FREDRICKSON: All right. Thank you for that laugh. All right. Good afternoon. Welcome to the Health and Human Services Committee. I am Senator John Fredrickson, representing Legislative District 20, and I serve as the vice chair of the committee. The committee will take up bills in the order posted. 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 are planning to testify today, please fill out one of the green testifier sheets that are on the table at the back of the room-- or the side of the room, I should say. Be sure to print clearly and fill it out completely. Please move to the front row to be ready to testify. When it is 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, then opponents of the bill, and finally, by anyone speaking in the neutral capacity. We will finish with a closing statement by the introducer, if they wish to give one. We will be using a 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 that you need to wrap up your final thought and stop. Questions from the committee may follow, which do not count against your time. Also, committee members may come and go during the hearing. This has nothing to do with the importance of the bills being heard; it is just part of the process, as senators may have 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 a page. 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 from 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. the day of the hearing. The only acceptable method for 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 will now have committee members with us today introduce themselves, starting on my left.

RIEPE: Welcome, welcome. I'm Merv Riepe. I represent District 12, which is Omaha, southwest Omaha and the little town of Ralston.

HANSEN: Ben Hansen, District 16. I represent Washington, Burt, Cuming, and parts of Stanton Counties.

MEYER: Glen Meyer, District 17. I represent 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.

FREDRICKSON: Also assisting the committee today, to my right, is our legal "counserl"-- counsel, John Duggar, and to my far left is our committee clerk, Bar-- Barb Dorn. Our pages for the committee today are Sydney Cochran, majoring in business administration and U.S. history at the University of Nebraska-Lincoln, and Tate Smith of Columbus, a political science major at UNL. Today's agenda is posted outside the hearing room. With that, we will begin today's hearing with LB310. Good afternoon.

HANSEN: Good afternoon, Vice Chair Frederickson and members of the HHS Committee. My name is Ben Hansen. That's B-e-n H-a-n-s-e-n, and I represent Legislative District 16. Today, I'm presenting LB310, and addressing the requirements for newborn screening. I'd like to preface this conversation with consideration towards those who have ultimate responsibility of a child. It is not the state, it is not DHHS, it is not the physician, it is the parent. 47 other states acknowledge that parents have a right to object to newborn screening. Again, I'll repeat that one. 47 other states-- we're one of three. We are unique in demanding a medical procedure to be done without the right of refusal. My question to you is, what other medical procedure in our state is mandatory? We even had this discussion last week with syphilis testing, if you remember. Yes, the state might think it's a good idea to have the test be a regular procedure, but there is a thing as a right to refuse. Last year, I brought LB1060, with the same language as LB310. After that hearing, a constituent of mine emailed, who was threatened with having her child taken from her because she had failed to get the test done in the 48-hour requirement. She hadn't

been told of the time limit, and was trying to get a better quote in order to save money. Since then, people have been reaching out in support. I have received emails, heard stories, had phone calls and over 130 online comments, all from parents in support of LB310 and the ability to act according to their rights as a parent. I have heard of religious reasons why they want to decline the screening, of the financial burden, of malfunctions of the hospital drawing the blood, of the mistreatment they have received. For anyone who makes a medical decision for themselves or their children, you know there are various reasons one might refuse a treatment, a test, a dietary suggestion or medication. Maybe it's because you choose an alternative route. Maybe you were given this suggestion between two options, so you refuse one form of treatment, but accept another. For your child, making those decisions are up to you, the parent. Those here and against LB310 must be asked a question: how would you feel if your child was taken away from you for that decision? Nebraska has taken a child away from its parents because of failing to do the newborn screening test. The Anaya family objected to the screening in 2007. Their child was removed from their home until he was given the test. The test was negative. Joel Anaya was treated like he was sick and at risk; the parents were treated like they had-- that they were bad and neglectful, when in reality, Joel was healthy, and the parents were making a medical decision they thought best, just like you do. In fact, you make decisions you think are best when you feed your child, bathe your child, put your child to bed, and transport your child. The numbers show that your decisions during these moments are actually far more risky, and the percentage of instances causing harm or death in doing these are far greater than refusing the newborn screening. To kind of put it in a different perspective, imagine if your child had a fever and the state mandated you take antibiotics, otherwise they'd take your child from you and give the child antibiotics. None of you here would agree to that. I understand that this test has benefited some families in Nebraska. DHHS is not required to report on the issue, so the numbers, on average, of trends that I found from the la-- latest report in LO-- LRO research. In 2022, 67 out of 24,609 births tested positive for some sort of congenital disease or deficiency. That's 0.27%. Those families were able to tell that their child needed treatment or dietary changes. We are thankful for that. I'm not saying that infants shouldn't be tested. In fact, I'd recommend it. There will be doctors, families, hospitals, organizations, organizations, all in opposition for how someone else decides to parent their child. However, I feel it's out of concern and the fact that they care about their patients and these families. Another way to kind of put this in

a different perspective: with an issue like this that has been going on for decades, sometimes we just continue to do things, and we just don't think about it, and we just-- this is just how we've always done it. Now, imagine if we have never done it this way, and I brought you this bill and I said, "I'm going to mandate that we do this medical procedure on a child after they're born, to see if they have these diseases. And if not, it should be the state's right to not give them a birth certificate, or actually take that child physically from their parents and do it." If I brought that bill to you today, I'm almost positive none of you would vote for that. But we do it right now. LB310 simply adds that if a parent objects to newborn screening, that infant is made exempt from the requirements to be screened. I wrote LB310 in a way that makes sure all infants will be screened. It will still be the norm. For individuals who are unaware of the risks of possible conditions, or s-- or benefits to early screening, their children will still be screened. That's a little different, and I kind of talked to some of you about this before. The difference between the bill I wrote two years ago versus this one-- we put the onus a little bit more on the hospitals and the physicians with the, with the last bill. This one, the onus is a little bit more on the parents now. They have to go to the hospital or the physician and say, "I choose to not get this test." If they don't say anything, the child still gets tested like normal. We're not changing any of that. But for parents who have, for some reason, an objection to the newborn screening, and take initiative on their own to decline the screening, they will be able to do so. I received a letter of support from the Cystic Fibrosis Foundation, which you probably have in front of you. Cystic fibrosis is one of the genetic diseases screened for on the test. They understand the difficulties and risks of the disease. They were-- they would encourage all children to be screened. Yet, they understand the responsibility given to parents. Even the statute we're dealing with says the hospital and those performing the tests are not liable, and the decisions made after the test is taken to the responsibility of the parent. The Cystic Fibros-- Fibrosis Foundation requested that we require information to be provided to, to the parents before they're able to refuse. This protocol is in line with informed consent. The newborn screening law already requires DHHS to prepare materials, so I have brought AM79-- which is in front of you-- to ensure these materials are given to parents so they can make an informed decision. This is not a debate about if the screening is safe or effective. This is about the parent and their ability for informed refusal. In considering LB1060 [SIC], I ask that you consider who is responsible for the infant. Who is responsible for your child? If it is the

parent, then I ask that you pass LB1060 [SIC] out of committee. I appreciate your time today, and open to any questions you may have. Thank you, Mr. Vice Chair.

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

RIEPE: Thank you, Chairman. Thank you, Senator Hansen, for being here. One of the questions I asked is, I think, somewhat related. Of the 47 states that allow parents to opt out, do all of those have mandatory seat belts for the protection of children?

HANSEN: I'm unsure if they have mandatory, or if it's a secondary offense, like Nebraska has.

RIEPE: But Nebraska is mandatory for seatbelts.

HANSEN: Well, it's a secondary offense. So it's not really mandatory, only if they pull you over for something.

RIEPE: OK.

HANSEN: Yep. And again-- because I've heard that argument before, too. Or, like, we put children in child restraints. I think what we're talking about here is also a medical procedure versus something that the state recommends the parent do in order to keep them safe. You also have the option to not transport your child if you don't like seatbelt law. Which is kind of odd, but--

RIEPE: I would contend the seriousness of the medical side is much more than the seat belt. So, it's, it's a much more serious surrender if you move away from the mandatory. The other question I have, being a full-time hospital administrator, is I've seen enough of these cases that-- and I think we had a total of 53 diagnosed in 2024 in the state of Nebraska. Once it becomes a-- and I'm, I'm talking financial on this-- becomes a horrendous financial burden, both to the parents and also to hospitals, when it ends up on Medicaid or the portion, because hospitals generally don't get paid full cost. So, you know, it can run into millions and millions of dollars when you have 53 cases times, say, if it's a $5 million a case, it can be-- it's a lot. I-- that's, that's the, that's the hospital financial guy kind of looking at it.

HANSEN: Yep. And I, and I see that perspective. I think if we're going to take that perspective, then we better be testing for a whole lot of other things that are much more costly, such as diabetes. And we

should be doing blood tests on every infant per month for the first year of their life. We don't-- you know what I mean? There's a lot of tests we can do to prevent illness that are costly. But we do these-- which, again, I'm not against-- it's just the mandating part is what I'm concerned about.

RIEPE: You know, I've spent a number of years at Children's, and I got flooded with calls from [INAUDIBLE] of saying-- you know, they're looking at this a little bit-- though it's different than, in my opinion, diabetes. If you don't catch this particular-- with this test, you have to catch it at birth. You, you don't have the luxury of waiting a year or two years to catch it.

HANSEN: Actually, not necessarily.

RIEPE: Well, that's what they're telling me. And these are--

HANSEN: This is actually from-- I think this is from the department, when it talks about the newborn screening. Primarily, a positive or abnormal screening result means your baby is at a higher risk for having one of the conditions screened. Your baby might have one of the metabolic conditions, but it can't distinguish which one. Your baby had a special formula or feedings around the time the specimen was collected, which can be a positive result. You baby received blood a short time before the specimen was collected. Your baby could have a mild form of the condition. Your baby could be in-- an uninfected carrier of a gene for the condition. And sometimes, it's called a false positive. So, not necessarily if they find a positive on there, that's-- it's kind of-- it's a gradient, I think, that they could have it; it could be a mild form of it. I think that's when the art of being a physician comes into play, like understanding signs and symptoms and, you know-- and having the parent come in and having their child looked at, you know, and seeing what kind of condition the child is in, as well. So, it's kind of little bit of both.

RIEPE: It's also-- in addition to the art of the physicians, also the liability of the physician--

HANSEN: Yep.

RIEPE: --for negligence, if they happen to miss it. So--

HANSEN: Yep.

RIEPE: But thank you very much.

HANSEN: Yep.

RIEPE: I appreciate the engagement,--

FREDRICKSON: Yep.

RIEPE: --your time. And thank you, Chairman.

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

QUICK: Thank you, Vice Chair. One of my questions is, you, you mentioned the blood draw for the, for the test. Now, is that like a, a heel prick, or is it that they take just a small sample? It's not really a blood draw, like when you go for labs? Or is it--

HANSEN: From my understanding, yes.

QUICK: OK. OK. Yeah, I was just wondering because I know you mentioned that could be an issue, but I didn't know-- I, I wanted to make sure that we understood if it's just-- maybe just a--

HANSEN: Yeah, I'm sure there will be some people behind me who could probably further explain, like, in more detail--

QUICK: OK.

HANSEN: --what it is you mean.

QUICK: Yeah.

HANSEN: Again, it does make a difference, but it's-- the whole idea that it's mandatory.

QUICK: OK. Yeah. All right. Thank you.

FREDRICKSON: Thank you, Senator Quick. Senator Ballard.

BALLARD: Thank you, Vice Chair. Thank you. And thank you, Senator Hanson, for bringing this again. I have a question about the fiscal note, if you want to turn to that. So, first, you can comment, if you would like, on the department's need for a community health educator. I don't know--

HANSEN: Yeah, that costs, that costs like sixty-some thousand dollars a year.

BALLARD: I don't think you asked for that in this bill.

HANSEN: Well, this was before the amendment was brought.

BALLARD: OK.

HANSEN: So when I looked at the fiscal note, they said if LB310 were amended to require a refusal form under-- to DHHS, which is what the amendment does, that would change the fiscal note.

BALLARD: That would change this one? OK.

HANSEN: Yeah. According to what they say in the fiscal note.

BALLARD: Perfect. And then, the amendment, also-- I think you said amendment corrects their other concern with the enforcement of the legislation. Does your amendment correct that? On the second page of the fiscal note. They, they don't think they can enforce this legislation without "ricken"-- written records.

HANSEN: Oh, the staff when you'd-- oh, that's for their own, their own records, yeah.

BALLARD: OK.

HANSEN: So that's the whole point of the refusal form, for the hospital to have that, which I would assume they would. Not just for liability issues, but also it could be provided to the state to help with keep an accurate record of children that are born.

BALLARD: OK. Thank you.

HANSEN: This is your time, Chairperson Hardin, to ask me the hardest questions in the world.

HARDIN: Why don't you fill in the blank to find out which of those would be the hardest. We'll ask you that one first. Questions? Senator Quick.

QUICK: Thank you, Senator. One other question I had was on the consent form. Now, is that, that-- is that a waiver that releases the hospital or the facility of, of any--

HANSEN: Yes, I'm sure-- there's nothing in my statute that says specifically what the refusal form has to be like. But I would have [INAUDIBLE] there would be a lawyer involved. There's a lot of

liability forms hospitals provide for patients, where there's a refusal for an X-ray or some other kind of procedure that they recommend, but the patient doesn't get, so then the hospital isn't held liable. I would assume that would be in the same fashion as this.

QUICK: OK. Thank you.

HARDIN: Senator Meyer.

MEYER: Thank you, Mr. Chair. Senator, I appreciate you being here today with this, this bill. And, and to follow somewhat with Senator Quick's question-- on the refusal form, is there any criteria, any specific list of reasons why a parent may opt out? There may be a religious objection, it may be a, a variety of other things. It-- is that part of the opt out? Or, maybe there-- that, that's not fleshed out yet with regard--

HANSEN: Yep. That, that's part of the amendment. That's more the informed consent part. So, the hospital has to provide information about what the test is. I mean, what refusing it possibly means. The, the form I'm assuming the hospital would have the patient fill out would be more of a liability. But, like, you choose to opt out of this. I would assume they wouldn't put it on there for a specific reason, because I don't know if you can. Because a lot of these might be for religious reasons. You know, whether you're-- we've heard all kinds of stories from emails we've gotten, whether Muslim, whether they're Amish, whether some people are concerned about genetic information. We've had a lot of people explain to us why they don't want to get it for various reasons. So I wouldn't assume they would put that on a form. I don't know if they can, if it's a religious reason or philosophical, but I think they'd do it more for liability purposes.

MEYER: And, and just one follow-up, if I may. Assuming a parent [INAUDIBLE], the parents of a newborn baby outs out, is there any provision-- and, and I, I did look over the legislation; it's-- there's quite a little there. Is there any provision for the hospital to say, "you know what, we're going to do it anyway?" I mean, is there-- what-- is this final? If, if a parent opts out, is that it? Is that the final word? And maybe that's an unfair question, given-- you know, I haven't read every word in, in the legislation, but I tried and I tried. But--

HANSEN: Yeah. Well, you only have 17-- 730 bills to read, so it's fine. But the whole purpose of the bill is so the parent does have the reason to opt out. You know what I mean?

MEYER: So that's final?

HANSEN: Yep.

MEYER: OK. Thank you.

HARDIN: Additional questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Hanson, for, for being here, and for bringing the bill. I had a couple questions. You, you mentioned in the opening, so, what you-- this is a little bit different from a previous bill you brought. So, for what I understood-- I want to make sure I understood this correctly-- the difference is that parents would have to proactively opt out to this. Is that--

HANSEN: Yes.

FREDRICKSON: Am I understanding that correctly?

HANSEN: Yep. Yeah, you're, you're correct. And it's-- the way we worded the bill last year, it was, like, just-- the hospital had to provide, you know what I mean? The ability to opt out. Here, we're saying the parent has to, like you said, proactively go-- and we're assuming a parent who's proactively choosing not to do this is already informed. They understand the test; they know they don't want it. As opposed to somebody going there not knowing anything about it, like, "I don't want to get it." You know what I mean? And without a whole lot of knowledge based on why they're doing it. And so, that's why we kind of worded it a different way, just to give those informed parents a prerogative-- parents a chance to opt out.

FREDRICKSON: So the, the default would be to test the newborn?

HANSEN: Yeah. Right now, the way it's written, if the parent doesn't say anything, the-- nothing changes the way it currently is.

FREDRICKSON: OK. My other question was-- you, you mentioned in your opening there was a case where a, a child had been taken away from, from the family as a result of not getting this test. Do you have any information how, how often that's happening, or how often we see that?

HANSEN: I-- I'm unsure about how many times it's happening. I know that's just the one instance that we use an example of.

FREDRICKSON: Sure.

HANSEN: I know we have-- many people have emailed and told us about the risk of having their child taken away, or-- the-- this is what they tell me. You know what I mean? The, the threatening of possibly having their child taken away. Now, whatever that means, I'm unsure, right?

FREDRICKSON: OK.

HANSEN: It could be somebody saying, well, just FYI, in case you don't get this done in a certain time, there could be the possibility the state has to take your child and do it.

FREDRICKSON: Sure, sure. And is there-- do, do you know, in the case that you did mention, what-- were there other factors that led to that decision to have the child taken away?

HANSEN: I'm unsure.

FREDRICKSON: OK.

HANSEN: You know what I mean? I believe we had-- I can't remember-- I can maybe get that information to you afterwards about--

FREDRICKSON: Sure, sure.

HANSEN: They testified, I think, last time at the hearing. Or they did written testimony.

FREDRICKSON: Yep. My, my final question is, I, I, I heard a lot of your framing-- and I appreciate you framing it, kind of wanting to respect a parent's decision-making process with all of this. And I, I guess what I'm maybe struggling to understand is how, how is this in the best interest of the newborn to forgo the screening?

HANSEN: Well, we're trusting the parents to make that decision on what's best for the newborn.

FREDRICKSON: OK.

HANSEN: Right? And their ability to refuse a medical procedure. And so, how it's best for the newborn-- now, that's, that's where it comes

into that gray area where I'm saying-- I'm not opposed to the test. It's helpful. The testimony you hear behind me against the bill will say the same thing. Like, in some cases, the test has found a condition that has saved people's lives. I'm not opposed to any of that stuff. And so-- and a lot of times, the best interests of the child would be to check it. But the question we have to ask ourselves-- is that our right to mandate it on a parent, to-- if they want to refuse medical treatment.

FREDRICKSON: Sure. Thank you.

HARDIN: Where else is this optional, and how is it working in other states?

HANSEN: It's optional in 47 other states. I believe the three states where it's not optional is us, Virginia, and I think South Dakota. The ones where they are optional-- I had, I had some information-- and I always feel bad because Ellie, my L.A. just shows this stuff to me, and I'm like, "OK, so when I need to look it up, I can find it." Except I have a binder full of everything. The-- I have information on here about the tests. Specifically, I think North Dakota and Iowa, where it's optional, and how many of them have requested it to be optional. I believe, like, in Iowa, it's somewhere around 180-some requested--

HARDIN: OK.

HANSEN: --the option to opt out last year. And in North Dakota, I think last year it might have been 74.

HARDIN: OK. Thank you. Any other questions? Seeing none. Will you be with us later?

HANSEN: Oh, yeah.

HARDIN: OK. Proponents, LB310. Welcome.

NOVELYN SCHIPMAN: Thank you. Good afternoon, Chairman Hardin, and members of the HHS Committee. My name is Novelyn Schipman, N-o-v-e-l-y-n S-c-h-i-p-m-a-n. I appreciate you taking the time to hear my thoughts today. The opportunity to speak about something near and dear to my heart is always a privilege. Recently, my husband and I were blessed with the joy of starting a family. Being a parent has not only brought extreme gratitude for this beautiful life I am able to call my child, but also the sobering reality of the responsibility now

given to me. If you are a parent, you understand the intensity of love you have for your son or your daughter, but that's not what's in question today. Today, we are considering LB310, a bill that would simply acknowledge my responsibility. I would ask that the state, like in every other area, whether it be medical, educational, relational, emotional, spiritual, nutritional, recreational, or anything else, allow me to make the best decision for my child. I understand that the newborn screening has helped some families, and has changed the outcome of stories that could have been devastating, and I'm not undermining their concern for me and my children. But my child is my responsibility, not theirs. Even the statute that requires the screening acknowledges that I know best for my child. It says that the hospital is not liable, and the treatment is my responsibility as a parent. As with every other medical decision, the baby's rights are with the parents. The main reason for mandatory screening is early detection. Should mandatory testing be done every year for cancer, for diabetes, for kidney failure, for the safety of pools, for driving skills? These are the leading causes of death or disease. I'm given the opportunity to decline every test and every treatment for my child except this. In every other area, even in cases where risks are far greater, the state trusts me because they recognize a parent's responsibility. Right now, if I have a baby, Nebraska considers that baby unhealthy until proven healthy. Right now, if I don't screen my child, I'm considered a bad parent until proven good. In reality, you trust me to do everything else. You send me home from the hospital, trusting me to feed my child, clothe it, care for it. The people in opposition of LB310 have valid concerns, but there is one important foundational truth: this is my child. Scripture says that the life of the flesh is in the blood. Most importantly, my sincerely held personal belief is that any interference with my child's blood is not up to the state. It's sacred, given by God, and the source of life. For anyone else in Nebraska who doesn't believe like me, their child will still be screened. But it is with much prayer and consideration that I approach each medical need or procedure. To deny me this is to deny me the same respect all of you would ask for in the decisions you make or made for your children. With that, I want to thank you for your consideration, and ask that you support LB310. Thank you.

