HARDIN: [MALFUNCTION] --Legislative District 48. And I serve as chair of the committee. The committee will take up the bills in the order posted outside. This public hearing today is your opportunity to be a part of the legislative process and to express your position on the proposed legislation before us. If you're planning to testify today, please fill out one of the green testifier sheets that are on the table at the back of the room. Be sure to print clearly and fill it out completely. Please move to the front row to be ready to testify. When it's your turn to come forward, give the testifier sheet to the page. If you do not wish to testify but would like to indicate your position on a bill, there are also yellow sign-in sheets back on the table for each bill. These sheets will be included as an exhibit in the official hearing record. When you come up to testify, please speak clearly into the microphone. Tell us your name and spell your first and last name to ensure we get an accurate record. We will begin each bill hearing today with the introducer's opening statement, followed by proponents of the bill and opponents and finally anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer if they wish to give one. We'll be using the three-minute light system for all testifiers. When you begin your testimony, the light on the table will be green. When the yellow light comes on, you have one minute remaining. And the red light indicates you are about to be shot through the ceiling. No, just kidding. We will encourage you to wrap up your final thoughts, though. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard. It's just part of the process, as senators have other bills to introduce in other committees. A few final items to facilitate today's hearing. If you have handouts or copies of your testimony, please bring up at least 12 copies and give them to the page. And props, charts, or other visual aids cannot be used simply because they cannot be transcribed. Please silence or turn off your cell phones. Verbal outbursts or applause are not permitted in the hearing room. Such behavior may be cause for you to be asked to leave the hearing. Finally, committee procedures for all committees state that written position comments on a bill to be included in the record must be submitted by 8 a.m. on the day of the hearing. The only acceptable method of submission is via the Legislature's website at nebraskalegislature.gov. Written position letters will be included in the official hearing record, but only those testifying in person before the committee will be included on the committee statement. I'll now have the committee members with us today introduce themselves, starting with Senator Riepe.

RIEPE: Thank you, Chairman. This reminds me of church. Everyone's-- or, most people are sitting in the back row, so. [INAUDIBLE] sort of reflects on it. I'm Merv Riepe. I represent southwest Omaha and the fine little town of Ralston.

HANSEN: Ben Hansen, District 16, which is Washington, Burt, and Cuming and parts of Stanton County.

FREDRICKSON: John Fredrickson, District 20, which is in central west Omaha.

MEYER: Glen Meyer, District 17, northeast Nebraska. That'd be Dakota, Thurston, Wayne, and the southern part of Dixon County.

QUICK: Dan Quick, District 35: Grand Island.

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

HARDIN: Also assisting the committee today: to my left is our research analyst, Bryson Bartels; and to my far left is our committee clerk, Barb Dorn. Sydney Cochran and Tate Smith, both of UNL-- are you still going to UNL, both of you? OK. We'll endorse you then today. They help us out. We really appreciate them. Today's agenda is posted outside the hearing room. And with that, we're going to begin today's hearings with this bill right here. And I'll turn it over to Vice Chair Fredrickson.

FREDRICKSON: Good afternoon, Senator Hardin.

HARDIN: Good afternoon.

FREDRICKSON: You're welcome to open.

HARDIN: Thank you, Vice Chair Fredrickson. And good afternoon, fellow senators of the Health and Human Services Committee. I'm Senator Brian Hardin. For the record, that's B-r-i-a-n H-a-r-d-i-n. And I represent the Banner, Kimball, and Scotts Bluff Counties of the 48th Legislative District in western Nebraska. I'm here to introduce LB376. As chair of the HHS Committee, LB376 is a committee bill that changes and eliminates reports, programs, and services within the Department of Health and Human Services. There are several reports dealing with child support, Medicaid funding and services, child welfare expenditures, YRTCs, developmental disabilities, credentialing of facilities, and behavioral health that are being changed and

eliminated. Also, programs and services such as county office space, palliative care, AABD, and the Spousal Impoverishment program are removed or updated. As the department will explain in more detail, many of these reports, services, and programs are outdated and need to be changed or removed. As a state Legislature, I value the importance of data and solid information in making policy decisions. Reports serve as an important tool of legislative oversight. However, when reports are layered over each other year after year, their importance is diminished. The same goes with programs and services. Programs that are already subject to federal mandates do not necessarily need to be in state law. Many programs and services need to be restructured and brought up to speed with current challenges. LB376 addresses these concerns by cleaning up these inefficiencies and making state government run better. I will defer more detailed questions to the department who will be testifying after me. Thank you.

FREDRICKSON: Thank you, Chair Hardin. Any questions from the committee? Seeing none. Will you be around to close?

HARDIN: I hope to.

FREDRICKSON: All right. We will now take proponents for LB376. Good afternoon.

NICOLE BARRETT: Good afternoon. Hello, Vice Chair Fredrickson and members of the Health and Human Services Committee. My name is Nicole Barrett, N-i-c-o-l-e B-a-r-r-e-t-t. And I am the Director of Legislative Services within the Department of Health and Human Services. I'm here to testify in support of LB376. Thank you to the committee for introducing this bill on behalf of DHHS. At its core, this is a bill about government efficiency, removing antiquated obligations from statute to both allow the department to better focus on its mission of helping people live better lives and to remove a significant mandate on counties. One key component in the bill relates to legislatively required reports. At the beginning of 2024, DHHS anticipated that during the course of the year we would be submitting 71 different statutorily required reports, plus 4 unique reports required to-- pursuant to the budget bill. During the 2024 Legislative Session, six new reports were created in statute, two reports from the budget bill were codified, one had a date change, and two were modified with additional requirements. This brought the grand total for 2024 to 79 unique reporting requirements between statute and the budget bill, with a total of 115 submissions when accounting for monthly, biannual, and quarterly requirements. This average is one

report for every two business days. The sum total for all 115 reports was 1,804 pages. The department understands the need to ensure enacted legislation is properly implemented and that providing updates to the Legislature is an important component in that process. However, in the interest of efficiency of taxpayer resources, it is essential to reevaluate the report list. DHHS is proposing three approaches: eliminate outdated reports; add sunsets to reports that are currently applicable-- i.e. new programs-- so that DHHS can provide program implementation without requiring the report into perpetuity; and for some reports that are current and utilized by the legislative branch, fix due dates that are impossible to meet so that the recipients can realistically know when it will be available. There are 28 reports proposed for elimination, 2 for sunset, and 7 with modifications. That leaves DHHS with 39 unique, statutorily required reports. And I see that I am out of time, but you do have my testimony in front of you.

FREDRICKSON: Well, you are out of time, but please feel free to finish up your testimony.

NICOLE BARRETT: Thank you. There's one report that expires in June, plus four that are required for completion as needed. LB239 does propose to eliminate the sunset date from the one report that currently is expiring. The second part of this bill aligns with the governor's clean the closet idea that he shared during the State of the State address last month. Over the last year, DHHS has compiled the statutory changes included in this bill. They fall into a few categories: eliminating a requirement that each county provide office space to DHHS, removing conflicts with federal law from statute and correcting conflicts within state statutes, aligning state statute with current departmental practices, making clarifications in state statute brought to DHHS by the Revisor, and streamlining governmental efficiencies. We respectfully request that the committee advance LB376 to General File. Thank you for your time. And I'd be happy to answer any questions on this bill.

FREDRICKSON: Thank you. Any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. Would you help me out with understanding the process that-- what kind of a trial did you put each one of these bills on that you want to eliminate?

NICOLE BARRETT: So the reports?

RIEPE: How, how did-- how'd you come up with the endangered species list for these--

NICOLE BARRETT: Yeah.

RIEPE: --to get rid of them?

NICOLE BARRETT: That's a great question. So-- to be honest, the first part of that process was establishing the list to begin with. So when I started at the agency two and a half years ago, there was one list that existed of reports, but unfortunately it was not comprehensive. And so it was a big process to go through and research to find-- to make sure that we had a comprehensive list of bi-- of reports. And that that took a, a significant effort. And-- so some of them that we have on our list were ones that either had never been filed before I started or had not been filed for years and nobody was asking about it. So once we sort of took that list and, and had our comprehensive list, we made sure we have now filed everything and we are on a routine and are filing them every year as required. But we looked at, when did it come into statute? When was the last time the statute was modified? Is it a, a current issue or report we're getting weird questions on or a topic that the Legislature is always, you know, debating where the policy and the information would be advantageous? We certainly did not want to take those away. But some of them-- so for example, a report that maybe had never been filed or hadn't been filed since 2016 or 2017 that's been on the books since the '90s and nobody's ever asked why it hadn't been filed, those were ones we looked at and said, you know, that's probably one that the Legislature isn't using and is taking resources that could be used elsewhere.

RIEPE: Once you had the criteria established, did you solely do that-- I mean-- as one person or was it a team doing it?

NICOLE BARRETT: It was a team effort that we have been working on for probably a year and a half. Last year, we paid very close attention to all of the reports. We also did some consultation with a, a couple outside people. So for example, one person-- or, one entity that uses our reports a lot is the Office of Inspector General. And so I did have a conversation with them to make sure that none of the reports that they are using were on our list to be eliminated. And some of those reports are ones where we're modifying the dates on, and we made sure that those dates weren't any conflict with them. But when the dates-- you know, some of the due dates are right after a calendar quarter. That doesn't really give you time to compile the data and put

that together. And so we're historically always late. And so we talked through, you know, what's reasonable so people know when those dates are going to be filed and that that doesn't cause any conflicts? So with, for example, the OIG.

RIEPE: So you said that you check this with the interior-- or, invest-- what is it? The interior--

NICOLE BARRETT: The Office of Inspector General, yeah.

RIEPE: Inspector General. Thank you. What about the State Auditor?

NICOLE BARRETT: I did not, but I'm not sure that any of them are reports that are due to the Auditor. They're all due to the legislative branch. So-- but if the Auditor's Office is here today and has concerns, we're certainly willing to talk with them.

RIEPE: After you had your list of ones that are going to be taken out, did you go back and do a second review on those to double-check?

NICOLE BARRETT: We did. Yeah. Like I said, it took about a year and a half to kind of go through and weed them down and really making sure-- we in no way want to pull reports that-- or stop providing reports that are regularly used and needed. That's not what this is about. This is about looking for those places where they were put into statute decades ago and were put in for perpetuity. And it seems like it's time to sort of take some of those off of the list. So many of them on the list have not been modified in the statute since 2012. And 2012 was the time that all of the bills-- or, all of the legislative required reports were made to go electronic. So prior to that, it was hard copies that were submitted to the Legislature. So, you know, a report that had been around that long and hasn't been touched since they just took a widespread and made them all electronic, we felt like-- and we're not getting a request on them, you know. It just seemed that maybe they were fair game.

RIEPE: Will you archive all of the existing ones?

NICOLE BARRETT: Yeah, we have them all archived. And of course they are all still on the Legislature's website.

RIEPE: OK.

NICOLE BARRETT: But yeah, we will--

RIEPE: It sounds like you've had a, a good, logical, orderly process.

NICOLE BARRETT: Thank you.

RIEPE: And we won't sometime in the very near future say, whoops. I wish we wouldn't have discarded those or stopped them or something like that.

NICOLE BARRETT: Yep.

RIEPE: But sounds like you've given it really good due diligence. I appreciate that. Thank you, Mr. Chairman.

NICOLE BARRETT: Thank you.

FREDRICKSON: Other questions? Senator Hansen.

HANSEN: Thank you, Vice Chair. Where was this bill when I was chair of HHS?

NICOLE BARRETT: It was still going through its due diligence process.

HANSEN: My priority bill, like, I remember coming to you guys like, you guys want to cut anything or make anything more efficient. I'm doing a priority bill. Oh, now we get one. But that's good. I'm glad you guys did it. It sounds, it sounds great. So I know whenever somebody brings a bill to make a new report or say-- you know, whether it's about, you know, child care or something else, you usually only get the fiscal note from the department. They're like, well, we need to hire a new full-time person or a part-time person to-- in order to do this. This takes time. Will you be eliminating any staff and saving the taxpayer money since we don't have to do so much reporting now?

NICOLE BARRETT: So-- you know, that's an excellent question that I am not fully prepared to answer. I think what we'll be doing is determining those resources and, and see where things kind of go away. There's no plan to just eliminate positions because no one person is dedicated to writing reports. But hopefully we'll see some operational efficiencies and then align with the governor's executive order to eliminate positions with natural attrition if-- as necessary and stuff. We might see something, but I can't make any promises on that just yet.

HANSEN: Yeah, that's good. I, I don't want you to say anybody's name on the microphone right now [INAUDIBLE]. But natural attrition,

there's alway-- you know, that's always the more appropriate approach, you know. So as somebody leaves, you just don't even fill the position anymore.

NICOLE BARRETT: Yep.

HANSEN: Because now you don't need so many people writing reports or getting reports or going through reports.

NICOLE BARRETT: Yep.

HANSEN: I had one question about the, the, the child care grant--

NICOLE BARRETT: Yep.

HANSEN: --change. What's that about? That's not a report or anything else. And that has to do with more eliminating the total amount of a child-- the grant we give for people doing a start-up for a child care facility. I mean--

NICOLE BARRETT: Let's see. What-- do you remember which section that is?

HANSEN: Did I get that right? Section 9.

NICOLE BARRETT: I think-- yep.

HANSEN: Page 10.

NICOLE BARRETT: Oh. So it's not actually eliminating the grant. It's eliminating the language that says that no grant shall exceed $10,000.

HANSEN: Yeah. And then also, you got to really like-- if, if you have excess appropriation, they can use more of what's in the fund.

NICOLE BARRETT: So--

HANSEN: I was wondering why, why-- what the point of doing that was.

NICOLE BARRETT: Yeah. So these are funds. This is using federal Child Care and Development Block Grant funds. So not using any state general funds. And in today's world, sometimes $10,000 is not enough to accomplish what needs to be done. So we want to be able to have the ability to issue grants over $10,000 if there's a good reason and fund's available. And then-- let's see here.

HANSEN: It says the department award grants in excess of the appropriation for this program.

NICOLE BARRETT: You know, I'm going to have to get back to you on this-- the reasoning on that second part of that.

HANSEN: OK.

NICOLE BARRETT: I'm not our finance guy. But I will get back to you.

HANSEN: Yeah. And then I'd also be curious if you're going to do that. Like, do we use them up every year? Like, I want to make sure we're not, like-- now all of sudden we have one large child care facility that would-- that needs $50,000 and then we don't award any grants to some of the other ones who are second in line.

NICOLE BARRETT: Right.

