bill will begin with the introducer's opening statement. After the opening statement, we will hear from supporters of the bill, then from those in opposition, followed by those speaking in a neutral capacity. The introducer of the bill will then be given the opportunity to make closing statements if they wish to do so. On a side note, the reading of testimony that is not your own is not allowed unless previously approved. And we do have a strict no-prop policy in this committee. So with that, we will begin today with hearing LB1172 and welcome up Senator von Gillern to start. Welcome.

**von GILLERN:** Thank you, Chairman Hansen-- Senator Hansen and members of the committee. I'm Brad von Gillern, B-r-a-d v-o-n G-i-l-l-e-r-n. I'm a senator representing Legislative District 4, and I'm here to introduce LB1172, which is an incredibly important piece of legislation to assist Nebraska cancer researchers in their efforts to treat and prevent cancer. The bill requires the Department of HHS, Health and Human Services, to reply to cancer registry data requests within 8 weeks. When I say the word cancer, 2 things happen to all of us. First of all, it perks your ears up because that word is never, ever said in a positive context and it's universally feared. The second thing that happens is we all went to a personal connection that we have with this disease. Whether ourselves or a loved one, there's not a single person within the sound of my voice that doesn't have a cancer story. I've had numerous bouts with skin cancer and likely will have more before my time is done. My mother wasn't much older than I-- than I am now when she died from a form of blood cancer. Her identical twin sister died at the age of 34 from breast cancer. My sister passed away at age 45 from breast cancer, and my wife has had more breast cancer scares than we can count, including multiple surgical biopsies. We all have our stories, and that's why I believe we can all get behind LB1172, which seeks to advance cancer research here in Nebraska. In 1982, Nebraska lawmakers created the state's cancer registry. The purpose of the registry is to collect cancer information for researchers and public health workers to use-- to use to decrease cancer and cancer-related deaths. Researchers request access to data to see cancer trends, discover causes of cancer, and to monitor the effectiveness of prevention strategies and treatments. Over that 40 years of existence, the data was very accessible. Researchers made requests through an application process, and if the request was

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appropriate the data was made available in a timely fashion. Unfortunately, cancer researchers in Nebraska are now struggling to get data requests approved by the state. Requests are languishing for months and even years with no formal response for approval or denial from the DHHS. Delays in accessing data hinder advancement in cancer research and prevent researchers from applying for valuable grants from the National Institutes of Health. NIH grants are the backbone of research funding like any responsible funding source as they require their funding recipients to, to provide data associated with their work. Even more startling, UNMC's Buffett Cancer Center, a prized institution in our state, is at risk of losing its designation as an NIH-designated cancer center. If they cannot access this data, that will happen. The Center director, Joann Sweasy, will be following me to share more on this troubling situation. We also have Dr. Laura Hansen, the director of Creighton's Lynch Cancer Research Center. Their lifesaving work is also being hindered by lack of access to data. We've not been given a reason from DHHS about why this delay exists, when in the past there was apparently not a problem. Maybe we'll find out more about that today. Whatever that reason is, we simply need to figure this out and get over the stall and get our research entities back on track here. Lastly, I want to thank former Senator Amanda McGill Johnson for bringing this need to my attention. And I'd be happy to take-- oh, and also to the staff for juggling the hearings around today. Thank you for doing that. I've got a conflicting hearing in another committee, so thank you for doing that. I'd be happy to take any questions from the committee.

**HANSEN:** All right. Thank you for that opening. Are there any questions from the committee? Are you going to stay and close?

**von GILLERN:** Yes.

**HANSEN:** All right. Cool. All right. Thank you.

**von GILLERN:** Thank you.

**HANSEN:** All right. So we'll take our first testifier in support of LB1172. Welcome.

**JOANN SWEASY:** Hello. My name is Joann Sweasy, J-o-a-n-n S-w-e-a-s-y. I can start?

**HANSEN:** Yes, you may begin.

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**JOANN SWEASY:** Thank you. It's quite a privilege to speak with you today. I'm the director of the Fred and Pamela Buffett Cancer Center located in Omaha, Nebraska, and I'm here in support of LB1172 on behalf of the University of Nebraska System. The Buffett Cancer Center is designated by the National Cancer Institute of the United States because it meets rigorous national standards for cancer research and cancer care. I've also served on the committee of the National Cancer Institute that evaluates all cancer centers in the U.S. to make sure that they meet these rigorous standards. I'll use the term NCI to refer to the National Cancer Institute in my brief opening remarks. There are currently 72 NCI-designated cancer centers in the United States, spanning 36 states and the District of Columbia. The only one in Nebraska is the Buffett Cancer Center, and we proudly claim the entire state of Nebraska as our catchment area, the community we serve. There's lots of evidence that cancer patients treated at NCI-designated centers have better outcomes and a much higher quality of life. This is because patients receive the best care at these centers based on cutting edge cancer research, including clinical trials. I want you to know that the Buffett Cancer Center is an absolute gem. We have some of the finest researchers in the world and are known for impactful cancer research on specific diseases such as lymphoma and pancreas cancer. And we're grateful for your help and support of the new Pancreatic Cancer Center of Excellence, where we strive to beat pancreas cancer and for your recent investments in pediatric cancer research. Based on our strengths in research and patient care, we plan to apply for NCI comprehensive status in the near future, meaning that we will need to meet the highest standards for cancer research care in the country. Every single Nebraskan deserves this. The researchers at our center are dedicated to our patients. We all feel that it's imperative that we put Nebraskans first when it comes to understanding and treating cancer. In order to do our very best and to achieve comprehensive status that will benefit Nebraskans, we have to obtain and analyze the cancer data collected by the state of Nebraska. Analysis of the data is very informative. It tells us which cancers are on the rise in incidence and mortality, and more detailed analysis of data from many parts of the state can help us understand why and, more importantly, what we can do to reverse the trends. It forms the basis of all of our research at the center because we want to make an impact in decreasing the morbidity and mortality of cancer across the state. We know that over 40% of cancers are preventable and that early detection saves countless lives. It also saves money across the board and individuals and their families from financial toxicity. The state cancer registry data informs us

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about how Nebraskans are taking care of themselves to prevent cancer and whether they have appropriate access to screening. Analysis of the data can also help us understand which communities may need assistance and partnership in these areas. Over the past several months, we have continued to request data from the DHHS and have not received the data. At other cancer centers where I have been employed, most recently as director of the University of Arizona Cancer Center, obtaining the state's cancer data has not been an issue. It's an expectation that's willingly met by the state's DHHS. And as a reviewer of U.S. cancer centers, I've learned that obtaining state data is rather straightforward in many states, including Texas and Kentucky, where requests for data are granted in a reasonable amount of time. In fact, in several cases, the university associated with the NCI-designated cancer center actually houses and manages the state cancer data. And so I'm here today to request that you consider a more streamlined and efficient process to provide the cancer data so that all of the research we do at the Buffett Cancer Center strategically benefits Nebraskans suffering from cancer and their families. Without having these data in a timely manner, the Buffett Cancer Center will be unable to develop the best informed strategies for cancer research and cancer care. It will also be challenging to recruit and retain the outstanding expertise we need to submit an application for comprehensive status to the NCI. Finally, it will place our ability to obtain comprehensive status at risk. Once again, I thank you for your continuous and strong support for cancer research in Nebraska. Thank you very much.

**HANSEN:** Thank you. You went over by 1.2 seconds but that's OK.  
[LAUGHTER]

**JOANN SWEASY:** It's my-- it's my first time.

**HANSEN:** You had that timed out pretty good. Any questions from the committee? I have a couple, I think.

**JOANN SWEASY:** Sure.

**HANSEN:** If I may ask, how long have you been employed-- you've been the director of the Buffett Cancer Center?

**JOANN SWEASY:** I've been here since November 1.

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**HANSEN:** OK. All right. I was gonna ask about the history, you know, but-- like, where-- timelinewise, why all of a sudden you're not getting the pertinent information you feel you need--

**JOANN SWEASY:** Right.

**HANSEN:** --like, what happened along, along the long line here?

**JOANN SWEASY:** Right. You know, I've talked to my colleagues about that and, and, and some of them are here, they might have a, a, a better answer for you, but I've talked to my colleagues about that and the answer is we don't know. We've requested it and we've, we've continued to politely ask for it. And in some cases we'll get a reply: nothing new. And in most cases we won't get a reply. For example, I introduced myself as the cancer center director, asked if we could get together and meet and chat about it, and I never got a reply.

**HANSEN:** OK. The information-- you-- you've, you've referenced, and I know Senator von Gillern did in his opening about the NIH and about being a designated cancer center. What is-- when you're labeled or given the term, a designated cancer center, what does that entail from the NIH? Do you get, like, more grant money? Is it something that you get in return that will qualify you for other things?

**JOANN SWEASY:** We do. We get more grant money, but we also have to have a significant amount of grant money to apply to meet the, the qualifications. But what's really interesting, I was at the NCI not too long ago and learned that universities that have cancer centers across the country, the 72, control, you know, somewhere around 60% of all the cancer money in the United States, all the cancer grants. So we control-- we have the most money and that's because we collaborate together and we can get those big grants, not just the small ones, but the big ones.

**HANSEN:** OK. And if I can, I'd like to have-- I have a couple questions about the information--

**JOANN SWEASY:** Sure.

**HANSEN:** --for sharing because I've had a-- you know, we-- I see there's a letter in opposition and I, I think maybe we got an email or two about it as well.

**JOANN SWEASY:** Sure.

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**HANSEN:** What kind of information would you be requesting?

**JOANN SWEASY:** So we're requesting specific information about cancer diagnoses. We're not requesting any information that has any identifying-- any identifying information. So we're not asking about specific people. We're asking about things like the stage of diagnosis, the survival and stage at diagnosis, you know, so if somebody is treated with something and they had a, a stage 2 cancer, what's the survival like, incidence trends and specific geographic areas of the states, that kind of thing.

**HANSEN:** Just specifically relating to cancer. Right?

**JOANN SWEASY:** Just specifically related to cancer. Yes.

**HANSEN:** OK. And is this information then shared with NIH, I'm assuming?

**JOANN SWEASY:** Yes.

**HANSEN:** OK.

**JOANN SWEASY:** In an aggregate manner. So, again, we're not listing any individual data, that's all de-identified.

**HANSEN:** OK. But you still probably follow the same rules and regulations concerning HIPAA, I would assume then.

**JOANN SWEASY:** Absolutely.

**HANSEN:** Yeah.

**JOANN SWEASY:** Yeah, that's, that's incredibly important.

**HANSEN:** Since there's no identifying information I was just wondering and curious about that.

**JOANN SWEASY:** Right. Right.

**HANSEN:** OK. All right. Any other questions? Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Might try and provide some clarifying questions because I have had conversations with some people at UNMC. So this is data that you do receive, it's just delayed, not just, it's very important, but it has been delayed by multiple years so the data that you have isn't current.

**JOANN SWEASY:** Correct.

**M. CAVANAUGH:** Right. So this wouldn't be getting new or different data than you've gotten over the years--

**JOANN SWEASY:** That's correct.

**M. CAVANAUGH:** --it's just not-- we're trying to find a-- Senator von Gillern is trying to find a path forward to make sure that the data is more timely for the uses of research to address cancer.

**JOANN SWEASY:** Right. And right now, we're not getting any data.

**M. CAVANAUGH:** And from my understanding-- of course, you've started in November, my understanding is that there is some sort of misunderstanding-- but maybe the agency will be here-- around-- they've been directing everyone to go to the CDC to get the data that they have that they also give to the CDC. So we're trying to cut out that step. Correct?

**JOANN SWEASY:** We're trying to cut out that step and I'm not so sure that they give all of the data that we need to the CDC.

**M. CAVANAUGH:** OK. But they do give it to you, just really delayed.

**JOANN SWEASY:** We haven't gotten any--

**M. CAVANAUGH:** For years.

**JOANN SWEASY:** As far as I know, my colleagues say since, you know, for about a year, we've had--

**M. CAVANAUGH:** OK.

**JOANN SWEASY:** --trouble getting data.

**M. CAVANAUGH:** But the data--

**JOANN SWEASY:** Now, that could be different amongst different colleagues.

**M. CAVANAUGH:** And the data that you do get-- that, that you haven't gotten the data for a, a year, but also that data was a few years old by the time you got it, I believe.

**JOANN SWEASY:** We have older data.

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**M. CAVANAUGH:** Yeah.

**JOANN SWEASY:** Yes.

**M. CAVANAUGH:** OK. Thank you.

**JOANN SWEASY:** Yes.

**M. CAVANAUGH:** Just wanted-- I've had those conversations so I wanted to add some clarification.

**JOANN SWEASY:** Yes.

**HANSEN:** All right. Seeing no other questions, thank you for coming.

**JOANN SWEASY:** Thank you.

**HANSEN:** We'll take our next testifier in support of LB1172. Welcome.

**LAURA HANSEN:** Thank you. I'm a first timer, too. I'm excited to be here.

**HANSEN:** And we'll be extremely hard on you.

**LAURA HANSEN:** Yeah, don't, don't, don't pull any punches. I want the full experience.

**HANSEN:** All right.

**LAURA HANSEN:** Not really.

**HANSEN:** All right. It's all yours.

**LAURA HANSEN:** OK. My name is Laura Hansen, Dr. Laura Hansen, L-a-u-r-a H-a-n-s-e-n, and I'm here as a proponent for LB7-- LB1172 on behalf of Creighton University. I'm the associate dean for research at Creighton University and the director of the Lynch Cancer Research Center there. And I want to talk to you about why timely access to the Nebraska Cancer Registry data is critical for 2 different sets of activities at Creighton University: the LCRC, or the Lynch Cancer Research Center, and our Population Health Institute. Both of these centers are central to Creighton's mission to advance cancer research, improve cancer care, and eliminate cancer healthcare disparities. Timely access to Nebraska Cancer Registry data is essential for this work. So the Lynch Cancer Research Center, just a little bit of an introduction to the work of the LCRC, it's named for Dr. Henry Lynch. He's internationally

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known. He was the founder of hereditary cancer research. His entire career was spent at Creighton University, more than 50 years. And his work and the work of his collaborators really defined a number of hereditary cancer syndromes and the molecular mutations responsible for those syndromes. And, in fact, one of the best known hereditary cancer syndromes was actually named after Dr. Lynch, the Lynch syndrome. And Lynch is the most common of those inherited syndromes. People with Lynch syndrome get colorectal cancers, uterine cancers, other cancers at much higher rates than the population. And he also uncovered the molecular basis for breast cancer mutations that are hereditary as well. At Creighton now, we have a new generation of cancer geneticists who are carrying forward the work of Dr. Lynch and their own projects to understand hereditary cancer, as well as the genetic basis of mutations in different kinds of cancer and the environmental influences. And for this work, it would be hugely helpful, it would be essential in fact that they're able to access data on Nebraska cancer rates, environmental influences that might be present in different populations across the state. So access to this data is really critical for our Lynch Cancer Research Center investigators. It's also essential for Population Health Institute work. Our Population Health Institute, its aim is to further interdisciplinary research and improve patient care by addressing healthcare disparities and access to care, social justice issues that align so closely with Creighton's Jesuit mission and the work of the Population Health Institute depends also on timely access to Nebraska Cancer Registry data. So in summary, we are committed at Creighton to improving the lives of Nebraskans by understanding the genetic drivers of cancer, identifying and addressing disparities in access to cancer care and patient outcomes, and then through our research and outreach to communities across the state working to improve the health of Nebraskans. And, and improved access to Nebraska Cancer Registry data by Creighton/CHI faculty and physicians is really critical to this mission. Thank you very much, Chairman and Senators, for the opportunity to speak and for your time and attention.

**HANSEN:** All right. Thank you. Are there any questions from the committee? All right. Seeing none, you're off the hook.

**LAURA HANSEN:** All right. Thank you.

**HANSEN:** All right. Thank you. Take the next testifier in support please. Welcome.

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**DON COULTER:** Good afternoon, Senator Hansen, committee members. My name is Don Coulter, D-o-n C-o-u-l-t-e-r, and I would like to thank you for considering the bill before you today. I'm here in support of LB1172 on behalf of the University of Nebraska Medical Center. I am also honored to be here as the director of the Pediatric Cancer Research Group, a public-private partnership created by the vision of the Nebraska Legislature and supported by expertise at the University of Nebraska and Children's Nebraska. As many of you know, pediatric cancer is the number 1 cause of death by disease for America's children. More children lose their battle to cancer than asthma, cystic fibrosis, and AIDS combined. For those who survive the disease, 75% of them will have chronic medical conditions for the rest of their life. Pediatric cancer rates have been increasing over the last several decades, and this trend is of particular importance to the state of Nebraska. Specifically, for the most recent period of time evaluated by the CDC, Nebraska has the 7th highest incidence of pediatric cancer in the country, the highest incidence of pediatric lymphoma in the country, and is within the top 5 states, for instance, of pediatric brain tumors. The incidence of all pediatric tumors in Nebraska has been increasing since 2007. These facts led the Nebraska Legislature to take action. In 2014, you supported the funding of the Pediatric Cancer Research Group, an innovative team of multidisciplinary researchers at the University of Nebraska Medical Center and Children's Nebraska to better understand how cancer cells behave, how to get rid of them, and how to improve the care for children and their families in Nebraska. We are so appreciative of the support that we receive from the Nebraska Legislature. Since that funding in 2014, a key component of our work has focused on the epidemiology of pediatric cancer in Nebraska and strategies to improve the long-term outcome for survivors of the disease. We are investigating potential causes of the increased incidence of pediatric cancer in the state and have been identifying potential risks that may be impactful on our rural population. We have current projects in understanding the financial toxicity to families after diagnosis, and the impact of a rural versus an urban address on overall outcome. Nebraska is becoming a regional hub for investigations on the impact of pediatric cancer. And indeed, our neighbor states are beginning to see Nebraska as leaders in the field. The results of these studies can provide major benefits to our citizens. However, to do this work effectively, we must have timely release of available cancer data from DHHS. This delay can not only impact our ability to answer questions important to the people of Nebraska, but it also impacts our ability to train the next level of researchers and scientists. At times, this

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delay has prevented us from using Nebraska data to complete our investigations. Rather, we rely on data from other states and extrapolating those results to the Nebraska population. We also currently have several pending requests for data that were filed more than a year ago. In order to fulfill the goals of the Pediatric Cancer Research Group to the citizens of Nebraska, we need a more streamlined approach to the release of data when we give requests to the Department of Health and Human Services. This would allow Nebraska researchers to work on answering questions important to all Nebraskans. We need to better understand the impact of pediatric cancer on the state, both through evaluation of our data and then comparing that to DHHS data and nationwide data. We must identify ways of quantifying the financial toxicity of cancer on pediatric families, both in rural and urban settings, and what implications that might have to the state in the future. Nebraska families see the work that you do and that we do as an avenue of hope for their children battling cancer now and the years to come. Thank you, again, for your support of the Pediatric Cancer Research Group, and I would be happy to try to answer any of your questions.