HARDIN: Thank you. Questions? We appreciate your time. Thank you.

NOVELYN SCHIPMAN: Thank you.

HARDIN: Next proponent, LB310. Welcome.

ALEXIS STANGL: Thank you. Good afternoon, Chairman, and HHS Committee. My name is Alexis Stangl, A-l-e-x-i-s S-t-a-n-g-l. In 2023, the day my daughter was born, my midwife gave me discharge instructions. Included in the instructions were that it is required by law to get the PKU test done in Nebraska. Shortly after, we took her into the doctor for her newborn checked, and he prescribed the test. The 48-hour requirement was not mentioned. The test was going to cost over $600 at the hospital. I asked if he knew of cheaper places to get the test done, and he did not. Here I was, a young mom with three children. I had just had a baby, and, on top of all the expenses, now the state required me to spend another $600. That's a couple weeks of groceries for me. As I called-- so I called many places in Omaha, including fatil-- facilities that just draw labs in hopes of finding a cheaper option. Many people I spoke with were not familiar with the test, because they didn't offer it. So, I started to search online for other names it might be called. I came across the Nebraska newborn screening program, so I called that number in hopes of finding the best place with the best price to get the test done. The woman I talked to there immediately started our conversation sounding defensive. She let me know that the screen is required by law to be done in every newborn in Nebraska by 48 hours old. If I did not get the test done within a few days, she told me she was going to turn me into the state for child neglect. She sounded as if I was going to try to get out of giving the baby the test. I was shocked. I was calling her for assistance in knowing where to go get this test done and where it is most affordable. She did not help me with either of those things, and I never said-- I never said I was not going to get the test done. She did not know-- she did let me know that the test can only be drawn in a, a hospital because they have special paper, so I called hospitals in Omaha asking for estimates, and they couldn't give me a quote over the phone. I left messages and waited for responses. A few days passed, and the same lady from the Nebraska screening program called me back and asked if the screening was done yet. I said no; I was still waiting for the quotes from facilities. And she, she let me know that she was going to have to turn me in immediately to the state for child neglect, and needed my daughter's name and date of birth. I said no. Out of fear of getting my daughter taken away, I did make an appointment at CHI in Omaha that same day. The test in up-- ended up being over $500. The nurse had to prick the heel of my one-and-a-half-week-old three times. My daughter screamed for over ten minutes, and he squeezed her tiny heel aggressively, trying to get drops of blood out of her heel, drop by drop by drop. Half of her little foot was bruised when he was done, and all of the test results

came back negative. After that experience, I learned more about the tests. The diseases they test for are extremely rare and genetic. They are.

HARDIN: Do you have some more you'd like--

ALEXIS STANGL: Can I finish? I'm almost done. OK. Huh?

HARDIN: Do you have some more you could share? Please share.

ALEXIS STANGL: OK. Thanks. The diseases they're testing for are extremely rare, and they are genetic. If there was a way for my husband and I to get screened instead of our children, we would do it. The parents have to be carriers in order for their children to have it-- have any of the diseases, diseases that they're testing for. If there was an option to opt out of the test, that would be helpful as well. I understand that some people here might think differently. Maybe they're a doctor who has had sobering things that they've seen. Maybe they are a parent who-- or an individual who has been helped by the test. I am not saying people shouldn't do the tests. Before having kids, I was a nurse and I'm capable of looking at the pros and cons. I understand that the risk is less than 1%, and I am responsible. I care attentively for my children. I'm aware of the risk. Every day I have to make decisions that include risk, even driving my kids to the babysitter was a greater risk that we could have gotten a car accident than to get the test done, or any of the conditions that they're at risk for. So, yes, you can encourage people to get the test, just like all the other muddle-- medical procedures that you might feel strongly about. But the state of Nebraska does not take care of my children. I take care of my children. The tests caused my baby much pain, my postpartum self much stress, and our bank account took an unexpected hint. The state told me they were going to take my baby away from me because I was just trying to be responsible. Thank you for taking time to listen to my story, and how the PKU test has affected my family. And with that, I ask that you would support L310. Thanks.

HARDIN: Thank you. Questions? Senator Riepe?

RIEPE: Thank you. Thank you for being here. I guess my question is, what was your source of the individual that told you that this is simply a genetic type of disease?

ALEXIS STANGL: I've been looking on-- I've been researching online.

RIEPE: OK. I don't want to have-- I don't want to bother you. I just wanted to know.

ALEXIS STANGL: OK.

RIEPE: Thank you. Thank you, Chairman.

HARDIN: Any other questions? Thank you for being here. Thanks. The next proponent. By the way, if you're filling out a green form, please help us out and fill it out completely. Otherwise, our amazing staff has to run you down and they will tackle you in the hallway. I'm just letting you know. Thanks for being here. Welcome.

BENJAMIN STACHURA: Yes, sir. Thank you, Senator Hardin, and all the other senators. My name is Benjamin Stachura, B-e-n-j-a-m-i-n S-t-a-c-h-u-r-a. I'm a father and a husband, and we have a baby coming on the way. I'm here not to argue with the legitimacy of the testing. I actually believe that the testings are probably very accurate and can get a lot of information from DNA, which is why I believe that it is unconstitutional. Our Fourth Amendment states the right of the people is to be secure in their persons, house, papers and effects, and against unreasonable searches and seizures shall not be violated. The right of the people, I repeat, the right of the peoples-- of the people to be secure in their persons. Our DNA is ours; it is not the state's. And that's why I believe that it is unconstitutional to mandate the "seezhing" of my baby's DNA. Again, I don't, I don't disagree that the testing is bad, just like Senator Hanson was stating in his beginning remarks. The decision belongs to the parents, the ones who are, ultimately, responsible for the well-being and protection of their baby. Also, the state should be encouraging parents to make informed decisions, not implying that parents cannot make informed decisions or taking example-- the examples of parents who don't. It will only lead the future parents to not make informed decisions. So I would encourage you to give the freedom back to the parents, and the rights back to them to make the decision whether they should have the testing done or not. That's it.

HARDIN: Thank you. Questions? Seeing none, thank you.

BENJAMIN STACHURA: Thank you.

HARDIN: Next proponent, LB310.

UYEN THI TRAN: Hello.

HARDIN: Welcome.

UYEN THI TRAN: My name is Uyen Thi Tran, U-y-e-n T-h-i T-r-a-n. Thank you for the opportunity to speak today. I'm here as a concerned parent in support of LB310. As a mother, I believe parents should have the right to make decisions about the medical procedures their children undergo, including infant screening tests. While I appreciate the advancements in medical technology and testing, these procedures, like any other medical intervention, should be subject to parental consent. Every family is unique, and not all parents will view these screenings as necessary or appropriate for their child, and we must respect parents rights to make informed decisions about whether to proceed with this testing. And I understand that some may oppose this bill, sharing personal stories where newborn screening saves lives, and I truly respect those experiences. It's important to note that only 0.2% of newborns in Nebraska test positive for one of the 33 conditions screened. While early detection can be lifesaving for some, parents should still have the right to decline the screening, just as they do with any other medical decision regarding their child. The state should not mandate medical procedures for newborns without parental consent. Just as parents can refuse other medical treatments, they should have the same right to decline newborn screenings for personal, medical or religious reasons. Informed consent is a fundamental health care principle, and parents must retain the right to make decisions in the best interests of their children. We, as Nebraska parents, want to know that we can be trusted by our state to make these critical decisions for our children. I urge Nebraska to join the 47 other states that respect parents' rights to refuse newborn screenings. I'm asking you to please support LB310, which ensures parents can continue to make informed decisions about their children's health and well-being. Thank you for your time.

HARDIN: Thank you. Questions? Seeing none. Appreciate you being here. Next proponent. Welcome.

ALLIE BUSH: Thank you. Finally got her to sleep. She was having too much fun. My name is Allie Bush, A-l-l-i-e B-u-s-h. I'm rasp-- representing the grassroots group Nebraskans Against Government Overreach. It's really a super simple concept. We believe that "demandating" any medical intervention, procedure or test is an overreach of the government on the parents and families or individuals of said requirement. That being said, I also wanted to share on, on my own personal side of things. As you guys know, I have a very happy baby. She's almost six months old, and she loves to talk. She's

obviously meeting her milestones. And we are in the small minority where she was actually born at home. We did not seek out any medical help whatsoever, at all. She's my fourth baby, I know what I am doing, and I believe that I should have the right to do so without fear of the government being upset with me. Even talking about this with you guys today is a concern, because there will be people online who are watching who like to make my life difficult, and could very well make this a problem for me with said government agencies. But, with that said, I'm asking you guys to support LB310. I want to be able to be a mother without the fear of retribution, because I choose-- and I know that I'm choosing-- a very different route than many other people today. And I believe that I should have that right to choose to have my babies however I deem fit. I like that my baby had a pain-free birth. I didn't scream once. She was born happy, and she's been happy every single day since, because I do a good job, and I take care of her, and I love her. And I don't need your guys' help. So, thank you for your time.

HARDIN: Thank you. Questions? Seeing none. Thank you.

ALLIE BUSH: Thank you.

HARDIN: Next proponent, LB310. Welcome.

ANGEE HOCK: Thank you. Good afternoon. My name is Angee Hock, A-n-g-e-e, Hock, H-o-c-k. I'm one of the administrators of Grassroots Nebraskans Against Government Overreach. I am the founder and lead member of Nebraska Birth Keeper, PMA, who has served over 100 Nebraskan families, and I have six children myself as well. We're not here to debate whether or not the Nebraska newborn screening is good or bad, or whether it enhances lives through early detection or not. We are here because it is not the medical establishment to make that choice. We are also here to uphold parental, medical, religious freedoms and rights, which should include refusal of any and all kind of tests and procedures. Even doctors understand this concept with other procedures. Earlier this year, my youngest needed a procedure. We went to Boys Town. The doctor informed us of what was going on, the procedure, but then proceeded to say, "But you can talk it over, even get a second opinion. And then, if you want the procedure done, come back and see me." To which I replied to him, "You sound like this is optional." And he said, "Well, I can't grab the child out of your arms and force you to have the procedure." But somehow, with the Nebraska newborn screening, we can. That is a big contradiction. The language of LB310 should be added to the Nebraska statute to protect families

in making their rights. These are proactive families who are highly educated and take responsibility for their own family's health. I can personally and professionally attest to the abuse inflicted on home birth families due to the current statute. I've worked with families as they try to navigate under duress from DHHS, and threats from their babies being removed from the home, or withholding the birth certificate. This is an abuse of authority, which we-- why we need LB310. Many of you have had new babies in your home. Think of how you would feel days after, that you would have a fear of losing your baby unless you surrendered their-- your baby to a screening that you believe was not in the best interest. Think of the pressure you might feel by trying to navigate this while receiving mandates-- threatening mandates. In a hospital setting, I've also witnessed this. I've witnessed families who have had this procedure done, and weren't even aware that it was done until after the fact. This procedure involves the removal of blood, and the families have a right to you-- to know what's going on, and to make the informed choice, whether that would be consent or refusal. It is our duty as Nebraskans to hold up the rights of parents, as 47 other states do in this instance. And lastly, it could be suggested that the Nebraska Statute 71-519 and the precedent set by it are unconstitutional, according to the U.S. Constitution Amendment Fourteen, Section 1, which reads all persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States wherein they reside. No state shall make or enforce any law which shall abridge the privilege amu-- or immunities of citizens in the United States; nor shall any state deprive a person of life, liberty or property without due process of law; or deny any person within its jurisdiction of equal protection of the law. Privilege, property and equal protection--

HARDIN: We are in the red zone, so if we can have you kind of conclude those thoughts.

ANGEE HOCK: Just a few more sentences. Privilege, property and equal protection could recently include birth certificates, which Vital Records withhold from Nebraska families until the newborn screening is complete. Therefore, could Nebraska be legally challenged with violating a family's constitutional rights if LB310 is not added? Therefore, I ask you to advance LB310. Thank you.

HARDIN: Thank you. Questions? Seeing none. Thank you. Next proponent, LB310. Welcome.

JAMIE MILLER: Thank you. Good afternoon. My name is Jamie Miller, J-a-m-i-e M-i-l-l-e-r. As a stay-at-home mother of two children, my days are quite literally spent observing, caring, and making decisions that are in the best interest of my children, all done from a place of abundant love, respect and responsibility for them. I greatly appreciate the opportunity to speak on behalf of my own family, and all families in Nebraska on the foundational issue that this amendment really comes down to: parental rights and liberty. Nebraska is one of only three states that do not allow the parent to choose whether or not their baby receives the newborn screening. Only 0.2% of children whose parents are also carriers receive a positive test result. All other genetic and disease testing, whether done during pregnancy or after birth, are all optional. It is imperative to note that the treatment for any positive results from this screening is not mandatory. The law states that treatment shall be the responsibility of the child's parent, guardian or custodian. If parents can be entrusted with the treatment decisions, we can be entrusted with the testing decisions. Being forced to hand over your child's blood to the state, allowing them the, quote, authority over the use, retention and disposal of blood specimens and all related information collected in connection with disease testing is not parental choice. No one cares about children more than their parents. Those of us who might want to opt out of the screening would do so with utmost consideration for them. We take full responsibility for the health and care of our children. We research. We have conversations with our care providers. We play-- we pay close attention to our children, and we meticulously weigh the pros and cons of the choices we make on behalf of them. We want the respect of parental choice. I fully support and respect any parent's choice to have their baby screened. I am not in opposition to the screening itself, nor am I stating that I would never elect for my child to receive it. I simply want to be given the choice. It's time for Nebraska to become the 48th state to acknowledge parental liberty over the newborn screening test, which only has a 0.2 positivity rate, and optional treatment upon a positive result. This is not a debate over the safety, efficacy or availability of the newborn screening; this is about parental rights and informed consent or re-- informed refusal. Thank you for hearing my testimony. Your consideration of our rights as parents to make informed choices about the care of our children-- choices we do not make lightly, and make only with our children's very best interests in mind-- is greatly appreciated, and I ask you to support LB310. Thank you.

HARDIN: Thank you. Questions? Seeing none. Thank you. The next proponent. LB310. Welcome.

DANIEL NOOR: Thank you. I'm Daniel Noor. That's spelled D-a-n-i-e-l N-o-o-r, and I'm from Omaha. I speak in favor of LB310. LB310 allows a parent to decline the newborn screening. It's great that we have that screening as an option, but it should be an-- it shouldn't be forced. Nebraska is one of only three states in the nation that requires this screening. Think about that. Do the other 47 states have major problems with may-- many infants and children having these conditions that become a great burden to the state? No, they do not. In fact, only 0.2% of Nebraska infants test positive for the 33 main conditions that the newborn screening tests for, and that number actually includes false positives. According to a 2020 scholarly article published in the Journal of Pediatrics, and also on the National Institute of Health website-- that article states this: "Most of the target diseases for these screenings are rare, and therefore the burden of 'likely' preventing harm would infrequently be met." The screening itself is an imperfect test. It is not entirely without risk. Multiple heel sticks in the first days of life may lead to bruising and pain related to stress that may impact future pain response and neurodevelopmental outcomes. The screening is also very expensive. It can cost between $500 and $1,300, and parents have to pay for this screening themselves. Think of a single parent or poor couple who are struggling to make ends meet-- and that's more and more of us these days, with inflation and rising cost of living-- is it right to force them to pay $1,000 to test their baby for conditions that the baby only has a 0.2% chance of having? And, if a parent fails to have their infant tested, they can face serious consequences. A number of years ago, a couple accidentally waited too long-- and keep in mind, they only have 48 hours-- and the police showed up at their door and escorted them to the test. If they hadn't complied, they could have lost their baby. Another couple who failed to have the baby tested had the baby taken away from them for months; it was only returned when the test came back negative. Is that right? Is it right to force a parent to have their baby tested against their sincerely-held religious beliefs, or other convictions? The authors of the Journal of Pediatrics article that I cited earlier also state this: "the right of parental authority is such that informed parents may choose to reject the recommendation, and the clinician should honor that refusal." Parents have a right to determine what will be done to and for their newborn. There is no way to calculate the potential harm of disenfranchising a parent in the care of their

child. So, Senators, there is no way to calculate that potential harm. So, please vote to give freedom to our parents and their children, and please vote in favor of LB310. Thank you for your time, and thank you for your service to "We, the people" of Nebraska.

HARDIN: Thank you. Questions? Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here, and for your testimony. You, you cited a couple of examples that I was curious about. Specifically, your, your second example. You said another couple failed to have their baby tested, the state took their baby away from them for months. That happened in the state of Nebraska?

DANIEL NOOR: Yes.

FREDRICKSON: OK. And do you have spe-- more specifics on that? When that was, or who that was?

DANIEL NOOR: I do not have them in front of me, but I would be happy to supply you with that information.

FREDRICKSON: OK. Where did you obtain that information?

DANIEL NOOR: That-- I was-- I did receive information from-- a, a friend let me know, and then I could, I could see what-- get the more detailed information and do my own research.

FREDRICKSON: OK.

DANIEL NOOR: But I'd be happy to provide it.

FREDRICKSON: If you could share it with the committee, that'd be great. Thank you.

DANIEL NOOR: Yeah.

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

DANIEL NOOR: Thank you.

HARDIN: Next proponent. LB310. Welcome.

LORENA WENGER: Hi. My name is Lorena Wenger, L-o-r-e-n-a W-e-n-g-e-r. I am here to thank you for putting this bill into play. It's something that we were looking forward to last year, and now, we are keeping our

eyes on it this year. This is number seven for me. And to let you know, I am a chiropractor, so I do appreciate the health care system. I also had home births; I have a-- had all seven of my children at home. That's something that is my right, constitutionally. And I had-- a previous birth, my first burst-- birth was in Iowa. Iowa does not require that screening to be done. The birth certificate and the Social Security card came quite easily after I sent in my birth certificate-- or birth information. Coming to Nebraska-- I had number two through seven here, and being well-versed now, understanding when you call in after your home birth, you call in and let the state know that you had a baby. And they will-- Vital Records will-- the first several times that I called in, their first question was, did I get the newborn screening test? That is their main priority; it was not "Is the child healthy? Is it happy? Are you doing OK?" Again, where are our priorities right now? So, here, they will also threaten you. They threatened me because I did not have that done within the first couple of days. I didn't call for the, the birth certificate packet for a few days. And so, then they tell me that I am breaking the law. And so, that is something that-- I'll just move on. They will hold that birth certificate hostage if you do not have that newborn screening done. So, as soon as you request that home birth packet, they make you-- or they tell you-- that you need to go get that newborn screening done, which-- again, in-cash price at my local hospital is $800. It was $400 as of five years ago; it is now $800. That is something that comes out of my cash pocket, which-- we live paycheck-to-paycheck, and that is not something that's easily-- that comes by easy. So again, my constitutional right. Also, being a health care provider, knowing signs and symptoms and being aware, as a parent, of what my child may need, if there is a threat to their health, then I appreciate the option to screen. But I do not feel that I should be forced to screen my child. Also, having my blood sent to Pennsylvania as the only option-- Nebraska sends it to a lab in Pennsylvania. They collect that baby's blood, they send it back to your primary care physician or the lab that it was drawn at. I never received the information about what that screening showed until I requested it. Knowing I was not concerned about it, but I did request the information, and it all came back negative. I was never once informed that it was all negative. That was, again, something I had to go after. So-- I see my time is up. So, thank you very much for your time.

HARDIN: Thank you. Questions? Senator Meyer.

MEYER: Thank you, Chair. You said that you're-- you had to report to the state. Is that requirement? Is there some state law that says you're-- if you have a birth in an in fashion home birth, back seat of the car because you can't get to the hospital, are you required to--

LORENA WENGER: So, as, as a home birth baby, you would have to request for the birth certificate, to-- you would have to go through the state. That is something that automatically happens in a hospital setting. It's not something that, that you have to deal with in the hospital. Parents go to the hospital; automatically, they have their newborn screening test, they send out that information for the birth certificate, they also get their Social Security card because of that. As a home birth baby, you would have to request for that birth certificate, but they will not give you that birth certificate, or-- they'll give you the packet to fill out, however, they will not allow you to-- they will not send out that birth certificate until they have the newborn screening results in hand.

MEYER: And if I may,--

LORENA WENGER: Does that make sense?

MEYER: --Mr. Chair. So, let's say you waited six months to report. Obviously, you'd be outside of the 48-hour time frame.

LORENA WENGER: Correct.

MEYER: And, and I was just curious. Obviously, you'd be in violation of the law. And, and so-- other than the 48-hour requirement, is there any other time limit with reporting a birth?