HANSEN: I want to make sure we're not-- we're spreading it out as evenly as we possibly can to the most amount of people. And I just didn't know if that might-- this might change that at all.

NICOLE BARRETT: Yeah. No, I think that's an excellent point, and that's certainly not the intent. But sometimes, you know, there might be something for a little over $10,000, so-- but I will definitely get back to you on that.

HANSEN: I appreciate that.

FREDRICKSON: Are there questions? Seeing none. I have a couple for you, so. Well, first of all, thank you for being here and, and--

NICOLE BARRETT: Of course.

FREDRICKSON: --for, for testifying. I, I, I appreciate the intention behind the bill. I think that, you know, having efficiencies and maybe looking through kind of cleaning closet is, is certainly appropriate to do. I guess what I'm-- and kind of to Senator Riepe's questioning as well-- one thing I'm kind of working on or working through my mind is kind of getting a better understanding of why some of these reports might be being eliminated. So I was looking through the list here for-- for example, I look at, you know, Autism Treatment Program, things related to behavioral health, cancer registry reporting, childhood lead levels. I-- help me understand a bit more about the thinking behind no longer necessarily collecting those-- that data.

NICOLE BARRETT: Yeah. So as I explained to Senator Riepe, we did go through sort of this very intentional process and looked at what we thought was still being used. So for example, the elevated blood level report, it's-- was created in the statute in 2012, has not been changed since 2013. It's not something we ever hear about or get questions from the Legislature about, certainly if it's something that's being utilized. But I believe that some of these were ones that were put in place along with a new program. And so, as I mentioned during my testimony, the idea that it's really an important part of the process that we provide those reports to prove program implementation. But once they're up and running-- you know, to continue to do the report in perpetuity unless it's continued to be needed. But when we're talking about 115 submissions, one every other business day, that's a significant number. And I guess I would ask which ones are being read, right? So we tried to do our best attempt to make sure that we were preserving those that we knew were going to be read, they're political or policy discussions that are continuing to be had. We're getting questions about them. We certainly are not trying to take away any need for any report that you want. We tried to make our best effort to determine which ones are not being utilized. The program has been implemented. You know, there was-- when we looked at those timeframes and those date ranges, it was looking at, you know, the senators that were involved in that legislation are no longer here anymore due to term limits. Does anybody else know that that report still exist? And then some of it was reports that the agency hadn't even been filing because they weren't on the list, so. But certainly we're willing to talk about-- if there's one that has importance, I mean-- this is not trying to not provide information.

FREDRICKSON: OK. Because my other question was whether or not there might be-- I know you mentioned there's not necessarily questions from the Legislature or hasn't historically in recent years been questions from the Legislature. Are there any potential-- maybe unintentional public health ramifications? So thinking, for example, about, you know, childhood lead tracking, for example. There, there might be a public health benefit to the state if we're seeing increases in lead levels in certain parts of the state. Or is that going to be affected by this or--

NICOLE BARRETT: It's not. So the work that the agency is doing is going to continue.

FREDRICKSON: OK.

NICOLE BARRETT: We are very vested in public health and, you know, helping people live better lives. So this is not in any way to say we're no longer going to track, you know, these levels or not do the continued work we're doing. We still have a plethora of reports that we provide on our legislative website. We have dashboards. We have a public records request process. We have a lot of things there to make sure we are doing all of the work that we are entrusted to do for the state. These are just those extra, file them. And as you know, the process of filing a report on the legislative-- that's to the Legislature, regardless of what the statute says of who the recipients are, as long as they're within the Legislature, it's us uploading that report to the legislative website. And then it's incumbent upon you and your colleagues to go-- know it's there, look for it, download it, and read it. And so we were trying to see, you know, where are some that-- presumably nobody is doing that, but we're investing a lot of time and effort to make sure that they are accurate, right, well-written, comprehensive, meet the statute. And that's a, a time-consuming, laborious process. And so--

FREDRICKSON: So, so, so for clarity's purpose, data's still being tracked--

NICOLE BARRETT: Absolutely.

FREDRICKSON: --information's still getting out there. It's, it's, specific to the additional report that had been required by the Legislature to provide [INAUDIBLE]. Is that--

NICOLE BARRETT: Correct.

FREDRICKSON: OK.

NICOLE BARRETT: 100%.

FREDRICKSON: Yup. Thank you. Other questions? Senator Quick.

QUICK: Thank you, Vice Chair. And it-- it was just-- when you had mentioned something about it that just kind of piqued my interest, but, like, some-- a couple of reports I noticed were done, like, 2024, or maybe that's when they were the-- bill was passed, so-- to, to do them. So, like, Nebraska Prenatal Plus Program.

NICOLE BARRETT: Yup.

QUICK: So are-- like, is that-- was that just a one-time thing or is it like-- or how--

NICOLE BARRETT: Yeah. So those were-- that-- there's two of them that fall into that category where we put sunsets on. So we-- again, those would be ones that we believe the intent of the legislation was to prove program implementation, to see and follow it through. And so-- but after six years of reports, that should be-- the program should be implemented. There should be lots of good data. The se-- you know, the senators have seen them. Again, that's a, you know, a, a discussion point. But that's a significant amount of time for a, a bill that was-- so the Prenatal Plus went into effect this year. So it was passed in 2024. It went into effect in 2025. We're proposing sunsetting that after 2029. So giving plenty of time to see that, just have the introducer and the cosponsors and the people vested in that to know it's up and running and going well. The program would continue, but then that report to the Legislature-- again, many people will be term limited by then. Will somebody else know that it's even out there and be interested in downloading and reading it?

QUICK: OK. And that would be the same, like, with the opioid prevention treatment, and that was a 2024 too, so.

NICOLE BARRETT: Let's see.

QUICK: LB13-- it's just, like, three down.

NICOLE BARRETT: What, what section? It doesn't say what section it's in.

QUICK: Oh. I'm just going through the bill summaries.

NICOLE BARRETT: Oh. Gotcha.

QUICK: But the-- there's the opioid-- op-- opioid prevention treatment--

NICOLE BARRETT: Yeah.

QUICK: --and it was LB1355. And it was a 2024 one too, so--

NICOLE BARRETT: Yeah.

QUICK: --I'm guessing that's the same type of thing where it was-- it's-- has a sunset.

NICOLE BARRETT: Yeah. Actually-- so that one we did not do a sunset on. The-- that one we are proposing changing the due date from December 15 to December 31. This is one of those that-- that's an important report. There's a lot of policy discussion about that. We believe that that should stay and, and do not think that's one that should even sunset. But what we found this year that-- by the time we get that data, meeting a December 15 date is pretty hard. And so we are asking to switch that to December 31 so that it's still there before the Legislature is back the next year. You would have that. But again, more realistic. So instead of having it late and you're wondering and calling, where is it? It's, this is when we know we can have it to you.

QUICK: OK. Thank you.

NICOLE BARRETT: Yeah. Of course.

FREDRICKSON: Any other questions? Senator Hansen.

HANSEN: Was this primarily-- thanks. Was this primarily the work of the-- of your department or did you work with any other organizations, associations at all to either change or eliminate some of these reports?

NICOLE BARRETT: So this was solely an effort by the department. And then, like I said, we did consult on a couple people we know that routinely are reaching out and asking questions about the report, like the OIG. But otherwise it was not a collaborative effort.

HANSEN: OK. Thanks.

FREDRICKSON: Senator Riepe.

RIEPE: Thank you. I have a quick question. Is the-- because I noticed one of them on the list was a cancer registry. Was that in consultation with the researchers and-- you know, doing-- conducting cancer research?

NICOLE BARRETT: So interestingly enough about this cancer one, this one the division may have talked to the researchers. I'm not sure. This bi-- this particular report was enacted in 1993. The last time it was chan-- the statute was changed in 2012 when it went electronic. And it was first filed electronic in 2016. So it's an annual report. They made it electronic in 2012, but it was not filed unto-- until 2016, and then not again until 2023 after I discovered it in statute,

my team, and we added it to the list. And we never had an inquiry of why it had not been filed. And so that was part of that criteria when we were looking at it. Now we're in compliance with statute. We're filing it. But the fact that from 2012 to 2023 it was only filed twice and nobody was asking, we're not quite sure if people were reading it.

RIEPE: I think it's kind of key words. No one was asking, so no one was requesting. So. OK. Thank you. Thank you, sir.

FREDRICKSON: Are there questions? Seeing none. Thank you.

NICOLE BARRETT: Thank you.

FREDRICKSON: Any additional proponents for LB376? Good afternoon.

BETH BAZYN FERRELL: Good afternoon. Vice Chair Fredrickson, members of the committee. For the record, my name is Beth, B-e-t-h; Bazyn, B-a-z-y-n; Ferrell, F-e-r-r-e-l-l. I'm testifying in support of one section of the bill. It's Section 15 on page 21, and it's essentially the same concept as the bill-- Senator Quick's bill, LB516, that you'll be hearing next. It would eliminate a requirement for counties to provide office space for HHS. And I know there are other folks who are going to testify on that, so I won't go into a lot of detail here. But essentially, the-- this program was created in 1982, this requirement. Counties have been required to provide the same office space-- not physical space, but the same amount of office space that they did for the-- what was called then the welfare program when the state took it over in 1982, so. Counties have provided this space since 1983. And it's really a disproportionate impact on counties because with-- some centralization, regionalization services that HHS can provide online. Not all counties still have those kinds of HHS services in their counties. And so we think that it would be a great idea to eliminate that requirement. Again, I can talk more about it in the next bill, but I just wanted to express our support for this particular section.

FREDRICKSON: Thank you. Any questions from the committee? Senator Hansen.

HANSEN: So would you say we're getting rid of an unfunded mandate?

BETH BAZYN FERRELL: Yes, we are.

HANSEN: All right. Just wanted to get that on record. All right. Thank you.

FREDRICKSON: Other questions from the committee? Seeing none. Thank you for being here. Other proponents to LB376? Seeing none. We will now move on to opponents. Is there anyone here to testify in opposition to LB376?

MEGAN WORD: Hello.

FREDRICKSON: Good afternoon.

MEGAN WORD: Hello. Good afternoon. Thank you, Mr. Chair, members of the committee. My name is Megan Word, M-e-g-a-n W-o-r-d. And I work for the American Cancer Society Cancer Action Network, or ACS CAN. I just didn't want to start with the acronyms because they get confusing. ACS CAN is the nonprofit, nonpartisan advocacy affiliate for the American Cancer Society. Our mission is to advocate for evidence-based public policies that reduce the cancer burden for ev-- for everyone. To that end, we will continue to prioritize policies that help every Nebraskan prevent, find, treat, and survive cancer. We're here today to testify in opposition to the proposed repeal of Nebraska's Palliative Care and Quality of Life Act within LB376 and note our concerns about the repeal for the cancer registry data that Senator Riepe just asked about. Advances in cancer research continue to provide new and more effective treatments for cancer, but curative therapies do not meet all the needs of cancer patients. Focusing exclusively on treating a patient's disease can result in a failure to address the full spectrum of issues that arise from a cancer diagnosis and treatment, including the emotional distress and physical symptoms. Palliative care is a specialized medical care that provides the best possible quality of life for a patient and their family by offering relief from the symptoms. It provides a coordinated, team-based approach among medical professionals to help meet a patient's needs and their family's needs during and after treatment. Palliative care is appropriate for any stage of any disease at any time. It is separate and distinct from hospice care. To benefit from palliative care, patients and families must be aware of these services and must be able to access them in their local hospital or other health care settings. In addition, health care professionals in training must learn from direct experience from other palliative care providers. ACS CAN can worked with advocates originally to create Nebraska's Palliative Care and Quality of Life Advisory Council and the act in 2017. Since that time, the, the council has published a comprehensive report on palliative care within Nebraska. That was published in 2002, and I provided a copy to the page. We have worked-- they have worked with providers and patient advocates to educate about palliative care,

and we created a statutory definition of palliative care within the Health Care Facility Licensure Act in 2023. All of this groundwork is necessary before the state can then begin to build standards of care for palliative care providers as well as increase patient access to and education for palliative care practitioners. The proposed repeal in LB376 would eliminate that progress unnecessarily and set the work to increase access to palliative care for Nebraskans back to square one. The lack of understanding about what palliative care is and is not and when it should be provided remains the chief barrier to it. Nebraska has taken important first steps to remove those barriers--

FREDRICKSON: You're at your red light, so if you won't mind wrapping up your thoughts.

MEGAN WORD: Yup.

FREDRICKSON: Yep.

MEGAN WORD: We ask this committee to keep these sections in the statute to give the department time and resources to meet this important need. Sorry about that.

FREDRICKSON: That's all right. Thank you for your testimony.

MEGAN WORD: You're welcome.

FREDRICKSON: Any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here.

MEGAN WORD: You're welcome.

RIEPE: Question that I have-- I'll, I'll-- I have two questions, if I might. Is, does the cancer registry collect the essential data? I mean-- so what they're collecting is meaningful?

MEGAN WORD: Of course it is. Of course it is. Yes.

RIEPE: And we have been told and we were led to understand that it's not been accessed. Is that--

MEGAN WORD: I, I don't know the answer to that. I know that-- I know that last year there were-- there was a hearing about accessing the cancer registry data where some health systems and researchers testified. I think this has been an ongoing problem. I personally have

not asked for it, but I know that's been, that's been an issue that's been brewing just since I've been here. But I don't know the specifics.

RIEPE: Thank you.

MEGAN WORD: You're welcome.

RIEPE: Thank you for being here. Thank you, Chairman.

FREDRICKSON: Senator Hansen.

HANSEN: Senator Riepe, I-- reminded me of a question. Is there any other way to collect the data if we get rid of this? Like, there's always--

MEGAN WORD: The cancer registry data?

HANSEN: Yeah. Or data that would relate to the cancer registry, like the data we missed-- there's other ways you can collect that data, but yeah.

MEGAN WORD: Right. Researchers right now, it's my understanding, are getting that information from national sources rather than from DHSS [SIC]. I think that, that is a challenge when you're looking to conduct cancer research in Nebraska on Nebraskans. But to, to your question, yes. There are other ways to get that data.

HANSEN: OK. Cool. Thanks.

MEGAN WORD: Yeah.

FREDRICKSON: Other questions from the committee? Senator Riepe.

RIEPE: I want to come back on one. I know we've had a reported higher incidence of child cancers because-- some say because of high fertilizer use in some of the-- central Nebraska. Has this cancer registry in any way diminished our effort to try to, to improve that-- outcomes or the exposure, if you will, for children?

MEGAN WORD: I am not the person to answer that question. I would just be speculative.

RIEPE: OK.