**HANSEN:** Thank you. Are there any questions from the committee? Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Thank you for being here, Dr. Coulter, and for your work. And I am proud to represent Children's Hospital in the best District 6 in Omaha. So pediatric cancer is something we're, we're hearing a lot about right now in Nebraska. And, like you said, the 7th highest rate in the country. So without having this timely data, I appreciate the creativity in extrapolating from other states. But one of the issues and concerns is what are the environmental factors that are causing this? And as much data as we can get from other states, we can't see if, if that our increased data is coming from places that are maybe a Superfund site in Omaha or an agricultural site and pesticides and things like that. Is that accurate to say?

**DON COULTER:** Yes, Senator Cavanaugh, that's very accurate to say. And the idea would be that if we were able to access the data in Nebraska we could compare and contrast that to neighboring states that are already collaborating with us from a pediatric cancer epidemiology approach. Pediatric cancer in Midwestern states has been rising for a number of years, but we lead the pack, unfortunately, so it would be incredibly intriguing for Nebraskans to identify what are the

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differences in the incidence rates within Nebraska and our rise compared to neighboring surrounding states?

**M. CAVANAUGH:** OK. Thank you. Because it is, as Senator von Gillern said in his opening, we all have been touched by cancer. My mother-in-law died from lung cancer. That we assume, because she wasn't a smoker, was caused by radon. It's hard to know these things. And so the more, as you said, epidemiology of, of it all, that we can collect that data to figure out what is the root cause of this specific type of increase is very helpful. So thank you for your work and for your testimony today.

**DON COULTER:** Thank you.

**HANSEN:** Any other questions from the committee? I have a couple, I think. So you've been, been involved since July of 2014, right?

**DON COULTER:** Yes, sir.

**HANSEN:** But pediatric cancers have been going up.

**DON COULTER:** Yes, sir.

**HANSEN:** Some might view that as-- you would assume since we're putting more time in research and effort into finding the epidemiological cause--

**DON COULTER:** Did it perfect.

**HANSEN:** --yeah-- they should be going down. Why are they going up?

**DON COULTER:** There is no real prevention for pediatric cancer as opposed to what Dr. Sweasy said, where we have a number of adult cancers where we can think of screening and prevention. For example, colonoscopy for colon cancer or breast cancer screening for breast cancer. In pediatric cancers, we don't know the cause. There are 2 known causes of pediatric cancer: radiation exposure, and we know that from bombs in Hiroshima; and pediatric oncologists, because the treatment that I give to kids for their cancer causes secondary cancers. Outside of that, we know no true cause of pediatric cancer. That's why it's so important and intriguing to try to answer the question as to why Nebraska has an increased incidence. Because if I can be honest, there are people who make all kinds of guesses about why that would be. I'm not interested in guesses. I'm interested in trying to find out whether this is truly a big problem in the state of

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Nebraska, and identifying ways to educate people about how we can better pick up the disease, and also understanding that there's only one place in Nebraska to get treated for pediatric cancer. We have a number of cancer places around the state where you can get treated for adult cancer. The only place to get treated for pediatric cancer in all of Nebraska is in Omaha. So to me, the biggest issue in this is the impact on our rural community. Many of my patients have to drive 5 hours to come and see me for treatment for their child. And the impact that that has, I think is great. And being able to look at this data from Department of Health and Human Services would better allow us to understand that. So to summarize, I don't think we're going to find something that's going to prevent the incidence of pediatric cancer. I do think that we may be able to find things that could alleviate why the slope is increasing, but I don't know that. I would need the Department of Health and Human Services data to help me figure that out. But at the same time, maybe lessen the impact on some of these rural families.

**HANSEN:** OK. So you don't think there's, like, any environmental-- like, I know, like, glioblastoma, leukemia, lymphoma--

**DON COULTER:** Yes, sir.

**HANSEN:** --like, some of that could be environmental toxicity cause. Right?

**DON COULTER:** Yes, sir.

**HANSEN:** We found that with a lot of the, the Roundup pesticides, I think, they said with leukemia and lymphoma, I believe.

**DON COULTER:** Yes, sir.

**HANSEN:** Wouldn't that be the same for children? Like, if the parents are--

**DON COULTER:** Yes, sir, it is.

**HANSEN:** --exposed or even if the child is exposed earlier.

**DON COULTER:** Right. I want to be-- I want to be incredibly careful about what I say to you next.

**HANSEN:** Oh, don't worry, you're on the record.

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**DON COULTER:** I know, yeah, no problem whatsoever. [LAUGHTER]

**HANSEN:** And there's a million people behind you.

**DON COULTER:** 100%. If, if I was going to tell you what most people believe, I can't tell you definitively that this thing causes cancer or if this thing causes cancer, but most people believe that pediatric cancer is caused by 2 things. Some type of environmental exposure with the genetic susceptibility. Those two things working together. We don't know what those environmental exposures are, but we do have information about environmental exposures that can be problematic to adults. So we would like to see if some of those environmental exposure, which there are in Nebraska that adults are exposed to, could also be problematic to the offspring of those people, because you would believe if there was going to be an environmental exposure that was going to cause a problem, many times you need a latency period for it to have an issue. So what is that latency period? And that's what makes Nebraska such an incredibly intriguing state to research. I'm not from Nebraska, but I'm happy to call myself a Nebraskan. I was born in Canada, I have lived in North Carolina, and I have lived in Arizona, all places that have a relatively transient, if you will, population. You wonderful people in Nebraska, you grow up here, you live here. You're generationally here. When I talk to people, they tell me my dad was in Nebraska, my grandfather was in Nebraska. You could have people that are living on the same area in a rural community for generations, possibly exposed to an environmental exposure that then, over time, leads to the increased incidence of pediatric cancer that we have in the state. I completely agree with that theory. I just can't prove it because I don't have data that would timely tell me exactly how that's working.

**HANSEN:** But there is research currently going and, and, and looking at, like, environmental toxicity causes childhood cancers.

**DON COULTER:** Very much so. But I, I, I would-- I would think that you would agree with me, too. We have to be incredibly careful with that. That data needs to be purely validated before we would say anything about what a possible environmental exposure is or isn't.

**HANSEN:** Sure.

**DON COULTER:** And I think that's where the Department of Health and Human Services would come in so key to our progress.

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**HANSEN:** OK. All right. I think the only people that say sorry more than Nebraskans are Canadians.

**DON COULTER:** Yes, exactly right. 100%. And we say it differently, we say we're sorry about everything that we do.

**HANSEN:** Sorry for that long question.

**DON COULTER:** No, not at all. It was a great question.

**HANSEN:** All right. OK. Any other questions from the committee? Senator Riepe.

**RIEPE:** Thank you, Chairman. Thank you for being here. I know there's been a lot of discussion about the new center out in Kearney. But I assume that resources are scarce and rare and it's hard to have some program there and I'm not talking about maybe research as much as I am delivery. Are there some pediatric cancer delivery systems out in Kearney?

**DON COULTER:** Yeah. Senator Riepe, that is a great question. And what we want to do in pediatric cancer is try to implement telehealth in a way that makes sense. COVID taught all of us that telehealth could be a pathway to provide care to patients without having them experience what we would call geographic toxicity of having to drive 2 or 3 hours for therapy. So we would like to investigate telehealth utilization at UNK. And I think that's why UNMC is putting so many resources into it. But on the flip side of the coin, I will admit to you that it's very difficult to transition an adult infusion center that's giving chemotherapy to adults to say, here's a 4-year-old, please infuse this chemotherapy into them. So there's still a lot of work to be done in that. If we were able to have an entire team that would go out to Kearney and do that, we would be willing to because my pediatric cardiology colleagues, they fly in a plane out to western Nebraska to see some of their patients out there. It's the implementation of chemotherapy in a young child that sometimes gets problematic in an adult center and that's a problem that we're working to solve.

**RIEPE:** Thank you.

**DON COULTER:** Yes, sir.

**RIEPE:** Thank you, Chair.

**HANSEN:** All right. Seeing no other questions, thank you for coming.

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**DON COULTER:** Thank you.

**HANSEN:** Appreciate it. We'll take our next testifier in support.

**AMANDA MCGILL JOHNSON:** My mind's been blown by some of the things he just said.

**HANSEN:** Welcome.

**AMANDA MCGILL JOHNSON:** Hi. I'm-- Good afternoon, Chairman Hansen, members of the committee. I'm Amanda McGill Johnson, A-m-a-n-d-a M-c-G-i-l-l J-o-h-n-s-o-n, and I'm here on behalf of Nebraska Cures, of which I am the executive director here in support of LB1172. So Nebraska Cures has been working for nearly 25 years on medical research issues. And over the last couple of years, we've heard the common trend from health researchers, public health professionals that health data in our state has just been incredibly difficult to obtain. So this issue is actually broader than just the cancer registry issue. We're hearing it about vital statistics. We're hearing it about other registries. One researcher we recently learned can't get her hands on Parkinson's data from that registry. You'll find as you dig into this, there are different statutes dealing with all these different registries and different types of data. So while this, this issue is more pervasive than cancer, I mean, for the reasons you've just heard from our testifiers, this was in our minds the, the primary or the, the most-- the issue we should prioritize the highest when I went to Senator von Gillern to, to talk to him about this bill and what we could do. But I do want to just make it clear that I want to work with lawmakers, and we all do over the interim and in the future, to look at what we can do about all those other really important pieces of data that lead to-- can lead to better health outcomes and prevention for other sorts of, of health issues we may have. I also want to mention, since you brought up Kearney, that I talked to one researcher at UNMC who's interested in applying for grants to, to make-- to create a rural cancer prevention center. But without the data, he can't apply for the grant. And, you know, you need the access to be able to do that and better focus resources in that area. One other issue that's relevant to this is that, as we've been discussing with researchers, some of them, when they've made their data requests, have been denied saying that they are not seen as qualified researchers. That's a term in statute. Our statutes are very clear about what is needed to apply for data. It's the process of how those-- the requests are processed that is less transparent. But some of them are being rejected, saying they're not qualified researchers. Some of them have

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received the data before, and now we're suddenly not qualified researchers. So that is confusing, you know, to say the least, to them. And then in some cases, maybe their colleagues in another state can access it with the same credentials. And so that's just another piece of this puzzle I wanted to bring to your attention. Because while we bring you this bill today to say, come on, you got to give us data within 2 months, that is a reasonable period of time. There are some other issues when it comes to data requests that are problematic at this moment. Let me see, I have lots of other random little nuggets here. There are a few other states that are particularly doing a good job or statutes that you can look to, or that committee staff can look at. Louisiana redrafted their cancer registry statutes in 2017, and they actually include it in their-- in their statute more about that process of approval. So they put in statute the committee that makes the decision around whether a data request is approved or not. And many states do have committees. We probably even have some level of a committee within our department, but they put theirs in statute to make that process more clear. There are other states who have some comprehensive approaches in terms of how data requests are handled. North Carolina has a nice guide that their state has put together that actually looks at the questions that the department side would have about is this a legitimate request, making that process a little more transparent. Another note, we-- you've heard about other states and some of the better jobs I guess they're doing at accessibility, our most recent data set that's just publicly available for any of us to look at is from 2019. That was released in last fall. Whereas, in our neighboring states-- state, South Dakota, back in May they already had 2021 data available. And that's the accessible stuff that any of us can go and see and yet our researchers are still waiting on, on data that is pre-2019. You've heard all the reasons why that's problematic to them as well. The one last quick note I will mention is there is an association that oversees or I guess ranks the different registries. And we've been a gold registry for a very long time. But in 2023, we did fall back to a silver registry and are just, I think, 1 of 4 states that have a silver registry now and those registries base our designations on having complete, accurate, and timely data. I don't know which of those buckets we were weak on and caused us to go down to silver, but another piece of the puzzle that's showing that Nebraska isn't where it needs to be in terms of access to data. I'm happy to take any questions.

**HANSEN:** Thank you for testifying. Are there any questions from the committee? Seeing none,--

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**AMANDA MCGILL JOHNSON:** All right.

**HANSEN:** --thank you very much.

**AMANDA MCGILL JOHNSON:** Thank you.

**HANSEN:** Anybody else wishing to testify in support? Welcome--

**MICHEAL DWYER:** Welcome, sir.

**HANSEN:** --to your DHHS Committee.

**MICHEAL DWYER:** Thank you. Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Micheal Dwyer, M-i-c-h-e-a-l D-w-y-e-r, and I am from District 16, the greatest district in the state of Nebraska. Before I begin my official testimony, I have to mention that I am incredibly honored to-- a little guy from Arlington, to be here with the wonderfully learned and wise people behind me. Hopefully by the end, we can add a little something to the struggles that all-- that I have heard from all of us who are having trouble with data. I'm a 40-year veteran of the Arlington Volunteer Fire and Rescue Service as an EMT and a fire-- firefighter and a 20-year member of the NSVFA Legislative Committee. Thank you to Senator von Gillern for introducing LB1172. My testimony is somewhat ancillary to LB1172 and offered here simply for a broader piece of information about cancer and volunteer fire and EMS. Cancer is a serious issue in all fire departments across the nation, and I have argued more serious in the volunteer world for 2 reasons: Rarely do volunteer depart-- departments get 2 sets of gear, so we don't have the opportunity when we return from a fire to cleanse that gear before going to another call. So we're wearing those carcinogens for the next and the next and the next call. In addition, many fire departments don't have extractors which take those carcinogens out of the bunker gear before we put them back on. Interestingly, there was a post this morning on the National Volunteer Fire Council's Volunteer Voices about EVs and, what I didn't know existed, PVs, which are solar vehicles and firefighter exposures. The post referenced an article from the National Library of Medicine that said there are concerns about EV and PV installation fires that may create more harmful substances other-- for other types of fires. PV modules and car battery fires emit a range of carcinogenic that-- and highly toxic compounds that are not yet fully understood and may pose a threat to firefighters' health. The point is around this and all fire and EMS issues is that we need data and we in EMS community have had the same

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struggles with HHS to be able to get data out. As we-- and I see my-- I think my light is on. Still green, yes. We have had the same struggles getting data, and as we struggle with volunteer fire and EMS shortages, particularly in rural Nebraska, being able to get just basic data about what we're doing, how many calls, how many responders, what are our response times? And it's, it's just very difficult to get. So this article, that article stresses, I'm stressing, and I believe LB1172 will speak to that. Thank you and I would be happy to take any questions.

**HANSEN:** All right. Thank you. Are there any questions? There are none. Thank you very much.

**MICHEAL DWYER:** Thank you.

**HANSEN:** Anybody else wishing to testify in support of LB1172? Anybody wishing to testify in opposition to LB1172? Anybody wishing to testify in the neutral capacity to LB1172? All right. Seeing none, we'll welcome back Senator von Gillern to close. And before he does, we did have some letters for the record. We did have 2 letters in support and 1 in opposition.

**von GILLERN:** Thank you, again, to the committee and to the testifiers for being here today. I've got a bunch of random notes I was taking as we were going through the testimony. A couple of things I want to stress that we get-- and I know there's a lot of bills that are before different committees in the building these weeks regarding identity theft and data and all those preserving people's data. I just want to reiterate what was testified to earlier, that there is no identifying data collected in any of this and I think it'd be easy to look at this. People here registry and they automatically, I think, today their, their alarms kind of go off but, but the highest level of HIPAA confidentiality is in place. And the data that arrives at the registry arrives without any personally identifying data. So I just want to make sure that's crystal clear. I'm a little disappointed, to be honest, that nobody from HHS decided to show up either in positive, negative, or even a neutral position. And, Senator Cavanaugh, I know you've had lots of experience with this so maybe you and I can have a conversation off the mic and you can coach me on, on how that works. But I think based on the testimony we've heard today, we know how that works. And that is you ask for things and you don't necessarily get them. And I think one of the most shocking things that I've learned in this process is this registry has been in place for 42 years and data has been provided consistently over that time period until recent

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history. And I'm now forced-- because, again, they didn't bother to show up to give any explanation, I'm now forced to presume that somewhere there was a staff change or a policy change. Something happened inside the department where somebody said, you know, that's not as important as they think it is and we're going to devote our resources elsewhere and we're just not going to focus on that. And as I started my testimony today, I, I, I would challenge anybody who within the department that feels that way or has made that decision to, to not be able to tell me their cancer story, because I guarantee everybody's got one, because we all do. So I, I think that it's, it's-- I'll just leave it. I'm probably better off if I don't go down that road any further. I never made the connection, I should have in doing the homework on this, that my wife and I actually met with Dr. Lynch and did a genetic study a number of years ago and, and he was incredibly gracious and it was a fascinating discovery into, into-- and this is on the-- as genetic studies were not what we know them to be today. Now you can obviously mail in, you know, saliva or a piece of hair and, and know far more than probably you want to know about you and your history. But it was-- it was incredibly revealing and, and very humbling to have spent some time with him and, and helped us in our journey. I'll probably-- I could probably go on and on and I don't want to do that. I just want to wrap up by saying that this, this-- provision of this information should have the highest level of urgency. Again, it impacts each one of us, it impacts lives. And, in fact, the testimony from Dr. Coulter about pediatric cancer is heartbreaking. Anything we can do to, to reduce the incidence of cancer and to provide the data to the folks that are working hard to, to work on the research. And we all, again, back to our own cancer stories, we all know people that have had better cancer outcomes today than the generations before us. And, and that's because of the research that's been done. So I'm grateful for that research and I'm grateful for the folks that are in this room. I, I would-- on behalf of the state, I'd like to apologize to them for what I consider a level of disrespect for the positions of authority that they're in and, and the, the substantial roles that they have in our communities and I'm grateful to them for all that they do. So with that, I'd be happy to answer any nontechnical questions.