LORENA WENGER: There is if-- again, in question is the birth certificate and the Social Security card. So, you would have to do that. I think there's a one-year window, if you do not send in your information stating that that baby was born, then you have to go through a little bit more of a process in order to receive your information. That did happen. There was a, a delay in getting the birth certificate for myself-- for, for the first couple of children, I had to go then to the Social Security office, spend some time talking to them, get lots of information in order to get the search-- Social Security number for those children, as well. Again, my right as a citizen to have a baby at home-- it is still a citizen of the United States. I do not need my birth certificate held hostage because of that.

MEYER: Thank you.

LORENA WENGER: Yes. Thank you.

HARDIN: Other questions? Seeing none. Thank you.

LORENA WENGER: Thank you.

HARDIN: Next proponent to LB310. Welcome.

RYAN BOURLIER: My name is Ryan Boulier, R-y-a-n B-o-u-r-l-i-e-r. I have an MBA from the University of Nebraska-Lincoln. I'm a self-employed certified public accountant in Kimball, Nebraska. My wife and I have five children, ages 2 to 7, and are expecting our sixth later this summer. The current law is an outlier in Nebraska law and the United States. LB310 provides a necessary update to place this medical procedure on equal footing with all other medical procedures. I'm going to go off script, so as to not repeat some things that have already been said. Imagine, as you hear the testimony of the opponents, that we have a test today that is a miracle test that exceeds the expectations and exceeds the results of the newborn screening test far and above. It's less invasive, helps more people, it has a better track record, fewer deaths. But it's on the news, and so everybody knows about it. Imagine if I were asking you here today to mandate that test without question to all Nebraska children, say, five-and-under. Would you mandate it without exception? Would you expect some opposition? Would you debate the ethics of a no-exception-for-any-reason mandate of a medical procedure? I'm asking this committee to take a fresh look at this bill in that light. The reason I'm here-- and the reason your inboxes are not flooded with proponents, probably-- is because it's a 1% bill; it only affects the 1%. Just as we've heard today, it's a small minority. Maybe they have religious region-- reasons, maybe they're-- they've been marginalized and they've had a bad experience. Maybe they're that foreign exchange student here at the university and he has a different religion. No matter how crazy or irrational or irresponsible the 99% think the 1% are for objecting to a medical procedure, lawmakers consistently recognizes that there is a line that should not be crossed. When that line is crossed, two things happen. A person's human dignity is violated. When researching this law, I, I realized it's been on the books since 1967. That was shocking to me. And then I thought, why am I driving clear across the state to talk to a bunch of senators who've probably heard this 100 times? I know at one time an exception was in the law, and then it was brought back out. I'm here because the 1%

need to be protected from that violation on their human dignity. Parents have the right to make choices for their children; not the state, not the medical establishment. Please vote to allow the full Legislature to debate this matter this year. We're in a different world today than we were in 1967. Thank you.

HARDIN: Thank you.

RYAN BOURLIER: Questions.

HARDIN: There might be questions. Any questions? I don't see any. Thank you for--

RYAN BOURLIER: Oh, can I, can I add one more thing?

HARDIN: Sure.

RYAN BOURLIER: I did-- like I said, I have five children, one on the way. Two were born in Nebraska, three were born out-of-state. We go out of state to birth. A couple of those children born out-of-state had the newborn screening, and one did not. And, after hearing some of the testimony today, I thought, man, I better go check the law. Is there something with bringing my child born out-of-state that I could have a problem with the, you know, CPS coming to knock on my door? I hope not.

HARDIN: Well, thank you for--

RYAN BOURLIER: I got my birth certificate. Thank you.

HARDIN: Thank you for driving all the way here from District 48. Some of the finest people in Nebraska are from there. So, thank you. Next proponent. LB310. Welcome.

ANDREA NOOR: Thank you. My name is Andrea Noor, A-n-d-r-e-a N-o-o-r. And I'll kind of skim through this. A lot of what I would like to say has already been iterated. I think the main concern is parental rights. We're expecting our first-- which is very exciting-- and looking at different birth options. It's really disturbing to me and-- especially the risks that have been mentioned, that if I, if I don't go and get this test, whether it's because I've chosen other birth options or because I've forgotten to take the test-- because everyone knows that moms, right after they give birth, have great retention on memory. So I'm just very concerned that it can escalate to something so quickly for something that is not a major concern for most of the

population. But again, I'm grateful that it's there for those who need it. I will just kind of skip down towards the bottom. A lot of people have cost-- talked about the, the cost of the "tetch" which is concerning. Childbirth is already a large expense on a family, and to add a state-mandated test-- which many people may prefer to decline altogether, that they then have to pay for-- it adds insult to injury for families trying to manage their money well. Again, I will reiterate what people said about a concern of privacy with the blood. In the law, the way it's written right now, it says that the blood specimens taken for purposes of conducting the tests required under Subsection (1) of this section may be used for research pursuant of Subsection (4) of this section. So, medical research can be a wonderful thing if it's entered into willingly and without coercion. I'm not interested in my child's blood being used by the state to do medical research against my will. And once I've released that blood, I-- it's concerning that I don't necessarily know how far the state can take it if they choose that further research-- further investigation is needed into those tests. So, in conclusion, I respectfully ask that you advocate for the parents and infants that are currently subject to this stiff regulation by advancing LB310 to add this opt-out option for the newborn screening. So, thank you all very much for your time. We appreciate it.

HARDIN: Thank you. Questions? Seeing none. Thank you.

ANDREA NOOR: Thank you.

HARDIN: Next proponent, LB310. Welcome.

JEFF WENGER: Welcome. Yeah. Thank you. God knew me--

HARDIN: Can I have you--

JEFF WENGER: Yes. What do we need?

HARDIN: Give us your name and spell that, please.

JEFF WENGER: Yes. Jeff Wenger. Jeff Wenger. And what else?

HARDIN: Just spell that, first and last name.

JEFF WENGER: Jeff Wenger, W-e-n-g-e-r. W-e-n-g-e-r. Jeff Wenger from Clarks, Nebraska.

HARDIN: Great.

JEFF WENGER: God knew me before the foundation of the world. That's biblical. God knew you before the foundation of the world. Rationally, by reason, God knew my children before the foundation of the world. That means God knew my children before he knew my-- me. Or, God-- sorry. God knew my children before I knew my children. That means he hand-chose them; he picked them for me. And, and me for them, and my wife. This is an inheritance from God. We're-- my-- me and my wife were inherent-- inheritance to the children; the children are inheritance to us. There's no one on earth that is to come between that stewardship, unless it's with mercy and patience. If there's a-- if there's somebody that's overstepping the bounds on that stewardship that God gave them, I understand that. But it's with mercy and patience. That's the only way you want to get between God and his stewards. At the same time, you look at the blood. Blood is an inheritance, an individual inheritance from God. Each, each of us has an individual inheritance. Our body, our blood. That's an inheritance. Air that we-- air that we breathe is an inheritance for all human beings. It's not just an individual. It's not my air. It's all our air. That's what he gave to us. Inheritance is important to God, as we know from 1 Kings. Naboth's vineyard, they-- Ahab tried to get Naboth to give him his vineyard, and he said, God forbid that I give the inheritance of my fathers to-- up. You know, that was an inheritance of his fathers, and he wasn't going to give that up. Because God-- and God would support him in that. Well, Jezebel, Ahab's wife, came and said, well, we're going to get some false witnesses and we're going to take this guy, and we're going to stone him, and they did. And, and if you look at the, the judgment of Jezebel in, in that part of the Bible and in Revelation, it's pretty dark. And I think we're getting into this place where we're taking people's inheritance. We've got to know their, their physical inheritance and spiritual inheritance of these people, and understand to take that into consideration when we make laws and things. That's it. Thank you.

HARDIN: Thank you. Any questions? Seeing none. Thank you. Proponents, LB310. Proponents. Going once. Welcome.

BEN STANGL: Hi. Thank you. Thank you for the countdown. My name is Ben Stangl, B-e-n S-t-a-n-g-l. I've appreciated all the testimony. Thank you for listening. And what's interesting to me is kind of what triggers this. You know, a child is born. And, simply for existing, this law is now triggered and set into motion. I don't see any, any case or other cases where just simply the nature of existence then triggers a, a law or a mandate upon that person, just simply because of existence. And the previous speaker articulated it much better than

me. That, that these are our offspring. These are our biological offspring. If you ret-- contain just to that, as well. This is their biology, this is my biology, this is my wife's biology. And for the state to say that that is-- that that belongs to the state is something that I would adamantly reject. That is, that is an overreach; that is an infringement that I would not accept. And in, in appealing to, to you in this, I do not appeal to the democracy so-called, I do not appeal to the group rule. I appeal to us as a republic. The protection of the minority. And the Republic, as a nation under God, with the principles that it's founded on. And so I would call you with the decision before you into account, before the Republic and before God as you consider LB310, and I encourage you to advance it forward. Thank you.

HARDIN: Thank you. Questions? Seeing none. Thank you. Proponents, LB310. Going once, twice, thrice. OK. Opponents, LB310. Welcome.

ANN ANDERSON BERRY: Thank you. Good afternoon, Senator Hardin, and members of the Health and Human Services Committee. I'm Dr. Ann Anderson Berry, A-n-n A-n-d-e-r-s-o-n B-e-r-r-y. I'm a faculty member of UNMC, and the medical director of the Nebraska Perinatal Quality Improvement Collaborative, NPQIC. However, am not speaking as a representative of the university today. I'm here speaking as an individual, and on behalf of the Nebraska Medical Association, the Nebraska Hospital Association, and NPQIC. I am testifying with regards to LB310 in opposition. As the medical director of NPQIC and a neonatologist, I care for hundreds of families each year with high-risk medical situations for both mother and baby. Through NPQIC, we support health care professionals working to ensure that every family has the healthiest start possible. One of the premier efforts in ensuring the health of infants in Nebraska is our state newborn screening program. It has been designed by state DHHS and Nebraska health care professionals based on evidence, and supported for decades by our Legislature to protect newborns by early identification and intervention of illnesses that would otherwise be devastating, or even deadly. In Nebraska, newborn screening works. There is no need to change a highly-functioning and safe system that is protecting newborns every day. In my practice, I see the system identify serious diagnoses that I can then treat with preventative interventions. The diseases we screen for in Nebraska are all initially silent. They have profound health and developmental impacts, and can all be medically managed to improve outcomes. These are criteria that we use for inclusion on the newborn screening panel. Early recognition and treatment matters. Time to treatment in Nebraska in 2021 is

significantly lower than national and regional time to treatment. See Figure A. Without newborn screening, a newborn's time to treatment would be extended significantly, as the family would wait until symptoms appeared to seek care. And then, the infant's physician would need to work through complicated diagnostic processes for a definitive diagnosis. Newborn screening numbers for 2021 show the potential negative impact of this bill. There were 24,799 births in 2021, and 61 infants with a confirmed disease were identified by a screen. Additionally, 453 infants were found to have a hemoglobinopathy, such as sickle cell disease or thalassemia. In 2021, 2% of infants had an abnormal newborn screening that needed follow-up by a physician for monitoring a disease diagnosis, and immediate treatment. If just 100 families opt out of newborn screening, the state is likely to have two infants who will not get prompt and timely diagnosis and treatment for a serious medical condition that could have been identified and managed in life, leading to life-altering, lifelong complications, costly care. Who will pay for this? The state of Nebraska. Newborn screening in Nebraska is private, and blood spots are not used for research. While screening tests for disorders are genetic in origin, the program does not collect or store genetic information or DNA about newborns. In fact, Nebraska's blood spots are destroyed after 3 to 4 months to protect the newborn's privacy. In Nebraska, newborn screening works. There is no need to change a highly-functioning and safe system that is protecting Nebraskans every day. Thank you for your time, and I'm happy to answer any questions.

HARDIN: Thank you. Questions? Senator Meyer.

MEYER: Thank you, Mr. Chair. Do doctors, in delivering a, delivering a baby, do they inform the mother [INAUDIBLE] or parents of the procedure? Is that part of the interaction between the doctor and the patient on delivery? Does-- is that, is that part of the disclosure or anything?

ANN ANDERSON BERRY: So, it's definitely discussed that we'll be taking the baby's blood. It may be discussed by the obstetrician, it may be discussed by the pediatrician or family medicine doctor, or it may be discussed by a midwife. It also may be discussed with the patient, with their nurse, depending on the medical system. So, it could be any of those health care professionals that would discuss that we're drawing the newborn's screen.

MEYER: And, and when would that notification, or--

ANN ANDERSON BERRY: Before the test was drawn.

MEYER: --when would that be made? Shortly after the mother gave birth and, perhaps, not until [INAUDIBLE]

ANN ANDERSON BERRY: Mmhmm. The test is drawn-- the test is drawn after 24 hours. And, and so it would happen sometime after delivery before the test was drawn, before discharge.

MEYER: If I may, Mr. Chair. And it's been brought up that perhaps parental testing could indicate carriers and, and potential for passing along any of these potential diseases on to their, their children. Would parental testing be better than testing a newborn?

ANN ANDERSON BERRY: Unfortunately, no. Parental testing can be additive in some rare diseases, but the tests that we're screening for in the newborn screening panel need to be done on the newborn infant. There are de novo or new genetic changes that can occur in an infant that aren't represented in either mother or father, and there are also combinations of DNA that would need to be passed from both mother and father that would be unique to each newborn. So, having information about the parents newborn screening status does not protect the infant. We need to understand what's going on with that infant. Some of these tests are metabolic tests, so we need to understand what's happening as that infant processes food in their bloodstream, how the cells are breaking down those proteins and the different components of the milk that they've had in the first 24 hours. It's a very unique testing, and it's designed specifically to get the information that we need to protect babies. So testing the parents won't work. I'm sorry.

MEYER: Thank you.

HARDIN: Other questions? Senator Riepe.

RIEPE: Thank you, Chairman. I know there's been a comment that said it's the 0.2% that slipped through, but quite honestly, I want to see a good outcome for all of the children, if we can do it. And I-- my question to you is, you have probably seen some of those children that were passed over. And my concern gets to be also because of the fiduciary responsibility but the financial responsibility of the state. Where do those children end up?

ANN ANDERSON BERRY: They end--

RIEPE: What do they look like if they're not diagnosed?

ANN ANDERSON BERRY: As-- if we--

RIEPE: And what would be the cost at the end of their, of their short life, possibly?

ANN ANDERSON BERRY: If we miss any of these diseases, the consequences are significant, and sometimes fatal. And so, by significant, I mean that they could have lifelong medical needs, they might not be able to perform their activities of daily living, feeding themselves, clothing themselves, going to the toilet, because the byproducts of some of the diseases that we're screening for, the [INAUDIBLE] toxins in the blood that cause injury to the brain. Some of the other diseases cause neuromuscular injury to the neurons in the body, and if that is not identified, then the infant can have difficulty with walking and mobility that's progressive. We have early interventions for these things, now paid for by the state of Nebraska. If we don't give the right treatments, then the infants will have long-term medical complications, or can die. And, if they have long-term medical complications, they would qualify for Medicaid, and the state would pay. As you mentioned earlier in this hearing, the hospitals bear a burden to this, as well. I work at Children's Hospital, Nebraska Medicine, CHI. We see patients admitted with chronic illnesses on a regular basis, and as much as we're thankful for Medicaid and the program that we have, it doesn't cover all of the hospital's costs. The hospitals pay for this, the state pays for this, society pays for this, the educational system pays for this. Wouldn't you rather have newborns growing up healthy, going to school, integrating with regular classes, graduating, going to college, having a productive job in our society as opposed to missing a screen and having a life that's incredibly different from that? That's why we have newborn screening, right? We can pick up these diseases that we can treat and change an infant's life for the better, forever. Why would we want to risk any of the infants born in Nebraska missing one of those diseases? It just doesn't make sense.

RIEPE: I have a follow-up question. Thank you, Chairman. I guess-- and we've heard some about religious options out, and the physicians that I have spoken with said the primary group are the Scientologists who believe-- you correct me when I'm wrong here-- that the Scientologists believe that an infant needs to have 5, 7, 10 days of quiet rest post-birth, but that the, the Latter-Day Saints or the Jehovah's Witnesses, other groups, the Mennonites, the-- those people fundamentally do not oppose. But maybe that's because the state law.

ANN ANDERSON BERRY: I am--

RIEPE: Can you react to that? Is that true or not true?

ANN ANDERSON BERRY: I am not an expert on anyone's religion but my own.

RIEPE: OK.

ANN ANDERSON BERRY: But I will say that my God would prefer that all children were healthy.

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

HARDIN: Senator Meyer.

MEYER: If I may, Mr. Chair. I, I just, I just have a question for clarification, for me. In previous testimony, we have heard that 0.2% show a, a positive or false positive test, which I believe is 2 out of 1,000. And some of the data here says two out of-- 2%, which would represent 2 out of 100. And so, I'm just-- just for clarification.

ANN ANDERSON BERRY: Yes. So when you include--

MEYER: So, there is a, you know, substantial difference.

ANN ANDERSON BERRY: When you include hemoglobinopathies, which are abnormal-- abnormalities of how the hemoglobin is formed in the body, that can require-- that does require close follow-up with a pediatric hematologist, then it's 2%. If you exclude those, then it's a much lower incidence. But those diseases all require follow up by the medical community, and oftentimes lead to lifelong chronic complications requiring multiple blood transfusions and hospitalizations, so.

MEYER: So the 2% represents-- if I may, 2% represents 1 out of 50, 2 out of 100, in these specific sickle cell and, and, and those things.

ANN ANDERSON BERRY: Yes.

MEYER: OK. Thank you.

ANN ANDERSON BERRY: Yeah. Very important.

HARDIN: Senator Ballard.

BALLARD: Thank you, Chair. Thank-- thank you for being here, doctor. It's good to see you again. The introducer of the bill said we are one of a handful of states that mandate this procedure-- mandate this test. And I know you probably don't practice in those other states that do not, but you go to conferences, and you work with other colleagues. Do they see an uptick in, in the diseases in those states, to your knowledge?

ANN ANDERSON BERRY: What I can answer is that, because we have mandated screening, our time to identification of these illnesses is shorter because we aren't waiting for infants to get sick before they're going to the doctor and getting tested. I cannot tell you if they have an uptick in deaths, but every day counts in newborn screening. And so, if we-- if you look at Figure A, our time to treatment, that's the key with these diseases, is that we need to identify them quickly and get those infants into treatment for the appropriately identified newborn screening abnormality. And if we have opt-out, then we're going to see a delay in the time to identification and time to treatment for those infants that have opted out. And what we do incredibly well here is that we are ahead of the curve in the nation in getting our infants identified, and getting them into treatment. I can't speak for each state and what their time to treatment is; I didn't bring that information with me. But what I can say is that we're doing very well here, and I can't think of a single reason why we would want to consider changing our outcomes for Nebraska babies.

BALLARD: And if a follow-up, if I may. And so, what's-- you talked a little bit about it with Senator Riepe. What is the difference between catching this early and catching it when the disease-- when you catch the disease. What's the difference in treatment?

ANN ANDERSON BERRY: Yeah. Well, it's, it's in damage to the infant. So, it's oftentimes brain injury. Sometimes, in cystic fibrosis, it's chronic pulmonary infections, failure to thrive, which means that you're not absorbing your nutrition, so you're not gaining weight. That-- also, actually, failure to thrive is associated with decreased brain growth and decreased optimal neurologic outcomes. So, it's a variety of things depending on which disease the patient is identified to have. But, in every case, early identification, early treatment lead to better outcomes and decreased costs.

HARDIN: OK. Thank you. Can I ask you a question? Somewhat superfluous to this. Can we get that data? Can we get our hands on-- you were

talking about 2021, here. But is that readily available to us? I guess I'm knocking against two things. The CDC as well as, well, the Department of HHS here in Nebraska.

ANN ANDERSON BERRY: Yeah. I don't have--

HARDIN: Can-- I mean-- and I'm not asking you for it now. It's a big picture question. Can we get our hands on what's actually happened?

ANN ANDERSON BERRY: I don't have access to any more recent data than 2021--

HARDIN: OK.

ANN ANDERSON BERRY: --when I prepared this testimony for today.

HARDIN: OK.

ANN ANDERSON BERRY: So it's the same testimony I prepared for last year, because I don't have any new, new access to data.

HARDIN: Yeah, I was just concerned about that. It's really hard to make decisions when we can't access the data that's somewhere.

ANN ANDERSON BERRY: I think we've talked about that in this committee--

HARDIN: I think we have.

ANN ANDERSON BERRY: --haven't we, sir?

HARDIN: But thank you.

ANN ANDERSON BERRY: Yeah.

HARDIN: Any more questions? Thank you. Appreciate it.

ANN ANDERSON BERRY: It's nice to see you. Thank you for your questions.

HARDIN: LB310, those in opposition. Welcome.