MEGAN WORD: Sorry about that.

RIEPE: No. I just-- a concern.

MEGAN WORD: I don't do any of the important stuff like the research.

RIEPE: Thank you. Thank you, Chairman.

FREDRICKSON: Are there questions? I have one. So I, I see you, you-- so the-- my understanding, based on your testimony, is your opposition is specifically the part of the bill that repeals Nebraska's Palliative Care--

MEGAN WORD: Yes.

FREDRICKSON: --and Quality of Li-- of Life Act.

MEGAN WORD: Yes.

FREDRICKSON: This might show some ignorance on my side. Is that, is that simply a report or is that beyond a report?

MEGAN WORD: No.

FREDRICKSON: So this--

MEGAN WORD: No. This red line copy that you all have in your packets shows what sections are being repealed in LB376. It's-- LB376 is looking to repeal the entire act. As you can see, there's no report mandated in the statute. The Palliative Care and Quality of Life Advisory Council-- which was created originally in 2017-- they published the report. DHSS has a space on their web page to provide the information that patients can find and palliative care providers, nurse practitioners, that sort of thing. If we erase-- our concern is that if we repeal this entire act, that information on DHSS's website goes away. The work that we did in 2023 to create a statutory definition of what palliative care is and isn't apart and separate from hospice, that refers back to this act. If we repeal this act, that definition is moot. Our concern is that Nebraska has taken some important steps to start improving access and education around palliative care. And if we repeal this entire section, we have to start back at square one. So let me make it clear. We are not advocating for unnecessary and additional reports. The council has done their job. They did an excellent job. And we just want to give DHSS enough time and resources to make sure that they continue that work.

FREDRICKSON: Thank you.

MEGAN WORD: Does that make sense?

FREDRICKSON: Are there questions? Seeing none. Thank you for being here.

MEGAN WORD: Thank you.

FREDRICKSON: Anyone else here to testify in opposition to LB376? Moving on to the neutral capacity. Anyone here to testify in the neutral capacity? Seeing none. Senator Hardin, you're welcome to close. While you come up, we did have online comments for LB376. We had 2 proponents, 3 opponents, and 0 in the neutral capacity.

HARDIN: Thank you. I mean, we're certainly open to discussing these kinds of things with anyone. My understanding is that those historical records will not go away. They just won't continue to be added to in that same fashion. Frankly, the department would like to take over that collection instead of having the council do that. And so they would like to become more central in a lot of that collection of data so that the data can be readily available and so on and so forth. And so my understanding is that there would-- the data from the past, the data from the present and future would all be available moving forward. It's just a streamlining and a unifying of how that data is col-- is collected and whatnot moving forward. Thank you.

FREDRICKSON: Any questions? Seeing none. Thank you, Senator Hardin. And that will end our hearing for LB376. We will now begin our hearing for LB516. Senator Quick.

QUICK: Thank you, Vice Chair Fredrickson and members of the committee. My name is Dan Quick, D-a-n Q-u-i-c-k. And I represent District 35. And today, I'm here toda-- introduce LB516. LB516 was brought to me by the Sarpy County Board of Co-- Commissioners. LB516 repeals Section 68 through 130, to eliminate the requirement counties maintain Department of Health and Human Services office and service facilities used for the administration of public assistance programs, as such facilitated exist-- ex-- facilities existed on April 1, 1983. LB602 in 1982 moved the responsibility for health care cost and needs from counties to the state but created Section 68-130's requirements that counties maintain formerly county operated public assistant programs at DHHS office and service facilities. Today, many counties, including Hall County, still maintain DHHS office and service facilities. Section 68-130 is a

remnant of county-directed health care programs. I believe that the state fun-- I believe that state functions and services should be funded through the state rather than by tha-- than by unfunded or underfunded mandates to localities. LB516 is one of the several bills introduced in this session to help clarify the state's underfunded and unfunded mandates by transferring the responsibility of DHHS office and service facilities used for the administration of public assistance programs from counties to the state in LB516. We will be eliminating unfunded mandate on counties and county taxpayers, providing a win-win for the state and counties through addressing a decades-old issue. Through LB516, DHHS will have the ability to provide more direct over-- direct oversight and maintenance over the office and service facilities, improving work-- workspace quality for DHHS employees and patients. A representative from Sarpy County would testify after me, and they can provide more specific detail on impacts of unfunded mandate and-- mandates and created a-- by DHHS office and service facilities. And I think as we heard bef-- in the previous bill, this might be included in that, in that bill. So I am in favor of that. And thank you for your time. I'll try to answer any questions you might have.

FREDRICKSON: Thank you, Senator Quick. Any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for-- Senator, for being here. My question's this-- out of my own ignorance-- how many counties actually provide these offices? I assume it's not all 93.

QUICK: I'm, I'm going to ask them. Maybe not all 93, but I don't have that number. I can get that number for you.

RIEPE: That's OK. Maybe someone else as we go along might have that. My second piece was, is, is only to the space. What about utilities?

QUICK: That I can't answer. Then maybe that county-- the person behind me with the county could answer that.

RIEPE: OK. Thank you. Thank you, Chairman.

FREDRICKSON: Other questions? Seeing none. Thank you, Senator Quick. We'll now take proponents for LB516. Good afternoon.

TIM GAY: Thank you, Vice Chair Fredrickson and members of the committee. My name is Tim Gay, T-i-m G-a-y. I'm a registered lobbyist for the Sarpy County Board of Commissioners. I had a prepared

testimony, but I'm going to toss that because I didn't know she was going to have this in the other bill, so. As Senator Quick mentioned, we'd like to thank him for introducing this bill. Over the course of this summer, several senators got together with the governor's office, Policy Research Office, and others to talk about unfunded and underfunded mandates. So we appreciate the Policy Research Office and the governor adding this into LB376, whatever you end up doing with that. But now you have two chances to, to do something right here, so. Get rid of an unfunded mandate. But what-- I'm handing out a couple of different things. And I'll just speak-- I think Beth could probably talk about statewide, how this would represent. But there's two things here we're handing out. One is a board resolution for the Sarpy County Board dated 2016. So we've been after this for quite some time to try to get rid of this, this mandate. What's happened over the course of years is HHS was in the-- a little annex portion. Then they got-- as the county grew, we had to move them out of an annex portion over to a, a, a shopping center now. They're in the back of a shopping center. But I, I think-- Senator Quick alluded to it. For the, for the benefit of the employees as well too, this is basically we're paying for something that we don't use, right? So we're not going to make a Cadillac. We wouldn't anyway. But just for the benefit of the hardworking HHS employees, they should be in charge of what they're doing, the efficiency. It makes no sense for, for the business people on the board here-- or, on the committee. You would never pay for someone else's office expense and just send you the bill. So that's kind of what happens here in these cases. There's a five-year spreadsheet too that we handed out along with this. This just shows what we spend that on over five years. So you can kind of see, see the real impact. So this is built up. It's about-- oh, where are we at-- $84,000 a year. It does include-- if you look at the fiscal note that's on this, the department would be in charge of cleaning, maintenance, and those things, as they should. It's their property, their employees, whatever. So there'd be a little bit of a cleaning on there. They added a, a couple of employees that they need. I, I can't speak for them, but this is just managing some leases. And I don't think every county has a, a center, so I can't speak for everyone, but Beth could maybe handle that. So I just wanted to bring the real world of-- this costs real money. Chipping away at these things would be good, right, so far this year. The reason I'm here today in front of you and not another Sarpy County representative, we have two others right now speaking in other committees about unfunded and underfunded mandates. So we've had-- I think there's six bills right now that are completely unfunded mandates that go to the counties. So I assume

there'll be some other people following up. But I'm happy to answer any questions if I can.

FREDRICKSON: Thank you for your testimony. Questions? Seeing none. Thank you for being here.

TIM GAY: Sounds good. Thanks.

FREDRICKSON: Other proponents for LB516? Good afternoon.

BETH BAZYN FERRELL: Good afternoon, Vice Chair Fredrickson, members of the committee. For the record, my name is Beth, B-e-t-h; Bazyn, B-a-z-y-n; Ferrell, F-e-r-r-e-l-l. I'm with the Nebraska Association of County Officials, and I'm appearing in support of the entirety of this bill. We'd like to thank Senator Quick for introducing this bill. I would just incorporate my earlier comments by reference. I don't know that I can add much to what the earlier testifier had said as far as Sarpy County specifically. I do know-- Senator Riepe, to your question, as we looked at the fiscal notes for the last several years about how many counties are providing space: in 2013, 27 counties were not providing office space. In 2015, 45 counties were not providing office space. And in 2019, 49 counties were not providing space. I don't have data moving forward from those years. But with that, I guess I would be happy to answer questions.

FREDRICKSON: Any questions from the committee? Senator Riepe.

RIEPE: Follow-up question. What are the 27 that are not providing spaces? How do they-- do they share counties? Are you familiar with that? Or does that-- what do they do? How do they get away with it?

BETH BAZYN FERRELL: That, that, I think, goes back to the regionalization and being able to provide services online and those kinds of things. As I understand it, those are situations where HHS has just not needed that space in those particular counties. There is an ability under Section 68-130-- which would be repealed in this bill-- that says that a county can ask the department to evaluate the amount of office space that's being used in a particular county and then that-- there is an opportunity to eliminate space or to reduce that space. There are some counties that have gone through that process and have been able to reduce the space that they're providing. It doesn't always work that way, but in some cases it has.

RIEPE: If I may come back. It was kind of magic to my ears when I heard you say online that-- so the question would be, in today's

environment, do we actually need physical offices in the balance of these smaller, if you will, counties? Now, in larger, more populous counties, we may need that, to have face to face, but could we get by with everyone going to-- like we're doing work at home on visuals and just not have county offices?

BETH BAZYN FERRELL: I, I think that raises an interesting question. At this point, not everyone has access to reliable broadband, so that, of course, you know, is a failure.

RIEPE: But we're going to do broadband statewide.

BETH BAZYN FERRELL: But we-- and, and it's happening. I mean, it's, it's progressing, but it, it isn't quite there yet. I think there may be some ability-- for certain populations, there may be a-- just a lack of ability to access things online just because of user knowledge and that sort of thing. I know there are, for example, senior centers in some areas where they provide a lot of help to folks who, you know, just don't have the computer skills to be able to access some things. But, you know, they're-- I think it's, it's an interesting discussion point.

RIEPE: We're always looking for opportunities because we have a lot of opportunities to spend money we'd like. I'm trying to find a few opportunities to save some. So that's my motivation. Thank you, Chairman.

FREDRICKSON: Senator Hansen.

HANSEN: Thank you. So basically, if the previous bill passes, we don't need this one.

BETH BAZYN FERRELL: I'm sorry?

HANSEN: If the previous bill passes that we just talked about, the HHS bill, we won't need this bill then?

BETH BAZYN FERRELL: Correct.

HANSEN: OK. Just for clarification's sake. Thanks.

FREDRICKSON: Further questions? Seeing none. Thank you for being here. Any other proponents for LB516? Seeing none. Moving on to any opponents for LB516. Seeing none. Anyone here to testify in the neutral capacity for LB516? Seeing none. Senator, Quick, you are

welcome to close. While we wait for Senator Quick, we did have online comments. We had 2 proponents, 0 opponents, and 0 in the neutral capacity.

QUICK: All right. Thank you, Vice Chair Fredrickson and committee members. And I wasn't quick enough on my feet, Senator Riepe, when you asked me the question about the utilities. So I think that would be included in the buildings. And then I know you asked a question about, you know, services for-- you know, working for the city as I did, certain services that needed face-to-face contact I think would still be necessary in some, some places. You know, I don't-- I can't-- I guess I can't speak for DHHS or, or even counties, but working for the city, there were some things that maybe could do-- be, be done online. And then there's some things that you really need that direct contact with, with, with the citizen, so.

RIEPE: OK. Thank you.

QUICK: Yeah. And, you know, usually we're passing legislation that creates an unfunded mandate, and I'm hoping this would be one that would, that would go the other way. So I know maybe this bill-- and I don't [INAUDIBLE] of what to look at to see if it, if it directly goes-- and aligns with the one that's part of the previous bill. But if it needs-- if there needs to be an amendment to try to make sure it's-- all, all aligns, I'm, I'm amenable to that. So thank you and have a nice day.

FREDRICKSON: Any questions for Senator Quick? Wait, wait, wait. Seeing none. All right. That will end our hearing for LB516. We will now move on to LB332. We are waiting for that bill's introducer, so. He's back. Welcome back.

HARDIN: Thank you, Vice Chair Fredrickson. And good afternoon again, fellow senators of HHS. I'm Senator Brian Hardin. For the record, that is B-r-i-a-n H-a-r-d-i-n. And I represent the Banner, Kimball, and Scotts Bluff Counties of the 48th Legislative District in western Nebraska. I'm here to introduce LB332, which seeks to allow Medicaid reimbursement for psychological services provided by doctoral level psychology interns. Doctoral psychology interns are advanced level practitioners with four to six years of graduate school training working under the supervision of a licensed psychologist with credentialed-- credentialed with Medicaid. As policymakers, we're tasked with making decisions that improve the health, safety, and well-being of our constituents. Mental health is not a partisan issue.

It's a public health issue, an economic issue, and a moral obligation, one we cannot afford to ignore. This policy change is not just common sense. It's a strategic investment in Nebraska's future. Nebraska, like much of the country, faces a mental health provider shortage, particularly in rural and underserved communities. By allowing highly trained, supervised practitioners to serve Medicaid patients, we expand our provider network and reduce wait times for those in need. When people lack access to mental health services, they often end up in emergency rooms, jails, or on the streets, costing taxpayers millions in preventable expenses. Early intervention saves money by preventing costly crisis care, hospitalizations, and lost productivity. A workforce struggling with mental health challenges is a workforce that struggles to thrive. By increasing access to mental health care, we support Nebraska's economy and help businesses retain employees. This is not just a health care issue. It's a legislative responsibility. Investing in mental health strengthens our communities, saves lives, and improves Nebraska's economic future. By ensuring Medicaid covers these services, we're taking a pragmatic, fiscally responsible decision, and that will have long-term benefits for individuals and families across our state. This concludes my opening comments for LB332. Here with me today are mental health professionals who are best to answer any detailed questions you might have, though I will take the easy, softball kind.

FREDRICKSON: Any questions from the committee? Senator Hansen.

HANSEN: Thank you. The fiscal note, I'm confused by it maybe. It says there's no fiscal impact because they're already covered by Medicaid.