**HANSEN:** Are there any questions from the committee? Yes, Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Thank you, Senator von Gillern. I was going to ask you about the state agency because I noticed they didn't submit a letter either. And so maybe what I'm asking-- you certainly can

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decline to answer, but we're hearing from everyone that-- and Senator-- Chairman asked some of the doctors, why aren't you getting the data? Without them showing up here, we don't get an answer to that. But have you had any conversations leading up to this hearing that they've offered any insights into this?

**von GILLERN:** I have not, and maybe this isn't the proper metaphor to go on record, but I guess I felt like this was an invitation to them to be here to give that explanation. And I really hoped-- what I-- what I dreamt and hoped we would hear is that they would come today and say, yes, we've found the flaw in the system and we want to fix it. And you don't need to do your bill. You don't need to hold us-- hold us accountable. It blows me away. If you told me before I came down here to do this job that we need to make laws to make sure that other laws are complied with, I would have laughed you out of the room and that's insane. That's exactly what we're doing here.

**M. CAVANAUGH:** We have actually had a hearing numerous times from Senator McDonnell for a law that he got passed to make the administration enact the law, but--

**von GILLERN:** Yeah.

**M. CAVANAUGH:** --perhaps the agency was scared away by Senator Riepe over the Executive Board hearing this afternoon on coming in neutral.

**von GILLERN:** I'm not sure-- they, they employ a lot of people over there, I think they could have sent one over, so.

**M. CAVANAUGH:** They maybe could have, but thank you--

**von GILLERN:** Probably a more-- a more-- forgive me for interrupting, and probably a more proper response would be we'd be happy to talk to them about how to solve the problem without going through the legislative process.

**M. CAVANAUGH:** Right. Well, thank you for bringing this bill. And hopefully after this robust conversation, maybe we'll hear from the agency--

**von GILLERN:** Possibly.

**M. CAVANAUGH:** --on their thoughts.

**von GILLERN:** I hope we do. Thank you.

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**M. CAVANAUGH:** Thank you.

**HANSEN:** Any other questions? Not so much a question, maybe a comment. I think one of the questions I was hoping to have answered would be more information about the approval process and how they approve certain people to have access to this information. Since there-- it seems like there's not-- there's no identifying information being shared, I would think the approval process should be-- I wouldn't say somewhat vague, but more people should be able to get it, because I think that's what spurs innovation and creativity and how to solve problems is having people, maybe not big institutions and small institutions have access to this information. So that's one of the questions that I had, because sometimes we ask them on the record and we might get an email later about our question, so.

**von GILLERN:** Can I comment to that quickly?

**HANSEN:** Yeah.

**von GILLERN:** Again, I just want to reiterate this has been in place for 42 years. Something changed and we don't know what it was. So whatever approval process was in place before, to the best of my knowledge, nothing has changed in, in recent history, so.

**HANSEN:** All right. Seeing no other questions, thank you very much.

**von GILLERN:** Thank you all. Appreciate it.

**HANSEN:** All right. Well, that will close our hearing for LB1172. Next up, we have LB905 and we will welcome Senator Riepe to open on this bill.

**RIEPE:** Thank you.

**HANSEN:** Welcome.

**RIEPE:** I have an art of clearing the room here. Are you ready for me? Thank you, Chairman Hansen and members of the Health and Human Services Committee. I am Merv Riepe, M-e-r-v R-i-e-p-e, representing the 12th District of the Nebraska Legislature. Today, I present LB905, a bill that directs the Department of Health and Human Services to apply for a Medicaid waiver, known as an 1115 waiver, to fund 2 homeless respite care centers, 1 located in Omaha and the other in Lincoln, as part of a pilot program. This legislation is modeled after successful initiatives implemented in Utah and is designed to provide

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a standard of care for those experiencing homelessness who are too ill or frail to recover on the streets or in shelters, yet do not require hospital-level treatment. This federal waiver would reimburse at a rate of 90% for eligible cost. The essence of medical respite care lies in its adherence to best practices for standard of care and supportive services. These practices include providing safe and quality accommodations, managing timely and safe care transitions, administering high-quality clinical care, and facilitating access to comprehensive support services. Research demonstrates a clear need for medical respite care. Homeless patients stay in hospitals much longer and are readmitted more frequently than others. To address this, health systems are turning to community-based solutions like medical respite care, which have proven effective in reducing hospital stays and readmission rates. Studies show that investing in medical respite care can save money for states, which one study indicated that every dollar spent could result in \$1.81 in savings, a figure likely higher in today's healthcare environment. It's worth noting that our state is not alone in recognizing the importance of medical respite care. Currently, 11 states have already applied for Medicaid and medical respite programs for the homeless, signaling a growing recognition for its efficacy and value. Those seated behind me will be able to delve more into the specifics, including the funding already arranged to support the infrastructure needed for such a program. LB905 represents a proactive step towards addressing the healthcare needs of our homeless population, while also demonstrating fiscal responsibility. By investing in medical respite care, we not only uphold our duty to provide compassionate care to those who need it, but also stand to realize significant cost savings for our state. Lastly, I would like to address the fiscal note. LB905 does have a fiscal note with 2 different estimates. The estimate produced by the DHHS assumes absolute full utilization of the program at a higher cost of operation. To realize the fiscal projection by DHHS, our math indicates that there would need to be 215 beds constantly operating at full capacity. As Siena Francis will note-- they only-- in Omaha, they only have 25 beds and would expand potentially to 35. As such, the estimate done by the Legislative Fiscal Office projects around 60 beds, not 215, being constantly utilized and, in my opinion, more applicable to this piece of legislation. With that, I conclude my opening and yield questions. Thank you.

**HANSEN:** Thank you, Senator Riepe. Are there any questions from the committee? Senator Cavanaugh.

**M. CAVANAUGH:** I hate to ask you a question with your voice.

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**RIEPE:** I am recovering from-- yesterday, I couldn't talk so I braved it today. Yes, Senator.

**M. CAVANAUGH:** I'll try and-- I'll try and keep it brief. You said-- so they did their estimate based on 215 beds. Siena Francis has 25, could go up to 35, and our Fiscal Office did 60. Did, did DHHS give a reason as to why they estimated 215 continuously inhabited beds?

**RIEPE:** I don't know why they came to the 215 number, but Siena Francis, who is, is seeking first to get 25 beds. They don't have 25 beds.

**M. CAVANAUGH:** Oh, they don't have 25. OK.

**RIEPE:** It's my understanding that they do have a facility that they want to retrofit--

**M. CAVANAUGH:** OK.

**RIEPE:** --into beds for, for the homeless.

**M. CAVANAUGH:** OK.

**RIEPE:** And the important thing about the homeless feature is so many of the homeless-- or a number of them are, are diabetics. And so if you're on a diabetic and you have insulin, they need someplace to keep it refrigerated. You're not ready to go back out under a bridge someplace and I know that happens less in Nebraska than it does in some places and I'll pick on California, but. OK.

**M. CAVANAUGH:** I'd also like to note that you got a letter of neutral from the department. So just once again, and it pointed out some of the technical things that just they would have to do to execute your legislation. Just doing a little plug for Senator Wayne's bill for over the lunch hour.

**RIEPE:** Well, I think they show favoritism towards me.

**M. CAVANAUGH:** Towards you? I've always thought that about them.  
[LAUGHTER]

**RIEPE:** That's my story. Thank you, Mr. Chairman.

**HANSEN:** All right. Any other questions? Seeing none, we'll see you at closing.

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**RIEPE:** Thank you, sir.

**HANSEN:** All right. Well, we will take our first testifier in support of LB905. Welcome.

**SHEENA HELGENBERGER:** Hello. Hi, everyone. I am excited to be here today to talk about medical respite. So, Chairman Hansen, members of the Health and Human Services Committee, my name is Sheena Helgenberger, S-h-e-e-n-a H-e-l-g-e-n-b-e-r-g-e-r. I'm here on behalf of the Wellbeing Partners to testify in support of LB905, the request for a Medicaid waiver to provide an improved model of care. I'm the director of community innovation and advocacy at the Wellbeing Partners. We're based out of Omaha. We're a 501(c)(3) nonprofit organization that builds wellbeing into the way that communities and organizations grow through advocacy, collaboration, and education. We convene the Health and Housing Committee-- Coalition, sorry, with the purpose of addressing the challenges facing those who are unhoused with complex medical conditions to help our partners connect them to the appropriate level of care. In 2021, the Health and Housing Coalition secured funding from CommonSpirit Health Mission and Ministry Fund to pilot medical respite in our community for those who are unhoused and being discharged from a hospital stay, but still needing post-acute care. So Siena Francis House was selected by the Coalition to be the lead agency to implement the service with Charles Drew Health Center providing clinical care, and the doors opened in August 2022. So far, as the first year of the pilot was in operation, the primary conditions prompting referral into the medical respite program were respiratory-related diseases, cardiovascular-related diseases, pre and postoperative care, wound care, and neurological conditions. So these are all conditions that can worsen if not treated and addressed properly once leaving a hospital. In addition to Charles Drew addressing the client's medical needs, Siena Francis House provides case management and wraparound services to those clients, such as obtaining needed documentation and navigating housing options. As mentioned, medical respite care can shorten a hospital length of stay and reduce readmission, which is very important to all people involved, the individuals and those in the community serving people with medical needs. We're pleased with the launch of the medical respite pilot and the work of the Coalition in support of it. We think there's more that can be done for sustainability. So this medical waiver will allow our community to serve more individuals who are unhoused and address their needs. Thank you to Senator Riepe for introducing the legislation and I hope that we can work together to better care for our Nebraskans so please vote in favor of LB905.

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**HANSEN:** Thank you. Any questions from the committee? You mentioned in your opening, it looked like there was some article: Medicare and Medicaid Managed Care: Financing Approaches for Medical Respite Care, that you said respite care has been shown to do X, Y, and Z. Off the top of your head, do you know, like, the number, like, a shortened hospital length of stay? Do you know how many, like, by how many days or is that do you think in that article?

**SHEENA HELGENBERGER:** I can get back to you with an average. Depending on the condition that the person who is unhoused is experiencing that shortened length of stay really can range everywhere.

**HANSEN:** OK. And I can look-- I can look it up in the article, too.

**SHEENA HELGENBERGER:** OK.

**HANSEN:** I was just kind of curious if, if you knew those numbers. I'm assuming they're probably in there.

**SHEENA HELGENBERGER:** Yes.

**HANSEN:** OK. Couple questions, too. Just because maybe I'm unfamiliar with it a little bit. So how do you check to see if someone is homeless?

**SHEENA HELGENBERGER:** Check to see if someone is homeless? So--

**HANSEN:** So they come into your facility and say I'm homeless, how do you-- how do you check the status to make sure they are homeless so it's not just somebody coming in?

**SHEENA HELGENBERGER:** Yeah. So I think Siena Francis House, who provides the services at their site can probably better answer this, but a person is identified as being unhoused, typically during their hospital stay when they're talking about how their care will continue. The address they have on file, social workers and caseworkers help identify that. And Siena Francis House is a part of a larger network that has a database of people who are chronically homeless so I would have them answer that question when they testify next.

**HANSEN:** OK. I'll save my other questions then for them.

**SHEENA HELGENBERGER:** OK.

**HANSEN:** OK. All right. All right, thank you.

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**SHEENA HELGENBERGER:** OK. Thank you.

**HANSEN:** Take our next testifier in support, please. Welcome.

**LINDA TWOMEY:** Hi. Good afternoon, Chairman Hansen and the members of the Health and Human Services Committee. My name is Linda Twomey, and I'm the executive director of the Siena Francis House. L-i-n-d-a T-w-o-m-e-y. I want to express my gratitude for Senator Riepe for introducing LB905 and lend my support. LB905 mandates Nebraska DHHS to seek an 1115 waiver to facilitate homeless respite care. Unfortunately, we're having another discussion about mandates. The essence of this waiver lies in its mission to enhance health outcomes, diminish hospital admissions and readmissions, and curtail expenses for individuals grappling with homelessness. Defined as post-acute care, as mentioned above, these pilots seek innovative ways to create better outcomes for clients and save money. The current pilot is funded through CommonSpirit Health and the National Institute for Medical Respite Care. We have pilot funding through July 2025, and this would-- having the waiver would create a sustainable funding model for the future and continue the care that's being put into place. Embracing evidence-based practices, such as transitional care and patient-centered self-management, this service model encompasses holistic support, addressing socioeconomic barriers, and pending health access. My aim is to describe why it is important to support the inaugural homeless medical respite program, Health and Dwelling, and to receive assistance for pilots in Omaha and Lincoln. The staggering costs associated with hospital care underscore the urgency of innovation-- of innovative solutions. For individuals with homes, accessing care can be difficult. But for the homeless, the absence of a home exacerbates medical complexities and inflates healthcare expenses unnecessarily leading to longer hospitalizations. The question was asked about homeless individuals and their length of stay. They tend to spend 1.6 days longer in the hospital than nonhomeless peers. The cost of a hospital day in Nebraska averages about \$2,600 on a conservative estimate. So through our work with the National Institute for Medical Respite Center [SIC] on the pilot, they estimate the, the cost per day in medical respite would be a range of \$175 to \$225. So that's quite a cost savings over \$2,600. Without medical respite care, people experiencing homelessness have longer hospitalizations, are more likely to spend their first night posthospitalization on the streets or in a shelter that's not equipped to meet their needs, and later have suboptimal outcomes due to lack appropriate-- of appropriate discharge options. Another question was asked about how do we know if someone is homeless? Hospitals often

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don't know until the point of discharge that someone is homeless and then they stay longer in care. In August 2020, we started this pilot, so I'm going to skip over some of that because I'm trying to incorporate some of the questions that have been asked. We currently are serving up to 10 individuals a day in the medical respite pilot, with plans to expand to 25 as the pilot progresses. We've served under-- over 31 individuals to date. We reserve-- we receive referrals from hospitals through the Unite Nebraska platform, facilitated by CyncHealth fax and secure email so it's readily accessible to the discharge planners. To qualify, respite patients must exhibit medical stability and the capacity to manage activities of daily living and medications independently. Within 72 hours of admission, we engage them with case managers in healthcare, initiating a tailored care plan. Our objective transcends merely-- mere medical interventions and is about fostering trust, safety, and empowerment. While we agree most aspects of the fiscal note-- fiscal notes-- with most aspects of the fiscal note, fiscal notes estimate the direct cost. We do have some data that we've presented that we don't believe the fiscal burden would be as high. For example, L.A. has 408 beds that they've been operating for a number of years, and they serve 1,000 individuals annually. And the cost in this fiscal note exceed their cost for those operations. So as care teams, as we coordinate services through a collaborative effort, we dismantle the revolving door of hospital admissions, steering individuals toward health, permanent housing, and renewed hope. In conclusion, LB905 creates our commitment to equity in healthcare and we ask for your support.

**HANSEN:** Thank you. Are there any questions from the committee? I think you answered my-- the homeless part. That was the part I was kind of curious about. So there's not really a way to verify someone leaving a hospital, come to visit one of your-- your center and if they're homeless or not.

**LINDA TWOMEY:** Well, we do extensive assessments when someone enters the shelter in the homeless system asking them what their last address is, what their experiences have been. So we verify through that through a lengthy questionnaire to them. Unfortunately, it's very lengthy, but we do verify that.

**HANSEN:** OK. And I got to ask kind of a weird question.

**LINDA TWOMEY:** Go ahead.

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**HANSEN:** Only because it's been the news a lot lately. And would this service, and especially just because it's taxpayer money, would this service also be available to, like, undocumented immigrants?

**LINDA TWOMEY:** Yes.

**HANSEN:** OK. Just wondering. Any other questions? Seeing none, thank you.

**LINDA TWOMEY:** OK.

**HANSEN:** Take our next testifier in support, please. Welcome.

**MARGARET WOEPPEL:** Hello. Thank you, Chairman Hansen and the members of the Health and Human Services Committee. My name is Margaret Woepfel, M-a-r-g-a-r-e-t W-o-e-p-p-e-l. I am the vice president for quality workforce and data for the Nebraska Hospital Association and I am testifying in support of LB905. And thank you, Senator Riepe, for introducing this bill. Nebraska continues to struggle with transitioning difficult-to-place patients from the hospital to the appropriate post-acute center. While we have seen improvement in the numbers of patients inappropriately boarding in hospitals, we continue to struggle with the find-- with finding placement for homeless patients. In 2022, or last full year, we saw that per Z codes, the hospital discharged 5,580 patients to the state of homelessness, 55.7 of that-- or percentage was in Omaha and 22.5 were in Lincoln. Last year, innovative solutions were brought to the legislation to assist with getting Nebraskans into the appropriate healthcare setting. With LB227, hospitals are now getting reimbursed 100% for skilled-nursing rate for Medicaid patients when there is a struggle to find an appropriate post-acute setting or a nursing home. This is financially helpful for our hospital. However, it doesn't entirely resolve the barrier of place-- placing patients into an appropriate setting. Medical respite care is a solution for a patient who does not meet a level of care required for a nursing home, but requires medical interventions that would not be available to a person without a home. An example is the diabetic patient that Senator Riepe brought up, or an independent person who needs ongoing wound care. You know, complex wound care, dressing changes, that sort of thing. A medical respite center provides a short-term care center that improves the health and outcomes of the individual and prevents multiple, potentially costly readmissions to the ED and inpatient setting. LB905 is an essential piece to allow hospitals to care for patients who are suffering from homelessness. Providing equitable care is a priority in our state, and

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medical respite care can be a solution for this population. Thank you again, Senator Riepe, for introducing this bill and I'm happy to answer any questions.