EMILY KURTENBACH: Hello. It's great to see some of you again. My name is Emily Kurtenbach. E-m-i-l-y K-u-r-t-e-n-b-a-c-h. I'm 30 years old, currently living in Aurora, Nebraska, right down the road from Grand Island. I'm married, a mom to an almost-three-year-old and a

six-month-old. By just looking at me, I look like a perfectly healthy 30-year-old woman. But what you don't know is that my parents received my life-altering diagnosis at just three days old, diagnosed through the newborn screen. At three days old, after just being told at the pediatrician how healthy and normal I looked, my parents received a call stating that my newborn screen had come back positive for a genetic disorder called phenylketonuria, or PKU for short. Basically, I needed to be placed on an-- immediately on a strictly-monitored low-protein diet for life, or risk a lifetime of irreversible brain damage resulting in cognitive impairment or worse. You could not tell by just looking at me. And growing up, I was told how important my immediate diagnosis was, often shown videos of misdiagnosed patients, and it's truly heartbreaking. Had my diagnosis gone in-- had been missed, I'd be extremely cognitively impaired, like I said, likely institutionalized or worse. I truly don't believe parents in favor or parents to be and those in favor of allowing exemptions for the newborn screen under-- understand the extreme importance of this test. Having just given birth six months ago, and had I not been personally impacted by the newborn screen, I was hardly shared any information about how important it would be that my baby be given the screen, just that they were required. There's no question in my mind that I do absolutely everything in my power to ensure that I was 100% certain from the very beginning that my children were perfectly fine and normal. Parents in the room, how would you know that you could have opted-- that you opted out of a test that could have prevented your child from experiencing a lifetime of pain and hardship, all because you didn't want a simple heel prick, or-- it's not a medical procedure, it's just a heel prick. For those concerned about the impact a heel prick may have on a baby and wanting them to experience a pain-free birth, I can assure you I don't remember it. And my six month old that's in the back? You haven't heard a peep from her. She's happy, not traumatized by it, but if I did, it's a price I'd be willing to pay. And while I also respect religious beliefs, I too, am thankful for my God who gave us modern medicine and the resource of this screen in order to protect his children from a lifetime of hardship. A vote for this bill would be a vote against the voiceless. I didn't get a choice whether or not to save my life as a baby. We talk about being a pro-life state, and this too, is part of that, being a voice for the voiceless. Senator Hansen, in your own words last year, you said parents are the voice of the voiceless, and reiterated that today. And, in most instances, I would agree. But it's naive to think that parents are given all the information to make such a vital decision about their children's long-term health. My parents

are thankful that opting out wasn't an option for them, and I am too. While I also respect personal health decisions, I too believe that situations-- when-- I believe that there are situations when the government does need to step in when it comes to a life and death situation. Why do people believe the government should be involved in the decisions about a baby before they're born, but not after? Babies don't get a say. I didn't get a say. There's absolutely no doubt in my mind my children would receive the simple heel prick that could have possibly saved their life. Five drops of blood.

HARDIN: Ms. Kurtenbach, if I can encourage you to [INAUDIBLE]

EMILY KURTENBACH: Yes. I'm, I'm on my last sentence. I just-- my ask is that you please vote no, and do not advance this bill. Thank you.

HARDIN: Thank you. Questions? Seeing none. Thank you.

EMILY KURTENBACH: Thank you.

HARDIN: Next opponent, LB310. Welcome.

TIMOTHY TESMER: Thank you. Good afternoon, Chairman Hardin, and members of the Health and Human Services Committee. My name is Dr. Timothy Tesmer, T-i-m-o-t-h-y T-e-s-m-e-r, and I'm the chief medical officer of the state of Nebraska, working within the Division of Public Health in the Department of Health and Human Services, DHHS. I'm here to testify in opposition to LB310. Newborn screening, also known as blood spot screening, involves pricking the infant's heel using a lancet to gather a small blood sample on specialized filter paper. The sample is then analyzed for the presence of certain, certain genetic, metabolic or endocrine disorders, for which early treatment and intervention are available. The cost of the screen is currently $87.65, of which the Department of Health and Human Services receives $20 to support individuals with specialized medical nutrition therapy. This screening process is mandatory in Nebraska. Various factors, including the imperative for early intervention, drive the mandate for newborn screening. Timely detection of genetic, metabolic and endocrine disorders enables swift medical intervention, often preventing or minimizing the development of severe symptoms and complications, or death. This approach significantly improves the long-term health outcomes and quality of life for individuals affected by these conditions. Phenylketonuria-- PKU-- is one of the best and oldest examples of the success of newborn screening. Though the disorder was discovered in the early 1930s, it wasn't until the 1950s

that a newborn was screened and treated, resulting in development of normal intelligence. This success sparked the approach to screen newborns in order to begin treatment as early as possible. Through time, disorders have been added to the panel for screening as appropriate, and when treatment exists, including severe combined immune deficiency, SCID, also known as "Bubble Boy Disease," and cystic fibrosis, for example. Nebraska has always carefully considered the rights of children and their parents when reviewing mandatory screening, particularly when researching new disorders. However, we believe that the current mandate is crucial, because the disorder screened for via dried blood spots cause severe health problems, including death. These disorders are treatable, and often remain undetected until symptoms manifest. So, we have prioritized the opportunity for the children to live life to their fullest potential. Also, to ensure privacy for those children and their families, all blood spots collected from infants are incinerated 90 days after birth, unless the family expresses/requests the sample be provided for research purposes. Late detection often leads to more advanced stages of the condition, requiring intensive medical intervention, hospitalization, surgery, and/or ongoing treatment. If the child survives, there's a significant impact on their quality of life, and medical costs can add up quickly. A condition diagnosed late can affect a person's ability to participate in schoolwork and other aspects of daily life, an unnecessary outcome when screening occurs on time and treatment is readily available. Achieving and coordinating this level of care can be complex; often one or more parents are unable to work, due to the amount of time needed to care for and transport these children to medical and therapy appointments during hospitalizations. I see the red light is on.

HARDIN: Would you mind continuing for me?

TIMOTHY TESMER: Thank you. I'd be happy to. Late-onset-- I'm not an auctioneer.

HARDIN: We don't want you to pass out, because it would require a heel prick or something. So, help us out.

TIMOTHY TESMER: Late-onset disorders often impair cognitive function and learning abilities, requiring educational support services, such as special education programs, individualized learning plans, and academic interventions. According to the Journal of the American Medical Association Pediatrics, raising a child with an intellectual disability to the age of 17 can cost as much as $1.4-$2.4 million, a

financial burden that is significant higher-- significantly higher than the U.S. Department of Agriculture's estimate of $233,610 to raise a non-disabled child to the age of 17. Newborn babies carry all the risk of serious long-term adverse health consequences or death, and cannot advocate for themselves. Therefore, mandatory newborn screening ensures that every child in Nebraska has the same opportunity to grow into healthy, productive adults. Newborn screening is a crucial tool for early intervention, and any exemptions to this process could lead to severe health consequences and increased financial burdens on the individual child, their family, and, ultimately, every taxpayer in the state. We respectfully request that the committee not advance the bill to General File. Thank you very much for your time. I'd be happy to answer any questions on this bill.

HARDIN: One of the things I'm always amazed about in the medical space, I guess, Dr. Tesmer, is numbers. And in this case, it's fascinating, because you-- you've heard some people talk about $800 to $1,500 in tests for this, and that was the least costly they could find. And I think you shared with us that it was $87 and change or something like that. As an entrepreneur, I'd like to find out where I can get in on that. That's an increase of about 18 times, I think, if it's $1,500 versus $87. Why do we have that dichotomy, do you think?

TIMOTHY TESMER: Well, the $87.65 is the cost of the screen.

HARDIN: OK.

TIMOTHY TESMER: Now, that is generally covered by insurance, or some type of state program.

HARDIN: OK.

TIMOTHY TESMER: The diff-- the only thing I can say on the difference between those higher figures and what the basic is, is hospital charges or lab charges, of which we don't have any control over. I do know in instances where parents have contacted DHHS about the huge disparity in the cost, we make every effort to work with those parents, research, and help them out in whatever way we can.

HARDIN: And are we able to do that within that 48-hour period? Because it seems like--.

TIMOTHY TESMER: Well, I don't know that the bill--

HARDIN: --they're being-- there's sand coming out of the hourglass in terms of how quickly they have to get this done.

TIMOTHY TESMER: OK. The, the-- a, a bill, a bill for a charge may not come within the 40--

HARDIN: Sure.

TIMOTHY TESMER: --a bill for a procedure may not come within the first 48 hours.

HARDIN: Understood. Understood. And I will give the rest of you an opportunity as well. But because you're unique as the chief medical officer, can I ask you the philosophical and ethical question here? How do we, as a committee, wrestle with the constitutional versus the practical? I'm asking for your counsel, sir, because we did all stay in a Holiday Inn Express last night. And so, I'm just-- this is one of those interesting cases, isn't it?

TIMOTHY TESMER: It, it, it may very well be. We feel very strongly that all babies born in Nebraska be given the same and equal chance and potential for a full, healthy life. We do not-- we not-- we're not ashamed at all by being advocates and prioritizing newborn, newborn health. So, it's the way I think I feel; that's the way we feel.

HARDIN: Thank you. Questions? Seeing none. Thank you.

TIMOTHY TESMER: Thank you.

HARDIN: Next in opposition to LB310. Welcome.

ROBIN LINAFELTER: Thank you. My name is Robin, R-o-b-i-n, Linafelter, L-i-n-a-f-e-l-t-e-r from Lincoln, Nebraska. And I'm here in opposition to LB310. I come before you today strongly urging you reconsider a decision that would allow parents to opt out of newborn screening for metabolic disorders. You've heard the testimony of my daughter Emily last year and this year, and, and this just, just illustrates how newborn screening saved Emily from a life that would have been very different. Thanks to her controlled diet, she's been able to live a fulfilling life, and is now a proud wife, mother and successful individual. Her story is one of hope, and it all started with a seem-- simple heel prick for to screen for her potentially life threatening disorders. Without, without that test, Emily's life, and the life of our family would have been altered forever. We did not know that we were carriers of this genetic disorder. Allowing parents to opt out

for essential newborn screening introduces unnecessary risk. While I respect the importance of parental choice, the rights of the newborn have to be-- have, have the best possible start in life must first-- come first. The evidence is clear. Newborn screening for PKU is a proven life-saving measure. For those of you parents that are in the room, are you willing to risk that 0.2% to potentially have your child be stricken with one of these disorders? This past week, I sent both-- all, all the senators two videos from, from-- that I was able to find, and one was of two sisters in Germany. One was, was diagnosed with PKU and one was not; the one who was not diagnosed lived a life as institutionalized. And in response to Senator Riepe's question, a lot of these children have ended up in Beatrice State Development Center. I am personally friends with one of the original mothers that came before this committee back in 1967 and got the newborn screening because of her son was undiagnosed, and lived his life in Beatrice and-- at the expense of the state. The second video I sent you was the story of Katie's Story, and I would encourage anybody in the room to look at, at that. It was a, a missionary family whose daughter was undiagnosed because they did not get the test. And, at 13 months, she was found to have dia-- been diagnosed with PKU. At seven years old, she was cognitive abilities of a two-year-old, and it all would have been discovered with a, with a test. And to quote her father, the most difficult thing is knowing my daughter would have been OK if I had just gotten tested. So, I would-- I encourage the tests. You see the rest of my testimony here. You took my statistics from the having the, the, the National Highway Safety Committee. We, we have mandatory seatbelts. Why would this not be the same thing? So, I will finish up with just, finally, to the parents who are testing here today in support of this bill, I encourage you to get educated and not to think of your rights, but the rights of the newborn child. Be their advocate, advocate, because you're the only one who can make the right choice and have them screened for these debilitating disorders. Are you willing to take that chance? My wife and I are thankful we didn't have a choice, and our daughter and the many of those affected with the disorder who are discovered during newborn screening [INAUDIBLE] as well. If the answer-- if it's the best interest of the newborn--

HARDIN: If I can encourage you to--

ROBIN LINAFELTER: Got one more sentence.

HARDIN: --complete, Mr. Linafelter.

ROBIN LINAFELTER: Yep. I have one more question. If the answer that-- if it's in the best interests of the newborn, under what circumstances and of the best interests of the parents? Thank you for your time, and I urge you to vote no on LB310.

HARDIN: Thank you. Questions? Seeing none.

ROBIN LINAFELTER: Appreciate it. Thank you.

HARDIN: Thank you, sir. Opponents, LB310. Welcome.

DEREK FUNK: Hello. Pardon me, I'm kind of nervous. Heart's pounding. My name is Derek Funk. That is spelled D-e-r-e-k F-u-n-k. And I am here today to advocate for families like mine who could be adversely affected should LB310 come to pass. My wife Lauren [PHONETIC] and I have three children, and we're crazy about them. But I'm here to talk about the-- what's so been called the only point 2%, or, as I like to refer to her, my daughter Nora [PHONETIC]. Nora will be one in a couple of weeks, and if you saw her pulling herself up on our living room furniture and babbling to her brother and sister, you would look at her and think there's a perfectly healthy one-year-old child. You would never know that she was diagnosed with a debilitating disorder called congenital primary hypothyroidism five days after birth, and that her normal development now is a testament to her doctor's intervention, following a newborn screening. When a child is born with congenital hypothyroidism, the margin for effective intervention to prevent profound disability is, is hours. Outcomes decline sharply if the child does not start medication within ten days after birth. If untreated, CH stunts the growth of the body, and has acute negative effects on cognitive, cognitive development. Thankfully, in the United States, the availability of medication and widespread practice of newborn screening have mostly mitigated the worst possible outcomes of the disease for most children. The child simply needs to take a low-cost medication every day of their lives in order to live a healthy life. It's difficult for me to imagine that any parent would deprive their child of a life-saving medication. On the other hand, though, it is not difficult for me to imagine that a well-meaning parent might opt out of a newborn screening without fully understanding the potential consequences for their child. Neither my wife's nor my own family had-- has any history or any instances of congenital hypothyroidism, or any of the other conditions that are screened for in this test. Neither of our previous two children have any condition that the newborn screening would have identified. It is very possible that, given the options to screen or not, we would have

said no. The birth of your child is the most honest day of your life. There are so many decisions and things to be thought about. Even if you have a birth plan, the likelihood of it going awry is extremely high. It's a beautiful thing to have the medical freedom that we do in Nebraska, which is the ability to make the best decisions for yourself or your children using your doctor's counsel and the best information available. This bill would not only alter the definition of medical freedom in these cases, it would also create worse health care outcomes. To put it simply, as a parent, if you're presented with the option, you may opt out and deprive yourself or your children of the best possible care available to them. I'm thankful every single day for-- that my daughter's condition was identified through the newborn screening. I'm thankful every single day for the guidance her pediatrician-- who you'll hear from in a minute-- provided in those crucial hours after her birth, and his advocacy for families like mine. To the committee, as you prepare to vote, please understand that, although the comp-- comp-- excuse me-- comprised of only 2.7% of chil-- all children born, my daughter and children like her are real, and they matter. No child should ever be written off as an acceptable statistical casualty in the name of someone else's abstract--

HARDIN: If I could encourage you, Mr. Funk, to--

DEREK FUNK: One more sentence, please.

HARDIN: --wrap up your thoughts, that would be great. Thank you.

DEREK FUNK: In the name of someone else's abstract notion of what is or isn't freedom. Thank you.

HARDIN: Thank you. Questions? Seeing none.

DEREK FUNK: Thank you.

HARDIN: Thank you. Next in opposition to LB310. Welcome.

PHILIP BOUCHER: Thank you. My name is Dr. Phil-- Philip Boucher, P-h-i-l-i-p B-o-u-c-h-e-r. I'm a pediatrician here in Lincoln at Frontier Pediatric Care. I want to first emphasize for everybody in the room that, despite how heated and passionate people are, I, as a pediatrician, will tell you that the sky is not falling when it comes to this bill and this discussion, nor will it impact the lives of thousands of children in Nebraska. As you've heard, 0.02% of our children can be affected by a newborn screen result, but, when I think about that, that's 1 in 500, and if I look at any of the schools

around the capital, all of those schools have 500 children in them. We do these screenings-- which takes five drops of blood-- to look for conditions that are rare, life-threatening, development-threatening, and difficult to detect until damage is done, and manageable once detected. They aren't predictable; they aren't all genetic. Most of them are, are sporadic, and we don't know in advance that they happen. Mr. Funk talked about congenital hypothyroidism, and when I was in clinic on a Saturday morning, I got a call from the newborn screening company that said "I think this child has hypothyroidism." And by that evening, we had confirmed the diagnosis and started the child on treatment. And it, it was a Saturday, but it was that important that we start immediately because, as Mr. Funk said, within ten days of congenital hypothyroidism, the child's development is affected, and these children do not present quickly without that information. It takes months for them to be discovered, and in that time, their development changes, their face shape changes, they struggle to grow. And eventually, by the time it's figured out, those neurons are lost forever. There's another condition called MCADD. This affects children of European descent, and it can cause sudden death in the first months of life. It's not something that we can detect, it doesn't run in families, but if we know about it, we can start them on a simple protein in their, their diet, and a fatty acid supplement, and protect them from sudden death. This isn't something that we can detect otherwise. I know the cost is an issue. And, to your point earlier about where-- where's the differential between $1,500 and $87? I would encourage you to look at your next hospital bill for a dose of Tylenol, and you'll find that those Tylenol tabs at the hospital are about $50 apiece. I've heard that hospitals charge these, which is why our clinic offers newborn screens to our patients at no cost. We know that there are patients in the community that, that birth at home, and we want them to be able to get that without the excessive burden. And so, our clinic offers that to parents at no cost. They come in, we poke their heel, we send the blood to-- in-- by Fedex to the, the newborn screen facility. Most moms just nurse while we're doing the procedure, so there's very little trauma to the baby, and they stay afterwards and they nurse their baby. I do understand that parents want control in their children's health. I feel terrible for those families that have had traumatic experiences and felt pressured or coerced. Our clinic specifically doesn't threaten patients or threaten dismissal if they decline vaccinations or have a different schedule. My job is not to guilt parents, or to make them feel stupid for what they've learned and decided. And I can only do what I can do to help them feel educated and empowered. In those cases, where parents are

making that decision, what I know is that there are many things that I cannot detect, and I can't find out that your baby has hypothyroidism or congenital adrenal hyperplasia or MCADD until it's too late. And so, without the newborn screen, we, as health care providers, are flying blind and delaying life-altering treatment, which is why I ask that you not advance this out of committee.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you, Chairman. I very much appreciated the personal information and stories that you had. I did think you picked on the hospitals a little bit too much on pricing, but we'll let that go. Thank you.

PHILIP BOUCHER: Maybe not $50 for Tylenol, but $7 or $8.

RIEPE: Damage is done.

HARDIN: It's the medical DOD pricing. Any other questions? Commendable that you pay for that.

PHILIP BOUCHER: Thank you.

HARDIN: Thank you. Those in opposition to LB310. Welcome.

ABBY PELSTER: Hello. My name is Abby Pelster, A-b-b-y P-e-l-s-t-e-r. I am a speech and language pathologist. I've been practicing in the state of Nebraska since 2009, and it was in my first year of practice in the school setting that I met an individual with a rare disease. Since then, for the past 12-plus years, I've done a lot of education, advocacy and family support across the rare disease community, and I'm here today to speak in opposition to LB310. As a provider to the communicatively fragile, across the lifespan, early intervention and identification is crucial to my role to help support families, and their communicative goals for their loved ones. As such, newborn, newborn screenings are also crucial to the infants and the families of Nebraska. Now, we keep talking about the statistic; it's, it's just a small percentage of individuals. But that's the patient. That patient has parents. That patient might have siblings, teachers, doctors, providers. Rare diseases, as a whole, affect 1 in 10 people. That's 200,000 Nebraskans. And looking around this room, statistically, we should have a couple in the audience. And I wouldn't think that their life is worth less because it's a smaller percentage. Despite the fact that I have a master's degree in speech and language, I have some numbers here. So, I believe you asked, Senator Ballard, about some of

the, the consequences of a delayed diagnosis. The EveryLife Foundation for Rare Diseases did a study that-- actually, on the impact of delayed diagnosis in rare diseases. They looked at seven specific diseases, three of which were on the Nebraska screening board. The diagnostic odyssey that families can have lasts between 5 and 7 years. 5 in 7 years, and an average of 17 treatments, or 17 procedures, to try to come to a diagnosis for an individual affected by one of these. The cost impact on that, both through medical costs and lost income, is $220,000 per individual. It can go upwards to over $500,000. It's estimated that this is a conservative number, because we're not counting travel, days missed work, traveling out of state to see specialists. I see my time is almost up. That went quickly, but I really do-- I know they're expensive. I know-- I'm a parent myself. I pride myself in making decisions for my children, but I'm also a mandated reporter, and our parenting choices are not limitless. And, as someone who advocates and works with the communicatively fragile, I count these newborns in that population as well. Thank you.

HARDIN: Thank you. Questions? Senator Quick?

QUICK: Yeah. Thank you, Chair. And I-- I don't know if there was anything else that you-- I know you had to cut your testimony off, but I didn't know if there was anything else you wanted to say.