HARDIN: I believe this is something that made an adjustment. And those behind me can correct me where I'm wrong, but we've actually been doing this. And it was something that kind of came out of COVID, as I recall, but maybe even before. And so now those moneys are being challenged and changed by the Medicaid world.

HANSEN: Gotcha. OK.

FREDRICKSON: Senator Riepe.

RIEPE: Thank you, Chairman. I have a question. The-- it, it says in here supervised by a licensed psychologist. Are the-- is the supervisor then paid for overseeing and supervising? Because he would-- he or she would have some liability if they're signing off on their work. And I'm going back to the problem that we had with

clinical nurse practitioners who we authorized but they had to work for-- under the supervision of a physician for the-- some of the physicians were charging them upwards to $20,000, $25,000 a year to supervise them. And we said, nuts do that. So we went back and passed legislation that allowed them to practice independently. And so my concern or question gets to be, is this, is this similar to that? I'm just curious whether it's sort of-- some way extortion almost.

HARDIN: Well, I'm, I'm speculating that it would have to be, that, that it would-- not extortion necessarily, but that they would have to receive some kind of recompense for the oversight.

RIEPE: OK.

HARDIN: But ag-- again, someone behind me might be able to speak to that better than I can. But that is my sense, is that there would be something-- and I'm also just extrapolating that that's also within that Medicaid arrangement.

RIEPE: OK. I'm just curious. If they're licensed, then they, quite frankly, could be capable of working without supervision given the fact that they are licensed.

HARDIN: Well-- and I think it's one of these interesting things where they can speak to it more cogently. But I think it's the process of getting from point A to point B, point B so that they are all--

RIEPE: OK.

HARDIN: --at that same level, so.

RIEPE: Well, they'll know I'm laying for them when they come up.

HARDIN: You bet.

RIEPE: OK.

FREDRICKSON: Other questions? I have one. I, I--

RIEPE: Thank you.

FREDRICKSON: I have one question-- and this might be a question for someone behind you-- do you know if we had Medicaid that re-- does that reimburse for mental health services for advanced practitioners

in other fields, so like LIMHPs, et cetera, or is it just the PHGs [PHONETIC] currently?

HARDIN: That's a great question.

FREDRICKSON: I will ask of someone behind.

HARDIN: [INAUDIBLE] not be a softball question.

FREDRICKSON: All right. Sounds good. All right. Thank you, Senator Hardin. Any proponents here for LB332? Good afternoon.

ANNE TALBOT: Good afternoon, Chair-- Vice Chair Fredrickson and members of the HHS Committee. My name is Dr. Anne Talbot. That's A-n-n-e; last name, Talbot, T-a-l-b-o-t. I am the co-owner of Options in Psychology, a private mental health practice and training clinic for psychologists and masters level therapists in Scottsbluff. We're immensely grateful to Senator Hardin and the committee for giving us the chance to tell you why LB332 is crucial in supporting recruitment and retention of psychologists all over Nebraska, but it is beyond dispiriting to have to tell you that the resounding success of LB1068 that allowed my clinic to increase the number of, of psychology practitioners from just two of us to eight clinicians this year has been followed by the retraction of an existing HHS regulatory agreement to reimburse doctoral psychology interns with existing Medicaid funds during their training. The ongoing resistance to resuming reimbursement for interns has shut down our internship site for the coming year and no longer allows us to reimburse other clinicians for providing training and supervision. Medicaid reimbursement for psychology interns has a long precedent in Nebraska and is a practice supported in at least 29 other states. As other internship sites in Nebraska follow the lead in seeking direct reimbursement for interns rather than doubly creve-- credentialing them as provisionally licensed mental health practitioners, we sought consultation with HHS to streamline the unnecessary, onerous credentialing process that has been fraught with misinformation, delays, and denials. Our efforts to do so have instead been met with HHS taking the funding away. Legislative efforts to support recruitment and retention of behavioral health providers are now stalled. The mission that my business partner, Dr. Mark Hald, and I have had led to prev-- preserve the provision of a broad range of services at our rural ci-- clinic beyond the two of us aging out of the profession is now heartbreakingly stuck at a wall. We have been told that HHS has no assurance that doctoral level psychology interns

are qualified to provide therapy despite the fact that the graduate school credentials required to go through an arduous and highly competitive intern application matching process are the very same accepted for credentialing them as PLMHPs, who answer to a completely different board. Many of my colleagues and trainees share my personal despair that our efforts to keep a training pipeline for recruitment and retention are coming to naught despite having hundreds of outstanding candidates applying to our consortium sites in Scottsbluff. In fact, one of our recent graduates, Dr. Megan Lawhon, was just named APA Outstanding Rural Psychologist of the Year, and two of our current postdocs were awarded fully funded participation to represent Nebraska at APA just a few weeks ago in Washington, D.C. Thank you for considering this testimony. I'm ready to answer any questions that the committee has for me.

FREDRICKSON: Thank you. Any questions from the committee? Senator Riepe.

RIEPE: Thank you, Chairman. I have a question. In your letterhead, it talks about, in four different cases here, provisionally licensed. Please explain to me-- how does one be provisionally licensed as opposed to simply licensed?

ANNE TALBOT: The provisionally licensed clinicians, you can see there are provisioning license, doctoral, postdoctoral fellows who have completed their internship who are now essentially contract labor employees at our clinic. And provisionally licensed mental health practitioners are those who've completed their training and are in-- accumulating the hours as well as getting ready to take a licensing exam to become fully licensed clinicians.

RIEPE: And, and you're, you're the signature on this document and yet you're not on that letterhead. What's your relationship to this Options?

ANNE TALBOT: I'm at the top. I think you see my name at the very top.

RIEPE: I see Anne Taylor-- or, Talbot.

ANNE TALBOT: Yes.

RIEPE: But that's not with the signature on the letter.

ANNE TALBOT: Yes. That's the-- I'm the same person.

RIEPE: Oh, OK.

ANNE TALBOT: I am one of the co-owners, myself and Dr. Mark Hald. I'm sorry if that looks confusing.

RIEPE: I just-- I was just-- not in this day and age, but. OK. Thank you. Thank you, Chairman.

FREDRICKSON: Thank you, Senator Riepe. Any other questions from the committee? Seeing none. Thank you for being here.

ANNE TALBOT: Thank you.

FREDRICKSON: Other proponents for LB332. Welcome.

ANNE DeMARANVILLE: Hi. Good afternoon. My name is Anne DeMaranville, A-n-n-e; last name, DeMaranville, D-e-M-a-r-a-n-v-i-l-l-e. I am the Office Manager for Options in Psychology, a large private practice, multiservice mental health clinic in Scottsbluff, Nebraska that has a extens-- that has existence for 30-plus years. I have been with Options since March 2015 and have been in the manager role for the last eight year-- eight years. Within this role, I am responsible for credentialing for clinicians, billing, filing and resubmitting claims that have been denied, and working extensively with Nebraskan Medicaid managed care companies For the la-- last eight years, I have credentialed approximately ten psychologists with Nebraska Medicaid. When I started with Options in psychology, we had two full-time psychologists and over a handful of provisional masters level clinicians. Since we began our APA accredited psychology pro-- program through HIPPIC recruitment, we have trained eight doctoral level psychologist. BHECN funds became crucial for the recruitment and retention for doctoral level clinicians as well as master level clinicians in our clinic. The approximately $745,000 grant that was awarded to us has allowed us to increase the number of clinicians providing psychology services from two to eight, including fully licensed psychologist, provisionally licensed psychologist, and two psychology doctoral interns. The increase in availability for doctoral clinicians has dramatically shortened wait time for assessments and treatment for individuals, including children, adolescents, adults, and their families. However, our clinic still turns approximately ten people away a week who call looking for appointments for therapy and evaluations. We still have waitlist over 30 people for appointments. We serve people from all over Nebraska Panhandle, including Scottsbluff, Mitchell, Morrill, Box Butte Can-- County, Banner County,

Kimball County, and we receive multiple referrals daily from primary care clinicians, family medicine, pediatrics, medical specialty clinics, as well as caseworkers, probation, and other agencies. The bulk of our insurance reimbursement comes from Nebraska Medicaid. Having to close our APA accredited internship program due to loss of Medicaid reimbursement and refusal from commercial insurance companies to reimburse behavioral health services provided by provisional licensed clinicians even under supervision by license psychologists means we will turn even more people away. NDHHS tells us that they will reimburse psychology interns for assessments but not for outpatient therapy. They have advised us to credential our interns as provisionally licensed mental health practitioners to submit for bill-- for therapy billing services. PLMHPs answer to a different board than psychologists. Not only is it a barrier to submitting billing under two different credentials with Medicaid MCOs, but it's also administrative nightmare. Our time is already taken up with multiple resubmits for authorization and denials. Having two separate credentials will mean further increase with the denials that we already receive in addition to-- we are unable to submit credentialing for our interns until they are at the clinic.

FREDRICKSON: And you're at the red spot, but if you-- just any final thoughts you want to re-- wrap up.

ANNE DeMARANVILLE: Just how important this is for our intern-- psychology interns. It keeps the program going. It reduces wait time. There's not enough in-- not enough mental health providers in Scottsbluff, Nebraska on the western side of the Panhandle. So we get calls all the time and we have to turn people away right and left. And having interns and being able to provide these services reduces that wait time. We're allowed to get people in.

FREDRICKSON: Any questions of the committee? Se-- Senator Riepe.

RIEPE: Thank you, Chairman. I, I would ask this question. You said-- and, and correct me where I'm wrong-- the bulk of your business comes from Medicaid.

ANNE DeMARANVILLE: Yep.

RIEPE: Do-- can you give me a percentage? I mean--

ANNE DeMARANVILLE: I would say 60% to 75% of it is Medicaid.

RIEPE: Is that right?

ANNE DeMARANVILLE: Scotts Bluff County, it, it's a very high Medicaid county. We don't-- we do accept private insurance, but we don't have it.

RIEPE: On the mental health side, who takes the other-- say if it-- if you take 75%, where does the other 25% go of Medicaid? Or-- I mean, I assume that you don't get 100% of Medicaid patients.

ANNE DeMARANVILLE: No. No. Psychiatry and behavioral health up at the hospital. There's a couple other clinics in Scotts Bluff.

RIEPE: [INAUDIBLE] smaller ones.

ANNE DeMARANVILLE: Little-- yes. Yep. They're all small, little clinics, yeah.

RIEPE: OK. OK. Thank you.

ANNE DeMARANVILLE: Yeah.

RIEPE: Thank you for taking those.

ANNE DeMARANVILLE: Mm-hmm.

RIEPE: Thank you, Chairman.

FREDRICKSON: Other questions? Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here and driving all this way. How close does Medicaid get to reimbursing your costs? Is it, do-- is it, is it pretty close or is it--

ANNE DeMARANVILLE: You mean to the reimbursement rate for--

BALLARD: Reimbursement rate, yes. Do they get pretty close?

ANNE DeMARANVILLE: Yeah, it's pretty close. Yeah. I--

BALLARD: OK. I was just curious. We hear from other, other providers that say it's, like, 40% of their cost. So it is pretty close [INAUDIBLE].

ANNE DeMARANVILLE: Yeah, it's pretty close.

BALLARD: OK. Thank you.

ANNE DeMARANVILLE: Yeah.

FREDRICKSON: Other questions? Seeing none. Thank you for being here.

ANNE DeMARANVILLE: Thank you.

FREDRICKSON: Other proponents for LB332? Any opponents for LB332? Anyone here to testify in a neutral capacity for LB332? Senator Hardin, you're welcome to come close. We did have online comments. We had 14 proponents, 0 opponents, and 0 in the neutral capacity. Senator Hardin.

HARDIN: Thank you. What we have seen-- and this is to paint with a broad stroke with a brush, but the further west you go, the hotter that medical desert becomes in terms of the provisioning of providers. And so there are a few other smaller one-person therapists and that kind of thing who can work with some of that Medicaid load that is there. This particular group does deal with the majority of the folks in our area. It was interesting because I think that-- they certainly did get the ar-- the opportunity. They had been turning many, many people away for many, many years. And so, frankly, with the world of ARPA came the world of, well, maybe we can extan-- expand the interns. If we can't get the psychologists, let's get the interns. By the way, we, we have a total of one psychiatrist basically in the entire Panhandle. We had four before COVID. We're down to one. He's my neighbor. I've encouraged him not to get hit by a bus. And so we have this need. And I would say that what happened was that they were able to do some expansion of this internship program over the last few years. I think it was one of those happy moments where they didn't know that's where some relief would come from in helping to serve this particular community, and yet that's what's been our savior. It's been very helpful to have that. And so that's why we bring this bill to you. Thank you.

FREDRICKSON: Thank you. Any questions from the committee? Seeing none. Thank you, Senator Hardin.

HARDIN: Thank you.

FREDRICKSON: That will end our hearing for LB332.

HARDIN: We'll transition the room and finish the shuffle. LB382. And Senator Meyer, welcome.

MEYER: Welcome to all the committee. That's different on this side of the desk. This light is very bright. It just feels like I'm in an interrogation here.

HARDIN: That's how we run it here. It's a tight ship.

MEYER: Thank you very much. I'm Senator Glen Meyer. I represent District 17 in northeast Nebraska. It is Dakota, Thurston, Wayne, and the southern part of Dixon County. G-l-e-n M-e-y-e-r. The bill I'm bringing today is LB382. The Nebraska area on aging is currently running about a $4 million deficit. It's been an accrued deficit over the past several years. I do not know how this deficit occurred. I would suspect it has something to do with the inflation rate, the high cost of providing the, the staples of groceries and things of that nature. But we've got a deficit on our Meals on Wheels program and also our senior meals that are provided for our senior citizens. The Health and Human Services Committee needs to provide sufficient oversight to ensure that the area on aging-- area agencies on aging are running efficiently and account for every dollar. And I think we're going to see some of that later on in, in the spring when we get some audit reports from Auditor Foley. It's probably unconscionable that we have our senior citizens and our elderly in a position whereby in many cases this is the only meal-- square meal they get a day. It, it-- the Meals on Wheels is providing those meals for people that are in many cases homebound and, and unable to actually go out and either shop for themselves or be in a position to provide for their own meals. So I think it's tremendously important. LB382 modifies the Medicaid Managed Care Excess Profit Fund. I believe there's a typo error in, in your copy. It's not the Express Fund. It is the Excess Fund, to which it includes services provided under the Nebraska Community Aging Services Act, which is described by statute. The cash fund does not currently include these services. The cash fund must be modified in this way in order to use money from the cash fund for Nebraska's area age-- area agencies on aging. It directs the Legislature to appropriate $2 million in fiscal year 2025 and 2026, 2025-2026, 2026-2027 to provide for $4 million that would bring them up to essentially a balanced, balanced bottom line. Because the bill specifies two fiscal years of 2025-2026 and 2020-- 2026-2027, this should be considered a one-time expenditure. The funds will not be coming from the General Fund. Once again, we are accessing the Medicaid Managed Care Excess Profit Fund, and I think there's an indication with the handout of what that fund represents, the balance that is in there currently, and, and an assessment on how those funds would be replaced on a yearly basis At the end of the fiscal year 2024

cash fund, it had a balance of $45,645,000 and change. Once the obligations for this year met, there would be approximately $10 million in that fund, and an additional $20 million is projected to be deposited in this fund in the next-- in the next fiscal. What you were handed out is an email from Mikayla Findlay representing the facts that I just quoted regarding this particular fund. In 2024, the area agencies on aging serviced 36,123 clients in Nebraska and served 1,360,546 meals to seniors. Think about that number. Those are, are grandparents, in some cases aunts and uncles, and, and other folks that are in position that, given the state of our economy, providing meals on their own is extremely difficult. Many Nebraska seniors depend on these kinds of programs in order to remain living independently of self-sufficiency in their own homes. I would urge the committee to take a good, hard look at LB382. I believe it's very much needed. And I would appreciate the committee's support on, on LB382. And with that, I would welcome any questions. Softball.