**HANSEN:** Thank you. Are there any questions from the committee? I don't see any.

**MARGARET WOEPPEL:** All right. Thank you.

**HANSEN:** Thank you very much. Take our next testifier in support of LB905. Anybody else wishing to testify in support? All right. Is there anybody wishing to testify in opposition to LB905? Seeing none, is there anybody who wishes to testify in a neutral capacity? All right. I don't see any. So we will welcome back Senator Riepe if you wish to close. And for the record, we did have 6 letters of the record, 5 of them in support and 1 in neutral capacity.

**RIEPE:** Thank you, Chairman Hansen. I want to revisit a little bit of what brought me primarily to an interest in this. Sometime back, I was watching 60 Minutes and it showed a hospital in Los Angeles that upon discharge of the homeless they were dropping them off underneath the interstate. And for those of you who know me, I, I served as a hospital administrator in the metropolitan Omaha area with the Catholic Sisters and Children's Hospital for 40 years and so I think this has haunted me over that period of time. The other problem that it creates for the hospitals, which was pointed out, is if it's a 1.6 days longer, it ties up the hospitals aren't reimbursed for that period of time, and maybe as equally important, it ties up nursing, it ties up a lot of other services so to keep the system going. And I think fundamentally, it's simply the right thing to do.

**HANSEN:** All right. Thank you. Any questions? Seeing none. All right.

**RIEPE:** OK. Thank you.

**HANSEN:** Well, that will close the hearing for LB905. And we'll move on to the next bill, which would be LB910. And, again, we'll welcome back Senator Riepe to open on that bill.

**RIEPE:** Chairman Hansen and members of the Health and Human Services Committee, I am Merv Riepe, M-e-r-v R-i-e-p-e, representing the 12th District of the Nebraska Legislature. LB910 was brought to us by Sergeant Christopher Richardson of Nebraska City through Senator Slama. In an ideal world, nothing bad would happen to a canine in public service and a veterinarian would always be nearby. In reality,

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injuries ranging from cuts to burns to shotgun wounds and the availability of a veterinarian are unknown and unpredictable variables. However, many aspects of canine emergency medical care resemble that of human emergency medical care. A trained medical profession, in this case EMS, with supplemental knowledge and guidance can't stabilize a canine and transport it if needed. However, current state law doesn't allow an EMT to place a bandaid on a minor cut that a police dog might have. It is not permitted under the Nebraska Emergency Medical Services Act or the Nebraska Veterinary Medical--Medicine and Surgery Practice Act. LB910 amends both sections of law to permit EMS to perform emergency medical care on a canine owned or employed by a local law enforcement, the Department of Corrections, local fire or State Fire Marshal and harmed while serving the public interest. EMS will be permitted to transport the dog to a veterinarian clinic or similar facility. However, priority must be given to injured humans. The Nebraska Board of EMS has been discussing this as an ongoing issue and recognize that they will need statutory authority to act. LB910 allows them the statutory room to work within this space and to define regulations that are realistic of the abilities and the expectations of Nebraska EMS, but also respectful of the interests of Nebraska veterinarians. DHHS encompasses both Nebraska veterinarians and EMS and is, therefore, best equipped to define the surrounding rules and regulations. These rules and regulations would define training expectations, logistics, safety protocols, eligible--eligibility-receiving facilities, procedures, and paperwork. The objective is to stabilize the dog and get it to the veterinarian. There is no fiscal note for LB910, as DHHS has recognized the process of promulgating these rules and regulations would fall into anticipated expenses. Two amendments to LB910 have been proposed. The first proposed by DHHS, is an effective date that would allow DHHS around 1 year to promulgate the necessary rules and regulations. The second, from the Nebraska Trial Attorneys, seeks to add additional language clarifying the circumstances under which EMS may prioritize the treatment of a canine. Both represent logical changes to the legislation if the committee deems them necessary. With that, I conclude my testimony and yield to questions. Thank you.

**HANSEN:** Thank you, Senator Riepe. Are there any questions from the committee? I don't see any.

**RIEPE:** You guys are easy on me today.

**HANSEN:** I think so. All right, we'll see you at closing.

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**RIEPE:** Thank you.

**HANSEN:** So we'll take our first testifier in support of LB910.

**CHRISTOPHER RICHARDSON:** Chair is not quite wide enough.

**HANSEN:** Welcome.

**CHRISTOPHER RICHARDSON:** Hello, my name is Christopher Richardson, C-h-r-i-s-t-o-p-h-e-r R-i-c-h-a-r-d-s-o-n. Thank you, Chairman, committee members, for this opportunity to be here, especially Senator Riepe in seeing the importance of this bill, along with so many others who have assisted in the process in providing their support. I'm a sergeant with the Nebraska City Police Department and serve as the agency's K-9 officer. I've been in law enforcement for over 24 years. I recently certified with my second canine after retiring my first dog. These dogs are more than 4-legged animals that millions refer to as pets. I work 12-hour shifts, add the time before and after shift preparing, then bedding down the dog, time throughout the day doing additional care: cleaning, food, exercise. We spend more time one on one with these dogs than we do with our human families. If my canine partner and I were to both be injured, I have no doubt I would tend to my dog before caring for myself. My previous dog saved my life on a deployment and unless anyone has been in that position, it is truly impossible for them to understand the bond that we share with our partners. In addition to law enforcement, I am also a paramedic, initially certified in 2011. A few years ago, I had the opportunity to attend a canine medic course. This course, course helped me understand the similarities and nearly identical treatment in the trauma and lifesaving care between humans and canines. I found it heartbreaking that while these canines put themselves at risk that we do-- the same risk that we do as canine handlers, they don't receive equal treatment when it comes to healthcare, specifically in traumatic situations. These dogs aid in seizing illegal narcotics, they enter crime scenes, apprehend criminals, track both criminals and missing persons, locate bombs and explosives. They can be, and often are, severely injured doing this important but dangerous work. Now when a human officer gets severely injured in the line of duty, they're put in an ambulance or helicopter for fast transport to a hospital. When these dogs experience similar trauma, their handlers put them in the back of a vehicle, drive them through traffic to a veterinarian. These dogs are alone and untreated, wasting valuable time and preventing lifesaving measures from being performed. Several states already have similar laws that this bill is meant to achieve, 10 currently allow EMS to

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treat and transport, 4 more have legislation currently in place to allow EMS treatment. In the last 10 years, 259 canines have died in the line of duty. 79 of those from gunshot fire. These dogs are a major investment. At the low end, they can be purchased for about \$10,000 and up to over \$25,000 per dog. Once certified, the agency investment in time and resources add \$40,000 or more. For an agency like mine, I am 100% funded through donations and don't utilize tax dollars. I raised my own money for the dog, my patrol car, my equipment, food, vet bills. These dogs are valuable and they are worth the investment and they deserve LB910. Thank you and I welcome any questions you may have for me.

**HANSEN:** All right. Thank you for your testimony. Are there any questions? Going to let you off easy, too, so. All right. Thank you very much.

**CHRISTOPHER RICHARDSON:** Thank you.

**HANSEN:** Appreciate it. All right, we'll take our next testifier in support.

**MICHEAL DWYER:** Hello again.

**HANSEN:** Welcome back.

**MICHEAL DWYER:** Chairman Hansen and members of the Health and Human Services Committee, again, hello again. My name is Micheal Dwyer, M-i-c-h-e-a-l D-w-y-e-r, and I'm here to testify in support of LB910 on behalf of the Nebraska State Volunteer Firefighters Association. I'm a 40-year veteran of Arlington Volunteer Fire and Rescue as a firefighter EMT with nearly 20 years on the NSVFA Legislative Committee. Thank you, again, to Senator Riepe for introducing this important legislation. I sent a report to your offices this morning, and from my understanding from Senator Hansen's office that appears now in your Google-- famous Google Drive, the report is here. I have extra copies, if you'd like. Essentially, it's a look at the broader issues of EMS that's somewhat ancillary to LB910. But I wanted to give you at least the opportunity to look at some broader issues around EMS as they apply to LB910. Senator Riepe's office reached out to me in December about this bill, and my initial reaction was, well, of course, if an incident like this happened today and assuming human patients were served, EMS would just do this and worry about the legal and liability issues later. I reached out to the Washington County Sheriff's Office and several other local fire

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departments and EMS officers to chat about the practical issues in this. And everyone I talked to said this is just the right thing to do. There are some transport and safety questions around this, as with any emergency response, but solving critical issues it was-- is what first responders do every day. And I-- and no one I spoke to indicated those would be a reason to not fully support this bill. Section 3 gives clarity to how this might work and provide some criminal and civil liability that volunteers need and deserve. As a volunteer EMS servant, LB910 seems to be a commonsense approach to letting first responders do what, what is right. I would add just 2 things off topic-- or excuse me, off my regular testimony. My wife is on the board of the Nebraska Humane Society and we chatted about this, this morning, and, and she said pretty much the same thing. This is-- and there's a little bit of safety concerns and exactly how does this work? The physiology, obviously, is a little bit different but this is still just the right thing to do. I have heard that the Department of EMS, and Senator Riepe mentioned this, would like to do some training and certification, and I get that. But I want to remind the committee that prehospital EMS is not a clinical environment. It's a 2 a.m., dark and dirty, middle of the night, seat of your pants, figure it out kind of environment, and experience common sense and concern for your patient. In this case, a beloved dog that has served us well always rules the day. Thank you and I'd be happy to answer any questions.

**HANSEN:** Thank you. Are there any questions? Senator Hardin.

**HARDIN:** Thanks for being here.

**MICHEAL DWYER:** Thank you.

**HARDIN:** I tend to like dogs better than people. [LAUGHTER] Did I say that out loud?

**MICHEAL DWYER:** Can I repeat that out loud?

**HARDIN:** Sure.

**MICHEAL DWYER:** I, I ordered a bumper sticker that says exactly that saying. A little bit different, but.

**HARDIN:** But would there ever be a time when a, a medical personnel would be required to do something with a-- when dogs get hurt, they can get mad. Would there be a time when, when a, a paramedic or an EMT would be expected to do something with a grouchy dog that would not be excited about being touched, and would they be in some way liable if

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we were to pass into statute something that can hold them accountable in a tough situation?

**MICHEAL DWYER:** Sure. Two comments. And it's interesting you asked that, because that was one of the concerns that my wife had this morning from working with animals all her life and she indicated that concern. My first reaction is in many situations that are dangerous anyway, we would ask an officer to ride along or in my case we have a-- one of our fire chiefs is fairly large and we would say, Jeff, you're going to help us out with this call. And I think that's the way we would approach this. To your point, the second half, if, if the Department of EMS decides that, that we're obligated to do this, that raises, for me, all kinds of questions about the broader scope of EMS. We-- again, this is a prehospital seat of your pants kind of environment. We make decisions every day that are to a great extent, subjective. I don't have a CT scan. I don't have a hospital. I don't have a staff of 14 people in the back of the rig. A lot times I'm alone. And I would hesitate to establish, again, clinical responsibilities for prehospital EMS. It's just not like that. I would hope that they-- both, both sides, the department and, God forbid, the legal system, if we ever got that far, would give us the flexibility to make commonsense decisions that most of the time are very good, but aren't always perfect. Hope that answers your question.

**HARDIN:** Just wanted to get that out there because I, I think it's-- I've personally witnessed things like what we're talking about today as a, a former police chaplain, so I was just curious.

**MICHEAL DWYER:** Yeah. And to the officer's point a minute ago, we lost a dog to cancer in, in September and yesterday afternoon it was really nice and I walked at the park that we always walked at and it's still tough.

**HARDIN:** Sure.

**MICHEAL DWYER:** These, these are-- do become part of your family and, and as a law enforcement dog, and I'm obviously not an officer, but, but they are part of our service and they risk their lives and save ours. At the very least, we should be able to care for them.

**HARDIN:** Yeah. Thank you.

**HANSEN:** All right. Seeing no other questions, thank you very much.

**MICHEAL DWYER:** Thank you.

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**HANSEN:** All right. Take our next testifier in support of LB910. Anybody else wishing to testify in support of LB910? Anybody wishing to testify in opposition to LB910? Welcome.

**ZACHARY WEST:** Thank you. Good afternoon, Health and Human Services Committee. My name is Zachary West, Z-a-c-h-a-r-y W-e-s-t, and I am from Ravenna in District 41. In fall of 2023, I took an EMT class through Central Community College, and I will be taking the National Registry exam to obtain my license on February 6. Ravenna is a community of 1,400 and the EMS crew is entirely composed of volunteers. I would like to preface my opposition by stating I understand that LB910 likely may not affect a volunteer department, and I also recognize that LB910 reads with the language "may" instead of "shall" or "must." But as an upcoming volunteer, I wanted to share my perspective as to why I am opposed to a bill that in other states has seen unanimous bipartisan support. As previously stated, I have completed an EMT course. Every single lesson of anatomy, physiology, and pharmacology I took were based on the human body. I understand that the most likely care for an injured law enforcement canine would consist of wound packing and bleeding control, but I know next to nothing about a dog or how to treat an injured dog. I also understand that Massachusetts passed similar legislation in honor of a law enforcement canine that was injured, and the handler was killed in the line of duty. Because law enforcement canines are often trained alongside their handlers, I would be concerned to treat an injured animal whose partner was not there to comfort them or instruct them to comply with us when my training is, once again, on the human body. As a volunteer, I am also worried about becoming compelled to care for a law enforcement canine, something largely outside the normal scope of practice for an EMT. While the bill's language allows for, but does not require this care, I think anyone who has worked in a rural area knows that can becomes will rather quickly. I am signing up to volunteer to serve the members of my community, and I do not want to find myself in a situation where I'm compelled by my crew captains, my drivers, or local law enforcement to leave work or family even more than I normally would be for something that is not even in my initial training. Treating a canine may also tie up our local resources that could be otherwise utilized. This bill is not a terrible idea. I understand that this bill is likely intended for the areas of Nebraska that have full-time emergency services and full-time law enforcement canine services. I wanted to give my concerns to let the committee know and understand that this can be concerning to those of us who may be affected by this bill. Maybe you can take my comments and use them

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to improve it. But ultimately, because of the scope of my training and because of this bill's potential negative impact on local rural resources, I am opposed to this bill and I will take any questions.

**HANSEN:** All right. Thank you for your testimony. Are there any questions from the committee? Seeing none, thank you for coming.

**ZACHARY WEST:** Thank you.

**HANSEN:** All right. Anybody else wishing to testify in opposition to LB910? All right. Does anybody wish to testify in a neutral capacity? All right. Seeing none, we'll welcome back up-- oh, oh, there is. Yep.

\_\_\_\_\_ : There you go.

**JOHN LINDSAY:** Thank you. Senator Hansen, members of the Health and Human Services Committee, for the record, my name is John Lindsay, L-i-n-d-s-a-y, appearing on behalf of the Nebraska Association of Trial Attorneys in a neutral capacity. The Nebraska Association of Trial Attorneys' core mission is to protect access to the civil justice system as provided in, in Article I, Section 13 of the Nebraska Constitution and to protect the right to a jury trial in the Seventh Amendment to the United States Constitution and Article I, Section 6 of the Nebraska Constitution. That is our focus. So we watch for immunities from liability which take away that right of a jury or right of people to have a jury decide their case and instead place that decision within the, the purview of the Legislature, which is deciding it in advance by saying there is no liability. We originally were in opposition to this bill but we worked with-- Senator Riepe's office was very kind to work with us and to clear up, as, as Senator Riepe mentioned in his opening, clear up what we believe was simply a drafting oversight. And that is, as mentioned in the bill, the-- the authorization provided in the bill is in-- on page 2, Section-- subsection (3) of Section 1 [SIC]. There is language in there that talks about providing emergency care to the injured law enforcement canine is immune from civil or criminal liability. And there language in the prior section that says provided there is no human-- no person requiring medical attention or transport at the time. And the amendment simply adds that same language from subsection (2) to subsection (3). And that's why we think it's just an oversight. It just keeps, I think, with what the public policy is that, that certainly law enforcement dogs are very important. They're very valuable and effective tools for the law enforcement community. And while my 12-pound miniature dachshund is not trained to save my life,

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he is trying to annoy me. And we-- and we all love our, our dogs. But human beings have to take priority. And this just clarifies that, that in, in-- whenever there is a judgment call, it should be in favor of the human. But other than that we have no position on the bill and we extend our thanks to Senator Riepe and his office for working with us on an amendment that eliminates our opposition and moves us to this neutral capacity.

**HANSEN:** All right. Thank you for your testimony. Are there any questions from the committee? John, I got a question. So the person providing the medical care is immune from criminal civil liability.

**JOHN LINDSAY:** Right.

**HANSEN:** What about, like, the-- who owns the dog, are, are they-- are they immune? Like, so, say, they're taking care of the dog and the dog bites the person.

**JOHN LINDSAY:** No, that-- well, not as I read it, that-- the immunity would provide only to-- be provided only to that EMT. And was probably based on a concern that the EMT is providing care with, as the last testifier mentioned, not having specific veterinary training. And I think the goal of the bill is to allow the EMT to do that without that training because it's an emergency situation which, frankly, may be covered. Well, it wouldn't because it's a canine. But under the Good Samaritan law, same concept where emergency care is needed it should be provided. But, no, the owner of the dog, if it's a poorly, poorly trained dog, has an aggressive nature, that's a separate instance that there would have to be proof of some negligence on the part of the owner.