ABBY PELSTER: I have lots of stuff, but go ahead. The only other point I was going to make is that, with regards to the constitutionality of this, there are-- one, two, three, four-- five annotations at the end of the law that I printed off this morning. Two of them say that they have a [INAUDIBLE] excuse me. Determined not to violate the Constitution with regards to parent choice and religious exemption.

QUICK: All right. Thank you.

HARDIN: Other questions? Seeing none. Thank you.

ABBY PELSTER: Thank you.

HARDIN: Opposition to LB310. Welcome.

ALEX DWORAK: Good afternoon, Chair Hardin, members of the HHS Committee. My name is Dr. Alex Dworak, A-l-e-x D-w-o-r-a-k, hailing from the, the second-finest district, 12, I guess. It's an honor to testify before you, representing myself as a practicing Nebraska family physician in strong opposition to LB310. I'll note I'm a member of the NAFP; I'm not speaking on their behalf, because they sent a

letter in opposition, and I refer the committee to that. We had debate about this bill previously, and nothing has changed regarding human biology or the ethical imperative for screening since then. I believe it was yesterday in Judiciary that Senator Bosn said that a government's first obligation is protecting its citizens. And so, I'm-- see this as another example of that. The logic of allowing families to opt out of anything they disagree with would cause chaos, and set a dangerous, easily-abused precedent for other issues of child welfare, even though I'm very sure that's not what any of the proponents intend to happen. The bill will be harmful, and I urge you not to pass it. There are myriad, myriad examples of the harms of late diagnosis. One of these is very personal to me. She can't be here today to speak, but, like a previous testifier, Dr. Jenn Harney is a friend of mine who has phenylketonuria. If she hadn't been screened and the dia-- and diagnosed early, she would not be the outstanding family doctor that it was my privilege to help train. Phenylketonuria causes neurological damage manifested as seizures, intellectual disability, delayed development, microcephaly or, a small cranium, and behavioral disorders. The classic form, according to the Mayo Clinic site, causes severe neurological damage, and, if it's not caught and treated, that could easily have been Jenn, my friend. How many of these cases is too many? We've heard about the rareness of this as a reason to not mandate it. I argue that one is too many. If Jenn were not herself, that's too many. If the other people here who have testified-- that, that's too many. The AAP has been supporting this since the 1980s, and I have their most recent statement from over-- about ten years ago in an email that I can send upon request. And then, regarding a previous testifier, as Dr. Anderson Berry and others have highlighted, some of these tests aren't-- are hormonal and not genetic; they are also metabolic. And so, screening parents is a good suggestion, but wouldn't get the job done. I also was able to find a 2019 article in response to Senator Ballard's astute question, and Chair Hardin's concern about data. This might put me a tiny bit over time, but I'm happy to read it. The gist of it is that when newborn screening in a period from 1959 to 1995 was looked at, when it was mandated but there was no Medicaid, it didn't improve infant mortality. When newborn screening was mandated in states with no Medicaid, that initially increased racial inequalities in infant mortality. Newborn screening was associated with improvements in infant mortality in states with Medicaid, and the racial inequalities in infant mortality narrowed after newborn screening was passed in Medicaid states, which-- that didn't used to be a thing; thankfully, now it is. So, there is some hard data that shows that this saves

lives. Each of these conditions can be devastating. I personally have not seen any of them in my career, and I honestly hope I never do. That would be terrible for the families, and I would struggle mightily to diagnose it as an accomplished primary care doctor myself.

HARDIN: Please continue.

ALEX DWORAK: Thank you, sir. I'll close by highlighting that, just today, the Nebraska DHHS released its Infant Morbidity and Mortality Dashboard. If this bill were to pass, we would need to add a new category for neurological devastation and death directly due to late diagnoses. And, as some of the families for whom this is personal have pointed out, it doesn't matter how rare these conditions are if it's your baby whose life is destroyed. And, again, responding to a previous testifier, that harm is truly incalculable in my view. I very much appreciate your time, Senators, and the, the good debate. I'm happy to answer any questions you may have to the best of my ability.

HARDIN: Thank you. Questions? We appreciate it.

ALEX DWORAK: I'll, I'll share that, that article for Senator Ballard and the rest of the committee.

HARDIN: Thank you so much. Opposition to LB310. Thank you for joining us. Welcome.

ROBERT RAUNER: Good afternoon. Happy to see everybody here working hard again. So-- I want to just say that I cannot talk as fast as Dr. Tesmer, so I had to cut my talk down just a little bit, but you'll have the full write up there. My name is Robert Rauner, and I'm-- R-o-b-e-r-t R-a-u-n-e-r, I'm happy that you're able to hear me talk today, and talk about this bill. If you want [INAUDIBLE] free to address me as Bob, that is OK. Today, I'm speaking as a parent advocate. I'm here to speak in opposition to LB310, the bill to amend Section 71 -519 of LB301 [SIC]. The reason I'm here is I need to speak for those that cannot speak for themselves and to say what they want-- saying they want to be screened for disease that will debilitate them, lead to an early death if they are not diagnosed and treated for that defect. I lost two sons to a brain leukodystrophy because they were not-- there was not any screening for X-ALD at the time they were born. At that time, our youngest son Kevin was diagnosed, it was too late for bone marrow transplant-- which was the standard of care at that time-- and since we have been on a three-year diagnostic odyssey to find out what his health issue was, there was nothing we could do.

So, all we could do was find the best way to treat symptoms, since there was nothing else to be done. He ended up for the last two-and-a-half years at a nursing facility, as we were not able to care for him because of his size. He "growed"-- grew up to a large young man, so we had to do that. The problem with that is it led to large expenses to the Nebraska Medicaid system because of a diagnosis that came too late in the disease progression. I don't want this to happen to any other family, especially when the family has therapy "opfit"-- options when they are diagnosed in newborn screening. The thing I've noticed here today-- and I don't know what opponents have said, but I have not heard any proponents that have had a positive newborn screening test. So, that's kind of a concern. I've been working with the newborn screening program since 2016, and so, it's-- I brought in X-ALD to the-- our newborn screening panel, and that work has also given me an opportunity to become a member of Nebraska's newborn screening advisory board. My goal is I want all children to have the same opportunity when they're born, and that is why I do not believe in the opt-out provision-- with the value of having one. Having the no opt-out option has allowed the state to make sure that we find all children that have a rare disease screening that can be fatal if not diagnosed at birth. By having the op-out-- opt out provision in LB310, LB310, you're creating a poss-- potential expense to the state Medicaid system that'll end up being responsible for the medical expenses of these children, which will run into millions of dollars. This is the reason we have newborn screening. In the past three years, the newborn screening program has identified around 225 children, and they were-- we were able to give them the opportunity for a better life. If this bill, LB310 was in effect in this time period, and say all these patients or parents would have opted out of newborn screening, this will have led to the death of many of these children. It also would have been too late to help many of the children.

HARDIN: Mr. Rauner, if I could encourage you to wrap up some of those thoughts.

ROBERT RAUNER: I'm just-- doing it quick as I can. Thanks. So, a goal for me is, you know, it-- we need to take care of these children as best we can. I'm asking the committee itself to vote against this LB310, because of the problems it will cause for the state of Nebraska. And the problem thing is, this bill does nothing to ben-- benefit the newborn children of Nebraska, and it will do more harm than good, especially when the family discovers a life-threatening disease that could have been diagnosed.

HARDIN: Thank you. Sorry for your loss.

ROBERT RAUNER: Thank you.

HARDIN: Questions? Seeing none. Thank you for being here.

ROBERT RAUNER: OK. Thanks for your time.

HARDIN: Opposition, LB310. Going once. Twice and thrice. Those in the neutral, LB310. Senator Hansen. There were 120 people who were proponents online, 69 opponents online, 1 in the neutral. Congratulations, Ben, for finding a hot topic.

HANSEN: Wouldn't be the first time, Chairman. Probably won't be the last. Has anybody seen my bills? And just for clarification's sake, for everybody here, with all the mothers and with their children, this is not the midwives bill that's coming up later, so. All right. So, I'd like to address some of the concerns or-- and thoughts that were raised more from the opposition as opposed to those in support. I do always appreciate when Dr. Anderson Berry is here. She actually gives a lot of really good insight on what it's like to be a neonatologist, and to understand the realm in which she works. And she's exactly right about the conditions and the symptoms of the children who end up getting these diseases. I'm not going to deny that. And if you remember from my opening, this whole discussion is not about any of that. I know it might be important to the children and to the parents, and I can't fathom some of the travesties they've gone through and the issues they have to deal with. This is about mandating the test. We mandate the screening, but we still-- but the treatment, even if you find a positive, the treatment still needs parental consent. We don't-- we still need consent when inducing a mother when she's delivering a baby; we still need consent if she has-- when-- if they recommend a C-section. One of the issues that was brought up here is about the storing of genetic information. I believe, also, she is right, because somebody asked her that question about how they dispose of the genetic information. But one of things I learned, actually, from one of the testifiers-- which I probably didn't read clearly-- is that they actually have the ability to keep that information. Nebr-- in a newborn screen, Nebraska State Statute 71-519(4)(c), DHHS "may charge a reasonable fee for evaluating proposals relating to the use of (such) specimens for public health research and for preparing and supplying specimens for research proposals approved by the department." And under (5)(d), that the blood specimens taken for purposes of "condusting" the-- conducting the tests may be used for

research. So, currently they don't, but they have the ability to do that. And a lot of times, we're-- we didn't-- I know we thought there was some hard data given about what the other 47 states experienced with these diseases, but there wasn't any really actually hard data when it-- when we were talking about numbers. We just say some have decreased according to Medicaid statistics, but I don't know the numbers. All I know is, if we were seeing an uptick in many of these diseases in the other 47 states, I would expect to see legislation, or the states moving in the same direction as Nebraska currently is. I would expect them to start mandating the screening, but they don't, and they aren't. That tells me something. One of the things that I heard from some of the testifiers, as well, was "Would the parents be willing to risk their child getting one of these conditions, even if it is a 0.2% risk?" The answer from all the proponents was yes. I would get the test for my child. I did. I would recommend they would. Maybe many of them would. Some wouldn't, for various reasons. It might be religious reasons, might be philosophical reasons. But we owe it to them to give them the option. I thought, Mr. Funk, when he came up here and gave his testimony, gave a great definition of medical freedom. He actually said it should be a consultation between the parent and a doctor, so they can make an informed decision. And I totally agree with that. One of things, Emily-- and I'm glad she was up here again today. She always gives a good testimony. She did-- she was right. I actually had the writ-- written down, still, from last year. I did say parents are the voice of the voiceless, but then I also said not the government. That's not the government's responsibility, and that's currently where we're at now. Dr. Tesmer is-- what he mentioned last year too, that newborn babies carry all the risk of serious long-term negative health consequences and do not have the ability to advocate for themselves. Therefore, it should be mandatory. When he says something like that, that tells me we are going to completely ignore the opinion of the parent, and they don't matter. They do not have the ability to advocate for themselves, therefore, we should have mandatory newborn screening. Anywhere else in the health of the child, or the treatment of the child, we always have parental consent. And there are much more riskier-- trying to think of the word. There's, there's many more ways a child can have harm put upon them, whether it's driving a car, whether it's, you know, what-- leaving your child in the bathtub for two seconds as you walk out the room, not paying attention to a kid who's near the stairs, leaving them outside for a second when you go inside. We don't mandate the parent do many of these things. We don't say you have to stay in there no matter what, we have to keep an eye on you to make

sure you do it, to make sure your child isn't hurt. And so, we-- we're going down a very slippery slope when we start mandating that parents have to do something or we're going to take your child away. And I do understand about the costs. An argument I've never quite understood, because, again, if we're worried about the cost to the taxpayer or the parents because of bad decision making, according to the opposition, then we'd better ban a lot of other things. I care more about parental rights versus the costs. I trust these parents. And I think you should, too. And I'm just going to reiterate one other thing before I go. Actually, two things, because it's one thing I think Senator Hardin brought up. It is about the costs. The average cost, yes, is about $87; Dr. Tesmer was right. The blood is sent to Pennsylvania, I believe, to get tested. And then, after that, he said it's, it's sent to labs we don't have control over. I thought that was interesting, when he mentioned that. And the constitutional question, I feel like he didn't adequately answer. The one question Chairman Hardin said, he says we feel strongly about a child's healthy life. But you asked a consti-- constitution question about whether it's our right, as a government, to take the child away or mandate a medical procedure. He could not answer that, and he didn't. Because I agree, it's not our constitutional right to do it. And so, I'm going to just say one of the things that I mentioned before, earlier. In perspective, if I were to bring this bill to you now, and we didn't have this currently, and I told you we need to mandate this and make the parents do it, otherwise we don't give them a birth certificate, or we have the potential to charge them with child neglect and take their child away. None of you would vote for that. But yet, we still think it's right. I think, just view it from that perspective. Thank you, Mr. Chairman.

HARDIN: Thank you. The couple of other states that also have this as a mandate, do you know-- do they require their citizens to pay for it? Or does the state pay for it as a mandate?

HANSEN: I'm unsure. Yeah, I don't know. The average cost that we have heard from patients ranges between $500 to $1,300, and the test costs 7--

HARDIN: Well, it'd be $87 times 22,000 just for some made-- it's, it's a couple million dollars--

HANSEN: Yes.

HARDIN: --that it would cost, if the state of Nebraska were to take that particular burden up. I'm just saying, it's interesting. It'd be

fascinating to know if other states pay for that, or if we're unique in that way.

HANSEN: I do have to go back to my original argument that it's not about costs, even though the taxpayer might save money if the state's paying for this. Not a reason, I think, to get rid of something--

HARDIN: I hear you. I hear you.

HANSEN: But it's more about just the, the idea of, of mandating it for the parent.

HARDIN: Questions? Well, thank you for bringing a compelling bill. We like to make good law in Nebraska, and it's the big questions that we have to wrestle with. And when we wrestle with them, I think we make better laws. So, thanks for bringing a good one.

HANSEN: Yes, thank you. And thank you to the opposition and the people in support. I appreciate the debate conversation. Thank you.

HARDIN: This ends the hearing on LB310. Next step will be LB84. LB84. Senator Rountree, welcome.

ROUNTREE: Thank you so much, sir. It's great to be here today. Absolutely. Are we--

HARDIN: Take it away when you are ready, sir.

ROUNTREE: All right. Well, good afternoon, Chair Hardin, and members of the Health and Human Services Committee. My name is Victor Rountree, that's V-i-c-t-o-r R-o-u-n-t-r-e-e-- and that's Rountree without the "D"-- and I represent District 3, which is made up of Bellevue and Papillion. Today, I'm here to introduce LB84, which would have Nebraska join the School Psychologists Interstate Licensure Compact. Interstate compacts are legislatively-enacted agreements between two or more states. This compact aims to provide greater mobility for licensed school psychologists in our country. The Department of Defense and the Council of State Governments have partnered over recent years to craft interstate compacts for many occupations, of which Nebraska has become a member state. In Sarpy County, we have many families that move in and out of our community due to military service. It is important that we create a welcoming environment in our state for those families, and make their transition to living in Nebraska as easy as possible. Allowing licensed individuals to get to work sooner helps families plant roots in

Nebraska and become a member of our community. I've passed out some background information on how the specifics of the compact would work, and I would like to briefly touch on a couple of aspects. The Interstate Compact for School Psychologists would allow a licensed school psychologist who wishes to move into a member state to use their existing license as proof that they are qualified to receive a license in the new state. The compact commission, which is made of representatives from each member state, will facilitate the transfer of documentation. School psychologists who hold an active, unencumbered license in a member state would be eligible to use the interstate compact and obtain a license in another member state. There are currently only two states who have joined the school psychology compact: that's Colorado and West Virginia. And eight states-- that's eight states-- are currently looking to adopting the compact. While this is still a growing compact, I believe the opportunity for additional school psychologists in our state is something we should seriously consider. Mental health in schools is a serious concern that we hear about every day. LB84 provides us an opportunity to grow our school psychologist workforce in Nebraska, and to ensure that our students are able to access mental health care. Allowing greater mobility shows that Nebraska is a worker-friendly state, ready for new providers to practice in our communities. I believe there are testifiers behind me who can help give a school psychologist's view on the benefits of this bill. And with that, I will be happy to take any questions that you may have.

HARDIN: Thank you. Senator Fredrickson?

FREDRICKSON: Thank you, Chair Hardin. Thank you, Senator Rountree, for being here, and for bringing this bill. Is this your first hearing?

ROUNTREE: It's my second.

FREDRICKSON: Your second? All right. Excellent. A couple questions. So, you, you mentioned that there are two states that have currently joined this compact; eight are kind of looking into it. Is this one of those compacts-- and I apologize if you mentioned this-- is this one of those compacts where a certain number of states have to join in order for it to sort of go into effect? Or once you join, you join, and the states that are a part can have that free transfer? Or--

ROUNTREE: Yes, sir. It is at a certain number. So, we do have eight that are still looking to join. So, right now, we're in the infant

stages of that, but it is also providing the opportunity for those eight to join, and then we'll be able to effect that compact.

FREDRICKSON: OK. And it's not just an exchange with other member states, it's anyone from any 50 state-- or, of the 50 states could come here. Is that correct?

ROUNTREE: If they are a part of the, the compact.

FREDRICKSON: If they're a part of the compact. So they have to be--

ROUNTREE: If they're a part of the compact.

FREDRICKSON: OK. Great. Thank you.

ROUNTREE: Thank you so much.

HARDIN: Do you know how long the wait is if you don't have the compact? What is it right now-- if someone comes from somewhere else, wants to get going as a, a school counselor, what are they facing for a wait right now before they can put their skills to work?

ROUNTREE: Sir, I don't know what that number is, but I can research it and get that back to you. Maybe one of my testifiers may be able to share that information as well.

HARDIN: Thank you. Any other questions? Seeing none. Will you stick around for the closing?

ROUNTREE: Yes. Yes, sir. I'll be here for the closing.

HARDIN: Thanks. Those who are proponents for LB84. Welcome.

TESSA PETEREIT: Good afternoon, Senator Hardin, and members of the committee. I want to thank Senator Rountree for sponsoring LB84, and his support of this bill. My name is Tessa Petereit. That's T-e-s-s-a P-e-t-e-r-e-i-t, and I currently serve on the executive board of the Nebraska School Psychologists Association, as the Nebraska delegate for the National Association of School Psychologists. NSPA represents over 340 school psychologists from school districts and educational services units across the state. I'm here today to share our support of LB84. Nebraska faces significant workforce shortages in education, including special education, and with school psychologists. School psychologists are valuable members of school teams with extensive training, including academic intervention and instructional supports,

mental and behavioral health supports, and schoolwide practices, practices to promote learning. In Nebraska, there's a significant number of vacancies for school psychologists. Painting a picture, we are currently practicing with a ratio of one school psychologist for 921 students, which is nearly double the recommended ratio from our national association. When talking to school psychologists in Nebraska who have experienced relocations as military spouses, it is consistently shared that the process to obtain their certificate was unnecessarily complicated. Tasks such as completing lengthy applications, ordering and sending official transcripts, and providing test scores and course syllabi took time and delayed their ability to continue their career weeks or even months. Additionally, it treats them professionally as inexperienced. The current lengthy process may discourage school psychologists to the point of pursuing a different career path altogether. In collaboration with our National association, we've heard from school psychologists across the country with similar experiences. Removing the burden of restarting the certification process through the compact allows us to support school psychologists to remain in the profession. This compact aims to support our profession and the state workforce shortage by streamlining the system of certification or licensure mobility with member states. There are several benefits to engaging in this compact from a workforce perspective. This is a great opportunity to attract school psychologists to Nebraska. Once they make it to our great state, we can decrease the wait time to start working and connect them to districts and ESUs to provide services for students. The compact will remedy the paperwork burden to obtain certification without decreasing Nebraska standards. It is clear that we need to grow the workforce, and this creates the ease for professionals to live and work in Nebraska. For our Department of Education, it creates a compact system which will support the facilitation of certification-- or licensure, depending on the state-- as well as discipline information for relocating school psychologists. The provision of this direct line of communication with those engaged in the compact will allow collaboration and efficiency. Thank you for your time today. I'm happy to answer any questions related to my testimony.

HARDIN: Thank you.

TESSA PETEREIT: You're welcome.

HARDIN: Questions? Senator Quick.

QUICK: Yeah. Thank you, Chair. And thank you for being here. Do you know what the-- is there a fee to be part of the compact? Or, or a cost?

TESSA PETEREIT: I am not aware of an-- a fee, but I can look into that, and get back to you.

QUICK: OK. And do you know-- I know there's a-- maybe a fee to-- if you're going to another state, would that be a, a fee you pay-- actually pay to that other state to practice there as well?

TESSA PETEREIT: So, there's application fees. In Nebraska, it's our certificate. Different states require different tests as well. And so, in Nebraska, it's the praxis. And so, if someone is moving to Nebraska and ha-- would have to take the praxis, or the certification. There's a cost for both of those.

QUICK: OK. Thank you.