HARDIN: Questions?

MEYER: To quote, to quote our chairman.

HARDIN: Senator Riepe.

RIEPE: Thank you, Chairman. Thank you, Senator Meyer, for being here. Is this population eligible for SNAP funds or-- do, do you know? I don't.

MEYER: I, I, I don't know whether they are. I would assume, given the economics, in all probability some are eligible for SNAP, but I do not know that answer. And hopefully someone behind me can answer that question.

RIEPE: The other concern I have does-- it's just a concern with-- I know a lot of us, and probably myself included at times, go after the Medicaid Managed Care Excess Funds. I don't know-- and I-- this is probably back on me, is to understand what their mission is so that we don't get into mission creep and all of a sudden almost a need to talk to-- I don't know who, but somebody must be in charge of that. And how do we-- how do we identify priorities coming and requesting, if you will, to this particular fund? Because it-- given our, if I may use the word "hard times," over the general funds, we're looking at other funds-- where are they at? Hidden or not, including the-- this particular fund. So everybody's, everybody's kind of going after it.

Even though the balance is high now, it could soon diminish. I, I do-- I don't know.

MEYER: From my position and, and what I understand, we're looking at a $4 million current shortfall. They are underwater. And we have a waiting list for seniors to get Meals on Wheels. We have some senior meal centers that actually are closing simply because they cannot continue financially. And my understanding also is in, in many of these senior centers that are providing meals, there is a, a, a goodwill offering in some cases to whereby those that are more able to afford their meal at the senior center are, are personally donating some, some funds to help pay for their meal. With regard to this particular fund, I think there's sufficient funds in, in our Health and Human Services provision. You know, we're, we're providing roughly-- approximately $5.5 billion on a yearly basis, if my numbers are correct, from some other conversations we've had. And I believe by prioritizing where we're spending money, spending it smarter and getting rid of some of the probably less effective programs, I believe once we cover the shortfall in this particular program-- which is the responsibility of the area on aging-- the a-- agency-- area agency on aging-- I think that there will be sufficient funds continuing forward to properly fund this. I don't believe this is something where we go to the well two years from now, we're looking at additional funds. This is to cover a-- the, the current shortfall. And, and we've got senior citizens on a waiting list and, and, and those being provided meals that are in danger of no longer having that provided for them. And if we do nothing-- if we do nothing in this state, it should be to provide for the safety and well-being of those most vulnerable among us, and that, that is our youngest and certainly the oldest of our population. So I, I think from that standpoint, this is not a continuing thing to be looking to go into the well of the Medicaid Excess Profit Cash Fund. But certainly this is an opportunity to fix an immediate problem. And through better management in the future, we won't have this shortfall.

HARDIN: Yes.

RIEPE: I'm-- follow-up question. I-- does this include the territory up there-- does this include the Native Americans Reservation?

MEYER: I don't know that specifically. It-- in all probability, it does. But I don't know that specifically. And that's probably a question to be answered for someone after me.

RIEPE: OK.

MEYER: But quite frankly, I don't know why they wouldn't be included in this.

RIEPE: Just a curiosity question. Thank you for being here. Thank you.

HARDIN: Other questions?

RIEPE: Thank you.

HARDIN: Seeing none. Will you stick around?

MEYER: I certainly will.

HARDIN: Great. Let's have proponents. LB382. Welcome.

RANDY JONES: Good afternoon, senators. Chairperson Hardin and members of the committee. My name is Randy Jones. I'm Director of Aging Partners, which is located here in Lincoln. We cover a five-county area surrounding Lincoln, Nebraska. In 1982, the Leg-- Nebraska Legislature approved legislation that established the Nebraska Community Aging Services Act. The Legislature recognized that older individuals are healthier, happier, and better served living in their own homes and neighborhoods, being cared for by family, friends, or neighbors who can give the best support and care to them. They recognized that community-based aging services such as senior centers, care management, care planning, home-delivered meals, chore services, and many other programs all contribute towards a healthier, older adult in Nebraska. Support for family caregivers and respite care education can also supplement and bolster family living. Investments in preventive community aging services can avoid greater state expenditures for care or institutionalization. The act calls for the designation of area agencies on aging to carry out plans and provide these programs in their designated areas of the state. This is a booming population. I guess that's why they call it the baby boomer age. In 2010, 13.5% of our population were older adults. Today, that 13.5% has reached 20% of our population. And this year, that, that means 373,000 people in Nebraska are older adults. The size of our older Nebraskans is increasing by 30% every five years. Between now and the year 2030, there will be 45,664 more persons over the age of 65, which is comparable to the size of Kearney, Nebraska. Through Aging Partners, we have increased our unduplicated count of seniors using senior centers by 43% in the last five years. Home-delivered meals have increased by 75%, and congregate meals by 20%. Last year,

over 36,000 older adults and their families depended on the area agencies on aging. While we have already seen greater demand, the resources have not kept pace. Increased costs of services have also strained our service delivery. This has resulted in waiting lists, the closing of senior centers, and the elimination of some programming. The source of funding for this request is perfectly tied to the Medicaid Managed Care Excess Profit Fund because the work that the area agencies on aging does prevents services and further reliance on Medicaid and Medicare and reduces institutionalization.

HARDIN: If I can encourage you to--

RANDY JONES: Yes.

HARDIN: --conclude your thoughts.

RANDY JONES: May I finish?

HARDIN: Sure.

RANDY JONES: Thank you, sir.

HARDIN: You have a few moments.

RANDY JONES: OK. We provide what are called social determinants of care for the health care needs of adults. I'm-- might mention too is we use the term deficit. The, the term deficit really in this case is being used not for a overexpenditure versus revenue, but a deficit in service delivery. These are folks we can't serve because we don't have the resources. My wife and I care for two 90-year-old in-laws and one mid-80s mother. I've looked and they don't come with instructions. No one pays attention to how to care for elder family members until they're faced with this challenge. My wife and I spent most of our nonworking hours supporting them. They lived in our home for five years until we couldn't care for them anymore. Without support of the area agencies on aging, we, we would have been lost. And this is not a role for the faint of heart. I worry about the older adults who live alone and don't have a family member supporting them, especially in rural Nebraska. That is where our agencies have the most impact. I believe that the character of our state is reflected in how we care for our most frail. I ask for your support of LB382 so that we can then care for older Nebraskans in the manner in which they cared for us.

HARDIN: Thank you.

RANDY JONES: Thank you. And I'm available for questions.

HARDIN: Are there questions? Senator Hansen.

HANSEN: Thank you. So it says the department shall reimburse each designated area agency on aging for 75% of the actual cost of providing eligible activities and services. I don't have Section 81-2222 in front of me, but it says defined in that section, which is where this bill is trying to appropriate money to. And is that-- and you kind of mentioned that in some of your, your testimony here, that the kin-- kinds of support that you do give: senior centers, home-delivered meals, et cetera. What kind of support do you give-- an instance that you mentioned taking care of your in-laws in your home. So for family caregivers in their home, do you provided services for them?

RANDY JONES: Yes. And it will depend on the area agency that, that is in the area. Some have more expanded services than others. Respite care is an example, where someone will come into the home while the caregiver has a chance to go to the store, whatever. Caregiver, caregiver education. Care management programming. So a caseworker will work with the family to talk about the needs of the senior and identify benefits and resources available. Some of them are federal. But also what resources are available in the community and help plan for the services that are needed.

HANSEN: OK. And I do appreciate your call-- the aging-- area agency on aging and you-- the Nebraska Community Aging Services Act, whereas I think federally it looks like it's the Older Americans Act.

RANDY JONES: That's the federal-- yes.

HANSEN: That sounds much worse. Just Older Americans Act.

RANDY JONES: Right.

HANSEN: I like the way you put it better. So-- OK. So do you provide, like, a report to the state on what, like--

RANDY JONES: Absolutely.

HANSEN: --what, what, what--

RANDY JONES: There's a--

HANSEN: --75% reimbursement you're asking for?

RANDY JONES: There is a-- there's a state program or state administration that reports to the state unit-- or-- excuse me-- there's a state unit on aging that reports under the Medicaid director. And we provide annual reports on where we're spending our services and what that means financially and what that means in terms of service delivery.

HANSEN: And then the state reimburses you for those expenses--

RANDY JONES: Yes.

HANSEN: --or do you like-- OK.

RANDY JONES: We're-- they're requested on a reimbursable basis. And if, if it's outside the swim lane of what these funds are intended to, they're, they're not reimbursed.

HANSEN: OK.

RANDY JONES: We also have two audits that are completed every year, one independently by agency, and the other is done by the state.

HANSEN: OK. OK. All right. Thank you.

HARDIN: Other questions? Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here. The introducer of the bill said there's a waiting list for, for the services. Can you quantify that for me? Like, what is it? Like, 100, 3,500-- like, what's--

RANDY JONES: I, I can only quantify it from my knowledge of what we have here in Lincoln. Others have different waiting lists, of course. I'll use as an example Meals on Wheels program here. Was serving about 500, 500 people a day in terms of meals. But because of funding, that had to be cut back. And we, we worked with Tabitha to put together a prioritization process where we can help the ones in most need first. And that came up with about 325 recipients. The balance were given the choice to stay on a waiting list. Or if a family member wanted to pay for the Meals on Wheels, they were allowed to pay. But some can't. And so that then creates either-- even a further waiting list as well.

BALLARD: OK. So-- make sure I understand. So it's-- so these are not individuals at Tabitha. They're individuals that Tabitha oversees that are at home.

RANDY JONES: So those are delivering these hot meals at people's homes.

BALLARD: OK. Thank you.

RANDY JONES: And for many of these folks, this is their one nutritious, hot meal of the day.

BALLARD: OK. Thank you.

HARDIN: Senator Hansen.

HANSEN: Thank you. I have another question, and this is relating to a bunch of emails that I got last year about transportation services for seniors and that some of their funding got cut. Do you, do you know the name of that-- like, or-- do you guys provide transportation services at all for seniors?

RANDY JONES: We do. Each of the AAAs respo-- provides different types of transportation. Some of it's assisted transportation. Here in Lincoln-- which I'm most familiar with-- is we transport people from their homes to the senior centers so they can access those services, and then take them back home. I think what, what you may be referring to is some public transit that was completed, that it was more open to the public and not specifically for seniors. And I'm just guessing here, sir.

HANSEN: OK. There's an acronym for it and I just can't think of it off the top of my head.

RANDY JONES: NDOT?

HANSEN: What was it?

RANDY JONES: NDOT, Nebraska Department of Transportation.

HANSEN: No. I got NEOA stuck in my head, but that's not it.

RANDY JONES: I'd be happy to get you further information if I understand the question.

HANSEN: That's all right. I can look-- I, I can look it up later. I just didn't know if you were affiliated with that or not.

RANDY JONES: Sure.

HANSEN: Thank you.

HARDIN: Other questions? Seeing none. Thank you.

RANDY JONES: OK. Thank you very much.

HARDIN: Proponents of LB382. Welcome.

ERIN ARENSDORF: Senator Meyer was right. This light is bright. Good afternoon, Chairperson Hardin and commidittee-- excuse me-- committee members. My name is Erin Arensdorf, E-r-i-n A-r-e-n-s-d-o-r-f. And I'm the Executive Director of the West Central Nebraska Area Agency on Aging. We cover 17 counties in the west central area. And I am also the chairperson of the Nebraska Association of Area Agencies on Aging. I'm here today to express strong support for LB382, a bill that is crucial to the well-being of Nebraska's older adults. As Randy had mentioned in his testimony, the size of Nebraska's older population is increasing by about 30% every five years. As this trend continues, the demand for senior services is increasing significantly. At the same time, the economic realities of modern life make it more difficult for families to care for their aging loved ones. The days of a single-income household where one family member could stay home and provide care are largely gone. Most families today rely on two incomes to cover basic living expenses, leaving then-- leaving them unable to provide the level of care their elderly relatives need. This places greater pressure on programs like those funded by the Older Americans Act to fill the gap and ensure seniors receive the support they require to remain in their homes. Nebraska's area agencies on aging provide essential services that allow seniors to age in place safely and with dignity. LB382 will help ensure that our older Nebraskans continue to receive nutritious meals and in-home care services-- crittles-- critical supports that directly impact their health and quality of life while reducing the burden on family caregivers. The need for this funding is urgent. Rising food and provider costs are making it increasingly difficult to sustain vital senior services, especially in the rural areas. In the west central area of Nebraska, for example, the average cost to prepare a meal at the senior center is $12.85 per meal, yet our agency is only able to reimburse $4.70 per meal to that senior center. Without additional support, meal programs

will become unsustainable. As demonstrated in the map provided to you, more than 20 senior centers or senior meal sites across the state have closed over the last five years, and there are about ten more that are pending closure within the next year if they do not receive more funding. These closures leave many seniors without a reliable source of nutrition. The challenges extend beyond nutritious programs. In-home services such as personal care and homemaker assistance allows for seniors to maintain their independence, preventing premature placement in long-term care facilities. This is not only a preferred choice for most older adults, but also a cost-saving measure for Nebraska. The average cost of nursing home care far exceeds the cost of home-based services, meaning that keeping seniors in their homes whenever possible reduces the financial strain on both families and the state. I did run out of time. May I finish? Thank you. To illustrate the financial strain, in the west central Nebraska area, our expenses have increased 23.8% between 2018 and 2024, yet our funding has only increased by 14.2%. Without additional resources, we are at risk of having to reduce services at a time when our aging population needs them the most. LB382 is a proactive and fiscally responsible solution that will allow Nebraska's area agencies on aging to continue providing these essential services by investing in nutrition and in-home care programs. The state can keep seniors healthier, more independent, and out of costly institutional care. I urge you to support the bill to ensure Nebraska's seniors can remain in their homes and communities where they belong while also ensuring long-term savings for the state. Thank you for your time and consideration.