**HANSEN:** OK. And so-- because this-- and, again, not assuming an unusual circumstance, but if somebody who's may-- not trained to take care of an animal or care for one and one who is wounded who, you know, might act aggressively or they may not, and they take care-- they help the dog but they get bit in the process when normally somebody who knows how to take care of an animal might know what warning signs to look out for and kind of back up and, you know, and muzzle the animal first if they need to. I don't know, I just--

**JOHN LINDSAY:** I understand your, your question. Yours is the EMT, for example, caring for the dog and not having specific training on how to do so safely and gets bit by the dog. And your question is, is the owner liable in that occasion?

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**HANSEN:** Yes, and they would sue the police department all of a sudden.

**JOHN LINDSAY:** Right.

**HANSEN:** Now is the police department, are they liable then for that?

**JOHN LINDSAY:** I-- it still depends-- there's a, a misconception, I think, generally in the public that if there's an injury there's liability. And that's not the case. There still has to be proof of some basis for liability, whether that's negligence or intentional. Obviously, if the, the police officer directed the dog to-- I'm sorry, I'm getting all out of kilter with my wheelchair-- if the police officer directed the canine to, to attack that would be a separate basis of liability. But if the dog, doing what dogs do, and they just are going to defend themselves and, and bites the, the EMT there would have to be some negligence shown on the part of the owner, the police officer or other individual that they had a duty to protect the EMT in that situation and somehow breached that duty.

**HANSEN:** OK. All right. Thank you very much. All right. Seeing no other questions, thanks for coming. You don't come to this committee very often, so it's nice to see you every once in a while.

**JOHN LINDSAY:** No, I-- fortunately, I don't but [LAUGHTER] it's going to take me a second to--

**M. CAVANAUGH:** Oh, watch out.

**JOHN LINDSAY:** --to get out from underneath this predicament I put myself in.

**HANSEN:** That's all right.

**M. CAVANAUGH:** Can you--

**HANSEN:** OK. Just make--

**JOHN LINDSAY:** Thank you.

**M. CAVANAUGH:** There's some-- oh, this way. There's some feet behind you.

**JOHN LINDSAY:** Yeah, I think about it. I'm going to run into Senator Riepe instead of whoever is behind me.

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**M. CAVANAUGH:** I'm, I'm, I'm glad you picked up on what I was suggesting. [LAUGHTER]

**HANSEN:** Is anybody else wishing to testify in the neutral capacity? OK, now seeing none, Senator Riepe, you're welcome to close. And we did have 10 letters for the record, 9 in support and 1 in the neutral capacity.

**RIEPE:** I would like to thank everyone that testified today on either side of the discussion. That's what it's all about. And I would like to emphasize it's always humans first and including the EMS workers and that at the same time, if they can, we would like to be able to treat the canines, if that is possible, without injury to other humans. Thank you.

**HANSEN:** All right. Any questions from the committee? Seeing none, thank you very much.

**RIEPE:** Thank you.

**HANSEN:** All right. And that will conclude our hearing on LB910. And we will now open it up for LB952 and welcome Senator Day.

**DAY:** Ready?

**HANSEN:** Welcome.

**DAY:** Good afternoon, Chairman Hansen and fellow members of the Health and Human Services Committee. My name is Jen Day. That's Je-n D-a-y, and I represent Legislative District 49 in Sarpy County. I'm here this afternoon to introduce to you the Loaves and Fishes Act, LB952, which would opt the Nebraska Department of Health and Human Services into the federally funded Summer EBT Program. As many of you know, food is more expensive than ever and it's squeezing low-income Nebraska residents the hardest. So it's alarming, but not surprising to see USDA statistics that show a steady increase in the number of families that suffer from food insecurity. In 2017, 10.7% of Nebraska households were food insecure, which rose to 12.1% in 2022 and 13.5% in 2023. This places Nebraska above the national average and gives us the 11th highest food insecurity in the nation. You don't need to look at-- excuse me-- you don't need the state's aggregate data to see that there is a crisis. If you look at-- excuse me, I'm sorry-- if you look at Food Bank for the Heartland and Food Bank of Lincoln, the number of meals they've given out has tripled since 2018 to 2.5 million annually. To see a state like ours, one of the nation's leading

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agricultural states, teetering so close to the bottom in food insecurity signifies a failure in achieving a common objective that I know everyone on this committee shares, ensuring every child in Nebraska enjoys a safe and healthy upbringing. Fortunately, we have the opportunity to address this crisis in one of the most effective manners possible during the summer months when low-income children are not receiving nutrition at schools. The goal of the Summer EBT Program is to bridge the gap in food insecurity for low-income families during the months when school is out. Starting this summer, states can accept \$40 per month per child in USDA funds to go to families whose children receive free and reduced lunch during the school year. In Nebraska, this means families at or below 185% of the federal poverty line, which in practice is about \$37,000 for a single parent and child or \$57,000 for a family of four. The program is federally funded and it brings in \$18 million in direct spending into our state's economy, only eligible to be spent on nonprepared food in grocery stores. The only cost to the state is half of the administrative costs of the program. If you look at the fiscal note at the bottom of the first page the total cost, assuming that the current coordination between the Department of Health and Human Services and the Department of Education continues, would be \$423,988 in year one and \$297,993 in year two. Summer EBT grew out of a change during the pandemic to address the shortcomings with the existing Summer Food Service Program, specifically its inefficient delivery that required kids to go to a specific site to receive a meal. This meant traveling for breakfast and lunch to an alternate location. Furthermore, in part owing to our state's rural demographics, Nebraska has a particularly tough time in implementing this program and only 4.2% of students who receive free or reduced lunch during the school year still receive meals during the Summer Food Service Program. This places Nebraska 50th nationwide. Simply put, we're not an urban state where this kind of delivery model makes much sense and it's not working here. So Summer EBT presents a wonderful opportunity for us to close this gap and make sure kids are fed while they're at their highest risk of food insecurity. Before Congress made Summer EBT permanent with a bipartisan vote in December 2022, pilot programs showed that Summer EBT was particularly effective in decreasing the number of kids with very low food insecurity by a third and increasing whole grain, dairy, and fruit consumption. Currently, 35 states, including Tennessee, West Virginia, and Arkansas have opted into Summer EBT. As I mentioned before, the fiscal note will show that we're receiving a huge return on investment in the form of \$18 million spent in our state's local economy. However, sometimes a fiscal note doesn't fully capture the

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decision that we have in front of us. Of the families fed by Feeding America food shelves, which includes Nebraska's two largest food banks, 69% have had to choose between food and utilities, 66% have had to choose between food and medical care, and 57% have had to choose between food or rent. Likewise, the National Institutes of Health has found lasting impacts from experiencing food insecurity as a child, which show up throughout childhood in lowered academic performance and cognitive function. By opting into this program, we have the power to help 150,000 kids in Nebraska avoid traumas that no child should have to endure. The \$18 million we would receive from the federal government will be multiplied many times over in the effects of position-- positive nutrition and development that will be given to these children. Food is the foundation of everything else, and it's in our power to help children in our state avoid hunger. Ensuring basic nutrition, nutrition for children year round is fundamental, it's the least we can do for our future friends and neighbors. Before I conclude, I want to very sincerely thank Senator Ray Aguilar for choosing this as his personal priority this session. We're lucky to have someone with his experience and kindness in the Legislature. You'll be hearing from a number of testifiers this afternoon, including testifiers from our largest food banks who can speak firsthand to the crisis we're seeing. And with that, I'm happy to attempt to answer any of your questions.

**HANSEN:** All right. Thank you for that, Senator Day. Are there any questions from the committee? Don't see any. See you at close. All right. Just as a show of hands, how many people here are testifying, in general, just in support or opposition or neutral on this bill? Can you raise your hand? That's what I thought. OK. So-- which is good and I discussed this with Senator Day before. We will do for this bill since we have a large amount of testifiers, we will limit it to 3 minutes per testifier. If you get-- just close as you can to 3 minutes, if you go over a little bit it's fine. But we'll try-- have you wrap up your final thoughts if you can within 3 minutes, so. So with that, we will take our first testifier in support of LB952. Welcome.

**RASNA SETHI:** Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Rasna Sethi. That's R-a-s-n-a S-e-t-h-i, and I'm the health policy analyst with OpenSky Policy Institute. Today, we are testifying in support of LB952 for the implementation of the Summer Electronic Benefit Transfer Program, because it would help Nebraska's children remain well-fed during the summer and participation in the program would benefit Nebraska's

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economy. During the school year, schools have a critical role to play in addressing Nebraska's food insecurity by providing free and reduced priced lunch through community-- through the community eligibility provision or through other federal funding from the USDA. A key rationale for these federal programs is that children need adequate nutrition to be able to study and learn effectively. In the 2021-2022 year, 41.3% or 150,000 students were served free and reduced priced lunch. However, those students' options are limited during the summer. While some students in high-need areas in Nebraska can participate in the Summer Food Service Program, Nebraska is amongst one of the states with the lowest participation in this program according to the Food Research and Action Center. The program provides children with free meals through delivery at sponsored sites, but due to delay in sponsor approvals the program's reach has dropped over the last couple of years. Nebraska has dropped from 83 sponsors and 270 sites in 2019 to just 58 sponsors and 197 sites in-- last summer. The program only serves 10,000 Nebraskan children on a daily basis. The U.S. Department of Education has piloted, piloted the Summer EBT Program to fill these gaps. The program would provide a supplement of \$40 per children via EBT to the parents whose children participate in free and reduced priced lunch, and is estimated to serve about 150,000 children in the state. This funding would just-- wouldn't just help families but would help-- also help local businesses. Studies have shown that every \$1 spent in SNAP EBT provides \$1.70 in local economic growth in periods of hardship. Accordingly, the \$18 million that the-- that Nebraska would receive in Summer EBT at a fractional administrative cost of \$420,000 could generate \$30.6 million in the Nebraska economy. Additionally, the majority of funding would come from the federal government, which we would be-- which would be responsible-- as well as half the administrative costs. This would come at a time when Nebraska ranks 49th among states in federal fund receipts as stated by Governor Pillen when announcing the state's acceptance of \$21 million in federal funding for I-80 construction. We agree with him that we need-- Nebraska needs to utilize federal resources to fund our state's infrastructure and growth and that includes adopting the Summer EBT Program. For these reasons, OpenSky Policy Institute supports this measure and I'm happy to answer any questions you may have.

**HANSEN:** Thank you. Are there any questions from the committee? I don't see any. Thank you very much. All right. We'll take our next testifier in support of LB952.

**JAN THOMAS:** Good afternoon.

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**HANSEN:** Welcome.

**JAN THOMAS:** My name is Jan Thomas, J-a-n T-h-o-m-a-s, and I live in Lincoln. I grew up in a small town in southeast Nebraska. My father had a grocery store and a butcher shop. Over the years, he brought boxes of groceries to families in need. His legacy left behind stories of an older-- elderly woman who had oatmeal for Christmas dinner, the next day she received boxes of groceries from my father. He had families who visited the store and always left with food, regardless of their ability to pay. Growing up in a home where food security was all a priority, my father saw to it that all children in our community had food. No one was going hungry-- his knowledge-- he had knowledge of food insecurities. Three years ago, my family set out on a mission to fill little food pantries instead of gifts for Christmas. After Christmas, I decided the need is too great to stop so I continued filling my trunk and running around town filling food pantries. After a few weeks, a friend asked if she could join me and help. So Karen Karr and I have been filling 6 little-- 6 of the 50 little food pantries around town for over 3 years. You may wonder why I do this. Why do I care? Here are a few examples: The homeless veteran who was excited to receive a can of tomato soup. Yes, tomato soup. He was going to eat that day. The homeless woman sitting on the curb waiting for the social worker. She noticed that we had a protein drink. She asked if she could have just one. We stuffed her bag full. The working poor, a woman who had 3 kids. Her niece came to live with her and they did not have enough food to feed them all. The most polite young man in his 20s who came running and asked, can I have some food? He had just been released from jail the day before. He had no food, he had no money, and he had no place to live. The kids. We received a phone call from a gentleman asking if we would start filling the food pantry at 26th and P Street. He had just filled the pantry at that location. When he arrived, there were 2 little boys ages 8 and 10. Yes, 8 years old and 10 years old. They were hungry. They were sitting on the ground eating dry cereal out of an open cereal box. Their mother had just been released from the hospital and they didn't have any food at their home. These are the 5 very small examples of the food insecurities in our community. We could walk you 3 blocks from the Governor's residence to one of the busiest pantries in Lincoln. People patiently waiting for a loaf of bread, all thankful, all kind, all appreciative, people who are facing some of the darkest days in their life and are searching for food. This is real life right here in this neighborhood. As a Legislature, we have the responsibility to take care of the kids, do everything in our power to see that these kids

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have food and help struggling families, the working poor, the sick, the jobless feed their children, feed the future. Please do your part and support LB952 and I'll keep doing mine by continuing to fill the food pantries.

**HANSEN:** All right. Thank you for your testimony.

**JAN THOMAS:** Any questions?

**HANSEN:** Are there any questions from the committee? Seeing none, thank you for coming to testify. And as a reminder, keep a little eye on the little red light in front of you. If you see it kind of go off, try to wrap up your thoughts as soon as you can after that, please. All right. Take our next testifier in support. Welcome.

**REX WALTON:** Thank you, Senator Hansen and the committee for allowing us all to testify today. My name is Rex Walton, R-e-x W-a-l-t-o-n. I represent the FEAST Program, which is a transitional program ministry here in town. And I also represent the number of people that worked in a group spearheaded by Paul Feilmann to demonstrate in a vigil for 8 days out in front of the Governor's Mansion from December 20 to December 28. We were able to generate a lot of press and a lot of notice on the online and print newspapers and then radios and TV stations to get the news out about this travesty for our state to bypass monies to feed our children in poverty. And so that's my main point and that's been our point and I am so glad that we have a bill today that's been supported by Senator Aguilar and all these other fine folks and I thank you for your time.

**HANSEN:** All right. Thank you for coming.

**REX WALTON:** Thank you.

**HANSEN:** Are there any questions from the committee? Seeing none, thank you again. All right. Take our next testifier in support, please. Welcome.

**LOGAN NUNGESSER:** Hi. Thank you, Chairperson Hansen and the members of the Health and Human Services Committee. My name is Logan Nungesser, spelled L-o-g-a-n N-u-n-g-e-s-s-e-r, and I'm testifying as a community member in support of LB952. I'm a freshman in high school here in Lincoln and want to share my experience of food insecurity. My parents divorced when I was young. My dad remarried and had 2 more kids. He was a union electrician, but when COVID hit my dad fell ill and has permanent severe heart damage due to the illness. He has been disabled

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since and now the family of 5 is supported by his disability check. He now has 3 hungry teenagers to feed and he is thankful we qualify for the free or reduced lunch program. During the school year, I have access to free breakfast, free lunch, and can visit the food market once per month. When long school breaks happen, like summer break, my siblings and I lose access to these resources. I'm lucky to live in a city where there are a selection of food pantries and support, but I recognize that for most of the counties in our state there are many more barriers. There are very few, if any, summer meal programs in the Panhandle where my cousins live. They have many barriers to try and reach the existing summer meal sites. They must find a ride to town that has a program, but that is made harder by the fact that parents are at work during the day and cannot come home to drive them 2 towns down. The current summer meals programs do not have the capacity to serve the students in rural and remote areas of Nebraska. I want to invite you down to the level of the students accessing the current food programs. The student has no responsibility for their family's financial situation, yet they often bear the burden of collecting the food resources. The student must carry the bags of food after the free market, alerting all their peers that their family is struggling. Also, if the summer meal site does exist, it is again that the student shoulders the embarrassment and stigma of attending. Do you remember being a teenager? This alone is enough for a student to decide not to show up. LB952 would allow parents to increase their grocery budget to feed hungry teens like me and my, my 2 siblings over the summer months. It would do it in a way that is equitable to all students on the free or reduced lunch program, regardless of their location in the state. It would also allow us to choose foods that meet our needs and lessen the emotional burden on the kids in need. I urge you to pass LB952 and ease some of the stress of the summer food insecurity Nebraska-- Nebraska's youth are facing.

**HANSEN:** Thank you very much. So do you get any credit for coming here to testify for school?

**LOGAN NUNGESSER:** No.

**HANSEN:** [RECORDER MALFUNCTION] watching on TV or something.

**LOGAN NUNGESSER:** Let's hope.

**HANSEN:** You sure? [LAUGHTER] All right. Any questions from the committee? Yes, Senator Cavanaugh.

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**M. CAVANAUGH:** Thank you. Thank you for coming. Is this your first time testifying?

**LOGAN NUNGESSER:** Yeah.

**M. CAVANAUGH:** Wow, you are already a pro. Let me just say for everyone behind Logan that their testimony is typed. They stuck to it. They read through it. It was well thought out. I was just, like, this is awesome. Great work. Thank you for coming.

**LOGAN NUNGESSER:** Thank you.

**HANSEN:** All right. Seeing no other questions, thank you very much. We'll take our next testifier in support, please. Welcome.

**LINA BOSTWICK:** Hi, Chairman Hansen and committee. Thank you for having me. I am doctor Lina Bostwick, L-i-n-a B-o-s-t-w-i-c-k. I'm a registered nurse representing Nebraska Nurses Association or NNA. We support LB952, providing some means for low-income families to buy groceries. Food insecurity for children of low-income families has been a problem in Nebraska before the pandemic. The pandemic just really shed the light on the issue. Not all families have the support or means to send their children to summer school or camp where lunches are provided during summer months or just numerous areas. In addition to being a nurse, I have been a teammate for the past six and a half years. The program, originated by Dr. Tom Osborne, provides education to those who participate. Programs that provide support, including food programs, are associated with increased test scores and decreased disciplinary action. These programs will help reduce the daily-- no, wait a minute, the hourly stress children have when they have food insecurity. Food insecurity is associated with poor health outcomes in childhood and later in their lives as adults. National best practices are created for planning and operations of a consistent set of practices to maintain food programs' integrity, and this is from Blitstein, et al., 2023. I have the research study here. Overall food program benefits are one of the fastest, most effective forms of economic stimulus because the money gets back into the economy quickly. Individuals with low incomes generally spend all their income on daily needs such as shelter, food, and transportation. Nearly 78% of such program benefits are redeemed within 2 weeks of receipt and 96% are spent within a month. And that's according to the USDA 2019. The American Nurses Association, the NNA's parent organization, recognizes that childhood food insecurity is highly associated with the child's risk for asthma, iron deficiency anemia, developmental

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issues, growth stunting, poor social, emotional, and cognitive skills, and absenteeism from school. The Nebraska Nurses Association represents more than 30,000 registered nurses in our state. The NNA supports LB952, a bill that ensures that all children attending school in Nebraska will be better nourished during the summer months. The NNA encourages the Health and Human Services Committee to support LB952, thus supporting the potential of our Nebraska children in the state. Please see that the bill is advanced.