TESSA PETEREIT: You're welcome.

HARDIN: Senator Hansen.

HANSEN: Thank you. I think the-- there's a fingerprinting fee, I know, that they have to do for it, and that's like $45,--

TESSA PETEREIT: Yes.

HANSEN: --that the state requires. And I was gonna ask somebody-- maybe not you, but [INAUDIBLE] behind you, about if that process has been improved. Because from what I've heard, getting a background check and the fingerprinting, for some individuals, has taken months in order to get back.

TESSA PETEREIT: So, I-- born and raised in Nebraska and went to school in Nebraska-- and so, completed that nine years ago after grad school. So, I don't recall those specific steps. And, coming from a program within Nebraska who supports streamlining that process, I'm not sure of the hoops from coming out-of-state, specifically.

HANSEN: Thank you.

HARDIN: Can I repeat an earlier question, which is, can you give us an idea of-- let's say someone is a school psychologist in Iowa, and they decide to improve their life, and they move to Nebraska.

TESSA PETEREIT: Well said.

HARDIN: And we don't have a compact in place. They do it there. How long does it take them to get up to speed here?

TESSA PETEREIT: So, I think it really varies based on the school that they attended and the state that they're coming from. So, within the testimony, I said weeks or even months if they come from a NASP-accredited-- so NASP is our National Association of School Psychologists-- if it's a NASP-accredited school, then a lot of these aspects within the compact are addressed, and it might be more streamlined. If their course-- the courses that they took do not align with the courses required in Nebraska, then they might have to show the syllabus indicating what's-- aspects were taught in that class. So, I think it depends a lot on the school and the state in which they come from. So, there's not a specific answer for that.

HARDIN: OK.

TESSA PETEREIT: But within the compact,--

HARDIN: OK.

TESSA PETEREIT: --there would be the specific guidelines for the certification that you would have to have.

HARDIN: If you were to guess, though. Horseshoes and hand grenades. Are we looking at a year?

TESSA PETEREIT: I wouldn't think-- I do-- I don't know the answer to that.

HARDIN: OK.

TESSA PETEREIT: I think it depends specifically on [INAUDIBLE].

HARDIN: Just trying to figure out how urgent this is, right? Because we do a lot of compacts-- or we try to-- in lots of different areas, a lot of-- many times, around military-related scenarios and so forth. And I think that's all good. One of the challenges with doing a compact of any kind is that it is-- it's a two-way street. It also means people might leave Nebraska to go somewhere else where the compact is effective, right? But I'm just curious how that would look for us. And that would be helpful, if you could find any information

related to that. I'll pick on some other people with the same question, so.

TESSA PETEREIT: I will find out and I get back to the committee.

HARDIN: Any other questions? Senator Ballard.

BALLARD: Thank you, Chair. Thank you for being here. Forgive me for not knowing this. Are schools required to provide a psychologist?

TESSA PETEREIT: So, a school district does not have to employ one, that-- there needs to be one contracted. And that's where the educational service units come in to have school psychologists that they can turn a contract with. A school psychologist is a required member of an MDT team for special education evaluations, and generally, the only one in the district that could administer the IQ tests. And so, for smaller districts-- and with a shortage of school psychologists, a lot of times the school district is contracting for those specific school-- or, services that have to be done by a school psychologist. But in my testimony, I said the training is extensive, and there's a lot of behavioral/mental health system supports that a school psychologist could do. And so, if we were practicing in a ratio recommended by the national association, there's a plethora of other things that could be done. But a school district needs a school psychologist to be a part of many of those teams. And so, that's either employed by the district or contracted through an ESU.

BALLARD: OK. Thank you.

HARDIN: Senator Meyer.

MEYER: Thank you, Mr. Chair. I'm just, just curious-- just for clarification for my sake. I'm familiar-- in northeast Nebraska, we have counseling services that contract with some schools; in some cases, they're reimbursed, and others, the-- they're in the school, but not being reimbursed. And, and the reimbursement, generally, isn't sufficient to cover the costs. And so, you're talking about something separate? Is a psychologist-- or, you're talking similar to the counselors, let's say Heartland out of South Sioux City, working with area schools? They are counselors; I would believe they are credentialed to, to be psychologists. Is that, is that what you're talking about? Those, those types of people in our schools? The larger schools in all probability can, can afford or attract actual, you know, practicing psychologists. And I don't want to denigrate the, the

counseling that we get in our schools as-- is that what we're talking about here? Every school should have some type of counseling in it, dealing with mental health, or those types of issues?

TESSA PETEREIT: So, there's a lot of parts to what you asked. One, school psychologists have just become MIPS-reimbursable. So, Medicaid In Public Schools. So, there could be an avenue of funding to support school psychologists through that avenue stream. That is very recent, and so the specifics of how that is going to roll out, I do not know at this point. For the counseling piece, there are mental health services that school psychologists can provide. The school counselors or a mental health therapist coming into the school, a lot of times those are provided through grant funding. And so, at this point, I do not know of any of those grant funding positions that would be school psychologist. But, with the Medicaid In Public Schools, that would be an avenue stream to support hiring a school psychologist.

MEYER: Thank you.

HARDIN: Other questions? Seeing none. Thank you.

TESSA PETEREIT: Thank you.

HARDIN: LB84, proponents. Any other proponents, LB84. Opponents, LB84.

MEYER: Mr. Chair?

HARDIN: Yes?

MEYER: LB83, I believe.

FREDRICKSON: LB84.

MEYER: LB84?

FREDRICKSON: LB84.

HARDIN: But, if you'd like it to be LB83, we can make it "LB83-and-a-half."

MEYER: Why?

HARDIN: Oh, OK.

MEYER: OK.

HARDIN: Oh.

MEYER: I was misinformed. I apologize.

HARDIN: No problem. Opponents, LB84. Those in the neutral? Senator.

LAURA EBKE: Senator Hardin, members of the committee, my name's Laura Ebke. That's L-a-u-r-a E-b-k-e. I'm the senior fellow at the Platte Institute, and my bread and butter for the last six years has been occupational licensing and regulatory reform matters. I'm neither for nor against the compact bills before you today. I've kind of combined both the, the school psychologists and the dentists into one. What I'm here to do is to provide, provide a little bit of a historical context and perspective, especially for those who may not have been on this committee in recent years. And I want to thank Senator Rountree for meeting with us a few days ago to discuss these bills, and then the one I think you have before you tomorrow. Since 2016, the Platte Institute has worked on various occupational licensing issues. We've supported compacts in the past as a potential means of making it easier for people to come to Nebraska to work, especially military personnel and their spouses. In 2024, the Legislature-- with many of you in it-- passed LB16, which provides for universal recognition of licenses from outside of Nebraska. Except for a few occupations excluded from the provisions of LB16, the need for compacts to bring people to Nebraska has largely gone away. Now, compacts do make it easier for people who want to leave Nebraska and go to another state, or people who might travel between a lot of different states. The compacts before you today-- the school psychologists, the dentists and dental hygienists, and then the cosmetologists tomorrow-- are not excluded from the provisions of LB16. So, theoretically-- I don't know how their boards are working-- but theoretically, those occupations do not need compacts to allow people licensed in any other state to come here. While compacts provide standard education and experience requirements, which may be viewed as a good thing, they also create a new level of governance in an area that has traditionally been the province of the state determining the requirements for licensed occupations practicing inside their borders. When a state joins a compact, very specific language is, is included in the law. For the occupation to remain part of the compact, the state licensing body must follow the rules of the national commission. For instance, if the compact says that it-- that, to be licensed, the state must require X hours of education, it must change its required hours to comply with that standard. State policymakers have little flexibility in determining what's right for the occupations within the state.

Likewise, compact licensing is only advantageous for those moving between compact states. As I mentioned before, we fixed that pros-- problem last year, with the passage of LB16. That was Senator-- first, Senator Briese, Senator Briese, then taken over by Senator Conrad last year. Licenses from other states, as well as those with military specialties who are civilian-licensed, are welcome here, even with variations in licensing requirements. We now recognize that a year of licensed work experience in another state is sufficient to make up for any difference in the core educational requirements. So, whether it's 1,000 hours or 1,200 hours. So, I've attached a sheet on the topic of compacts and universal recognition that we actually handed out pretty broadly last year. I'll spare you from the same talk that you're hearing right now and the next hearing, and just, say, read it again. And I will mail it in tomorrow, so.

HARDIN: Thank you. Senator Fredrickson.

FREDRICKSON: Thank you, Chair Hardin. Thank you for being here, and for your testimony. This is actually interesting to me. I'm curious-- and, and this chart in particular. So I, I-- so I understand this to say like, you know, one of the possible risks of a compact might be that folks who are licensed in Nebraska might leave the state, right? Because they're--

LAURA EBKE: Mmhmm.

FREDRICKSON: --because they can exchange, versus like a universal-- people might just kind of come in. Do, do you know-- and this might be hard to track, but do we have any data on the compacts we have passed in Nebraska? Do we know if that's impacted more of those professions coming in, going out? Or is that something we keep on track?

LAURA EBKE: Yeah, I don't know. You know, our, our-- we-- we've been passing-- we've passed a few compacts in probably the last 3 or 4 years.

FREDRICKSON: Yeah.

LAURA EBKE: We have a few compacts, the nursing compacts, and things like that. And, and honestly, I think compacts work better in, in, in occupations that have general agreement on standards, national testing and things like that, anyhow. That becomes problematic for some of the occupations where there isn't national, you know, national testing and sort of a general consensus in terms of how much education. Senator

Rountree and I talked about that the other day, that, you know, you can cross a state border for massage therapists, or whatever, and, you know, have half-- you, you-- the-- they require half the number of hours per licensed. So, so a compact doesn't work, because if, if, if, if Nebraska's in a compact and you're re-- you're required to have 1,000 hours each, and South Dakota only requires 500, South Dakota can't be part of the compact unless they raise their hours. And that's one of the things that's, that's concerning with some compacts. If you've got-- if you're on the low side of hours,--

FREDRICKSON: Mmhmm.

LAURA EBKE: --then you have to raise the number of hours, and it costs people more to go to school here.

FREDRICKSON: Right. Do you know if any of the two compacts ahead of the-- before the committee today would require increased education hours for Nebraskans?

LAURA EBKE: I, I doubt if they'll require education hours.

FREDRICKSON: OK.

LAURA EBKE: Additional education hours.

FREDRICKSON: Thank you.

HARDIN: Senator Quick?

QUICK: Yeah, thank you, Chair Hardin. Do you know, are there-- I know she had stated maybe there weren't, and I didn't know of any compact fees, but are there compacts-- or, fees to belong to a compact from, like, members? Or, do you know?

LAURA EBKE: Well, I mean, I think that what-- typically what happens, at least in, in the compacts I'm most familiar with, is you, you pay to buy a compact license. Now, I don't know that it re-- that, that it requires the state to do it, but the state is obligated to send, in most of these compacts, at least two members to become a part of the commission. And so, there's an additional-- there's an additional cost for the state, because you have to be part of the commission. But if you've got 50-- you know, 50 states in the compact, you got 100 people on the commission. Right? Math. And, and so, they got to go off to meetings, and then they got to make decisions, and Nebraska then becomes obligated to the compact rules of the commission. It, it's--

it's not, you know, it-- it's not the worst thing in the world, but again, you do have to wait until you've got-- most states will-- most compacts require at least seven states to be-- to, to have signed the-- to, to have passed the legislation, agreed to the compact. And then, one of these-- I think it might be the dentist one-- has-- it, it says that it's currently in action, or it's, it's a inactivated period. So, it's going to be another year-and-a-half to two years before [INAUDIBLE] actually in, in, in operation.

QUICK: OK. Thank you.

HARDIN: Because you are our walking encyclopedia on compacts,--

LAURA EBKE: Uh oh.

HARDIN: --can I just say, generally speaking, let's say that we had seven states that were participating. Whether it's this or anything else, can you kind of give us an idea of what those compact fees might cost? I see in the bill it says the, the executive committee actually helps out in that process, but.

LAURA EBKE: Yeah. I mean, I, I, I imagine and, and-- you know, I really don't know what the fees are, but I, I imagine that it depends on the occupation, and it depends on the testing requirements that, that are, in-- you know, involved in getting people all kind of on the same boat. I imagine we have to pay in to help support the staff of the compact.

HARDIN: Understood.

LAURA EBKE: You know, the commission's staff. So-- but I don't-- I haven't-- I honestly haven't looked into those numbers.

HARDIN: OK. Thank you. Other questions? Seeing none. Thank you.

LAURA EBKE: OK. Thank you. Have a good one.

HARDIN: Proponents. Or are we to-- move to the neutral. Any others in the neutral? If there are no others in the neutral, Senator Rountree, would you be willing to come back? Senator Rountree has done a marvelous job. First time in front of his stalwart group. So, thank you, sir.

ROUNTREE: All right. Thank you so much. Do you want to close, or do you want to go on to LB83?

HARDIN: Let's go ahead and close.

ROUNTREE: Let's go ahead and close.

HARDIN: Any, any close? Or, you're welcome to waive close. It's all up to you on LB84. By the way, we do have online comments: 13 proponents, 1 opponent, and 0 in the neutral.

ROUNTREE: Thank you so much, sir. And yes, just a statement of close. And I just want to thank everyone that had an opportunity to testify today. Proponent, no opponents, but in the neutral as well. Our goal is to ensure that we get all of the information that's necessary out, so we can make good decisions and consider second-, third-, fourth-order effect of decisions that we make. So, I just want to say thank you to everyone, and this would be a great benefit to us. And especially as I look at our military families, our Department of Defense that asked us to bring this particular compact. And so, as we have looked at workforce development, bringing our folks into Nebraska, helping them stay in Nebraska, also help to increase that tax basis, and then-- all things that work together. So, thank you.

HARDIN: Thank you so much. Any additional questions? Seeing none, this concludes LB84. We're now going to go LB83. Who says you can't go back? We're going to LB83.

ROUNTREE: We going back to the future.

HARDIN: Welcome, Senator Rountree.

ROUNTREE: Well, again. Again, good afternoon, Chair Hardin, and the members of the Health and Human Services Committee. My name is Victor Rountree, V-i-c-t-o-r R-o-u-n-t-r-e-e. Now, this is spelled outside with a R-o-w-n, but it's R-o-u-n-t-r-e-e. And I represent District 3, which is made up, again, of Bellevue and Papillion. And I want to carry on today to introduce to us LB83, which would have Nebraska join the Dentists and Dental Hygienists Compact. LB83 is very similar to LB84, which we just heard. LB83 would have Nebraska join the Dentists and Dental Hygienists Compact. On this compact, licensed dentists and dental hygienists would be able to practice in all states participating in the compact. As I've said in the previous bill, higher mobility with licensure is one way to attract additional workforce into our state. Nebraska has faced a shortage of dentists who accept Medicaid in recent years. Allowing licensed dentists and dental hygienists into our state would increase access to Nebraskans--

for Nebraskans in need of dental services. In my district, military families frequently move in and out of our state, and reducing the number of barriers for trained professionals to work in our state is a priority of mine. And there are currently ten states that are members of the Dentists and Dental Hygienists Compact, including Colorado, Kansas, Iowa, Minnesota and many others. There are also 17 other states currently considering joining the compact. With many neighboring states already included in the compact, and others potentially joining, I believe that this bill is an opportunity to bring new workers into our state. So, there are testifiers behind me who can speak to how needed this legislation is, and some of the more technical aspects of the compact. So, with that said, I would be happy to answer any questions you may have, or I could defer them further.

HARDIN: Thank you. Questions? Seeing none. Will you stick around-- oh, I'm sorry. Senator Meyer.

MEYER: Thank you, Mr. Chair. I apologize for missing the initial part of LB84.

ROUNTREE: It's all right. It's OK.

MEYER: My numbering system, I've got the dust into here. I, I-- and, and it's probably something I should have asked at the last-- at the last testimony in-- on, on LB84, but, rather than enter into compacts, why don't we just accept all licensed professionals in good standing from different states after passing a background check, and just skip the compact altogether? You know, I mean, is that-- wouldn't that simplify things, quite frankly?

ROUNTREE: If that were a possibility, we would certainly love to be able to do that. But one of the issues-- and I'll talk about just being at the Offutt Air Force Base, and having the educators to come in. If they didn't have a teacher certificate or a license from Nebraska, they weren't able to teach. And so, they had to go through the Nebraska qualifications in order to be able to teach in the school systems. We've since compassed a lot of that, because of the great shortage in the education career field. And so, these compacts would provide a way for you to come in and begin to teach right away. So, yes, I understand what you're saying.

MEYER: It, it, it seems like it would simplify things. If, if I may, Mr. Chair, if, if the qualifications the education certification in a, in a state other than Nebraska is equal to or greater than Nebraska's

qualifications regarding certification, they should just be able to come right in and, and we should be able to make that available without jumping through a bunch of other hoops, quite frankly, or joining a compact. It seems like a-- I've simplified things. I'm a simple man. It seems like we try to complicate things where maybe there's a simpler way to move forward and, and recognize these licenses.

ROUNTREE: That would be well, if it worked that way. And unfortunately, I know from the past testimony that we heard from some behind us, some of the states may have that universal type, that you could go into and do the same, but others may not. So the compact falls away that. And, regardless of what the compact saves, if I, if I come from North Carolina and come into Nebraska by means of the military, when I get to Nebraska-- even if while I'm in the compact-- I still have to abide by Nebraska's laws. They may be a little different than what we had in North Carolina, but the compact will facilitate my being able to practice here, but I'll still also have to abide by the laws, the regulations of the state that I'm in, and for the compact.

MEYER: OK. Thank you.

ROUNTREE: Thank you, sir.

HARDIN: Other questions? Seeing none. Will you be with us at the end?

ROUNTREE: Yes, sir, I will.

HARDIN: Wonderful, thanks. Proponents, LB83.

FREDRICKSON: Welcome.

AMY BEHNKE: Thank you. Good afternoon-- I can still say that for a few more minutes, I think-- Vice Chairman Fredrickson, and members of the committee. My name is Amy Behnke, A-m-y B-e-h-n-k-e, and I'm the CEO at Health Center Association of Nebraska. I'm here today on behalf of Nebraska's seven federally-qualified health centers. I want to thank Senator Rountree for introducing LB83, and raising the important issue of opening pathways for hiring dental workforce. Community health centers provide medical, dental and behavioral health services, as well as supportive services like transportation and assistance with enrolling in Medicaid and marketplace programs. These services are provided regardless of insurance status or ability to pay. Statewide health centers serve nearly 122,000 patients, and last year, they

provided dental services to over 26,000 patients and across 58,000 patient visits at clinic locations, school-based health centers, and mobile dental units. If our health centers were fully staffed, we could provide dental services to thousands more patients. We are working to make health centers-- or, health center services more accessible by expanding service locations across the state. In July of 2024, Heartland Health Center, located in Grand Island, opened a satellite clinic in Hastings, where they're currently providing medical and behavioral health services. Because of the difficulty in recruiting adequate staff, they've delayed fully building out their dental services at that location, despite the need. We've also been working closely with community leaders in North Platte to address the lack of access to care in their community. North Platte is currently facing a crisis in access to dental care for Medicaid and uninsured individuals. And based on a recent market assessment that we completed, Lincoln County, where North Platte is located, has about 8,400 low-income residents who have not been served by a community health center, 38.5% of whom include adults who have not had a dental visit in the past year. Of that total low-income residents not currently being served, almost 9% have not sought care due to costs, and 15% have no usual source of care. One of the biggest barriers to expanding it in North Platte is the challenges with hiring an adequate workforce. Challenges with hiring are statewide; one of our health centers in Omaha is currently recruiting for a dentist, multiple dental hygienists, and dental assistants. They've been recruiting for hygienists for over two years. Our health center in Norfolk has a mobile dental unit that's been sitting idle for a year because they haven't been able to hire enough providers to staff both the clinic and the mobile unit. We know there's not one several-- silver bullet to address the dental access issues facing Nebraska, but speeding up the timeframe in which dentists and dental hygienists can begin practicing in our state is a critical component. LB83 gives Nebraska one more tool to recruit qualified professionals to our state, so we urge your con-- your strong support of LB83, and I'd be happy to answer your questions.

FREDRICKSON: Thank you for your testimony. Any questions? Seeing, seeing none. Thank you. Other proponents? Welcome.