HARDIN: Questions? Senator Riepe.

RIEPE: Thank you, Chairman. Thank you for being here. I'm an urban senator. I happen to be a hospital administrator kind of guy. So I'm ver-- but I'm very concerned about rural health care. And when I look at this particular program-- I know we've talked about a $2 million infusion, but I, I, I'm-- and I was-- I think I heard that it would be a one-time infusion. I don't see it that way in terms of your description [INAUDIBLE]. It's a-- it's not a one-and-done. It's more of a forever kind of funding shortage that-- not only your community but across the state. And the rural part is a real-- now-- and going to become an even greater challenge to us over the next 10, 15, 20, whatever years. I'm just trying to figure out, how do we do a better job at it? But do you see it as a one-time one-and-done? That'd be my question.

ERIN ARENSDORF: This is a one-time ask to keep us afloat at this time. There will definitely be more conversations to find sustainable funding for our senior centers because the senior centers need sustainable funding. Absolutely.

RIEPE: Not only in your community, but across the state.

ERIN ARENSDORF: Yes.

RIEPE: OK. That, that, that is a concern, my concern. Thank you very much for being here. Thank you, Chairman.

HARDIN: Other questions? Seeing none. Thank you.

ERIN ARENSDORF: Thank you.

HARDIN: Proponents, LB382. Welcome.

BRENDA MOTIS: This is, this the hot spot, isn't it? Good afternoon, Chairperson Hardlin-- Hardin and fellow senators. My name is Brenda Motis, B-r-e-n-d-a M-o-t-i-s. I serve as the Aging Services Director for Fillmore County, and I am currently on my 18th year in that role. Fillmore County is a rural county in Nebraska, and we are located 25 miles straight south of York off the York exit off the interstate. Our county is also one of the counties that receives guidance and support and funding from Aging Partners' area agency on aging since we're under their service area. In my role, I directly supervise two employees with our county senior services program, and I also provide support and advise our three senior centers in Fillmore County, which are located in Geneva, Fairmont, and Exeter. I am here before you today to express my support for LB382. The senior centers in our county all provide congregate meals-- meaning dine-in meals. Two of them provide daily Monday through Friday home-delivered meals. Even this week with the cold, frigid temps, home-delivered meals continue to go out to those who need them most: our most vulnerable seniors. The centers also provide a great social connection for our seniors to visit and catch up on family happenings and community updates. Various educational, nutritional, and entertaining programs are offered regularly. Health clinics such as blood pressure checks and toenail trimming are also offered on a regular basis. In the rural areas much like Fillmore County, the value these senior centers offer to our aging population cannot be overstated. Providing a hot, nutritious meal, well-balanced meal keeps seniors healthy and strong, enabling them to live at home independently. For many, this meal may serve as

their biggest meal of the day. When seniors are eating healthy, remaining socially connected, their quality of life is greatly improved. All these things may sound so simple. However, as people age, the meals, the social connection, and the health opportunities are vital to allow our aging seniors to continue to live at home through the aging process. Many simple tasks that they used to handle with such ease now become more difficult to navigate. Things as simple as making phone calls, getting lost in automated phone call land can lead to much frustration and anxiety. Just before I drove into Lincoln today, I was asked by one of our patrons to stop by her home and go through Medicare paperwork. And her-- she was so grateful. She said, it's just too confusing for me to understand the bills and the things that I get from Medicare. That is where a variety of our services come into play. The senior centers definite-- are definitely necessary, and our county aging program also plays a vital role in assisting our county seniors. We help with Medicare, which is the federal health insurance program, Social Security applications, Medicaid, which is state assistance, SNAP, energy assistance, and low-income subsidy. I see my time is up. If I could just finish--

HARDIN: If you could wrap your thoughts up quickly, that'd be grand.

BRENDA MOTIS: OK. All right. We are currently serving across three different generations; the greatest generation, from 1902 to 1927; the silent generation, from 1928 to 1945; and now the baby boomers. The baby boomur-- boomers were the generation that changed things. When that group entered school age, more schools across the country were being built to meet, meet the needs. Now this generation is aging and needs services to help them with the aging process. I grew up in Fillmore County, so I don't look as our aging seniors as clients. They are my family, and they are the ones that helped raise me when I was growing up in that small community. So now I'm able to give back and help these same folks navigate their aging process with grace, dignity, and success. I know a gentleman who lives in Exeter. He is currently 86 years old. He is a widower and lost his wife four years ago suddenly. The wife was 12 years younger. And when the wi-- and the wife and her daughters never dreamed that she would pass first. It was a complete shock to the entire family. This couple never really attended the local senior center before her passing because she still loved to cook and they enjoyed having their coffee on their back patio. Since his wife passed, he has been a regular attendee at the Exeter Senior Center. He joins for coffee and conversation every morning. He joins for meals and programs and activities. If he misses a day, others wonder where he is and make-- to-- makes sure he is OK.

This gentleman is my dad, and I am thankful every day that he has this inclusive place where he can go and socialize and receive hot, nutritious meals and join for fun activities and programs. I worry less because he is living a quality life. Thank you for your time.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you. I have a curiosity question. It used to be that churches played major roles in community center. Does that-- is that still a-- do churches to do that or--

BRENDA MOTIS: I, I mean, we-- churches are involved. We have people from churches that help deliver home-delivered meals, which is huge. Checking in-- not only delivering the meal, but providing that daily check-in is wonderful. And then-- you know, there are times where we may need a unique funding source that maybe other avenues are not available. So we have reached out to, like, their min-- ministerial association in really rare instances where we have no other avenue to get funding to help people with pretty unique requests. So yes, we're very fortunate that we have churches that are involved in the communities.

RIEPE: Thank you. Thank you, Chairman.

HARDIN: Other questions? Seeing none. Thank you.

BRENDA MOTIS: Thank you for your time.

HARDIN: Proponents, LB382. Welcome.

LINDA HEINISCH: Hi. My name is Linda Heinisch, L-i-n-d-a H-e-i-n-i-s-c-h. And I'm speaking from the trenches, I guess you could say. I am on the Geneva Senior Center Foundation Board. This was a nonprofit corporation that was formed a couple of years ago because the city of Geneva decided they no longer wanted to support the seniors of Geneva and they were going to close the senior center. And we could not see that happening, so we formed this nonprofit corporation. So I'm on the board of directors of that. I'm also on the Aging Partners Commission from here in Lincoln, and that-- we were supposed to have a meeting tomorrow, but they canceled it because of cold weather. And I'm also in the trenches, you could say. I'm very active in our senior center. I'm the one that figures out the volunteers to deliver ev-- five days a week. We have three people that deliver meals. And this is a very, very, very vital part of our program. I know from personal experience that when my mother was

delivering-- receiving meals, they went to her house to deliver her meal and she had passed away. And I would not have checked on her till after I got off work, like, at 4:30. So that was a blessing. I know of another gentleman that had cerebral palsy, and he was able to stay in his home longer because of the fact he was getting home-delivered meals. And you go into these homes-- I deliver at least once, if not twice, sometimes three times a week. And you go into the home and they are just ecstatic to see you because many times it's their only contact with somebody else. Sure, maybe they have a caregiver coming in, but they don't come in every day. But somebody from the senior center is there every day to deliver their meal. And they-- you try and chat with them, but many times you've got to be on the way so that the meal is still hot when it gets to the next person. And I know this one lady-- I'm on her call list if something happens in her apartment. And she called me that one night and she said, Linda, I've fallen. She said, I fell this afternoon, but I wanted to watch the rest of the football game so I didn't call you till now. Well, OK. Anyway. In the meantime, she lives in an apartment. And she had dead bolted the locks, so we had to stand outside and wait for somebody from the management company to come unlock her door, because I had a key to the regular lock, but not the dead bolt. OK. In the time we were conversing-- I was conversing with her son, who had offer-- so-- arrived from Seward. I said something about home-delivered meals. Well, they'd never thought of that. So now this lady is getting home-delivered meals. And rather be in an assisted living, she is able to be in her own apartment. So-- and we have a fantastic director there in Geneva. I know if somebody is not able-- oh, I'm sorry. I wasn't paying attention.

HARDIN: --encourage you to wrap up your thoughts.

LINDA HEINISCH: OK. I know if somebody is not able to pay for their meal, she's-- finds a way for them to get their meal. And she has increased-- the town of Milligan is 15 miles east of Geneva. She delivered 28 meals there this last month, and there will probably be another 28 going. So that day, she did 83 meals all by herself. So-- and a small town [INAUDIBLE], they're-- they can only get about ten people. But it's progress. So it's very vital to Fillmore County and Geneva too.

HARDIN: Thank you.

LINDA HEINISCH: Any questions?

HARDIN: It's, it's an honor to speak to someone in the trenches.

LINDA HEINISCH: Well, I'm from the trenches. I, I've been probably volunteering for about 40 years for our senior center. So, yeah.

HARDIN: Thank you for doing it.

LINDA HEINISCH: It's a very vital program. Mm-hmm.

HARDIN: Questions?

LINDA HEINISCH: Oh, yes. I'm sorry.

HARDIN: Seeing none. We appreciate you being here. Proponents, LB382. Welcome.

KIERSTIN REED: Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Kiersten Reid. That is K-i-e-r-s-t-i-n R-e-ed. And I serve as the CEO for LeadingAge Nebraska. We represent governmental, nonprofit, and locally owned providers of aging services, including the AAAs in Nebraska. Together, our members serve thousands of older adults across a variety of settings in Nebraska every day. We appreciate Senator Meyer bringing this bill forward. LB382 is a financially responsible decision for Nebraska. Our area agencies on aging support thousands of seniors to age in place while providing essential services that keep them independent, healthy, and engaged in their communities. Investment in these programs delays or eliminates the need for higher levels of care to be prov-- by providing basic needs for older adults in their homes. Many of the services provided through the area agencies on aging are preventative programs and services, including nutrition programs, transportation, and care management. Providing these services allows them to get the support that they need in order to remain in their own home. They also are able to connect with their clients on available resources that are available within their community, including home- and community-based services, which may be provided through the Medicaid waiver program. The Medicaid Managed Care Ex-- Excess Profit Fund has been created to invest in programs such as this, that provide a direct benefit to Medicaid recipients, strengthen the health care infrastructure, and provide long-term cost savings to the state of Nebraska. Investing in home- and community-based services saves the state money by keeping seniors out of higher cost services such as nursing homes. Nebraska's population is aging, as you've heard, and this will help folks to remain independent. Many of our seniors living

in rural areas have limited access to services, and area agencies on aging is the only service that represents every single legislative district. While these services will save the state money in operating costs and the-- the costs continue to rise, so we need to be able to support their infrastructure so that they are able to continue to provide these services in a sustainable way. I'm happy to answer any questions you have. And appreciate your opportunity to testify today.

HARDIN: Thank you. Questions? We all want to age at home. Home's better. What role does this play? I mean, there's-- one, one piece of it, I believe, is taking medications on time in the right amounts, those kinds of concerns. Getting proper food is a, an important piece of that aging at home. Do you have a sense, a statistic that says, and when we can do this, people generally get to stay at home this much longer when we can to help fill this need. I'm asking a tough question to answer, but I want to give, give you a chance to speak to that slice of it.

KIERSTIN REED: Yeah. And I wish, I wish that I had a statistic for that. Unfortunately, I don't. But as you know, LeadingAge Nebraska represents all types of aging services providers, and our belief is that the, the best place for someone who is, is aging is wherever they think the best place for them is. And there are great services in our community and there are great services that are more of a facility-based model. It truly depends on how much you can afford and what services you can afford and where you want to be. From my own personal experience, my parents are choosing to age at home, or at least they have been choosing that. This week's been difficult. My dad's had dementia for 11 years. And things are getting really hard. So as circumstances change, people need to be able to make those choices. But that means that we've kept him at home for 11 years. And now that things are getting to the point where we may need a memory care, I don't know that we'll pull the trigger today either. You know, it might be six months or a year down the line. So I think it's, it's really about what people need and what they can afford. But here's the assurance that I believe the area agencies on aging bring to us. You've heard them talk about home-delivered meals and that there's someone there checking on them every day. There's senior centers available so that they can go and have social interaction. Part of the reason for health conditions worsening is loneliness and isolation. These programs fill that void, and they're right there in their own community. If those programs don't exist, if we don't have people checking on folks in their homes or providing those, those congregate meals service, the likelihood that people are going to fail in their

home-- and they're going to need a higher level of care. I'll also say that the reason that most of these folks that they're serving don't go to a higher level of care is because they can't afford it. So that means that they're going to end up on the state Medicaid rolls and they're likely going to be in a higher level of care. So if we can provide a more cost-affordable service in their own community and keep them there even for a year or two longer, that's going to save the state of Nebraska money.

HARDIN: Thank you.

KIERSTIN REED: I don't know if that answered your question or not.

HARDIN: It gives us a sense, and that's what I was looking for.

KIERSTIN REED: There you go.

HARDIN: I appreciate that. Any other questions? Seeing none. Thank you.

KIERSTIN REED: Thank you.

HARDIN: Proponents, LB382.