**HANSEN:** Thank you.

**LINA BOSTWICK:** Yeah.

**HANSEN:** Any questions from the committee? Seeing none, thanks again.

**LINA BOSTWICK:** Thank you.

**HANSEN:** Take our next testifier in support, please. Welcome.

**BRIAN BARKS:** Welcome. Thank you. Chairman Hansen, members of the committee, thank you and good afternoon. For the record, my name is Brian Barks. That's B-r-i-a-n B-a-r-k-s. I am the president and CEO of Food Bank for the Heartland. We serve 77 counties in-- across Nebraska and work with more than 484 local partners to address food insecurity in our state and appearing in support of LB952. Summer EBT offers a significant opportunity to reduce childhood hunger during the summer months so our children can start the new school year well-nourished and ready to learn. Unfortunately, Nebraska is not among those states opting-in to support a 150,000 school-aged children caught in the vicious cycle of food insecurity. In Nebraska, we have hunger in every single one of our 93 counties. According to Feeding America, 1 in 8 Nebraskans who is hungry is a child and that is unacceptable. This bill takes direct aim at mitigating the hunger school-aged children experience every day during the summer months. Summer EBT is a tried and tested program with pilot projects gathering evidence on the program's positive impact since 2011. In a final summary report of those demonstration projects, USDA Food and Nutrition Service found providing a \$60 monthly Summer EBT benefit reduced food insecurity by 8.3 percentage points and decreased food hardship by 33%, increased the consumption of fresh fruits and vegetables and whole grains, and did not increase consumption of sugar sweetened beverages. References have been made to the federal Summer Food Service Program to answer-- as an answer to child summer food insecurity. The program is limited in scope to prepared meals and snacks at approved sites. According to

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USDA, Nebraska's percentage of population participating in this program is less than 1%, meaning there are many children that are not reached by this program and who are still experiencing hunger in the school months. While summer meal program sites are an important piece ensuring some of Nebraska kids can continue to access nutritious food during the summer, real barriers exist for visiting these sites, including lack of transportation, limited hours, and service gaps in rural areas. \$18 Million in federal funds to feed 150,000 Nebraska kids correlates to roughly \$32 million in potential economic activity with retailers in our state. In a business sense, the ROI is extraordinary. To walk away from this opportunity to backstop our children is deplorable. With food banks, food pantries, and other anti-hunger relief groups facing record breaking numbers turning, turning to them for assistance, we need action from our state leaders. Summer EBT is a commonsense, evidence-based policy for addressing childhood hunger and food insecurity. I urge you to support LB952 and create Summer EBT here in Nebraska to ensure our children have the vital nourishment they need. If the state chooses not to participate, the decision will have a ripple effect on food banks and food partners-- pantry partners that are already struggling to address the ongoing need. I appreciate the opportunity to speak with you today and happy to answer any questions that you may have.

**HANSEN:** All right. Thank you. Are there any questions from the committee? Answer me, maybe, hopefully a simple question.

**BRIAN BARKS:** I'll try.

**HANSEN:** What is food insecurity?

**BRIAN BARKS:** Food insecurity is kind of a-- it's a fancy way of saying that a family or a person does not have the resources necessary to put healthy food on-- healthy food on the table.

**HANSEN:** OK. I just-- I, I hear it often and I just never have a definition where--

**BRIAN BARKS:** Sure.

**HANSEN:** --I'm kind of curious, like, are they-- is it like an average child gets 1 meal per day? Do they get 2 meals per day? I'm just trying to quantify, I think, when people use the term food insecurity, exactly what that means because I've had people ask me that as well and I just-- I don't know how to answer that.

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**BRIAN BARKS:** Yeah, it's basically just not having the resources at any point in time not to be able to provide a healthy food--

**HANSEN:** OK.

**BRIAN BARKS:** --a healthy meal and put it on the table.

**HANSEN:** Perfect. Thank you very much.

**BRIAN BARKS:** You bet.

**HANSEN:** All right. Seeing no other questions, thanks.

**BRIAN BARKS:** You bet.

**HANSEN:** Take our next, next testifier in support, please. Welcome.

**MICHAELLA KUMKE:** Hi. Good afternoon, Chairperson Hansen and members of the Health and Human Services Committee. My name is Michaella Kumke. That's spelled M-i-c-h-a-e-l-l-a K-u-m-k-e. As president and CEO of the Food Bank of Lincoln, I am here in support of LB952. As I speak today, my team conducted school food markets, a food distribution for children at 3 different schools. More than 500 children were fed in a single afternoon. Per month, more than 6,000 school children at 115 school sites in our 16-county service area participate in our child hunger programs. When school is out, we all feel the weight of concern, the weight of social responsibility. A school resources coordinator recently told me a first grader approached her and said, Miss Linda, I can't think because I'm too hungry. She continued by confessing that for her, there is no worse feeling than knowing she didn't meet the needs of a kid by being able to provide food. She's an educator and she feels the responsibility for this work. Social and fiscal responsibility are 2 reasons I'm here today. When the final school bell rings and summer begins, it can be especially challenging for approximately 150,000 children in Nebraska to access the food they need to thrive, grow, and just be kids. These kids give me an additional 150,000 reasons to speak up today. At the Food Bank of Lincoln, we managed 31 Summer Food Service Program sites last summer. In these 3 months of programming, we served 92,876 meals to children. For perspective, consider the record-setting attendance of Volleyball Day in Nebraska that filled Memorial Stadium last August, 92,003 attendees. However, Summer Food Service alone cannot meet the need that exists. When the Governor stressed the value of programs like the Summer Food Service Program because they bring children into shared spaces of community and safety, I agree with him wholeheartedly. You

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and I also enjoy meals and community, and sometimes the company is interesting, sometimes it's great, but we also get the opportunity to share meals on our own. Our meals in social settings aren't it for us and they cannot be the only meals for children facing hunger. It's misleading and irresponsible to suggest that we can only offer SFSP or Summer EBT. Both are opportunities for us to show up for kids. As Brian said, the ROI is obvious. A \$423,988 investment for \$32 million in estimated impact is basic business sense. We've seen an increase of 132% in the average number of households served per month. We cannot sustain this level of care. This is a problem for which we must find solutions. Your vote to move LB952 out of the committee demonstrates you understand your responsibility to children, your role on this team committed to meeting children's basic needs. We have a share in the social and fiscal responsibilities of our work because we share in the responsibility and the stability of Nebraska. We have a lot of reasons to be proud in this state. Advancing this bill would give us one more. Please support LB952. Thank you.

**HANSEN:** Thank you. Any questions from the committee? Senator Ballard.

**BALLARD:** Thank you, Mr. Chairman. Thank you for being here. It's good to see you again.

**MICHAELLA KUMKE:** Thank you for representing the Food Bank of Lincoln in your district.

**BALLARD:** I appreciate that. Just [INAUDIBLE]-- in your opinion, what do you think the cause in dramatic increase is? Is it-- is it inflation-- or for, for people coming to, to-- for your services, is it inflation, housing costs, or is it just everything?

**MICHAELLA KUMKE:** Yeah, there's not a single reason. It's a multitude of reasons for folks.

**BALLARD:** OK. And you've seen a, a dramatic increase year over year or has it just been-- it spiked since, since 2020, since COVID?

**MICHAELLA KUMKE:** We've-- since 2018, we've seen the 132% increase in average monthly households served.

**BALLARD:** OK. Thank you.

**MICHAELLA KUMKE:** So that's pre-COVID--

**BALLARD:** Yeah.

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**MICHAELLA KUMKE:** --we've seen a rise. Yep.

**BALLARD:** Thank you.

**HANSEN:** Any other questions? Senator Riepe.

**RIEPE:** Thank you, Chairman. I guess I have a question. Not too long ago we've tried to increase some on minimum wage, has that made any impact or is it all due to costs of--

**MICHAELLA KUMKE:** That only went into effect this year, right?

**RIEPE:** --food just go right up with the cost or minimum wages-- or just minimum wages I know, picking on one, some fast foods are now paying \$15 or more an hour. Not that that's a living wage. I'm not saying that. I'm just saying I'm not sure that those workers get an advantage, because same time that their income goes up so do their expenses, be it insurance, be it-- even health insurance. I'm embarrassed to say that. Thank you.

**MICHAELLA KUMKE:** Yeah.

**RIEPE:** I don't have an answer.

**HANSEN:** Any other questions?

**MICHAELLA KUMKE:** You may not have an answer, but you have power.

**RIEPE:** Oh, thank you.

**MICHAELLA KUMKE:** Um-hum. [LAUGHTER]

**HANSEN:** You shouldn't have told him that. [LAUGHTER]

**MICHAELLA KUMKE:** You all have power.

**HANSEN:** Thank you. Take our next testifier in support, please.

**KATIE NUNGESSER:** Thank you, Chairperson Hansen and members of the Health and Human Services Committee. My name is Katie Nungesser, spelled K-a-t-i-e N-u-n-g-e-s-s-e-r, and I'm here representing Voices for Children in support of LB952. Nebraska has an opportunity in the Summer EBT to address the nutrition gap that school-aged children face during the extended break from school. While our state currently participates in the USDA Food Service Program, it's imperative to acknowledge the existing challenges that hinder its effectiveness,

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particularly in reaching the most vulnerable children. While it's true that the agencies hosting these sites are commendable in their efforts, the data is paint-- the data is painting a stark reality. According to the 2022 FRAC Report, Nebraska ranks among the top states with the lowest success rates in connecting hungry children with meals over the summer. Astonishingly, only 9% of food insecure children in Nebraska were connected to summer meal sites. The existing summer meal programs face considerable limitations. Strict federal guidelines, logistical challenges make it difficult to operate efficiently, especially in our rural and remote areas of Nebraska. Beyond the metros, meal sites are sparse creating a significant accessibility gap. In instances where children are not already enrolled in childcare or camps or community centers, connecting with meal sites can be an uphill battle. And the, the reality is that parents are often at work during the day and it's compounding the issue. Children are left without an adult in the summer to transport them struggling-- which makes them struggle to access essential nutrition resources. For example, families in rural areas may have to travel to another town in their county to connect with a summer meal. LB952 provides a tangible solution to bridge this nutrition gap. We can reach children who are currently slipping through the cracks of our existing initiatives. This approach empowers families, especially in rural and underserved areas, by providing them with the means to access those meals during critical summer months. I'm urging the committee to consider the food insecurity facing our state's children and the potential of LB952 to make a significant impact. By supporting Summer EBT, we can demonstrate our commitment to the well-being of Nebraska's youth and pave the way for a healthier, more nourished, nourished future. Thank you.

**HANSEN:** Thank you. Any questions from the committee? Senator Ballard.

**BALLARD:** Thank you, Mr. Chairman. Thank you for being here.

**KATIE NUNGESSER:** Yeah.

**BALLARD:** Good to see you again. I probably should ask the introducer, but is this a new program, Summer EBT?

**KATIE NUNGESSER:** Somebody behind me might have more information. I do believe it's been piloted for a while.

**BALLARD:** OK.

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**KATIE NUNGESSER:** But I will leave that-- I think there's some better experts--

**BALLARD:** Thank you. I appreciate it.

**KATIE NUNGESSER:** --coming up behind me.

**HANSEN:** Any other questions? Seeing none, thank you. Take our next testifier in support, please.

**ALICIA CHRISTENSEN:** Hello.

**HANSEN:** Welcome.

**ALICIA CHRISTENSEN:** Hi, Senator Hansen and members of the HHS Committee. I was just trying to think of what to say because I feel like Brian Barks looked over my shoulder and stole all of my testimony, but. So my handout will reiterate many of his points. And so I will just reiterate that another benefit of this program, aside from the obvious one of feeding children, is that it funnels federal money directly into our local grocery stores across the state. And so that's millions of dollars for our community and I think that that could do a lot of good as well. Senator Ballard, was that-- your question was, if I recall, I could maybe speak to that-- the preexisting nature of the Summer EBT Program. So it was initially piloted in 2011 by the USDA. And they ran several-- a demonstration project which was then expanded until about 2016. And it went into full implementation in some way spurred by the pandemic to address the food security needs that stemmed from that. But the research that we have that supports the nutritional outcomes and the, the way it lifts children out of hunger are all sort of supported by both the pandemic-era program and that preexisting piloted program. So it was already sort of an idea in the works before it was made permanent last year, I think, or maybe late 2022, so. But I just wanted to be on the record to say that as-- in representing Together, I-- we support this, this bill and I didn't spell my name or anything.

**HANSEN:** I was just going to-- I was going to remind you.

**ALICIA CHRISTENSEN:** You were nice and not interrupt me either.

**HANSEN:** Yeah, I was waiting until you were done.

**ALICIA CHRISTENSEN:** See, I really got flustered about just having this whole thing just thrown out. Apologies. Alicia Christensen,

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A-l-i-c-i-a C-h-r-i-s-t-e-n-s-e-n. And I can take any questions. I'm sure I can just leave now.

**HANSEN:** OK. Are there any questions from the committee? There aren't none. Thank you very much.

**ALICIA CHRISTENSEN:** Thank you so much.

**HANSEN:** We'll take our next testifier in support, please.

**KARLA LESTER:** Good afternoon, Senator Hansen and committee members. I am Karla Lester, K-a-r-l-a L-e-s-t-e-r. I'm Dr. Karla Lester, board certified pediatrician, proud fellow of the American Academy of Pediatrics, and member of the Nebraska Chapter. I'm a member of the American Heart Association's legislative committee. I'm founder of Teach a Kid to Fish, a nonprofit I started in 2007 to address the epidemic of childhood obesity. I'm a proud former board member of the Food Bank of Lincoln for 9 years, which is the first place I shared my own story of growing up with child hunger and food insecurity. Food insecurity is you don't know if or when you're going to eat that day. As a kid, you have no control over it. My mom had 3 jobs at one time. A study in the Journal of Nutrition shows that children receiving free or reduced priced school lunch have higher food insufficiency rates in the summer. When schools are closed, kids lose access to the healthy meals and they're at higher risk of food and nutrition insecurity. Summer EBT is based on USDA Summer EBT for children demonstration projects in Pandemic-EBT, which have proven to reduce child hunger and improve diet quality. So that's like the-- I'm a CEO founder of Pediatric Health Innovations Digital Health Entrepreneur, a nonprofit. And that's what most people know me as. So this is amazing beta testing that we need to scale. It's such a missed opportunity with amazing ROI. It's like a gift being handed to us. I fully support LB952 as a community pediatrician in Nebraska for nearly 23 years and child nutrition advocate as a needed and imperative measure of support for the 150,000 children in Nebraska. Children who grow up with hunger and food insecurity face many risks, including poor health and nutrition, affecting their physical and emotional growth and well-being, not to mention their mental health. Children and teens are in the middle of a mental health crisis. Let's not fool ourselves. The USDA research shows that providing families with summer grocery benefits reduces child hunger and supports healthier diets. It decreases stigma and shame. I'm 55 years old, I'm probably one of the highest resource people in this room. My husband's a physician. I am just now able to share my story of child hunger and food insecurity.

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There is so much shame and stigma that comes from it. This program alleviates that. There was a recent study that showed that teens with food insecurity had much higher rates of metabolic diseases, such as nonalcoholic fatty liver disease. That's the work that I do now, is I prevent metabolic diseases so that adolescents do not arrive into their young adulthood with the burden of diseases like Type 2 diabetes and nonalcoholic fatty liver disease. Food scarcity contributes to binge eating when food is available. I understand fully that these programs are well-utilized in communities throughout the state. Programs like the Food Bank, but they're not enough. As a founder of a nonprofit which addresses childhood obesity, it's clear that food insecurity and child hunger contributes to health disparities, worsened, cemented cracks during the pandemic. Feeding children is the first step always. The Summer EBT Program allows the purchase of healthful foods with the power of autonomy of choice. I actually have an '80s mixtape with Dr. Carla radio show, and I played epic '80s radio love songs this week, and I talked about my experience with food insecurity. And so you should listen to it. But the, the deal is that hunger pain is one thing. It's physiologic. But the emotional toll that not having your basic needs being met takes on your health and well-being lasts even into adulthood is one of the measures of Aces, Adverse Childhood Experience, is for. The Summer EBT Program allows for the purchase of healthy foods, giving the autonomy-- it's a win for grocers, for the health of Nebraska children, for families, but most of all for the well-being of children. And I don't care about anything else at this point in my life. So let's send the message to children in Nebraska that they deserve and are worthy of nourishing food every day of their lives. Thank you.