JESSICA MEESKE: Hello. Members of the committee, good afternoon. My name is Jessica Meeske. It's spelled J-e-s-s-i-c-a M-e-e-s-k-e. I'm the president of the Nebraska Dental Association, and I'm speaking in support of this bill. It's a bill that is pro-business and pro-access. It's win-win. The Dentalists and Dental Hygiene Compact [SIC] was

created by the Council of State Governments, the U.S. Department of Defense, the ADA, the American Dental Education Association, the American Dental Hygienists Association, and many others. And the initial impetus was to help military spouses who were dentists move as needed to be with their spouse serving our country. Currently, ten states are part of the compact, including our Midwest neighbors Iowa, Minnesota, Colorado and Kansas, and 17 additional states are expected to introduce bills this year. In addition, there are 13 licensure compacts developed by CSG, and it already includes medicine. So, the compact will do the following things: one, it will facilitate multi-state practice. So, for example, in Hastings, I practice near the border of Kansas. They're in the compact. Two, it'll enhance licensure portability when changing your state of residence. Three, it'll expand employment opportunities into new markets for improved continuity of care when patients or dental providers relocate. Five, expand consumer access to holly-- highly qualified practitioners. Six, support relocating military spouses. And seven, reduce the burden of maintaining multiple licenses. According to the ADA, among our early career dentists, 14% of them between 2019 and 2022 changed states. During that time, Nebraska had a net migration of 2.5% decrease, despite having two dental schools. Decades ago, it was common that a dentist like myself-- I'd set up practice, stay there my entire career. But, as we know, times have changed. Young professionals move around following a spouse's career, caring for elderly parents, et cetera. Even though I've grown my own daughter dentist, she's now in residency in North Carolina. She's out-of-state, and I want her back. And she's engaged to another pediatric dentist. So I'm hoping we can get a twofer, and then I can retire. The economic impact of dental practices in Nebraska is $2.5 billion annually, and we contribute 1,400-- 4-- 14,400 jobs and we can contribute more. Let's make it a welcoming-- let's make it welcoming for dentists to set up practices in Nebraska, choose to work in our public health clinics, continue to entice them with loan repayment to serve rural communities, and be able to recruit educators. I'm in closing now.

FREDRICKSON: Great.

JESSICA MEESKE: Maybe instead of our slogan reading "Nebraska: it's not for everyone," it'll become "Nebraska: we make you smile." I encourage you to support this compact initiative. Happy to answer any questions.

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

RIEPE: Thank you, Chairman. So are you recommending "Nebraska, the toothy state?"

JESSICA MEESKE: Am I recommending what?

RIEPE: "Nebraska, the toothy state."

JESSICA MEESKE: The toothy state?

RIEPE: Toothy. Yeah.

JESSICA MEESKE: Yes. Yeah.

RIEPE: OK. First of all, you're not going to retire. It's not in your soul. Your response-- we have 60 slots into the Nebraska dental school. We need to have 120, in my opinion. Is there a road to get to that position?

JESSICA MEESKE: You know, we have one of our deans that's going to testify today from UNMC. I'm going to let him--

RIEPE: He told me to say that.

JESSICA MEESKE: --answer that question. But I can tell you, there's a lot of faculty shortages. They also have space shortages. So, I'm sure if the Legislature wants to allocate funds to build a brand new dental school and double the class size, we probably could fill it. I know they turn away many, many qualified applicants.

RIEPE: Just seems to me a lot of this is supply and demand.

JESSICA MEESKE: A lot is.

FREDRICKSON: Other questions?

RIEPE: I know it's a very rewarding career.

JESSICA MEESKE: Most days.

FREDRICKSON: Senator Ballard.

BALLARD: Thank you. Thank you, Senator Fredrickson. Thank you for being here. Good to see you again. Can you help me understand? I-- you probably don't have data on this, but how many dentists do you know that they have the ability to be mobile in their profession? I'm just thinking they have-- either they have a practice that they own and

run, or they have a client list-- a client base that they may not be able to move to another state. Do you kind of have a-- kind of give me a sense on that?

JESSICA MEESKE: No, I, I don't-- I'm not aware of any data that the ADA Health Policy Institute keeps on that. But if you look at the number of dentists that we have in Nebraska that live on bordering states like Kansas, South Dakota, Colorado, we often are treating patients from other states. Or, for example, my spouse, who's an OB-GYN, serves several clinics in Kansas where he goes over state lines. So, I think these compacts are just really important to streamline this whole process of applying for licenses, and like you said, to be able to do it more quickly. I love your idea. Like, why couldn't-- once you graduate from dental school, anybody could get a dental license anywhere. And the reason is, is because historically, it's a states' rights issue. And so, states want to have some control over that. So, the compact is a good move in that direction to be able to facilitate mobility and to get your license in other states quickly. So, I know last year-- or possibly the year before-- we had a backup of license-- dental license and hygiene license in the state of Nebraska. And, and that is not at all a dig on Nebraska licensing. Those people work very hard, but they have lab-- labor shortages, just like we do in our practices. But if I'm waiting for that new hygienist or new dentist to get their license, I've got kids that need to be seen. I'm one of the largest Medicaid providers in the state for dental. And so, I have to be able to get these dentists and hygienists to come, and get them to work with just out all these paperwork burdens.

BALLARD: Thank you.

JESSICA MEESKE: Yep.

FREDRICKSON: Other questions? Senator Meyer.

MEYER: Thank you, Vice Chair. You know, once again, it seems like we complicate things with the compacts. And, and I would think if we could index dental schools have equal or greater requirements to get licensed, it'd be a much simpler, quicker path to the license for those out-of-state dentists to come, or hygienists to come into the state. And, and maybe I'm not fully grasping the benefit and, and, and, and the overall structure of the compacts. But it-- once again, it just seems like we try to complicate things that ought to be much more simple, quite frankly.

JESSICA MEESKE: Yeah. To address that-- and thank you for bringing that up. We were all like, you know-- gosh, I wish it was that simple. We have made a ton of strides in the last year, just with working collaboratively with our Board of Dentistry, them making decisions to accept more ex-- more exams, looking for ways to streamline the process. I wish it was that simple. I really do. But licensure moves very slow, and dentists in particular like to hang on to having a lot of control in their state. So, even though this seems complicated, it is incremental reform in the right direction to achieve these things we've talked about. Access to care, pro-business, dentist mobility, et cetera. But yes, I agree with you.

MEYER: If I heard you correctly, it's the dentists themselves that are dragging their feet to make licensing more difficult because they want more control in the state. And perhaps I didn't hear that right, but it would appear that reciprocity with regard to licensing would simplify things, and--

JESSICA MEESKE: So, if you stay tuned for the next bill, we're going to address reciprocity.

MEYER: You'll teach me to keep my mouth shut. I appreciate that. Thank you.

FREDRICKSON: Other questions? Senator Riepe?

RIEPE: Thank you. I mentioned earlier supply and demand. What is your position in terms of programs that are expanded dental hygienists? I know the University of Minnesota College of Dentistry has a--

JESSICA MEESKE: OK, so--

RIEPE: There's a dental therapist [INAUDIBLE]

JESSICA MEESKE: I was going to say. So let's be-- let's be clear.

RIEPE: I'm not sure the difference between a therapist and a super hygienist.

JESSICA MEESKE: Let's-- yep. No, I appreciate your question, and I believe you asked that during the loan repayment--

RIEPE: I'm pretty redundant.

JESSICA MEESKE: --bill period. So, so, yes, let me address that. So, I think Nebraska's been very progressive in moving to allowing more types of dental providers and expanded certification, et cetera. Several years ago, we passed public health hygienists. All of the hygienists in my practice have this public health permit which allows them to do more things, to care for more underserved populations, to do things a regular hygienist can't do. About ten years ago, you all passed expanded-function dental assistants. I also employ seven of those. So, how that works is I go in and do the irreversible things. Numb up the child, take out the decay; they do a simple restoration. What we need is for that to increase, for more dentists to buy into that. The third thing that I think you're talking about in Minnesota is dental therapists. And dental therapists, I believe, are only legal in a handful of states, maybe three--

RIEPE: That's fair.

JESSICA MEESKE: --or so. And yes, Minnesota is one of them. And the research says that the quality is there, the patient safety, I want to be very clear about that. But what we would have to do is develop a whole 'nother line of education, a whole 'nother funding source out of the General Fund. And right now, our dental schools already are really struggling with being able to meet their needs and, and recruit and pay for faculty. So, you know, is it an option? It is, but the other thing that we've shown in-- that's been shown in Minnesota is these dental therapists, they don't go to those underserved counties where you need them. They tend to stay in the metropolitan areas. But happy at any time to speak off record about dental therapists.

RIEPE: I knew you'd have the answer.

JESSICA MEESKE: I don't always have the answer, but I love your questions. And I love the way you think out of the box.

RIEPE: Well, thank you. Thank you, Chairman.

JESSICA MEESKE: Yep.

FREDRICKSON: Thank you. Other questions? Seeing none. Thank you for testifying.

JESSICA MEESKE: Thank you.

FREDRICKSON: Other proponents? While we wait, for the record, LB83 had online comments. There were 13 proponents, 0 opponents, and 0 in the neutral capacity. Good afternoon.

JOEY ENRIGHT: Hi, good afternoon. My name is Joey Enright, J-o-e-y E-n-r-i-g-h-t. I'm a licensed dental hygienist here in Nebraska. I'm testifying today on behalf of-- in support of LB83 on behalf of the Nebraska Dental Hygienists Association. Thank you so much, Senator Rountree, for-- and the committee, for your attention and consideration to the compact bill. It is an initiative of the Department of Defense, the Council of State Government [SIC], the American Dental Association, and the American Dental Hygienists Association. So, much of what I will say next, you've heard, but this compact will utilize compact privilege model of interstate practice, much like the eight professional licensure compacts our state currently participates in. To utilize the compact, a dental-- dentist or hygienist must have a license in good standing in the state that is a member of the compact. When a licensee wants to work in a participating state or remote state, they would obtain that compact privilege. The Dentist and Dental Hygienist Compact preserves the regulatory authority of each compact-participating state, which protects public health and safety through the existing state regulatory structure. Interstate occupational licensure compacts allow a participating state to continue to determine the requirements of licensure in that state, as well as maintain the state's unique scope of practice for all members of a profession practicing in that state, whether through a state-issued license or a compact privilege. According to the Department of Defense, military families do move every three years on average. The compact helps military spouses relocate and begin work without delay by reducing the amount of time and effort needed to gain authorization to practice in a new state, even as compared to some expedited licensure laws for military spouses. As a member of the compact, Nebraska may become a more attract-- attractive option to call home for a military family with a dentist or dental hygienist. NDHA believes the Dentist and Dental Hygienist Compact will improve access to care for Nebraskans at a time when workforce shortages are creating gaps. According to the Health Policy Institute's research over the last few years, there is a mobility trend among practicing dentists with less than ten years of experience. Between 2019 and 2022, 14% of this demographic moved to a different state. And so, the compacts would have many benefits for Nebraska, including improving licensure portability, increasing access to rural health care providers for residents, preserving the existing

state-based licensure system, improving communication between states and regarding licensees, as it mandates full participation in a, a licensing and disciplinary data system, ensuring that all sanctions are reported. The compact, as we've heard, has been enacted and currently has ten member states, including border states Iowa, Kansas and Colorado, with 14 additional states, including Missouri, pending legislation. C-- CSG has convened-- the compact commission for implementation expects the compact to be fully operational by late 2025 or early 2026, so now is the time for Nebraska to join our neighboring states, and we urge you to advance LB83. Thank you for your time.

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

HANSEN: Oh, thank you. You said there's ten other states already that are a part of this compact?

JOEY ENRIGHT: There are.

HANSEN: OK.

JOEY ENRIGHT: Yeah.

HANSEN: I, I-- OK. I just see in here Iowa, Tennessee and Washington have enacted-- and it's pending in other-- and it's pending in other states.

JOEY ENRIGHT: It's pending in 14 others, I believe.

HANSEN: OK. All right.

JOEY ENRIGHT: But ten are entered.

HANSEN: OK. Thanks.

JOEY ENRIGHT: Yep.

HARDIN: Other questions? Thank you. Proponents, LB83. Welcome.

LUKE ANDREASEN: Thank you. Good afternoon, Health and Human Services Committee. My name is Luke Andreasen, L-u-k-e A-n-d-r-e-a-s-e-n. I'm a third-year dental student at the UNMC College of Dentistry, giving the student perspective. I'm from Omaha, Nebraska. Got my undergraduate degree from the University of Nebraska at Omaha. I'm an officer on our

American Student Dental Association chapter. I'm speaking in favor of this bill. This bill would improve access to care in our state by reducing licensure barriers for qualified professionals and helping licensure portability. Ten states have already joined. Licensed dental professionals would be able to practice in Nebraska more quickly. As a dental student, I understand the critical need for accessible dental care across Nebraska, particularly in rural and underserved areas. Recently, I treated a rural patient from Utica, Nebraska, with limited financial resources who had not seen a dentist in eight years. The 66-year-old gentleman had numerous dental infections. His teeth were rotten. Holes in his teeth, cavities, infections all around the bone. We removed his teeth, cleaned out the infections, and are going to get him to a spot where he can have proper nourishment too, because it's necessary. We're going to make him dentures, restore form, function, and aesthetics. He said, "Luke, I'm so glad you're a part of my team." If you have never visited and toured the UNMC College of Dentistry, I extend an open invitation for you all to come see the incredible work we do every day, any time. Please reach out. There are-- without a doubt, there are shortage areas in Nebraska for the dental workforce, and LB83 would help alleviate the workforce shortage of dentists and dental hygienists we are facing. Joining the compact also positions Nebraska as a leader in supporting innovative solutions to address more health care needs of its citizens. It fosters collaboration with other states, while maintaining strict standards for licensure and public safety, safety. Licensure and student debt are the two biggest issues for dental students at UNMC. Advancing this bill is a huge step forward for Nebraska dental students. I respectfully ask for you to support advancing LB83 out of committee. By doing so, you will not only strengthen Nebraska's dental workforce, but also enhance access to essential oral health services in our communities. And let me tell a quick anecdote also. So, recently-- about a year or two years ago-- we got a new dean of our college. Came from Massachusetts; Massachusetts dental license. World-renowned dentist, but it took lots of time for him to get a license in Nebraska so he could be in our clinics. So, world-renowned dentist. It just takes time. If we were to have this compact, it would greatly help. Thank you for your time and consideration.

HANSEN: Thank you. Questions? Senator Riepe.

RIEPE: Thank you. In your class-- you're a young guy-- how many of them's talking about going to rural? Or do they talk about-- are they even at that point?

LUKE ANDREASEN: So the greatest odds of getting someone to go back to rural is recruiting from a rural area. We are a Nebraska dental school. 70% of our students are from Nebraska. So, having a strong dental school in Nebraska keeps dentists in Nebraska.

RIEPE: Let me, let me frame it a little bit different. How many that grew up west of Seward will go back to west of Seward? Do you have any idea on that?

LUKE ANDREASEN: I can't give you a, a good number on that. Maybe-- or, one of our-- our dean behind me maybe could give you a better answer.

RIEPE: It seems to me, as an observation note that, with the military families we've talked about, the bulk of those would-- Omaha would be the advantage of most them. Most of those military wives, or spouses, let me say. Is that politically better? The spouses would be in the urban Omaha area because of Offutt Air Force base. Just an observation.

LUKE ANDREASEN: Young dentists, particularly, are more mobile with practices and moving around as they are figuring out where to kind of start their practice. So, I know we talked about earlier, when people are just staying in one spot. Young dentists tend to move more.

RIEPE: So if you're not married, we need to marry you to a western girl.

LUKE ANDREASEN: No comment on that.

RIEPE: Chairman Harding [SIC] can help out on that.

HARDIN: We like to chew out west, as well, so. Yes. Any other questions? Thanks for being here.

LUKE ANDREASEN: Thank you.

HARDIN: Next proponent, LB83. Welcome.

AMIR FARHANGPOUR: Hello. Good afternoon, members of the committee. My name is Dr. Amir Farhangpour. That is spelled A-m-i-r F-a-r-h-a-n-g-p-o-u-r. That's a mouthful, I know. I'm the executive associate dean at the University of Nebraska Medical Center College of Dentistry. I'm speaking in favor of the bill. This bill is a key to our college in several ways. First, it will allow our dentists and dental hygiene graduates to have more flexibility to move across state

lines without the burden of reapplying for a new license. If they choose to apply to the compact with Nebraska as a member, they will have the option to become licensed in as many as 11 states, and likely seller-- several more, depending on pending bills in other states. Second, it would be helpful to our faculty recruitment, many of whom we are recruiting from other institution in other states. We are facing severe faculty shortages. So many that, at times, we have to cancel clinics. In our Omaha general residency program, we are down both residents and faculty. This clinic is where we see severe and profound adult with special needs that come from all across the region. The wait list to be seen at the new p-- as a new patient in the clinic is over a year, and the patient needs to undergo general anesthesia for dental treatment, the wait is over five years. Third, with our school being one of the largest provider of dental care for Nebraskans with Medicaid, we believe this bill will help with access to care challenges our state faces. Dental license modernization is occurring all across the country. I know as a dean that has to vet candidates to work in our college, having a compact who's also vetting dentists for license or privileges would help with the vetting process. For example, part of the compact is background check. Finally, the compact reduces the cost of obtaining dental license in multiple states. A good example of this is we have instructors-- we have an instructor who live in Iowa and may have a license there, but want to work a day a week at dental school here in Nebraska. We also have dentists that they have served in the military that want to teach when finished with their service. This would make that process more streamlined, and still require these dentists to meet all the requirements of Nebraska dental licensure without additional applications, fees and wait time. Thank you for considering this bill, and I urge you to vote it out of committee.

HARDIN: Thank you. Questions? I have one. With these compacts, everyone has to agree; we have to align with the other ten states. How do our, our current standards sit in comparison to those other ten states already in that compact?

AMIR FARHANGPOUR: So our standards-- I would say we're equal across the board.

HARDIN: OK.

AMIR FARHANGPOUR: And I'm going to use that term loosely a little bit. There was a question earlier, why don't we all join to have one compact and all the states in the country. That's a question for each

state, unfortunately. I don't want to get into the licensure examination and all that stuff. When I graduate from dental school, I ended up taking a Western regional exam, because I thought I was going to go to California. I ended up taking [INAUDIBLE] exam because I had a faculty at dental school asked me to work for him, and I also took Northeast Regional Exam, because I grew up in New York area. And I ended up in Florida at the end, so I had to take also Florida licensure exam. I passed them all, so, that was good. But I, I've had to use-- I had to max out many, many credit cards at-- as a student, and that was a huge, huge, huge burden. And we've come a long way since then. And that's the next bill I guess we get to. But yes, compact would definitely help take the burden away from having all these licensure exam and approval from each state.

HARDIN: Part of what motivates my question is that, here in Nebraska, thematically with compacts-- and clearly not just related to dentistry-- Nebraska, everybody else, we usually tend to be up here. And so, I think many times the sticking point is that the compact standards don't fit our standards. And so, I'm just asking for that reason, based on what we've seen before. So, thanks so much.

AMIR FARHANGPOUR: I understand.

HARDIN: Appreciate you being here. Thank you. The next proponent to LB83. Proponents, LB83. Opponents to LB83. Those in the neutral, LB83. Seeing none, Senator Rountree. While he's coming, we, we had 13 proponents online, 0 opponents, and 0 in the neutral.

ROUNTREE: Chair Hardin, and to the HHS Committee. Thank you for this opportunity to come before you today to bring LB84, LB83 before you. Thanks to all of our testifiers that came today, and I pray that we have given good information that allows you to make a good decision to move these two compacts out of committee. It'd benefit all of the folks of Nebraska; it'll help to build our workforce, bringing those in, and also-- as they move about through the compact area-- I still believe that Nebraska is the good life, and no matter how they might go out, what they might do, they will always be able to return home. So, thank you so much, and we look forward to seeing these compacts move out of committee.

HARDIN: Thank you. Questions? Seeing none. Appreciate it. And that concludes LB83. Next up, LB148. We'll make the transition back to Senator Hansen. We are ready when you are ready.

HANSEN: All right. Good afternoon, Chairman Hardin, and members of the Health and Human Services Committee. My name is Ben Hansen. That's B-e-n H-a-n-s-e-n, and I represent Legislative District 16. I'm interested-- I'm introducing LB148 to update the requirements for the licensure and reciprocity under the Dentist Practice Act [SIC]. The Health and Human Services Committee heard testimony over the interim on LR373, an interim study by Senator Ibach. LR373 was introduced to look at different methods to address the need to recruit and retain individuals to practice dentistry in Nebraska. Updating Nebraska licensure and reciprocity statutes was one item that came out of the interim study to retain and recruit as many dentists as possible. LB148 updates the Nebraska Dentistry Practice Act in two areas: first, it makes important changes by clarifying the examination requirements needed to obtain a license to practice dentistry. LB148 includes language in Subsection, Subsection (2)(a) for the specific requirements a simulation- or manikin-based clinical competency exam must contain. Second, LB148 allows for reciprocity for dentists moving to Nebraska that have been engaged in practice for one year instead of three years. These changes will ensure Nebraska is on a level playing field and competitive with other states in recruiting dentists who do not experience an overly-burdensome licensing process. These proposed changes also provide clarity for licensure applicants, and do not compromise exam integrity. Nebraska has at least 20 counties that lack full-time dentists, and 52 of 93 counties in Nebraska have a shortage of dental providers. LB148 will play a small part in improving access to oral health care and encouraging dentists to practice in Nebraska. With that, I'm happy to answer any questions you may have, but there will be experts behind me in support of LB148.

HARDIN: Thank you.

HANSEN: Thank you, Mr. Chair.