JINA RAGLAND: Good afternoon, Chair Hardin and members of the Health and Human Services Committee. My name is Jina Ragland, J-i-n-a R-a-g-l-a-n-d. I'm here today testifying in support of LB382 on behalf of AARP Nebraska. You have my testimony in front of you, and I don't want to reiterate a lot of the points that have already been made but I'll-- so I'll top level. And then I kind of wanted to have a conversation about some of the comments that have already been made. As you know, the age 65 and older Nebraska, the-- population again is projected to grow at 30% by 2030. I also-- we've been talking about aging in place and the importance of that. The U.S. Census Bureau found that 93% of Nebraskans aged 65 and older lived in the same home as they did the year prior, which we suggest then that means that Nebraskans want to choose and, and are choosing to age in place. When we have surveyed Nebraskans, 92% of older Nebraskans surveyed prefer to live out their later years in their current home. We all expect and anticipate that certain things will happen to us as we age, whether it be physical changes, illnesses, ailments, or memory issues, but what we don't anticipate sometimes is those food insecurity issues and isolation, and those can be prevalent also in the aging process. Some statistics further about Nebraskans that are food insecure that are age 6-- 60 and older. Feeding America has a report out that 20,200

Nebraskans are in that situation. 27% are living alone. And almost 95% of older adults nationally have at least one chronic health condition. So when you put all those things together and you have a lack of access to regular, nutritious meals, that contributes to higher rates of health problems, depression, gum disease, asthma, diabetes, heart attacks. Kierstin talked a little bit about the loneliness factor, and I, I-- that's a really important piece, I think, to this whole thing, is social isolation and loneliness. If you're food insecure and you're also socially isolated and lonely, that also can create some problems. The U.S. Su-- Surgeon General has advised that a lack of social connection can increase the risk of premature death as much as smoking 15 cigarettes a day. It's a public health crises that we're in. Together, the health risks result in significant care costs for seniors themselves, as well as we've heard from Medicare, Medicaid, taxpayers, and the health care industry. The rest of my testimony, again, kind of goes into more details on the home-delivered and congregate meals. I know you've heard a lot of discussion about that. I do want to personally bring up also-- I am a Meals on Wheels volunteer and have been for many years here in Lincoln, and I've actually done in other communities. And the points that have been made previously, I reiterate those 110%. People know who you are when you come to the door. They're expecting you. They're waiting at that exact time. They know what day you're coming. But I think, again, the most important thing is that touch that you have with them personally, that personal contact when you come to-- they come to the door to get their meal, the smile on their face. I've had to go in and help people get something off of a shelf or put something away or, can you grab that? Can you bring that box in for me? It's that personal connection. But it-- sometimes it's just those little-- the little, little things that keep them aging in place at that lowest level of care. The health check thing. I've also had to call 911 because somebody didn't answer the door and we couldn't get a hold of them. We couldn't get a hold of their-- the person that was their contact. They ended up-- had fallen. And if somebody hadn't been there to check on them, who knows how long that they would have laid there? I'm out of time, so I-- have other things I would like to say in response, but I would certainly take any questions if you have them.

FREDRICKSON: Any questions from the committee? Senator Hansen.

HANSEN: Thank you. It's a question I think Senator Riepe might have asked about SNAP benefits. How many, how many older Americans-- or, or older Nebraskans are eligible for SNAP? What percentage? Do you know?

JINA RAGLAND: I don't know the exact percentage. That's the one thing I didn't write down, Senator Hansen, but I will get it for you. But they are eligible, 60 and older. It's 165%, which we have-- the, the bill that Senator Quick has with the sunset provision. I will tell you that the, the most-- there are a lot of Nebraskans who are eligible who don't take it. And I think a lot of that-- again, we've, we've had that discussion before-- but a lot is-- they-- they're either too proud, they don't know, or they don't want to do that. So the number-- and I, I apologize I don't have that at the top of my-- but I will get that number to the committee, of what the number of Nebraskans 60 and older are. It's a supplement to what the area agencies on aging are providing. And I think there's a lot of factors. It's roughly around $292 a month, I believe, is what one person can receive on SNAP. So when you start figuring out, you know-- again, you go to the grocery store and how much things cost and that sort of thing. But not to bela-- again, I'm happy to get that, that number to you. I--

HANSEN: I'm curious, yeah.

JINA RAGLAND: --I apologize I don't have that right now.

HANSEN: That, that's fine. Thank you very much.

JINA RAGLAND: Mm-hmm.

FREDRICKSON: Other questions? Seeing none. Thank you for being here. Are there proponents for LB382? Welcome.

JULIE MASTERS: Hi. Hello. Good afternoon, senators. My name is Julie Masters, J-u-l-i-e M-a-s-t-e-r-s. While I'm a faculty member at the University of Nebraska-Omaha in the Department of Gerontology on the UNO campus, I am providing this testimony for L-- or-- excuse me-- for LB382 as a citizen and not as a representative of the University of Nebraska-Omaha or its system. The opinions expressed are my own. For those living in areas with limited services, including assisted living and nursing home services, the local area agency on aging is often the only service available. Through such programs as home-delivered meals, homemaker services, bath aides, and chore services to remove snow or cut grass, older adults, especially those over the age of 85, can remain in the community they call their, their home. It is worth noting that while area agencies on aging have been around since the 1970s, the needs for these services has grown in a time when traditional sources of support such as family members and friends have declined. The days of having several adult children to provide support

to an aging parent has gone away. Older adults, especially the unfriended, need the support provided by AAAs. The 85-plus group represents one of the fastest growing segments of the population and will continue to grow as the baby boomers age into the oldest of old category. This cohort includes both men and women and those who either do not have a spouse or have limited family support. Their presence in the state is felt most notably in more rural areas where the availability of services is limited or nonexistent. The AAA serves as a-- in a surrogate role to support people who need just a little help to remain in their homes. As a gerontologist who has worked in the field of aging for the last 40 years, I have witnessed firsthand the work and efforts of Nebraska's AAAs in serving older adults. I can't imagine where this state, especially those in more rural areas, would be without them. Thinking long term-- and I'd like to suggest thinking three plays down the field-- providing additional funding today through this particular bill will support people for a longer period with services that are cost-effective and supportive to their well-being. Added funding for these services will potentially delay the unanticipated need of more restrictive services such as nursing home care in the future because people receive the support they needed when it was cost-effective. Thank you very much.

FREDRICKSON: Thank you for your testimony. Any questions from the committee? Senator Hansen.

HANSEN: Thank you, Mr. Vice Chair. You seem like the right person to ask this question to. Statistically, or maybe in your opinion, have fewer and fewer people been willing to take care of their older family members and rely more on services and facilities to do it? And if so, why?

JULIE MASTERS: Well, first of all, that's a great question. And I want to compliment you on all the questions you've asked, because I'm taking that back to, to my work. So there's something that's called the caregiver support ratio. And probably 15, 20 years ago, we could count on anywhere from five to seven adult children to provide support to an aging family member. That number of available children to provide that support has actually gotten smaller. So today, in 2025, you can anticipate anywhere from two to three children-- adult children-- that could be available to provide support to a family member. Part of the challenge is, even though you might have that number of people available, that's not an indication of their ability or capability to serve as a caregiver, either because of physical limitations, cognitive limitations, or even, dare I say, financial

limitations that would preclude them from being a source of support for their family. And so when we-- you know, when I-- as a gerontologist, when I think about the future, I think about not only the growing number of older people, but the shrinking number of younger people that are available to serve as caregivers, to serve as workers, to serve as family members, and frankly to serve as taxpayers.

HANSEN: My concern as a policymaker is unintended consequences of our good intentions. Right? And so sometimes we have good intentions of providing services for people, but then the unintended consequences is family members then feel like they're-- they no longer have to take care of them because they have other avenues to do it. Do you ever see that at all, like, the tre-- like a, a, a, a, a trend of, like, the more, like, services that are provided by the government, the less likely family members are to take care of them? Or is that a thing at all?

JULIE MASTERS: You know, I think it-- you know, just as every older person is unique and different, I think every family situation is unique and different. For the most part, if people can provide that care, they will. But part of the challenge is that you have-- you know, when, when I was going to school, we had 1,600 kids in our grade school. Today, there's only about 300-- I grew up in Omaha-- about 300 kids in that particular school. So the-- you've seen a contraction in the, in the number of available people to provide that care. I still think people want to care for their family. They just may not be able to, again, for the things that I mentioned, but also for adult children that have left the state. You know, we need to get them back as well. So. Excellent questions.

HANSEN: Yes. Thank you.

JULIE MASTERS: Thank you, sir.

FREDRICKSON: Other questions? Senator Ballard.

BALLARD: Thank you for-- thank you, Chair. Thank you for being here. Ms. Ragland had an interesting statistic about social isolation. Are more individuals 60-plus years old, are they not joining the same amount of clubs or any sort of-- will you fill in the blank of what club-- those clubs would be? Or do they have access to those clubs now?

JULIE MASTERS: Well, I, I think it depends on the club that you're referring to. Is it, is it something like Kiwanis or--

BALLARD: Or a league or like a [INAUDIBLE] or something where they can have interaction.

JULIE MASTERS: You know, it's interesting some people enjoy that and they make that decision. Other people, not necessarily. But as you see-- particularly in clubs that I pres-- I do community presentations. What they're seeing is a shrinkage in the number of people that could be part of the club. So those clubs eventually just go away. They drift away. You think about your legion groups and things of that sort. You know, I think the other thing, though, when you think about connections with people, that's more readily available maybe in an urban area like Omaha and Lincoln, Kearney. But if I'm out in-- you know, Nebraska's a beautiful place. And if I'm out in the Sandhills, I may not have that kind of luxury to connect with other people.

BALLARD: OK. Thank you.

JULIE MASTERS: You're very welcome.

FREDRICKSON: Other questions? Seeing none. Thank you for being here.

JULIE MASTERS: Thank you very much.

FREDRICKSON: Any other proponents for LB382? Seeing none. Moving on. Any opponents for LB382? Seeing none. Anyone here to testify in the neutral capacity? Good afternoon.

JOHN MEALS: Good afternoon, Chair Fredrickson and members of the HHS Committee. My name is John Meals, J-o-h-n M-e-a-l-s. I'm the Chief Financial Officer for the Department of Health and Human Services. And I'm here to testify in a neutral capacity on LB382. LB382 intends to appropriate $2 million per year from the Managed Care Organization, or MCO, Excess Profit Fund to the state's eight AAAs for the purpose of providing additional services under the Nebraska Community Aging Services Act. The purpose for my and the department's testimony today is not necessarily to speak on the aging program, but rather to provide the committee with a kind of a history and status update on the balance and forecast for the MCO Excess Profit Fund. MCOs contracting with Nebraska Medicaid program are allowed to make a profit, but they must return excess profits. The risk contract between the state and the MCOs defines excess as any amount greater than the

specified percentage of the aggregate of all qualifying revenue by the MCO. Currently, that specified percentage is 2%, although there are nuances that exist within the MCOs' contracts. Calendar years 2020, '21 and '22 resulted in significant increases to the Excess Profit Fund annual revenue. Revenue from CY '20 was $20.2 million. Calendar year '21 was $34.3 million. And then calendar year '22 was $41.8 million. Now, these increases were primarily due to the public health emergency, or the PHE, and specifically that during the public health emergency, Medicaid as a program was mandated to keep people enrolled in Medicaid for much longer periods than normal. Generally, the per member per month cost declines with the duration of an individual's coverage, and thus, with the PHE keeping people on longer, that resulted in the MCOs' cost over time being lower in comparison to their forecasted capitation rate that they were paid. That's what creates the larger profit margin. Another issue in forecasting these costs was Medicaid expansion that launched during the public health emergency. The department referenced other states like Iowa to set the initial cap rates for expansion. However, due to the public health emergency-- again, keeping people enrolled in Medicaid longer-- the actual per member per month cost came in lower than expected. The department did make acuity adjustments to the capitation payments during this period, but honestly we were flying blind during the public health emergency and did not have historical knowledge of how that would affect both our cost in the MCOs. So we were still off on our, on our projections. Now that the public health emergency is over, annual excess profit amounts for the MCOs will normalize or basically reduce. Calendar year '23 reconciliation, which will be paid in state fiscal year '25-- so there's a two-year lag between the reconciliation and when it's paid-- that was the final year of the public health emergency, and revenue in calendar year '23 is projected to be approximately $29.6 million. So again, down from the $41 million the year before. Revenue in calendar years '24 and '25-- which will be paid during the next biennium in fiscal years '26 and '27-- will continue to decrease now that PHE unwind is complete and Medicaid enrollment has stabilized. What the department wants to make clear is that revenue stre-- the revenue stream from the MCO Excess Profit Fund is not guaranteed on an annual basis. I'll-- see my red light. I'll pause there. Want me to continue?

FREDRICKSON: Feel free to continue, yes.

JOHN MEALS: OK. Thank you. Sorry. I'm going to repeat that. So what the department wants to make clear is that the revenue stream is not guaranteed on an annual basis. For example, in calendar year 2019--

which was the last year prior to the public health emergency-- that resulted in two of the three MCOs reporting a loss that year and a-- the third MCO reporting a profit, but it was below the 2% cap. So essentially in that year, the department received no excess profit payments for that, for that calendar year. Now, existing legislation already utilizes about $6.5 to $7 million per fiscal year in '26 and '27. Obviously, LB382, along with several other legislative bills that tap into the MCO Excess Profit Fund, would be in addition to that existing earmark. Creating ongoing appropriations from this fund that does not have a consistent, guaranteed revenue stream could result in a future need for state general funds. In conclusion, with suspected decreases in revenue, overutilizing the Excess Profit Fund could deplete the fund to the point that it'll no longer be viable source for ongoing programming. Again, thank you for your time. And I happy-- happy to answer any questions that you have for me.

FREDRICKSON: Thank you. Any questions from the committee? Senator Hansen.

HANSEN: So would you recommend kind of like what we did with, I think, Senator Dungan's bill-- that we just recently got out of committee and it's on the floor-- putting a provision in the bill that says if the Medicaid Excess Funds, if it exceeds the-- what we have in the fund that we can't pull it out of general funds?

JOHN MEALS: So-- I mean, I don't know the specific language in, in what you're referencing, but, I mean, some kind of clause that, that would limit it to what's available in the fund I think probably would be helpful. Otherwise, again, it'd be-- just becomes a state General Fund cost.

HANSEN: [INAUDIBLE] I don't know how we appropriate that too anyway, so. I know we had-- just had to do that with Senator Dungan's bill, so I didn't know if that was something we need to do with this one.

JOHN MEALS: I can look it up.

HANSEN: Thanks.

JOHN MEALS: Well, I-- sorry, I-- for you, Senator Hansen, I heard your questions about SNAP. I did send a text to our EA people to try to find an answer for you quick. They did not answer it fast enough. But I can-- we're going to look up that answer and get that back to you.

HANSEN: Thanks.

FREDRICKSON: Senator Riepe.

RIEPE: Chairman, thank you. I'm, I'm looking to see if you have some inside information in terms of-- along the discussion that's going on right now at the national level is the potential of Medicaid-- this Fed's participation in what now is 50/50 fundamentally from the state, that they're talking about reducing that number in the interest of national debt and I guess tax cuts. Do you have any inside information that you can tip us off today on?

JOHN MEALS: Not anything that is more than what you probably already know. We've been told that there's a variety of things on the table, you know, including reducing the FMAP, getting rid of the floor. That could be-- reduce the FMAP related to Medicaid expansion. There's a number of things that are on the table, but we haven't gotten anything concrete. And it, it will likely be some time before we do.