**HANSEN:** Thank you. Are there any questions from the committee? I don't see any. Thank you very much.

**KARLA LESTER:** OK. Thank you.

**HANSEN:** We'll take our next testifier in support, please. Welcome.

**TOM VENZOR:** Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Tom Venzor, T-o-m V-e-n-z-o-r. I'm the executive director of the Nebraska Catholic Conference, which advocates for the public policy interests of the Catholic Church and advances the gospel of life through engaging, educating, and empowering public officials, Catholic laity, and the general public. Access to food cannot be reduced to a purely economic question, even if economic and financial considerations are prudent

for thoughtful public policy deliberations. While we may not often think about food in moral terms, provision of food is indeed a moral issue. As the U.S. Conference of Catholic Bishops have noted: Food sustains life itself. It is not just another product. Providing food for all is a gospel imperative and not just another policy choice. This gospel imperative to provide food to the hungry, as we hear in the 25th chapter of the Gospel of St. Matthew, is ultimately rooted in the dignity of the human person. Again, to draw from the U.S. Bishops' teaching on food access: The dignity of every person must always be respected because each person is a precious child of God. In light of our commitment to the right to life of every person, we believe all people also have basic rights to material and spiritual support, including the right to food which are required to sustain life and to live a truly human existence. This clear commitment to the dignity and value of every human life must be reflected both in individual choices and actions and in the policies and structures of society. The imperative of meeting the needs of the hungry, of course, is a responsibility that falls not only to each and every one of us as individuals, but it is also a responsibility for other forms of community and society, such as a family, religious organizations, private associations, and governmental entities. Each of these cells of society play a complementary, yet unique, role in addressing what Pope Francis has called the "scandal of hunger." Being confronted by this scandal should challenge our personal and social consciences in order to achieve a just and lasting solution to hunger. This imperative of meeting the needs of the hungry is all the more important when we are talking about children who are in need of food access. Through the work of Catholic schools and parishes, in addition to the work of our social service agencies, Catholic Charities of Omaha and Catholic Social Services of Southern Nebraska, the church is uniquely situated to see and understand food needs across the state. While some places throughout the state are providing more robust access and ready access to healthy food options, the fact of the matter is that far too many places in our state lack the same access. This is most true of our rural communities. While food pantries or summer meal programs offered through schools are an excellent resource for hungry students, these are necessary but not sufficient resources to meet the needs we see on a daily basis. For this reason, Senator Day's LB957 [SIC] is an important element to meeting the food insecurity needs of Nebraska students across the state. When we are looking to combat hunger, we have to look-- think holistically about the various mechanisms at our disposal, whether it's SNAP, food pantries, school meal services, summer EBT programs, or just simply

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providing another person in need a meal from our own abundance. So we appreciate Senator Day's continued advocacy on food assistance legislation, as well as Senator Aguilar's designation of LB957 [SIC] as his personal priority, and we urge you to send this to General File. Thank you for your time and take any questions.

**HANSEN:** Are there any questions from the committee? I have, like, 1 question, I think.

**TOM VENZOR:** Sure.

**HANSEN:** If you could expound on something a little bit more.

**TOM VENZOR:** Yeah.

**HANSEN:** You mentioned through the work of Catholic parishes, in addition to the work of our social service agencies. Can you expound on what exactly the Catholic Church does to help with hunger?

**TOM VENZOR:** Yeah. So-- well, for example, so the church in Nebraska is split up into 3 regional territories: Archdiocese of Omaha, Diocese of Lincoln, Diocese of Grand Island. And the Archdiocese of Omaha and the Diocese of Lincoln both have their own social service entities. Catholic Charities of Omaha, which serves Omaha and northeast Nebraska. And then Catholic Social Services of Southern Nebraska represents everything below the Platte River. And so, so, for example, for Catholic Charities, the last data point I had, a couple years ago for that year they did 2.1 million pounds of food in their region and they were serving hundreds of thousands of people with food assistance needs. For Catholic Social Services, they were doing about-- they were doing about 612,000 pounds of food assistance throughout that, that whole southern Nebraska region and, and, in particular, the Hastings branch has multiple food routes that they do on that southwestern part of the state, you know, multiple times a week. So, so that's just the work of the social service agencies. Of course, at the parish level as well, you have-- a lot of parishes have-- they might have food pantries or they might have things like the St. Vincent de Paul Society, where they have groups of parishioners who are coming together to, you know, provide for the mean-- for, for the needs of people in their community, whether it's fellow parishioners or people outside of the church community. So, again, there's not a lot of-- there's not a lot of data points, you know, for what the parishes are doing, you know, at the local level. And then, of course, our schools as well, maybe in partnership with, like, the-- with the parish or St.

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Vincent de Paul or with maybe, like, a Catholic Social Services, you know, they're also providing food bags, you know, for students who are in need. So, you know, at the end of the day on-- like, for example, the parish I'm at-- on the end of the day on Wednesdays, there's food bags that are available for families who need, you know, more food to get through the week. So that's just kind of a snapshot. Some of it's, you know, more our anecdotal experience of seeing this every day, but then some of the data points as well of what we're trying to do. And our, our point really is I think on these bills is we're doing everything we can do. And I think a lot of other people in this room are doing everything we can do. But this is a place where there's a complementary role between what we're doing on the private side of things and what needs to be done also on the public side of things through, like, governmental programming, so.

**HANSEN:** Sure. Awesome. Thank you very much.

**TOM VENZOR:** All right.

**HANSEN:** Senator Cavanaugh.

**M. CAVANAUGH:** Can I just make a plug since Senator Riepe just reminded me, when we were talking about the loaves and fishes that, at least in Omaha, we have upcoming fish fries, the Catholic Churches, and I believe the news outlets got the, the list wrong last year. But my brother, being the good public servant that he is, has made sure that Holy Name is, in fact, on the list this year, which is an oldie but goodie, so--

**TOM VENZOR:** There you go.

**M. CAVANAUGH:** --just needed to make that plug.

**TOM VENZOR:** Fish fries will abound everywhere, so. Yep. Thank you for that.

**M. CAVANAUGH:** Thank you for being here.

**TOM VENZOR:** Yep. You bet.

**HANSEN:** Seeing no other questions, thank you very much.

**TOM VENZOR:** All right. Thank you for your time.

**HANSEN:** We'll take our next testifier in support, please. Welcome.

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**KERI SMITH:** Hello. Hello, Chairperson Hansen and members of the committee. My name is Keri Smith, K-e-r-i S-m-i-t-h. I'm a long-term caregiver, single mother of a 14-year-old, and an Omaha resident. I'm here today to share my support for the Summer EBT Program and the bill, LB952, which would make Summer EBT an option for Nebraska families like mine. Getting enough food for myself and my son has been a challenge for most of my life. My son has albinism and autism, which has limited my ability to work while raising him, especially when he was younger. As a sole provider for our household with a child who has special needs, I have constantly had to choose between working to financially support my son and staying home to care for him. When I first got P-EBT, it was a welcome surprise. I had to look up what it was for, and once I learned about it, it came as a big relief. So I was grateful to have a bit more money to make sure my kid would have food, especially towards the end of the month when all my resources are running low. My son is a growing boy and needs a lot of food. At 14 years old, he's hungry all of the time. P-EBT helps me be able to grab the necessities when my son and I would otherwise go hungry. My son currently gets free school meals. This helps make sure that he's well-fed even when my budget is tight. The summer months are the hardest because we have to make do without that resource of school meals. Summer EBT would be such a help to make up some of the differences within our household expenses. Having the flexibility to buy groceries helps me make sure I can meet my son's sensory needs, and makes all the difference for keeping my child happy and healthy. All I can say is these kids have weathered COVID and have been resilient through a global crisis. They're isolated, scared, and unable to grow up with the normal childhoods like the rest of us had. The least we can do is support them now by making sure they have enough to eat. Summer EBT is a great way to support families like mine and the many other families in Nebraska who can use this support. I ask you to please support LB952 by voting it out of the committee. Thank you.

**HANSEN:** Thank you for coming here.

**KERI SMITH:** Um-hum.

**HANSEN:** So you're, you're telling me 14-year-old boys eat a lot of food?

**KERI SMITH:** Yes, all the time. Always hungry, Mom.

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**HANSEN:** I remember the days. Are there any questions from the committee? Seeing none, thank you for coming.

**KERI SMITH:** Thank you.

**HANSEN:** All right. We'll take our next testifier in support. Welcome.

**GARRET SWANSON:** Hi. My name is Garret Swanson, G-a-r-r-e-t S-w-a-n-s-o-n, and I'm here on behalf of Holland Children's Movement in support of LB952. Summer P-EBT is a program launched by the passage of the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. The purpose of this program, program is to provide monetary benefits to families that qualify for free or reduced lunches in school that can no longer access those meals during the summer break. Other nonprofits and citizen testifiers have commented on the many ways-- many benefits of Summer P-EBT, but for my testimony, in particular, I want to add a more personal element. Nebraska launched its Summer P-EBT Program in September of 2021. During this time, I was the Public Information Officer for the Department of Health and Human Services Division of Children and Family Services. In this role, I had a firsthand look at the deployment of this program in the state. I wrote press releases announcing the program, edited and published factsheets written by our staff, communicated to the press how this program was being rolled out, and, most importantly, interacted with the families that receive these benefits. Since the program launched, I woke up every day to emails from families enrolled in the program across the state. From there, I would troubleshoot if they had problems with their EBT card or if they didn't receive one or I would call them to just listen to their story. Often I would get a crying mother who, through the tears, would explain to me how important this was-- this money was to her, her and her children. From my time at DHHS, I saw that the organization had a great team to administer, administer this program during the pandemic and after. School districts would send lists of students that qualify for free or reduced lunches to the Department of Education, who would then pass these lists onto DHHS to get these EBT cards printed and mailed. The Department of Education and DHHS would hold regular video calls to work out any issues that arises and I was on these calls. As mentioned in the fiscal note, if the Department of Education continues, continues to coordinate with DHHS, administrative costs would go down massively. Although I no longer work for DHHS, nor do I speak for them at this time, judging from my time at DHHS I firmly believe the infrastructure is in place to effectively administer this program without significant cost to the state. We thank Senator Day for

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introducing, introducing this bill and urge it to be voted out of committee. And, again, I want to emphasize I'm not here on behalf of DHHS and things may have changed since I left.

**HANSEN:** All right. Thank you for coming to testify.

**GARRET SWANSON:** Thank you.

**HANSEN:** Are there any questions from the committee? Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Thanks for being here. And thank you for that important background information on how this has worked in the past. DHHS, I don't see them.

**GARRET SWANSON:** I did see them.

**M. CAVANAUGH:** You do.

**GARRET SWANSON:** Yeah.

**M. CAVANAUGH:** They're going to testify. They did submit a letter online. So it would be helpful to know if-- what, if anything, has changed. But I do appreciate your historical knowledge that you brought to us today and for the work that you did during the pandemic.

**GARRET SWANSON:** Yeah. I wish we could be bringing back Child Care P-EBT, too. If-- we all remember, actually, Summer P-EBT is just one-half of pandemic P-EBT. The other half is Child Care P-EBT, which is unfortunately not coming back, so.

**M. CAVANAUGH:** Well, thank you, Mr. Swanson.

**HANSEN:** All right. Seeing no other questions, thank you for coming. We'll take our next testifier in support of LB5-- LB952. Welcome.

**REVA EVANS:** Thanks. Good afternoon, Chairperson Hansen and members of the Health and Human Services Committee. My name is Reva Evans, R-e-v-a E-v-a-n-s, and I am the program coordinator of Heartland Family Service Therapeutic School on the Omaha campus. Our therapeutic school focuses on academic and social emotional learning for students who are experiencing mental health and psychiatric problems. Students are referred by their local school districts when they're not finding success at their home school. One of the things we find with the overwhelming majority of students we serve is that they are food insecure. For many of us, it's hard to imagine what it must be like to

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only eat 1 meal or 2 meals a day, and to have our access to food contingent on the days that we are able to be in school. But we know that that's the case for 1 in 8 children in Nebraska. This is exactly why we have free and reduced lunch programs. It's the same reason that many schools offer breakfast to students before school. Academically, it makes sense because children and youth are unable to learn or achieve much academically if they're hungry. Many of our-- many of us are familiar with Maslow's Hierarchy of Needs, and I see this play out every day. When students are hungry, they can't focus on math. When they're worried about how they will eat over the weekend, it's hard to feel safe, and it's hard to focus on a story that the teacher is reading. This is impeding learning substantially. Our students want to learn. They actually really love to learn. Research shows that kids do well if they can. They just need the right tools and they need to be able to focus. Research also shows that children that live in, in poverty typically are 2 academic years behind their peers. A lot of this is because of what's happening or does not happen to children during the summer. People that live above the poverty line are likely to be able to take their children to parks, libraries, and museums, on trips, and keep them interacting with their peers. People that live at or below the poverty line are less likely to have family trips, go on outings, and to have their learning continued throughout the summer. It's appalling that our state would like to add that they will also be unable to feed their children. Not only is it unethical, but it doesn't make financial sense. \$18 million in EBT from the federal government will prevent our state from having to deal with expensive problems associated with families choosing between groceries or electricity, food or gas, meals or medication. Going back to my work, I have extraordinary staff who go above and beyond to donate food, gift cards, transportation or rides to food pantries to make sure the students are taken care of while some of my families are struggling to feed their own families. Two-thirds of the students in our elementary room face food insecurity on a consistent basis. Our program focuses on emotional regulations. Most adults I know struggle to manage their emotions when they're hungry. Now imagine being 7, hungry, and being given instructions to do something that you already-- it's already hard for you to understand. Now for our students, you would also add having a learning disability or a mental health diagnosis. The students and families that are part of the therapeutic school are fortunate enough to get the extra support from our staff but, frankly, it should not fall under the umbrella of duties of our staff to feed the children, not when there are resources available by the federal government that would grant the students' ability to eat. So for these

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reasons, I ask you to vote LB952 out of the committee and into law, so. I'd be happy to answer any questions.

**HANSEN:** Thank you for coming. Are there any questions from the committee? All right. Seeing none, thank you. Take our next testifier in support.

**MARGARET WINTON:** Good afternoon, Chair Hansen and members of the Health and Human Services Committee. My name is Margaret Winton, M-a-r-g-a-r-e-t W-i-n-t-o-n, and I'm here today as one of the project managers for the Omaha Farmers Market in support of LB952. For 24 weeks every year from early May to mid-October, our vendors set up every Saturday in the Old Market and Sunday in Aksarben Village to sell a variety of locally sourced products. We are a primarily green market, meaning we give priority to produce vendors and, as a result, the majority of our 90 Saturday vendors and 120 Sunday vendors sell fresh fruits, vegetables, and herbs. As you can probably guess, part of our mission at the Omaha Farmers Market is to provide access to locally grown produce and locally sourced products. One aspect of this mission is achieved by working with the vendors themselves and providing them a space to sell their goods, resulting in a consistent income source for the 24 weeks that we operate the markets. Another aspect of this mission is that both of our markets are able to process the USDA SNAP Program through EBT cards. EBT transition-- transactions are essential to both our customers and our vendors. Customers are able to use their EBT cards at the markets to purchase these locally sourced fresh fruits, veggies, herbs, and other SNAP-eligible items like meats, cheeses, breads, and more. We also participate in the Double Up Food Bucks program, where we match up to \$20 of EBT for each customer. That means if someone spends \$40 of EBT funds at the market, then we, the Omaha Farmers Market, give them an additional \$20 on top of that for a total of \$60 to purchase fresh produce. During our 2023 season, we processed over 650 SNAP transactions between the 2 markets. That equates to over \$15,000 in SNAP benefits between the markets and an additional Double Up Food Bucks amount of nearly \$11,000. That's approximately \$10,000 more than even 5 years ago during our 2018 season, and we've seen an average of a \$2,000 per year increase in benefits awarded since then. If a family of 3-- if a family with 3 children enrolled in the Summer EBT Program or just shop at the Omaha Farmers Market once a month using even half of the \$40 per month per child and our Double Up Food Bucks program, it would result in approximately \$360 towards fresh fruits, vegetables, herbs, and other SNAP items. While that might not seem like a lot, it makes a world of difference to the 1 in 9 children currently experiencing food

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insecurity throughout the state. The proposed \$18 million in annual Summer EBT funds will go a long way to ensuring children in Nebraska receive access to the nutritional foods they need to thrive. We see plenty of families visit the Omaha Farmers Market and take advantage of our ability to process SNAP and Double Up Food Bucks, and we want to continue supporting any and all Nebraskans struggling with food insecurity regardless of whether school is in session or not. Thank you.

**HANSEN:** Thank you. Are there any questions from the committee? I have one question. Like, is there anything they can't buy at a farmers market?

**MARGARET WINTON:** Yes. So for SNAP-eligible items, that's, you know, fruits, vegetables, herbs, breads, cheeses, anything that you can use your funds at, at the grocery store, it translates in the farmers market. Prepared foods, in the sense of like a hot food item, not so much. But you can still buy a brownie, you can buy a pastry, that type of stuff, so. Pretty much anything you can purchase at the grocery store using EBT SNAP, you can do that at the farmers market.

**HANSEN:** OK. All right. Just curious. And seeing no other questions, thank you very much. Take the next testifier in support, please. Welcome.

**ERIC SAVAIANO:** Thank you. Afternoon, Senators. My name is Eric Savaiano, E-r-i-c S-a-v-a-i-a-n-o, and I'm the economic justice program manager for food and nutrition access at Nebraska Appleseed. Nebraska Appleseed is a nonprofit, nonpartisan legal advocacy organization that fights for justice and opportunity for all Nebraskans here in support of LB952. I won't repeat what we've heard today already, but I will say that Nebraska Appleseed staff have been working on this issue since it was passed into federal law in 2022 at the very end of it. I was actually just at a conference in Baltimore where the 35 states who have agreed to participate in this program for this next year are discussing implementation of the program just this-- a couple of days ago. So we do know a bit about the implementation and what it would look like so happy to answer questions about that. I'll also say that we work in partnership with the Department of Education on a lot of issues, including child nutrition programs. Specifically, the Summer Food Service Program is something that we worked on for 5 years. I'm jumping around quite a bit in the written testimony, just so you know. So, again, we know quite a bit about the Summer Food Service Program as well. One thing

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I'll point out on the testimony is on page 4, at the very back, you'll see the list of Summer Food Service Program counties that are not-- that are not served by a Summer Food Service Program. There are 43 out of 93. So that's something you can review and look at your district. The other thing I wanted to mention was that Summer EBT is not-- it has been said that it is a pandemic program. However, Summer EBT has been piloted as a-- as a program that stands on its own since 2011. One specific thing that may not have been mentioned yet is that when tested in these test states, very low food insecurity for children was reduced by one-third. So Pandemic-EBT was the chance for the state and the nation to test this out on a nationwide, statewide scale. But this program, while it looks a lot like it, is something that is permanent and states-- 35 other states have committed to it for this next year. We'd like to be one of those. Following the release, the public refusal of the Governor to accept Summer EBT in December, Nebraska Appleseed circulated a petition for about 9 days, including the Christmas and Christmas Eve holidays, and we actually received-- in that time, we received 6,144 signatures in comments from 230 Nebraska communities all over the state. So in your testimony that I, I supplied it has a map of those as well as a breakdown of the communities. Happy to talk more about that or send digitally as well. I'll also say we printed it out for this, not a prop, but it is something that printed on 220 pages at eight point font, half an inch borders is something that happy to share with this, this committee as well. Pass it into the clerk when I'm done with this. Want to make sure you saw it. Finally, 500 commenters were from teachers pleading with the Governor to accept these funds. These are folks on the ground working with students every day and seeing what food insecurity actually looks like. So I am happy to answer any questions you have. Thank you very much.