HARDIN: Thank you. Questions? Reciprocity compacts. I suppose we'll have some distinguishing remarks made and, and those who are-- that follow.

HANSEN: Shouldn't last long as my last one, hopefully. So.

HARDIN: OK. Thank you. Will you be sticking around?

HANSEN: Yes.

HARDIN: OK, great. Proponents, LB148. Welcome.

JILLIAN WALLEN: Good afternoon, Chairman Hans-- or, Hansen-- Hardin, and members of the Health and Human Services Committee. My name is Jill Wallen, J-i-l-l-i-a-n W-a-l-l-e-n, and I have the privilege of addressing you as dean of the Creighton University School of Dentistry. I'm grateful to Senator Hansen, and for the opportunity to speak with you today, along with my colleagues, regarding the importance of oral health care for our communities. I'm here today to testify in support of LB148 to update the requirements for licensure and reciprocity under the Dental Practice Act [SIC]. We are at a pivotal moment in retaining capable and compassionate students as part of the future oral health care workforce for our state, while giving the residents of Nebraska greater access to the quality oral health care they deserve. Recent bold actions by the Board of Dentistry and the Nebraska Dental Association have created the opportunity for Nebraska to lead the nation in dental licensure reform. These commendable actions will encourage more of our young graduates to consider staying in Nebraska to practice dentistry and serve our communities. As the interim study LR373 confirmed in the fall of 2024, revision of the statute language-- which has been in effect since 1980s-- is necessary. As Senator Hansen stated, changes in the clinical licensure exam requirements and the time required for licensure by reciprocity are proposed. These changes will lead to brain gain for our state, encourage dental graduates of UNMC and Creighton and beyond to look for employment opportunities here. We want to encourage the number of applicants for licensure and dentistry to grow in our state. With current data around requirements and migration of young practitioners out of our state-- data that points to a net loss of young dentists at over 1% every year-- this is a problem we cannot afford to ignore. Data from the American Dental Association Health Policy Institute suggests that there is a shortage of 107 dentists in Nebraska, and this data point is supported by 50% of the state being considered a health profession shortage area for general dentistry, and over 80% shortage area for pediatric dentistry and oral surgery. Following my brief testimony today, you will hear from several of our students and some practicing dentists graduating from Creighton, UNMC and beyond. Their stories are compelling, as is their desire to serve in our communities. I want to thank you for your time. I urge you for your support, and I'm happy to answer any questions you may have.

HARDIN: Thank you. Questions? What's the difference between reciprocity and a compact?

JILLIAN WALLEN: I'll answer as best I can. I think currently, under initial licensure, the reciprocity is listed as three years. So, a dentist has to practice in another state for three years before they can apply for licensure here in the state of Nebraska. In the current existing statute. We would proposed limiting that to one year. Under the compact, they can come under a compact and seek a privilege not adhering to that three-year reciprocity.

HARDIN: OK.

JILLIAN WALLEN: I hope my-- I've answered your question appropriately.

HARDIN: Greater flexibility.

JILLIAN WALLEN: Yes, greater flexibility, greater encouragement for people to come live, work and practice here in this state.

HARDIN: That's helpful. Thank you. Appreciate it.

JILLIAN WALLEN: OK. Thank you, Senator, for your question. Yeah.

HARDIN: Thanks. Other proponents, LB148. Welcome.

JESSICA MEESKE: Again. Good afternoon. My name is Jessica Meeske, spelled J-e-s-s-i-c-a M-e-e-s-k-e, president of the Nebraska Dental Association of Pediatric Dentists. I'm speaking in favor of the bill. The dental licensure statute goes back to 1988. That law has served us very well for a long time, but it needs to be updated to reflect current practice, current dental workforce issues and maintain patient safety. Up until recently, to get a Nebraska license, a person would need to graduate from an accredited school, pass a state jurisprudence test, pass our written national boards, and pass a clinical licensure exam. And that exam, for many decades, was called CREDITS, or the Central Regional Dental Testing Service. There are other clinical licensure exams, as you heard in the last hearing, and some are an-- are accepted in as many as 48 states. Recently, our Board of Dentistry made a decision to accept an additional exam, a great step forward for the upcoming testing cycle. And this would allow Nebraska dental school graduates more options of which tests to take, and therefore, more states that would accept the scores. What this bill does that makes it unique is it takes the names of the testing agencies out of the statute, and it replaces it with criteria that should be covered in the exam. And this was done because testing agencies and testing mechanisms change over time. So we think this will be a much more accurate reflection of what should be in it, as opposed to who should

be giving it, and what's the mechanism of it. Dr. Tesmer, our state's chief medical office, convened dental stakeholders from the Board of Dentistry, the NDA, the dental school deans, the dental public health community to work on a licensure rewrite, and there was consensus within that group on a final draft. And that's the bill you have before you today. Besides addressing examination criteria, the second part of the bill clarifies the reciprocity. Language before was confusing. In some places, it said three years; in other places, it said one. Even when I was at the Board of Dentistry meeting and we asked, they had a hard time clarifying it. In closing, the NDA believes this bill will address dental workforce issues we're facing, as well as work to keep as many of these Creighton and UNMC dental graduates in our state by not making them face more burdensome exams. In addition, it makes Nebraska a more welcoming state to dentists that live outside of Nebraska. It's pro-business, and it's pro access to care. Thank you, and I encourage you to support the bill.

HARDIN: Thank you. Question? Senator Quick.

QUICK: Thank you, Chair Hardin. And thank you for being here. So does this kind of go together with the compact, or how does this work together with that?

JESSICA MEESKE: They're, they're actually separate, but both are a big step forward in dental licensure reform, to make it for-- especially new dentists easier to get a license. They still have to meet all the same criteria, but they don't have to go through this rigamarole. Do I want to spend $3,000 to take Exam A, and then my job falls through, and now I'm going to a different place, and I have to take Exam B for another amount of money. And so, it really helps that process a lot. And then, getting that reciprocity. I mean, three years down to one year, that's going to make it much simpler. We want to-- we want to invite as many great dentists into our state as we can. We don't have beaches and mountains and, you know, warm days in the winter. So, anything we can do to reduce barriers is going to be a great thing for oral health for all of us.

QUICK: Thank you.

JESSICA MEESKE: Yes.

HARDIN: Other questions? Thank you.

JESSICA MEESKE: As dentists, we like to be in-and-out, just like you all would want it. Right?

HARDIN: Very well. Thank you. Proponents, LB148. Welcome.

MEGAN LOUDER: Welcome. Thank you. Good afternoon, Chairman Hardin, and members of the Health and Human Services Committee. My name is Megan Louder, M-e-g-a-n L-o-u-d-e-r. I'm a wife, mother, and also a fourth-year dental student at Creighton University, with a long-standing passion for dentistry that began in 2008. I started as a dental assistant, graduated dental hygiene school from, from Weber State University in 2013, and will graduate with the class of 2025. Throughout my career, I have consistently saw opportunities to volunteer and engage with the community, a value that greatly influenced my decision, decision to attend Creighton. The university's commitment to community involvement, combined with its robust educational offerings, stood out to me. Creighton provides not only a diverse on-campus opportunities for advanced learning and volunteering, but also arranges numerous external rotations and community served-- service initiatives, enabling students to make a meaningful impact beyond the campus. Across Nebraska, many individuals face barriers to accessing timely dental care, particularly in rural and underserved areas. I've not only seen this firsthand at my external rotations through Creighton Dental School, but I've also been working as a dental hygienist throughout Omaha and the surrounding areas; nine different locations, to be exact, for the past four years, while I've been in school. As a dedicated advocate of oral health, I recognize the critical need to expand and strengthen our dental workforce. Upon graduation, I plan to serve Nebraska communities as a dentist in North Platte, ensuring access to quality dental care. I'm honored to be a recipient of the Oral Health Scholarship of Nebraska. This scholarship reflects the state's commitment to supporting dentists and improving oral health care access across the region. I ask you to consider supporting LB148, which will increase, increase the oral health workforce by decreasing licensure reciprocity requirements to one year, and standardizing clinical licensure exam requirements for new graduates. Thank you for your time. I'm happy to answer any questions.

HARDIN: Thank you. Questions? Senator Meyer.

MEYER: Thank you, Chair. Is, is the North Platte area, that county, or that particular area, is that an underserved medical community?

MEGAN LOUDER: It is, yes.

MEYER: OK. I want to thank you for doing that.

MEGAN LOUDER: Thank you. I'm excited to be there. There's some great people.

MEYER: We, we need more, more of our students locating. I appreciated Senator Riepe's comments initially and, and inquiring about what, what the number of students that are willing to move to our rural communities and serve. So, once again, I appreciate what you're doing, and, and thank you again for, for your efforts, so.

MEGAN LOUDER: Thank you.

HARDIN: Thanks. Any other questions? Senator Riepe.

RIEPE: Thank you, Chairman. I hope you do understand by going to North Platte, you get Senator Jacobson.

MEGAN LOUDER: I'm aware.

RIEPE: You can tell him I said that. My question is, is-- so, tell me a little bit more about this Oral Health Scholarship of Nebraska.

MEGAN LOUDER: Sure.

RIEPE: Is it new? How is it funded? I mean, how many students-- how many, how many scholarships did they give out?

MEGAN LOUDER: So, it's a-- as far as I'm aware, it's a contract between, between the state of Nebraska and Creighton University. There were ten scholarships. I was the eighth to receive this scholarship.

RIEPE: Good for you.

MEGAN LOUDER: Thank you.

RIEPE: There's some money out there we don't-- quite frankly, hard to keep up with what the-- what they are, where they're at, how much they're worth, and yadda yadda yadda. Thank you. Thank you, Chairman.

HARDIN: OK. Any other questions? Thank you.

MEGAN LOUDER: Thank you. Thank you for your time.

HARDIN: Proponents, LB148. Welcome back.

LUKE ANDREASEN: Thanks for having me. My name is Luke Andreasen, and it's spelled out L-u-k-e A-n-d-r-e-a-s-e-n. I'm a third-year dental student at UNMC, and I'm on our ASDA officer team. Licensure exams are high-risk simulated clinical-based tests that all Nebraska dental students take. Currently, the staff should [INAUDIBLE] limits testing pathways, which creates unnecessary barriers. This is tough for those uncertain about where they wish to practice upon graduation, so some students end up taking multiple exams. These exams are nearly identical. Think ACT versus SAT. This legislation would provide flexibility in licensure pathways for dental graduates. Of the two licensure exams provided at the UNMC College of Dentistry, only one is accepted in Nebraska. This forces students to either take multiple expensive exams, or choose which state they will practice in prematurely. Accepting more licensure exams rather than less encourages young health professions to stay in Nebraska. Additionally, the exam not accepted by Nebraska, which is ADEX, is the more common exam taken nationally. According to the American Dental Education Association, ADEA, the average dental student graduates with over $300,000 in student loans. The exam fees for ADEX and CREDITS licensure exams are both around $3,000, plus facility fees. But it is not just the money; it's the time. These are multiple-day exams that also require multiple days and pres-- preparation. Taking both exams is not ideal, as some students have had to in the past. We need every Nebraska dental graduate to consider staying here in Nebraska to raise a family, treat patients, join a church, start a practice, and be a contributing member of society. This bill is a win for dental students, a win for patients for access to care, and a win for the state of Nebraska. LB148 aligns with Nebraska, with other states who have adopted more flexible licensure pathways, making it more attractive destination for new graduates. Streamlining licensure also ensures Nebraska's dental workforce remains competitive and robust in the face of growing health care demands. I respectfully ask for your support in advancing LB148 out of committee. Thank you for considering this important issue.

HARDIN: Thank you. Questions? Senator Riepe.

RIEPE: I'm going to show my age here a little bit. Do dental students in-- do you have to carve on a bar of soap, like you used to?

LUKE ANDREASEN: So, we--

RIEPE: I see some heads going. Some people maybe did that.

LUKE ANDREASEN: I, I haven't done it. We do wax, now.

RIEPE: You do-- you've upgraded to wax.

LUKE ANDREASEN: Yeah, well absence of the soap.

RIEPE: It used to be, I think, Ivory soap bars.

LUKE ANDREASEN: I've seen old photos of it. Excuse me, Senator Riepe.

RIEPE: [INAUDIBLE]

HARDIN: And pictures of wooden teeth?

LUKE ANDREASEN: Those are black and white photos.

HARDIN: That was helpful, for you to explain--

RIEPE: That's a "tay-shoot"-- touche for my comment about getting you married.

HARDIN: That was helpful for you to explain what the reciprocity would accomplish, in terms of making things easier with two different tests going on, and so on and so forth. So, that's--

LUKE ANDREASEN: It, it can be a burden on students.

HARDIN: OK. Helpful. Thank you.

LUKE ANDREASEN: Thank you all.

HARDIN: Appreciate it. Proponents, LB148. Welcome back.

TIMOTHY TESMER: Good afternoon, Chairman Hardin, and members of the Health and Human Services Committee. My name is Dr. Timothy Tesmer, T-i-m-o-t-h-y T-e-s-m-e-r, and I'm the Chief Medical Officer of the State of Nebraska, working within the Division of Public Health in the Department of Health and Human Services, DHHS. I'm here to testify in support of LB148. On November 1, 2022, the Board of Dentistry approved only the Central Regional Dental Testing Service-- CREDITS-- examination as acceptable for licensure as a dentist in Nebraska. The board had determined that other dent-- clin-- dental clinical licensure examinations were not comparable to the CREDITS exam. Creighton University School of Dentistry, the UNMC College of

Dentistry, the Nebraska Dental Association-- NDA-- and the Health Center Association of Nebraska-- HCAN-- expressed concern to the board about how this decision impacts access to dental care throughout the state. The CREDITS examination is accepted by a limited number of states. Many dental graduates chose to take other national clinical dental examinations accepted by a greater number of states. These dental graduates did not want to take another licensing examination for licensure in Nebraska, and bear the additional cost. Therefore, many dental graduates chose not to stay in Nebraska. The UNMC 2023 report on the status of the Nebraska health care workforce indicates that between 2017 and 2023, Nebraska witnessed a decrease of 60 general practice dentists and dental specialists. A dental access committee was formed to develop a legislative proposal to address these concerns. The committee included representation from both dental schools, the NDA, HCAN, and the board. LB148 is the product of the dental access committee's work. Statutory language, referring specifically to the CREDITS examination and to the board determining other examinations to be comparable to CREDITS is being eliminated by LB148, and replaced with the requirement to pass a standardized national examination approved by the board. Content requirements for examinations approved by the board are being added, so that any clinical examination approved by the board will evaluate a dentist's clinical competency in periodontics, restorative dentistry, prosthodontics, and endodontics, and will allow for remediation to address candidate deficiencies. Reciprocity requirements for dental licensure are being changed to require only one year of practice in another state, rather than three years. This change reduces a barrier for dentists licensed in other states, and will hopefully encourage more dentists to become licensed in Nebraska. The board has since approved both the CREDITS examination and the American Board of Dental Examiners-- ADEX-- examination with a mandatory periodontal component for licensure as a dentist in Nebraska for the academic year of July 1, 2025 to June 30, 2026. The board recently voted to retroactively approve both CREDITS and ADEX with a mandatory periodontal component for licensure as a dentist for the 2024-2025 testing cycle. We respectfully request that the committee advance the bill to General File. Thank you for your time. I would be more than happy to answer any questions.

HARDIN: Thank you. Questions? You got off easy.

TIMOTHY TESMER: I appreciate that. Thank you. I have one personal note,--

HARDIN: Please.

TIMOTHY TESMER: --if I could. Several years ago, my wife and I's youngest son graduated-- honorably graduated from Creighton's Dental School. And I remember he told my wife and I, I'm going to take the ADEX exam because it's accepted in 40-- a, a great number of states. He, he did not want to incur the added expense and time to take the CREDITS exam that was, at that time, the only one allowed here in the state. So, would he have been able-- would he have taken that CREDITS exam? Would he had been able to stay here in Nebraska? I don't know. He's now practicing very well in North Carolina. But, we sure would like to have had the opportunity to have him here stay in Nebraska.

HARDIN: Yeah. OK. Thank you.

TIMOTHY TESMER: Thank you.

HARDIN: Proponents, LB148.

JOSEPH O'BRIEN: Well, Senator Harding [SIC], and the Health and Human Services Committee. My name is Joseph O'Brien and I'm a third-year dental student at Creighton Un-- School-- University School of Dentistry. I appreciate this opportunity to share my perspective on proposed changes to the Nebraska dental licensure requirements. As I weigh my options between practicing in Nebraska or Massachusetts, where I'm from, after graduation, I find myself drawn to the opportunity to serve Nebraska's community, yet deterred by the current licensure requirements. Nebraska has been my home for the past ten years, going to Creighton undergrad as well, and throughout my time at Creighton, I have witnessed firsthand the significant barriers many Nebraskans face in access dental care, particularly in rural and underserved areas. Every day in our clinic, we see patients who travel hours to receive care, many of whom are uninsured, or rely on Medicaid. These experiences have only strengthened my commitment to public service. I want to give back, to volunteer, and to help bridge these access-to-care gaps. However, as much as I would love to stay and serve this state, the current licensure process presents unnecessary obstacles. Massachusetts, in contrast, assess the most common form of the dental board exam, making an attractive ob-- option for, for new grads, and allows for graduates to move to other states more easily. As it stands, Nebraska's current board exam requirements are effectively turning away dedicated, service-minded professionals like myself-- individuals eager to contribute not only in private practice, but also through community outreach and volunteer work. By

changing its dental licensure requirements, Nebraska has an opportunity to not only address its provider shortage, but also to restrain passionate new dentists who want to invest in its communities. I urge you to support these reforms, not only just for students like me, but for many Nebraskans who desperately need access to quality dental care. Thank you for your time and consideration.

HARDIN: Thank you. Questions? Seeing none. Thank you. Proponents, LB148. Welcome.

AMY BEHNKE: Thank you. All right. Good afternoon, Chairman Hardin, members of the committee. My name, again, is Amy Behnke A-m-y B-e-h-n-k-e, and I'm the CEO at Health Center Association of Nebraska. I'm here today on behalf of Nebraska's seven federally qualified health centers. I want to thank Senator Hansen for introducing LB148 and raising this important issue. And you've heard a lot of what is probably in my testimony from people who are much closer to this than me. What I will say is dental access for our patients and for our health centers is a critical issue, and I think L-- LB148 is really the perfect example of the good work that we can do when we get the right people at the table, having the right conversations. And so, I just want to take a minute to thank the department, to thank the Nebraska Dental Association, our two colleges of dentistry and the Board of Dentistry, for working together on this, and really addressing a critically important issue. So, with that, I will stop, and-- happy to answer any questions.

HARDIN: Thank you. Questions? Thank you.

AMY BEHNKE: Thank you.

HARDIN: Proponents, LB148. Welcome.

JOEY ENRIGHT: Hello. My name's Joey Enright, J-o-e-y E-n-r-i-g-h-t. I'm a registered dental hygienist in Nebraska, and I am testifying on behalf of the Nebraska Dental Hygienists Association in support of LB148. Although we do support LB148 as introduced, we would ask Senator Hansen to consider allowing a floor amendment that would revise dental hygiene statutes in addition to the currently proposed dental statutes. This amendment would adopt consistently which for both dentistry and dental hygiene, allowing alternative acceptable exams and ensuring uniformity in reciprocity requirements. Currently, the language in both statutes is aligned, so revising both statutes simultaneously will allow this consistency to be maintained. So, I've

included a copy of the language with my testimony. NDHA is deeply committed to ensuring that our licensure process maintains the highest standards of competency, while also accommodating the evolving needs of our workforce. LB148 provides an opportunity to enhance licensure flexibility without compromising the rigor or integrity of the dental hygiene profession. LB148 would help align with national trends, increase accessibility for candidates, maintain high standards of care, strengthen the dental hygienist workforce, and support the future for changes. So, in conclusion, LB148 represents a forward-thinking approach to licensure that benefits candidates, practitioners, and patients alike. And I urge you to advance LB148 with our proposed amendment. So, thank you, Senator Hansen and committee for your time today, and for introducing LB148.

HARDIN: Thank you. Questions? Seeing none. We appreciate it. Thanks. Proponents, LB148. Opponents, LB148. Those in the neutral on LB148. We had online comments: 5 proponents, 0 opponents, 0 in the neutral. We also-- Barb, is this your fault? Someone handed this to me. It says "My friend's band, known as Raw Nerve, also known as Gums and Roses, or Pink Fluoride, or Plaque Sabbath, or Mannheim Steam-molar." Just for you all. So, Senator Hansen.

HANSEN: Thank you, Ch-- thank you, Chairman Hardin. I don't really have too much else to add. This should be a pretty simple, bill, for the most part, moving forward. I'd like to get it on the floor soon as we can. I always appreciate working with the dental association and the dental hygienists on moving their profession forward. We agree, pretty much, on 99% of things, so. Thank you.

HARDIN: Wonderful. Any questions? This group had the nicest teeth of anyone we've ever seen. Thank you so much. This concludes LB148, and our hearings for today.