RIEPE: If some of that comes to fruition, it'll have a major, major impact across all of the HHS services--

JOHN MEALS: Yep.

RIEPE: --in the state.

JOHN MEALS: Yes, sir.

RIEPE: Thank you, Chairman. Hate to be a pessimist, but.

FREDRICKSON: Other questions from the committee? Seeing none. Thank you for being here.

JOHN MEALS: Thank you, sir.

FREDRICKSON: Anyone else here to testify in the neutral capacity? Seeing none. Senator Meyer, you're welcome to close. While you come up, we did have online comments. We had 27 proponents, 1 opponent, and 2 in the neutral capacity. Welcome back.

MEYER: Here I am again. I want to thank everyone that testified behind me. I think their testimony was very relevant. There's a couple things I'd like to address. Initially, Senator Riepe has concerns about an assumption of continued management and costs, which I share. I want to point out the fiscal note. The technical note says the amount of future funding in the MCO Excess Profit Fund is unknown. So general funds would be needed if this bill passes and there's not adequate

funding available, which the, the, the last testifier addressed. We're dealing with the here and now. We're dealing with the facts that are on the ground right now. I can't anticipate what's going to be in that fund five years from now. I believe with proper management in the Department of Health and Human Services when we're budgeting and prioritizing where dollars need to go. I think this will be addressed so we're not here-- for years from now and looking for an additional funds out of any particular cash fund or from the General Fund. And so I think that's a matter of management. I think that's a matter of prioritizing where we spend our dollars. And hopefully this committee, myself included, we can assist in that. And so I do share your concerns, but we're dealing with the here and now, not what's going to happen in the future with Medicaid. That deals with the fiscal note. What are our priorities with regard to what we're doing with Health and Human Services? Many of the things that were addressed, many of the, the testifiers dealing with this situation-- the personal contact, tremendously important. Reduced services if we don't provide some additional funding. People going on a waiting lists. In many cases, this is their primary meal. This is-- this may be the only hot meal they get in a day's time for various reasons. And, and we can address-- we can talk about those reasons, but it's irrelevant to the fact that this may be the only hot meal they get in a day's time. They stay in their own homes. Having had a mother in fortunately independent living, but understanding the cost associated with that, with assisted living as part of the facility she was in, much more economically feasible to keep people in their own homes. And, and certainly people are much more comfortable, as we all are-- those of us that have apartments here that are living in Lincoln, we don't live close enough to be able to, to drive. When we go home on the weekends, sleeping in our own bed is a real luxury, quite frankly, which I think many of you can, can appreciate. It was highlighted there's an increa-- increasing need-- you know, 30% increase in older people-- I'm in that category, quite frankly-- every five years. And we're living longer. And so this population is only going to increase and the need is on-- only going to increase. And in all probability down the road, our commitment will have to increase. Has nothing to do with this bill in the here and now, quite frankly. It should be a priority for Health and Human Services and all of us to take into consideration-- what is our responsibility here? What is our responsibility to our communities? And, and I think this is one that each of us, whether you're in Omaha, Lincoln, Scottsbluff, Pender, Nebraska, Broken Bow, Valentine, regardless, or any other small town in America-- in, in Nebraska. What are our priorities? And, and who

do-- who should we be taking care of? We've had a number of people that have weighed in on this as far as emails. I, I would, I would like to point out one from someone that's relatively familiar: Mr. Roger Lempke of the Seniors Foundation. They certainly fully support LB382 and the funding that this would provide, the shortfall that we have in this, in this program currently. Once again, we're dealing with the here and now, not, not the what-ifs. We can't deal with the what-ifs. We have to deal with the here and now. With that, I would welcome any other questions, any other observations. I do appreciate the questions from the committee. It shows you guys all care about this very much. And, and so I thought your, your questions were on point, and I appreciated your effort today. Thank you.

FREDRICKSON: Thank you, Senator Meyer. Any questions from the committee? Seeing none. Thank you. That will end our hearing for LB382.

Yes, of course. Please. Police helicopters.

You know how to clear away those?

Yes.

FREDRICKSON: OK. We will now move on to LB281. Senator Quick, you're welcome to open.

QUICK: Yes, sir. Thank you, Vi-- Vice Chair Fredrickson and members of the committee. My name is Dan Quick, D-a-n Q-u-i-c-k. And I represent District 35, and I'm here today to introduce, introduce LB281. LB281 is a good government bill brought to me collectively by the Nebraska Association of Nurse Anethicists [SIC], the Nebraska Nurse Practitioners, and the Nebraska Nurses Association. LB281 would eliminate the Board of Advanced Practice Registered Nurses and transfer all of the duties therein to the, to the Board of Nursing. Currently, the two boards consist of 21 members: 12 for the Board of Nursing and 9 for the APRN Board. The new board would be a total of 16 members. The Board of Nursing would expand by one addition-- public-- one additional public member as required by statute and three additional advanced practice registered nurses. The main reason for these three additional APRNs is to potentially cover the four disciplines of the advanced practice registered nurses, which include nurse "anethecist," nurse practitioners, nurse midwives, and clinical nurse specialist. For two-- for the past two years, Governor Pillen has been seeking to shrink the number-- the total number of Nebraskans

on boards and commissions in an effort to clean up some outdated legal requirements. LB281 seeks to help in that regard by combining these two boards into one encompassing board with nurses regulating nurses. The new board will con-- will contain registered nurses, advanced practice nurses, licensed practical nurses, nurse educators, administrative nurses, and practical and staff nurses, along with members of the public as required by law. Thank you. And I would appreciate the committee's vote on this bill. And I'll happy to-- be happy to answer any questions.

FREDRICKSON: Thank you, Senator Quick. I would say any questions from the committee, but I'll say, Senator Riepe, any questions?

RIEPE: No. I'm quiet as I have been all day.

FREDRICKSON: Thank you, Senator Quick. We will now hear from proponents for LB281. Good afternoon.

KENT ROGERT: Senator Fredrickson, members of-- well, whatever's left of the HHS Committee. My name is Kent Rogert, K-e-n-t R-o-g-e-r-t. And I'm here to be a proponent for LB281 on behalf of the Nebraska Association of Nurse Anesthetists, some of which are here with us today. So this goes back to a, a bill from Senator Brewer on behalf of the governor in 2024 that sought to, as Senator Quick mentioned, shrink, shrink government a little bit. That bill basically just struck the APRN Board from the statutes. And it, it did not pass last year. And in anticipation of that happening again, I worked-- our association worked with the nurses and the nurse practitioners to come up with this bill that does it in a more sensible fashion, taking all the duties from the APRN Board and putting it into the Board of Nursing, shrinking it from a total of 21 down to 16. And lo and behold, there's a bill from Senator Arch this year that does the same thing as the Senator Brewer bill last year. That hearing was last week, on LB346. In the opening for that bill from Senator Arch and Kenny Zeller of Policy Research Office, they, they asked the committee to take the APRN Board out of that bill because we're handling it over here in this committee. So just for-- I've got some numbers over here while we-- why we-- just for some knowledge. So there are about 33,000 nurses in Nebraska, 4-- registered nurses, 5,000 li-- licensed pract-- practical nurses, and about 5,000 advanced practical nurses, 4,000 which are nurse practitioners, 750 are nurse anesthetists, 71 are clinical nurse specialists, and 66 are nurse midwives. We feel that the makeup of the board in this bill represents everybody there. I had a little conversation with the governor's office last week. They

have-- they're, they're-- would like us to maybe think about making it a little smaller, so we may talk about that moving forward on this bill. But I'd be happy to answer any questions from the committee. Thank you.

FREDRICKSON: Thank you. Any questions from the, the committee? All right. Seeing none. Thank you.

KENT ROGERT: Consent calendar. I like it.

FREDRICKSON: Next proponent. Welcome.

ANN YOUNG: Hi. Good afternoon, Mr.-- Chairman Hardin, Hardin's not here, but members of the Health and Human Services Committee. My name is Ann Young, A-n-n Y-o-u-n-g. And I am a family mental health nurse practitioner from Lexington, Nebraska. I am here to testify in support of LB281 on behalf of the Nebraska Nurse Practitioners. Thank you to Senator Quick for introducing this important bill. For decades, the nurse practitioner community has been caring for Nebraska residents in the cities, towns, and rural communities across our state. As clinicians who diagnose and treat acute and chronic conditions, prescribe medications, and emphasize preventative care, nurse practitioners serve a critical role in providing high-quality health care to Nebraskans. With the support and partnership of the Legislature, we have been able to improve access to care and grow our nurse practitioner workforce. However, Nebraska can do even better, and that is what LB281 is designed to do. LB281 consolidates the regulation of nurse practitioners under the Board of Nursing. Nurse practitioners are currently regulated under two different boards. This structure of regulating one profession under two different boards is outdated, costly, and no longer serves the best interests of the state. In fact, Nebraska is the only state in the nation with this structure. This bill does not change the practice of nursing or alter our scope of practice. LB281 simply streamlines the regulatory boards governing APRN practice and licensure. This bill will improve the efficiency of regulating our state's nursing workforce, save regulatory costs, and bring Nebraska into alignment with the national standards for nursing regulation. On behalf of Nebraska Nurse Practitioners and the patients we care for, I ask for your support on LB281. Thank you for your service to the state. And I would be happy to try to answer any questions. Thank you.

FREDRICKSON: Thank you for your testimony. Any questions from the committee? Senator Riepe.

RIEPE: Thank you. I like this bill. Thank you.

FREDRICKSON: Thank you, Senator Riepe. Also, said that-- you traveled from Lexington.

ANN YOUNG: I did.

FREDRICKSON: Yes. Well, thank you for taking the time to drive here. It, it's always helpful to hear from providers. So appreciate you being here.

ANN YOUNG: I appreciate it. Thank you.

FREDRICKSON: Thank you. Other proponents. Welcome.

LINDA HARDY: Thank you. Vice Chair Fredrickson and members of the Health and Human Services Committee. First, I'd also like to remember to thank Senator Quick for introducing this bill. My name is Dr. Linda Hardy, spelled L-i-n-d-a H-a-r-d-y. I am a registered nurse with a PhD in Nursing Education. I've been a registered nurse in Nebraska for over 48 years and a nurse educator for the past 21 years. I'm the current President of the Nebraska Nurses Association. I'm speaking on behalf of the NNA with the endorsement of NNA Legislative Advocacy and Representation Committee, which we call LARC because that's way too many words to say. So the NNA wishes to express support of LB281, that will transfer the duties of the Board of Advanced Practice Registered Nurses to the Board of Nursing. Advanced practice issues in nursing may involve nurse practitioners, nurses aneth-- anesthetists, clinical nurse specialists, and nurse midwives. The Board of Nursing is capable and uniquely qualified to address advanced practice nursing issues, including licensure, scope of practice, education requirements, certification, and ongoing professional development. Nebraska is one of only four states that have a separate board for APRNs. So I don't know which of us have the more accurate statistic there. I have it cited down there, so you can look it up and see which one of us is correct, if there is only one state-- being Nebraska-- or four. One responsibility of the Board of Nursing and the Board of Advanced Practice Nurses is to discipline nurses who violate scope of practice or require-- required levels of professionalism. Under the current system, the involved nurses case is reviewed by the Poard-- Board of Nursing in relationship to the Registered Nurse License and the Board of Advanced Practice Nursing for the Advac-- Advanced Practice License. The Board of Nursing meets monthly, while the APN [SIC] Board only meets quarterly if they have a quorum. This process is

inefficient, causing delays in timely action and is burdensome to the involved nurse. The NNA-- oh. Excuse me. The current APRN Board is composed of four APRNs, one for each role, three MDs who work with APRNs, and two consumers. Nurses have their own nurse practice act which clearly defines and guides nursing practice. Nursing practice should not be governed by physicians. Having one licensing board for all nurses promotes patient safety, maintains high standards of care, and supports excellence in nursing practice. The NNA is the professional organization that represents over 29,000 RNs licensed in Nebraska. Bound by a code of ethics, nurses have a duty to be responsible and accountable for nursing practice. The Nebraska Board of Nursing is the appropriate body to uphold this duty for all Nebraska nurses. For these reasons, the NNA supports LB281. And we ask the committee to advance this bill.

FREDRICKSON: Thank you for your testimony.

LINDA HARDY: I almost made it.

FREDRICKSON: You almost made it. Just slightly over. Senator Riepe.

RIEPE: Thank you, Chairman. My question is this: on your new-- I assume you'll then have to revise your board, the makeup. And my question would be is-- and I was a little bit surprised here that the current APRN Board is posed of three MDs who work with-- were they-- what-- do you have a plan for them or is that worked out yet of whether those three MDs stay on the new board or do they go away?

LINDA HARDY: They, they do not stay on the new board.

RIEPE: Fair enough. OK. I'm not anti. I'm, I'm-- I just-- it--

LINDA HARDY: I'm not anti either, but nurses should--

RIEPE: It seems illogical on a nursing board to have--

LINDA HARDY: Exactly. Nursing should--

RIEPE: --even if they're female physicians, I don't care. Either way. Thank you, Chairman.

LINDA HARDY: Well.

FREDRICKSON: There are also male nurses as well. I will put on the record.

LINDA HARDY: Exactly. And we're getting more. We're getting more.

FREDRICKSON: Other questions?

LINDA HARDY: Kind of along your line. I would-- someone mentioned, you know, the, the number of people on the board. If that composition and number, we would be honored to have that discussion, be a part of that discussion if that's something that would be helpful with this bill.

FREDRICKSON: Great. Thank you. Other questions? Seeing none. Thank you for your testimony.

LINDA HARDY: Thank you.

FREDRICKSON: Other proponents for LB281? Nope. Anyone here to testify as an opponent to LB281? Anyone here to testify in the neutral capacity for LB281? All right. Senator Quick, you're welcome to close. While you are coming up, we did have online comments. We had 23 proponents, 0 opponents, and 1 in the neutral capacity. Senator Quick.

QUICK: Thank you, Vice Chairman and, and committee members. And I have one note wrote down here: wife. And so my wife-- of course, you all-- I probably talked about her a little bit. She's been a nurse for-- well, I think this year will be 46 years. And so although she's never served on this board, I know she has appreciation for what they do. And, and I'm-- hopefully that we can bring this bill out and, and get it passed on, so. Thank you, committee members.

FREDRICKSON: Thank you, Senator Quick. Any questions from the committee? Seeing none. Thank you for being here. That will finish our hearing for LB281 and our hearings for the day.