**HANSEN:** Thank you. Are there any questions from the committee? Senator Ballard.

**BALLARD:** Thank you, Chairman. And thank you for being here. And I apologize to the committee if they dealt-- I think they dealt with this a few years ago, but can you tell me why it's 185% poverty level to qualify for EBT? Do they take housing costs into that or--

**ERIC SAVAIANO:** No, the, the eligibility for Summer EBT is the same eligibility for free or reduced price meals through the national school lunch programs. So that is federally set, it's been 185 since it was in-- well, since it was created.

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**BALLARD:** OK.

**ERIC SAVAIANO:** And so it just captures families that when it was created 50, 75 years ago, I believe, they thought could use this-- the help.

**BALLARD:** OK. I, I was just curious. I-- if you could guess what either the federal government does what they do, you-- but--

**ERIC SAVAIANO:** Right, right.

**BALLARD:** --I, I would-- I was just curious why they came to the 85-- in your research, why they came to 185%?

**ERIC SAVAIANO:** I do not know.

**BALLARD:** That's OK. That's OK. Thank you so much.

**ERIC SAVAIANO:** But I could look it up. Yeah.

**BALLARD:** Thank you.

**HANSEN:** Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Thanks for being here--

**ERIC SAVAIANO:** Yeah.

**M. CAVANAUGH:** --and sharing this information. So the \$40-- it's \$40 a month, do you know-- have any background on why it's, it's only \$40 a month? And I say only because if we're reflecting this on the free and reduced lunch program, I know that I have more than \$40 a month deducted from my bank account for my kids' school meals. So can you explain-- can you explain the government's decision [INAUDIBLE]?  
[LAUGHTER]

**ERIC SAVAIANO:** I'd love to. Yes. Well, I'll make an attempt. The Pandemic-EBT Program had a larger allotment for summers. And that, of course, happened for 3 summers during the pandemic. It ended this last summer. There's no more Pandemic-EBT. The last summer of Pandemic-EBT, it went from \$371, I believe, for each kid per summer for those 3 months, down to \$120. I believe your assumption is probably right. This was because of some compromise between the parties in the federal government that lowered that limit. I will say that summers after this one, that number \$120 or \$40 per month will go up based on cost of

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living. And that's built into the program, which is a good thing, we think. But I don't know specifically that answer, just some background for you.

**M. CAVANAUGH:** And were we participating in this program last summer?

**ERIC SAVAIANO:** Yes. So Nebraska took up every opportunity to offer summer-- or Pandemic-EBT benefits.

**M. CAVANAUGH:** So this summer will be the first time since the pandemic started that any free and reduced lunch kids will not have access to additional resources for food?

**ERIC SAVAIANO:** Through the-- through an EBT card--

**M. CAVANAUGH:** Right.

**ERIC SAVAIANO:** --provided by the state. Yes.

**M. CAVANAUGH:** OK. Thank you. Oh, wait. I'm sorry. I have one more question.

**HANSEN:** Sure.

**M. CAVANAUGH:** Sorry. We missed the deadline, the January 1 deadline. It's February 1 now. If we were to mad dash, get this through the Legislature and signed and overridden because one could just assume how that's going to go and enact it into law, can we still apply for this summer?

**ERIC SAVAIANO:** I do not know how USDA would respond to Nebraska's request to do that. It would be a decision-- we have seen them provide waivers for deadlines like this before, though.

**M. CAVANAUGH:** So all hope is not lost, there is a possibility?

**ERIC SAVAIANO:** Yes.

**M. CAVANAUGH:** OK. For this committee to take swift action. Thank you.

**ERIC SAVAIANO:** Yes.

**HANSEN:** Any other questions from the committee? In case I don't get a chance to ask this later.

**ERIC SAVAIANO:** Sure.

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**HANSEN:** What other type of summer food programs do we have? I know we have the Summer Food Service Program. What, what does that entail?

**ERIC SAVAIANO:** Sure. That's the Summer Food Service Program.

**HANSEN:** Yes.

**ERIC SAVAIANO:** Right? OK. So that specific program is run by the Department of Education. It allows sponsors in high-poverty areas, which means 50% or more kids on free or reduced priced meals or 50% of poverty in the area. So sponsors, which could be a library or a school district, any number of organizations can host meal sites for kids 1 to 18 for free. They serve meals. It's all up to them. It's very-- it's voluntary. And kids can attend those sites and get a meal any day where that site is open. So, again, somebody mentioned there were 58 sponsors serving meals last summer, 197 sites around the count-- the-- around the state. And so it's a great program. Sometimes they offer programming. I think the Governor mentioned that in some of his comments as well, and we support that wholeheartedly for sure.

**HANSEN:** All right. Any other questions? Seeing none, thank you very much.

**ERIC SAVAIANO:** Thank you.

**HANSEN:** Take our next testifier in support of LB952.

**CINDY MAXWELL-OSTDIEK:** Good afternoon, Chairperson Hansen and members of the Health and Human Services Committee. My name is Cindy Maxwell-Ostdiek, that's spelled C-i-n-d-y M-a-x-w-e-l-l-O-s-t-d-i-e-k, and I'm a mom and a small business owner and a taxpayer and I'm testifying as a proponent for LB952 to require the Department of Health and Human Services to implement the federal Summer Electronic Benefits Transfer Program. I apologize, my voice is shaking a little bit, but I actually am very angry and I'm having a little trouble with my voice. Nebraskans of good conscience cannot understand why Governor Pillen rejects available federal funds that would help hungry Nebraskans. Our students need this help. And this would infuse so many dollars into the communities across the state. It's well documented the number of summer meal sites have shrunk. So it only makes sense to help families across, across the state find food conveniently and close to home. I stepped out of the hearing for a moment so I apologize if this information was already shared, but I became curious about how many EBT-eligible vendors are spread throughout Nebraska,

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and I came across a resource via the Center on Budget and Policy Priorities. I was surprised to learn there are 1,290 total participating retailers across the state, and divide it out by congressional district, there are 374 in CD 1, 389 in CD 2, and 527 in CD 3 because it is so spread out. I wonder how many retailers are within each of your legislative districts? And not only do we want to ensure our neighbor's children have enough food to eat, but as a business person, I cannot understand why we would reject dollars that would benefit so many retailers and neighbors across our state. I thank Senator Day for bringing this important legislation. I ask you to advance this bill and vote yes to force the administration to bring these tax dollars back to Nebraska. Help our communities, please.

**HANSEN:** All right. Any questions from the committee? Seeing none,--

**CINDY MAXWELL-OSTDIEK:** Thank you.

**HANSEN:** --thank you. All right. Anybody else wishing to testify in support? Anybody wishing to testify in opposition to LB952? All right. Anybody wishing to testify in a neutral capacity to LB952? All right. Easy enough. So we will welcome back Senator Day. And for the record, we did have some-- a few letters. We had 153 proponents and we had 4 opponents and 1 in the neutral capacity.

**DAY:** Thank you for your attention this afternoon. I know this is a longer hearing, but I do have to say this was a really incredible hearing. I-- you never know how these things are going to go. You never know who's going to show up and who's not going to show up. And I think that the, the diversity of the folks that we had that came in today sort of speaks to the support for this program cutting across many, many different demographics politically, socially, culturally. And it also reflects the feedback we've gotten into our office. All of you know, I, I, had the SNAP bill last year. And so when it comes to food insecurity issues, people will often contact my office. So we immediately started getting feedback as soon as the Governor's decision came out. And I can tell you that the information that we got from Republicans, Democrats, Independents in their frustration with the decision that was made and their support for this program was overwhelming. I did want to mention a couple of things about the other alternative program, the Summer Food Service, that you were speaking just a second ago about, Senator Hansen. So I did want to draw your attention to the packets that I handed out at the beginning. On the fifth page, it's the third physical page, but the fifth page where there's actually printouts. You can see where we rank in the country

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in terms of our implementation of that program and how many kids who are in need of it are actually being served by the program. We rank 50th in the nation for the number of kids that need the program and they're being served. Again, that-- that's something that I mentioned in my intro. It has a lot to do with just the geographical demographic of our state. We have a lot of rural areas where these families just simply don't have access to the other program that's run by the Department of Agriculture. And so this would help supplement that. And what this program essentially does is, many of these families already have these summer EBT cards that they use regularly for groceries. This would just load another \$40 on that card per child per month for those months in the summertime when the kids are not in school. Again, it can only be spent on groceries. It's not cash that's given to the parents. They cannot spend it on alcohol or any of these other things that are restricted by the SNAP Program. This is meant to be spent on fresh foods to feed their children, and that's really all that they can spend it on. So I want to make you aware of that. In addition to that, the, the summer food program that's been referenced, multiple times was referenced by the Governor, even if the family can get access to that program, they have a site that's local. They can make it there. They have the time, the transportation to get to access that program. The program only provides 2 meals a day as, as-- which is an alternative to the 3 meals that are provided a day for children on the free and reduced lunch program at school during the school year. So even with access to the program, it is an inadequate amount of food to feed these kids compared to what they're getting during the school year. So really this program is essentially a supplement in a way to the other program to allow many of these low-income families to have enough food and the same amount of food that their kids would be accessing during the school year. And on top of that, as I mentioned earlier, families that just simply don't have access to the other alternative program, the, the money would be directly loaded onto a card. So the access issue is not a problem. Again, the economic benefits of this program are overwhelming. \$18 million in direct dollar benefits, \$32 million impact to the local economy in exchange for about \$400,000 in admin fees. There is no reason not to do it. And, you know, they always say it, it takes a village. And I think that we've become very aware in our feedback that we've gotten in the hearing that we have today in the information that was provided in the online comments that the village that supports this program and wants to feed these children is very large and it's very loud. And I have to make sure that we remember that we are also a part of that village and we are really some of the most powerful members of that village and we

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have to make sure that we are doing our part as well. So I would be happy to answer any questions.

**HANSEN:** Are there any questions from the committee? Senator Cavanaugh.

**M. CAVANAUGH:** Thank you. Thank you, Senator Day. Your, your last comment about us being a part of that village. I think a very wise statesman once said that the role of government is to provide the services that the community cannot--

**RIEPE:** Or will not.

**M. CAVANAUGH:** --or will not.

**DAY:** Exactly.

**M. CAVANAUGH:** And in this instance, the community is showing up today telling us that they cannot.

**DAY:** And many of them do provide those services, it's just not quite enough.

**M. CAVANAUGH:** It's not enough.

**DAY:** It's not enough. So yes.

**M. CAVANAUGH:** So thank you for that. And I also wanted to just point out about what you said about the federal-- the, the other program that the Governor has pointed to but is underfunded.

**DAY:** Yes.

**M. CAVANAUGH:** And, and for rural communities or communities that lack transportation, even though this is a great program, it's not necessarily a feasible program to serve their needs.

**DAY:** Exactly. Inaccessible and underfunded. It doesn't provide an adequate amount of food. We're talking about hungry kids, right? And as it was mentioned by several testifiers, it's not a fault of the children. Their families' finances are not there-- it's to no fault of theirs. That if a program like this doesn't exist to provide some kind of assistance, it's not their fault that they go hungry and they're the ones that end up suffering because of it. And the inaccessibility of the other programs are also not their fault. So it's our job to

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make sure that we're, we're connecting those dots and picking up the slack where we need to be doing that.

**M. CAVANAUGH:** I also wanted to, since the department did not come in, their letter does not say anything about the program that you have brought forward. It talks about other programs, but I just wanted to acknowledge for the record that the department did not come in. They submitted a letter in neutral, and their letter does not even address LB952 in any way, shape, or form so it still continues to be a question in my mind. And as we heard from people today, question in everyone's mind, why aren't we already doing it?

**DAY:** Right.

**M. CAVANAUGH:** So thank you for giving us the opportunity to fix this mistake.

**DAY:** I wish they could have been here today. It would have been nice to hear from them, but I was very happy to see that they were in neutral, so. We know how that goes.

**M. CAVANAUGH:** Well, I appreciate you giving us all the opportunity to correct this mistake.

**HANSEN:** If I could ask one question?

**DAY:** Yeah.

**HANSEN:** And this might be a department question, too.

**DAY:** Sure.

**HANSEN:** But since it was referenced, I think, a few times in people's testimonies that, that graph that you mentioned--

**DAY:** Yep.

**HANSEN:** --that we're 50th, does that include the summer-- food summer works program?

**DAY:** Are you talking about the Department of Agriculture, the summer food nutrition?

**HANSEN:** Yeah, the one the state-- the one we were talking about that the state provides for summer programs.

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**DAY:** Yes, that, that is the program that we rank 50th in.

**HANSEN:** OK. OK, that must be the Summer Food Service Program.

**DAY:** Yes, Summer Food--

**HANSEN:** OK. All right.

**DAY:** Yes.

**HANSEN:** Because I was-- I was looking at it, like, what, what they include in their, their analysis here and it's the Summer Food Service Program and the National School Lunch Program. So I didn't know if that summer food--

**DAY:** Food--

**HANSEN:** --summer works-- summer--

**DAY:** Summer Food--

**HANSEN:** --[INAUDIBLE] was a part of that or not.

**DAY:** I'm not sure. I'm-- I guess I'm not sure exactly what you're talking about.

**HANSEN:** Because that would affect our, our ranking. So that's why I'm kind of curious. It might, it might not, but the department--

**DAY:** But I think the point is, is that we're not doing a very good job of feeding kids and that's very clear and it's articulated.

**HANSEN:** Yeah, I'm not-- I'm not going to argue with that, that stuff, I was just kind of curious for clarification sake, so.

**DAY:** Yeah.

**HANSEN:** OK. Cool. Any other questions? Seeing none, thank you very much.

**DAY:** Thank you.

**HANSEN:** And that will conclude our hearing on LB952. You don't have to worry about that. Yeah, there's no letters. But I, I just realized I didn't-- I didn't open for the bill yet.

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**HARDIN:** Welcome.

**HANSEN:** Ready?

**HARDIN:** Sure.

**HANSEN:** All right. Good afternoon, fellow members of the Health and Human Services Committee. I'm Senator Ben Hansen, that's B-e-n H-a-n-s-e-n, and I represent the 16th Legislative District. I'm here to introduce LB1214, a Health and Human Services Committee bill. LB1214 will amend Nebraska Revised Statute 38-131 to reflect additional changes requested by the Federal Bureau of Investigation regarding national criminal background checks on certain critical healthcare workers. As you remember-- you may remember from last session, LB431 also addressed required changes to Nebraska Revised Statute 38-131, which we successfully incorporated into the Health and Human Services Committee priority bill. LB1214 addresses additional concerns raised by the FBI by removing a blanket statement that fingerprints are required for every licensed profession which is authorized to prescribe a controlled substance and specifically list out the same list of professionals. Those professions include physicians, osteopathic physicians, physician assistants, dentists, optometrists, podiatrists, veterinarians, advanced practice registered nurse, nurse practitioners, advanced practice registered nurse certified midwives, or advanced practice registered nurse certified registered anesthetist. LB1214 is another simple fix to ensure that background checks continue in the same manner for the same list of professions as they currently occur. I am happy to answer any questions or I will defer to the Department of Health and Human Services to testify regarding the need for this legislation. Thank you.

**HARDIN:** Any questions? They're speechless.

**HANSEN:** What can I say. All right.

**HARDIN:** Thank you.

**HANSEN:** Thank you.

**HARDIN:** Do we have any proponents for LB1214? Welcome.

**NELEIGH BOYER:** Good afternoon. Good afternoon, Chairman Hansen and members of the Health and Human Services Committee. My name is Neleigh Boyer, N-e-l-e-i-g-h B-o-y-e-r. I am the agency legal counsel for the

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Department of Health and Human Services. I am here to testify in support of LB1214. I would like to thank the Health and Human Services Committee for introducing this bill on DHHS's behalf. The Uniform Credentialing Act subjects several health professions to state and federal criminal background checks as part of obtaining licensure. LB1214 clarifies the language related to national criminal background checks in Nebraska Revised Statute Section 38-131 by articulating each profession, profession. Specifically, this clarification identifies those professions authorized to prescribe controlled substances. All existing processes, requirements, applications, and notifications will remain the same for applicants because the named health professions are already subject to the background checks. These changes are being pursued in response to concerns raised by the Federal Bureau of Investigation regarding the generic language describing these professions in the current statute. LB1214 should address those concerns. The Revised Statute will need to be formally approved by the FBI after it is enacted, and the Department will work with the State Patrol to obtain final approval. We respectfully request that the committee advance the bill to General File. Thank you for the opportunity to testify today and I would be happy to answer any questions about this bill.

**HARDIN:** Thank you. Any questions? Seeing none.

**NELEIGH BOYER:** Thank you.

**HARDIN:** Appreciate it. Anyone else in support of LB1214? Anyone in opposition to LB1214? Anyone in the neutral for LB1214? Would you come on back? He's waving at us. I think he likes us. And this will conclude LB1214.

**HANSEN:** And for today. Senator Hardin, and for today.

**HARDIN:** And we are done for the day.